

ARMY MEDICINE

MERCURY

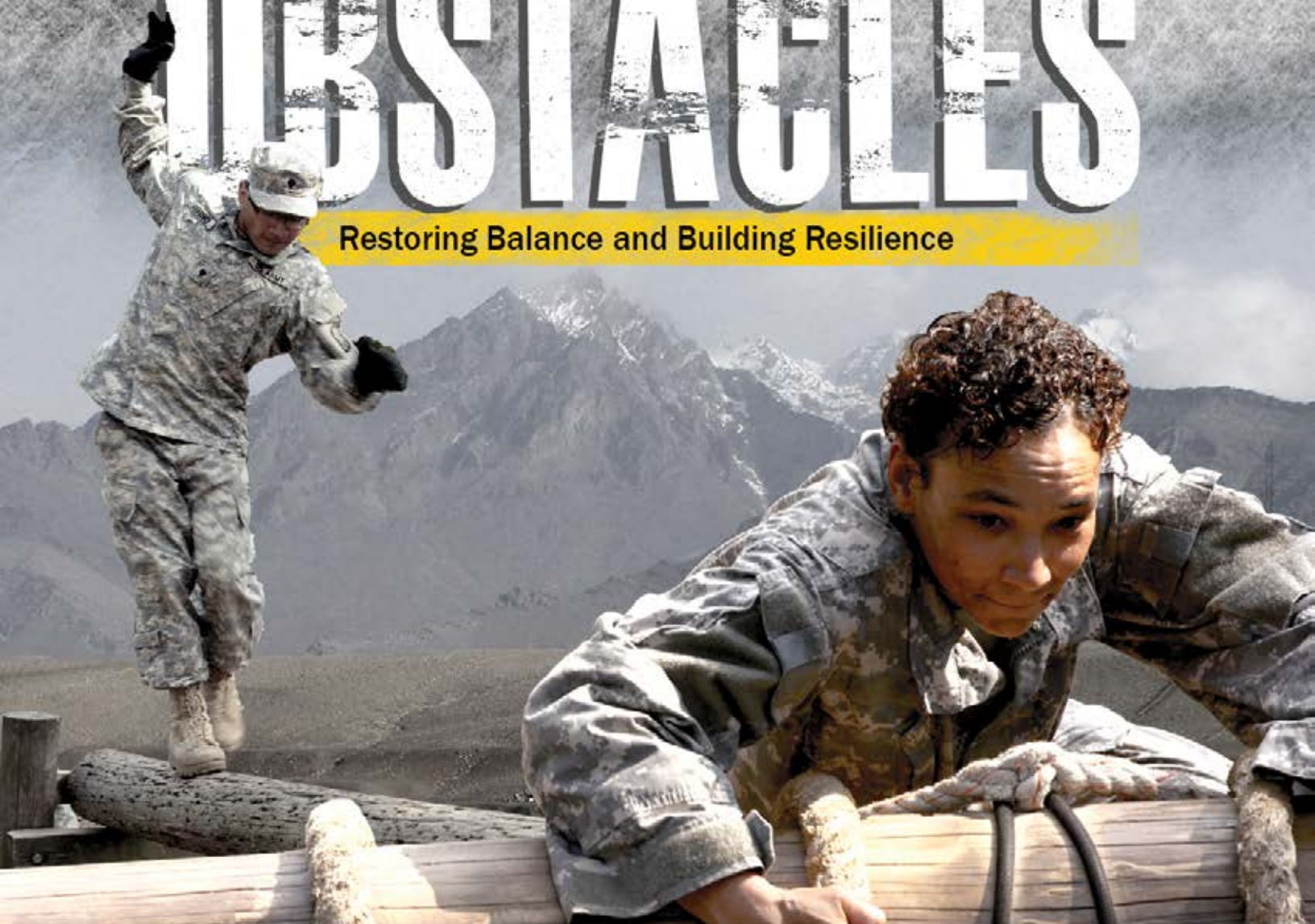
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MAY IS NATIONAL MENTAL HEALTH AWARENESS MONTH

2015 OVERCOMING OBSTACLES

Restoring Balance and Building Resilience



A worldwide publication telling the Army Medicine Story



CONTENTS

DEPARTMENTS

04 TSG Speaks!

06 AMEDD Global

12 Performance Triad

13

14

15 Around Army Medicine

25 Recognitions

Commander

Lt. Gen. Patricia D. Horoho

**Interim Director of
Communications**

Craig Dyer

**Chief, MEDCOM Public
Affairs Officer**

Kirk Frady

Editor

Dr. Valecia L. Dunbar, D.M.

Graphic Designer

Jennifer Donnelly

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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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Surgeon general warns of damage to MEDCOM under sequester

By J.D. Leipold, AR News



Lt. Gen. Patricia D. Horoho

Another sequestration could mean the loss of more than 6,000 medical personnel from the Army, the service's surgeon general told senators March 25.

Lt. Gen. Patricia D. Horoho testified to the Senate Appropriations subcommittee on defense about the fiscal year 2016 budget request and its potential impact on Army Medical Command.

"The Army is preparing to draw down to an active-duty end-strength of 450,000 Soldiers that will result in a reduction of more than 800 active-duty MEDCOM personnel," Horoho said. "If sequestration returns, the Army may be compelled to reduce active-duty strength to 420,000 -- leading to an anticipated reduction of greater than 3,000 active-duty MEDCOM personnel."

In her written testimony she wrote that based on Army Medical Command's experience from the 2013 sequester, MEDCOM expects to lose an additional 3,000 civilians across the command. Further, the damage to the civilian work

force -- despite aggressive hiring actions since 2014 --has still left a shortfall of over 1,800 civilians.

"While many think of MEDCOM as green-suit healthcare providers, the reality is Civilian employees comprise 60 percent of the workforce -- they are the backbone, stability and glue of our system," she said.

Speaking about the 2016 defense health program budget, Horoho first highlighted the accomplishments of Army Medicine, citing the development of a ground-breaking vaccine for Ebola; the promotion of the Performance Triad and increasing the impact of readiness touch points that include embedded providers, Soldier-Centered Medical Homes, dental clinics and garrison medical facilities.

"Our Soldiers' readiness remains our number-one priority," she said. "We added combat power back to the force by reducing the number of Soldiers who were non-deployable due to health reasons -- we made tremendous strides in our transformation from a healthcare system to a System for Health."

She said the journey Army medicine is moving along has made it a highly reliable organization for safety and healthcare delivery through the use of evidence-based practice and cutting-edge research which now delivers care far forward through tele-health efforts.

"The Military Health System review validated our pathway to improve safety

and quality of care to our Soldiers, our Families and those retiring," she added. "The review showed that we are either above or comparable to the best health care systems in the nation."

Horoho said Army medicine's focus was based on four priorities -- deployment medicine and casualty care; readiness and health of the force; the capability to keep a ready and deployable medical force and to assure the health of Families and Retirees.

"However, all the lessons learned and progress we have made as a result of the last 13 plus years of persistent conflict and our focused efforts at continuous improvement along our four priorities are at risk of being slowed, halted and reversed, given an unstable environment and the detrimental second- and third-order effects of sequestration."

(For more ARNEWS stories, visit www.army.mil/ARNEWS, or our Facebook page at www.facebook.com/ArmyNewsService)



Army Surgeon General Lt. Gen. Patricia D. Horoho testifies before the Senate Appropriations subcommittee on defense, March 25, 2015, about the fiscal 2016 budget request and the potential impact of another sequestration on Army Medical Command.

Surgeon General Affirms Health Readiness at ANC Award Event

By Mike O'Toole, Army Medicine

At the Army Nurse Corps' Colonel CJ Reddy Award of Excellence Dinner held in Fort Belvoir, Va., on April 1st, Lt. Gen. Patricia Horoho asked her audience: "If I asked you what our core business is, what would you say?"

The surgeon general of the Army and U.S. Army Medical Command (MEDCOM) commander said she hoped the response would be health readiness because "Army Medicine is more than healthcare delivery. Our mission of maintaining a Ready and Deployable Force requires Health Readiness."

Horoho's remarks came at an event that recognizes junior officers in the Army Nurse Corps (ANC) who have made significant contributions throughout a sustained period of excellent performance. The award recipient for 2015 is Capt. Anthony M. Sabatini.

The award is named for a 30-year

Veteran who notably mentored many who later assumed leadership positions in the ANC. Col. Reddy was also the first male nurse to hold key leadership positions at several major Army medical treatment facilities.

In keeping with the event's theme of celebrating traditions, cultivating leaders and creating transformation, Horoho pointed out that "our AMEDD continues to transform into a System for Health focused on maintaining and improving health, on improving health literacy and maintaining the Health Readiness of our Army Family."

Nurses play a key role in this transformation, the surgeon general added, because they, "more than any other member of the health readiness team ... see people at their most vulnerable. You stand at the frontlines of patient care. Your patients depend



(From left) Army Surgeon General, Lt. Gen. Patricia Horoho; Retired Brig. Gen. William Bester, 21st chief of the Army Nurse Corps; Retired Brig. Gen. Clara Adams-Ender, 18th chief of the Army Nurse Corps; and Maj. Gen. Jimmie Keenan, deputy commanding general (operations), U. S. Army Medical Command and chief, U.S. Army Nurse Corps; are photographed during the U.S. Army Nurse Corps, COL (Ret.) C.J. Reddy Award of Excellence Dinner held April 1 at Fort Belvoir, Va.

on and trust you to be advocates for their well-being and safety across the continuum of health."

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

PHOTO OF THE MONTH

69 USAREUR, allied medics earn prestigious medical badge

At 6 o'clock on the morning of March 27 in Grafenwoehr, Germany, 74 candidates began the last event of the U.S. Army Europe (USAREUR) Expert Field Medical Badge (EFMB), a 12 mile ruck march in three hours or less. The ruck march event requires that candidates wear a loaded ruck sack for 12-miles while carrying their individually assigned rifle and a CBRN (chemical, biological, radiological and nuclear) protective mask. Candidates were allowed one service member from their chain of command to pace them during the exhausting ruck march. (U.S. Army photo by Capt. Robert Gallimore) [More on page 27.](#)

To access the full article and more photos visit: <http://www.army.mil/article/145532>



'Mending the alliance:' 21st TSC, Bundeswehr medics build interoperability through combined training

By Sgt. 1st Class Jeremiah Delrio

Members of the 160th Forward Surgical Team (FST) of the 212th Combat Support Hospital, 30th Medical Brigade, 21st Theater Sustainment Command gather for a group photo following completion of an interoperability exercise with ten soldiers from the Bundeswehr Operational Medical Support Command March 9-12 at Miesau Ammo Depot, Miesau, Germany.

"This exercise was a good way to showcase our capabilities and for them to integrate into how we operate, and vice versa," said Sgt. Daniel Dela Cruz, a medic who runs 160th's advanced trauma life support section.

The exercise was aimed at helping the German team to construct a similar forward surgical capability. "It is wonderful to learn the FST and see how tactical and combat medicine works,"



After the combined training event, the 160th FST and the BOMSC gather for a group photo. (Photo by Capt. Robert Gallimore)

said German Navy Commander Elias Al-Ghabra, who played an important role in the exercise. The medics from the two countries also exchanged best clinical practices and identified redundancies and other operational challenges. They exercised patient care and flow scenarios.

It was a great opportunity for German and American medics to learn about each other's medical capabilities and equipment, and it opened the door for continued partnership.

See more photos at: <http://www.army.mil/article/145275>

Military Recognizes Nace as top Female Physician Leader

By Health.mil

The Defense Department's Military Health System is honoring the 2015 winners of the Female Physician Leadership Award. In its sixth year, the award recognizes women physicians for their contributions to military medicine and for their work mentoring others, and inspiring young women working in the fields of medicine and science.

The top award went to Army Col. (Dr.) Mary Catherine Nace, director of medical education in the Office of the Army Surgeon General. She is an assistant professor in the department of Obstetrics and Gynecology at the Uniformed Services University of the Health Sciences and serves as the Army surgeon general's consultant for women's health, a position she has since relinquished.

"I am very honored, very humbled to receive this award," said Nace. "But this award is not really about me. It speaks to the dedication and commitment that mentors have shown me over the years and what I hope to pass along to those I try to help along the way. I would never have had the leadership opportunities if not for these mentors and role models, both men and women, military and civilian."

Nace has national visibility of women leaders in the military through her roles in military graduate medical education for nearly 20 years, as an American Medical Association delegate for the past 13 years, and through her work with the American College of Graduate Medical Education where she has participated in both national and international medical education efforts and residency accreditation.

"As a military physician, I was able to take advantage of opportunities, as



The "Building Stronger Female Physician Leaders" awards program previous year's winners and honorable mentions pictured at a ceremony held in their honor at the 2011 MHS Conference (Front from left to right) Army Col. Kelly Murray, Navy Cmdr. Meena Vythilingham. (Back from left to right) Air Force Lt. Col. Leslie Knight, Navy Cmdr. Ashley Schroeder and Coast Guard Cmdr. Erica Schwartz. (MHS photo by Mike Oliver)

a relatively junior officer, for positions that are generally reserved for more senior physicians in the civilian world," Nace said. "I'm so very thankful for the many doors military medicine has opened for me, and I hope all women military physicians can continue to help guide and promote others who would want to follow similar paths."

Lt. Col Nicole Powell-Dunford recently assumed responsibilities as the Army Surgeon General's women's health consultant, replacing Nace. "I am honored and humbled to follow in the footsteps of Col. Cathy Nace who has contributed so greatly to women's health initiatives. Her wealth of knowledge, tireless advocacy and dedication made her a role model consultant and superb champion for women's health," said Powell-Dunford. She continued, "I will work diligently with our key women's health stakeholders to ensure continued

empowerment of Soldiers and their Families, optimization of global health and readiness of the Force," said Powell-Dunford who is also deputy commander, Clinical Services at U.S. Army Health Clinic, Schofield Barracks, Hawaii.

Other 2015 honorees include: Army junior award, Lt. Col. (Dr.) Patricia A. Short; Navy junior award, Lt. Cmdr. (Dr.) Aileen Cangiano-Heath; and Air Force junior award, Lt. Col. (Dr.) Lauren J. Wolf. The award of Honorable Mention goes to Cmdr. (Dr.) Renee Mary Pazdan from the Public Health Service.

This article was modified from its original version located at: <http://www.health.mil/News/Articles/2014/11/03/Military-Recognizes-Female-Physician-Leaders>

U.S. Army Medical Department Center and School designated an Army Center of Excellence (CoE)

By Mr. Phillip Reidinger, Army Medicine Public Affairs

On February 19, 2015, Headquarters, Department of the Army, designated the Army Medical Department Center and School (AMEDDC&S) as the Army's Health Readiness Center of Excellence (CoE).

As an Army Health Readiness CoE, the AMEDD Center and School will play an expanded role supporting the Army to lead the design, integration, education, and training of new and innovative approaches to health and the Army Health System.

The designation enables the command to focus on medical capability development and integration functions and serve the Army as a single agency with which to coordinate the medical and health needs of Soldiers and their Families. The Health Readiness Center of Excellence also establishes operational conditions for

the command to establish a university model and degree granting authority for the AMEDDC&S as an academic institution.

An Army Health Readiness CoE, under the U.S. Army Medical Command, the command maintains a focus on combat casualty care and aligns with other Training and Doctrine Command (TRADOC) Centers of Excellence in terms of the authority and responsibility for developing medical readiness and health concepts, identifying medical readiness and health capability gaps, and defining and refining future Soldier medical and health requirements established by TRADOC.

The designation as the Army Health



U.S. Army Medical Department Center and School, JBSA Fort Sam Houston, Texas (U.S. Army Photo)

Readiness CoE establishes a partnership with TRADOC while maintaining the uniqueness of the Army Medical Department. This distinction recognizes that the AMEDD Center and School plays an integral and critical role in supporting Army global engagements and the Army future force.

AMEDDC&S Army Health Readiness CoE earns Army Star Strong Flag



Maj. Gen. Jimmie Keenan, deputy commanding general (operations), U.S. Army Medical Command and chief, U.S. Army Nurse Corps; Maj. Gen. Steve Jones, commanding general, U.S. Army Medical Department Center and School, U.S. Army Health Readiness Center of Excellence; and Command Sgt. Maj. Andrew Rhoades, AMEDDC&S, HRCoE, join the commands Additional Duty Safety Officers and the AMEDDC&S Safety Office staff members for a group photo with the Army Safety and Occupational Health Star Strong Flag, unveiled at a ceremony on March 27 at Blesse Auditorium, Willis Hall, AMEDDC&S, HRCoE. (U.S. Army Photo)

Army athlete ‘shoots’ for spot on Team Army

By Marlon J. Martin, U.S. Army Medical Command

At 6’4,” 270 lbs., Sgt. Barry T. Crawford, or “Bear” as he is affectionately called, is one of the top athletes here vying for a spot on Team Army. He placed first in the air rifle event of the regional trials hosted March 2-6 at Fort Hood, Texas, to be selected among the Army’s top 100 athletes in adaptive sports.

A combat engineer currently assigned to the Community Care Unit at Fort Hood, Texas, Crawford is among the approximately 80 wounded, ill and injured Soldiers and Veterans from across the country who traveled here to train and compete in various athletic events at the Army Trials, including archery, cycling, track and field, shooting, sitting volleyball, swimming and wheelchair basketball.

The Army Trials, March 29 – April 2, are conducted by the U.S. Army Warrior Transition Command and hosted by Fort Bliss. Army Trials help determine which athletes will advance to represent Department of Defense Warrior Games 2015 Army Team at Marine Corps Base Quantico, Virginia, June 19-28.

Crawford is one athlete who truly appreciates what the Army is doing with adaptive reconditioning. Having endured pain and discomfort for more than a decade, he recalls a time when wounded, ill or injured Soldiers did not receive this same high level of support.

“In 2004, I injured my left shoulder in Iraq and was medevac’d up to Balad. Warrior Transition Units didn’t exist at the time. You were simply put in a med-hold type company because the Army didn’t know what to do with you,” said Crawford, explaining his shoulder injury. “So, they did a surgery on it, patched it up, and sent me back to my unit. They told me at the time that ‘you’ll get 7 to 10 years use out of your shoulder,’ and since it made it to 2013, I’d say they were about right on that.”

Crawford remains unsure of how he injured his arm, but said it progressively



Using an Air Arms s400 10 meter indoor air rifle, Sgt. Barry T. Crawford aims for the 10 ring while training for the air rifle shooting event. Approximately 80 wounded, ill or injured Soldiers and Veterans are at Fort Bliss to train and compete in a series of competitive athletic events including archery, cycling, shooting, sitting volleyball, swimming, track and field, and wheelchair basketball. Army Trials competition, March 29-April 2, is conducted by the Army Warrior Transition Command and hosted by Fort Bliss. Army Trials help determine who will get a spot on the Department of Defense Warrior Games 2015 Army Team in June at Marine Corps Base, Quantico, Virginia.

got worse. He deployed twice more, leaving for Iraq in 2006 and Afghanistan in 2012. When he could no longer deal with the pain, he went back to see a doctor. Crawford joined the Warrior Transition Unit at Fort Sill, Oklahoma, in May 2013. Six months later, his left shoulder was replaced with titanium. He said he feels much better and credits the Adaptive Reconditioning Program for his success. He is back to engaging in athletics, and is happy to be here doing what he enjoys most.

“Engaging in adaptive sports calms me, it really does. Mentally, to me, it’s just relaxing and very therapeutic because I can block everything out,” Crawford said. “And, literally, to be good at shooting, you focus on closing the bolt, lining up the sights, exhaling, focusing on the front sights, and squeezing the trigger. You block everything else out, and you do this one single step at a time.”

During the Army Trials, all athletes are required to participate in more than one sporting event. After being graded on their overall athletic ability, a select

group of 40 athletes will be called upon to represent the Army at the Department of Defense Warrior Games. Crawford aims to be among those selected. While he is scheduled to compete in the archery, shot put and discus events, he particularly looks forward to excelling in the air rifle and air pistol shooting events.

“I was raised on a farm in Locust Grove with guns, and was taught how to shoot and handle guns at an early age. I always used to go shooting, did a lot of shooting. I’ve always loved shooting for as long as I can remember,” said Crawford, who now resides in Oklahoma, with his new bride Christina and 17-year-old daughter.

With more than 20 years of combined service in the Army -- three years on active duty and 17 years in the National Guard, respectively, he was pleased to hear that he can finally retire.

Before he departs the service; however, he has his mind set on fulfilling one more goal -- helping Team Army bring home the gold.

Combat medic graduates from Army Enlisted Commissioning Program

By U.S. Army Medical Recruiting Brigade

After eight years serving as a combat medic then Staff Sgt. Clinton Bunker decided to advance in his career and obtain his nursing degree and become an Army officer. As a nurse in the U.S. Army, 1st Lt. Bunker now works in the intensive care unit at Blanchfield Army Community Hospital on Fort Campbell, Kentucky.

“I wanted to work in a hospital,” Bunker said, “and (as a combat medic) I worked with a couple of physician assistants who advised me to go into the Interservice Physician Assistant Program. But, when I compared that program to the AECP (Army Enlisted Commissioning Program) I decided the AECP was a better fit for what I wanted to do.

“The nursing program allowed me the ability to choose the school I wanted,” Bunker continued. “It also gave me a chance to get my Family together. I chose to go to a school near my home town of Cabot, Arkansas.”

Bunker graduated with a bachelor of science in Nursing from the Arkansas Technical University Nursing School. With a grade point average of 3.7, he was inducted into the International Honor Society for Nursing upon graduation.

“Maintaining your grades while in nursing school is critical to remaining in the program,” said Maj. James Campbell, AECP manager, Health Services Directorate, U.S. Army Recruiting Command, Fort Knox, Kentucky. “While in school the student retains the rank they held when entering the program. They are assigned to a company at Fort Sam Houston, Texas, but their only job is to be a student.”

As a program manager Campbell isn’t responsible for recruiting the AECP

participants. That is done by Medical Recruiting Brigade recruiters throughout the U.S., Germany, and Puerto Rico. However, once in the program Campbell advises the student on all AECP requirements and mentors them about opportunities and responsibilities as a U.S. Army nurse.

Since the program can take anywhere from 14 to 24 months to complete, the move to a university is considered a Permanent change of station. Currently, those in school will receive up to \$18,000 per year for education. In addition, they continue to receive the pay and benefits matching their rank.

“Each prospective candidate must have a conditional letter of acceptance from an approved university,” Campbell explained. “Once accepted their application packet is then sent to a one-time-a-year board for approval. This way, once a person is accepted into the AECP they already have the college approval.”

According to Campbell all AECP graduates enter the U.S. Army Nurse Corps as a medical-surgical nurse. After one-and-a-half to two years they are eligible to move into a nursing specialty if they so choose.

The AECP is open to members of the National Guard (NG), the Army Reserve (AR), and the active-duty Army. While being a Soldier is a requirement of the program, having experience in a medical field is not. Anyone with a desire to become a nurse can apply as long as the required prerequisites are met.

Contacting a recruiter with the Medical Recruiting Brigade is the first step in this process. Campbell recommends interested candidates contact the local medical recruiting center which will provide several briefings on the AECP at military



1st Lt. Clinton Bunker graduates from Arkansas Technical University Nursing School and the Army Enlisted Commissioning Program at the same time. The AECP allowed Bunker to transition from working as a combat medic to a nurse in the U.S. Army. (Photo courtesy of Clinton Bunker)

installations. However, it is not necessary to wait for the briefing to begin the process. To find an MRB recruiter near you just go to www.healthcare.goarmy.com and select the “Contact a Recruiter” option. Then choose AMEDD (medical) in the “My Interest” drop down menu, put in your zip code and click on the “Search” button.

Upon completion of the program AECP graduates owe the U.S. Army four years of service. Although NG, AR and active-duty Army service members are all eligible to enter the program, Campbell states that the four years after graduation must be completed as an active-duty U.S. Army healthcare provider.

Immunization support is a phone call away, from anywhere in the world

By Chris Orose, Defense Health Agency Immunization Healthcare Branch

The Immunization Healthcare Branch (IHB), formerly the Military Vaccine Agency-Vaccine Healthcare Centers Network (MILVAX-VHCN), is now part of the Defense Health Agency (DHA) Public Health Division, and stands ready to serve the entire Defense Department Family with top-notch immunization healthcare and policy, education, research and informational services.

The DHA IHB is headquartered in Falls Church, Va, at the Defense Health Headquarters (DHHQ). Its staff is made up of several offices, including Clinical Operations, Clinical Investigations, Education and Training, Policy and Program Management, Vaccine Safety and Evaluation, Communications Synchronization, and Regional Support Operations.

The organization's regional support is provided by 19 Immunization Healthcare Specialists (IHS) and five regional offices, strategically located around the world to provide hands-on support for immunization programs and ensure understanding of the Standards of Military Immunization set forth in the Joint Instruction on Immunizations and Chemoprophylaxis for the Prevention

of Infectious Diseases. This is also done through the one-day Standards of Quality Immunization Practices Course and the two-day Immunization Program Leaders Course, conducted by the IHB monthly at various locations both in the continental U.S. (CONUS) and overseas (OCONUS).

The IHB's regional offices provide support, evaluation, research, education and clinical consultation with vaccine-related adverse events and exemption counseling to the entire DOD population. The regional offices are based at Walter Reed National Military Medical Center, Bethesda, Md; Fort Belvoir, Va; Fort Bragg, NC; Wilford Hall, San Antonio, Texas; Portsmouth, Va; and San Diego, Ca.

Contacting the Immunization Healthcare Branch has never been easier or more efficient. Patients, providers, or parents can call the Immunization Healthcare Support Center at 877-GETVACC (438-8222) and be connected (option #1) 24/7 to a licensed healthcare provider with specialized vaccine expertise to answer questions of possible adverse events following immunizations, or concerns involving bio-defense as well as routine pediatric and adult vaccine efficacy, safety, or acceptability whether before

or after immunization. Our clinicians can also provide assistance to individuals undergoing a Medical Board or applying to either the Vaccine Injury Compensation Program or the Countermeasures Injury Compensation Program. Subject-matter experts on vaccine storage and handling are also available 24/7 by pressing option #2. SMEs on immunization policy, deployment requirements, travel vaccinations, ACIP guidelines and other vaccine-related issues are available Monday through Friday from 0800-1800 through option #4. You can also get technical assistance with online training modules through both Project Immune Readiness (option #3) and Immunization University (option #4).

You can also follow the IHB on Facebook at www.facebook.com/DHAImmunizationHealthcare, and on Twitter at www.twitter.com/DHA_IHB.

The DHA IHB serves Active Duty, Guard and Reserve personnel, as well as their Families, Retirees and other DOD beneficiaries, to include government Civilians and contractors.

Keep connected

Follow DHA Immunizations on Facebook and Twitter from our homepage at vaccines.mil.

Fort Hood shooting survivor receives highest non-combat honor for valor



Maj. Gen. Jimmie O. Keenan, Army Medical Command's deputy commanding general-operations, presents the Soldier's Medal to Army 1st Lt. John M. Arroyo Jr. as his wife, Angel, looks on during a ceremony at the Warrior and Family Support Center, April 6, 2015. (U.S. Army photo by Robert Shields)

Full Article: <http://www.army.mil/article/145947/>

Army health leaders advocate for importance of nutrition

By David Vergun, AR News



“We encourage each of you to renew a commitment to achieving your personal Performance Triad goals,” said Army Surgeon General Lt. Gen. Patricia Horoho. The Performance Triad focuses on the importance of sleep, activity and nutrition as a way to boost Soldier and Family performance and resilience, said Maj. Bethany A. Belanger, Ph.D. and registered dietitian. She serves as the nutrition lead for the System for Health and Performance Triad at the Army Office of the Surgeon General.

The reason nutrition is part of Performance Triad is that there is a proven interaction among sleep, activity and nutrition, meaning a healthy or unhealthy choice in one impacts the others, she said.

For Soldiers looking to improve their physical fitness, cognitive performance or manage their weight, those three factors should be considered synergistically, Belanger added.

For example, she said, lack of sleep can result in a person’s tendency to crave unhealthy foods like those that have a high fat or sugar content, which in turn leads to weight gain and lack of physical fitness.

STAY INFORMED

Getting back to the basics of healthy eating and making more informed and healthy food choices is easier now than it’s ever been, Belanger said, noting a proliferation of healthy eating websites and apps that are helpful.

The best places to begin, she said, are visiting [ChooseMyPlate.gov](https://www.choosemyplate.gov) and [EatRight.org](https://www.eatright.org). ArmyFit also provides information and personalizes it with Soldiers and Family members’ Global Assessment 2.0 scores.

It is not only important to eat a nutritious and balanced meal, she said,

it is also important to stay within one’s calorie limits. To find one’s nutritional needs and calorie limits, visit those websites or see the installation’s registered dietitian/nutritionist, usually located at the medical treatment facility.

Unit master fitness trainers are also schooled on nutrition basics and are another resource, she added.

Belanger said she and many other dietitians use the free app Fooducate, which provides a food tracker option and gives nutritional ratings. For instance, a food logged might receive a D or F if it is highly processed and loaded with sugars and unhealthy fats. The app will also provide similar, healthier alternatives and works by scanning in a food or beverage barcode or finding a product using the food database. Food and beverages not found in the database can also be manually entered.

A number of activity monitors like personal readiness devices also track food, activity and sometimes even sleep, she said. “They are great motivators and can be real eye-openers.”

HEALTHY EATING TIPS

Belanger provided a few healthy eating tips she said she hopes people will remember.

While eating three meals a day is standard fare for most, she suggests light snacking between meals to keep the blood-sugar level up, as it tends to drop after four hours, and can signal cravings.

Instead of junk food from vending machines, she suggests preparing healthy snacks that are loaded with essential nutrients, such as calcium, protein and fiber. These could be nuts, fruits, veggies, even half of a peanut-butter sandwich.

Having these healthy snacks

readily available, she said, is especially important when a person is experiencing emotional roller-coasters like stress, boredom, happiness and depression.

A lot of Soldiers, especially those engaged in high-performance fitness programs, have questions about taking supplements, she said.

They might be looking for “that magic pill or food that’s going to give them all the energy they need to perform, lose weight or be stronger,” she said.

Supplements can range from bodybuilding powders to multivitamins, and advertisers do a good job promoting them, she said.

Unfortunately, the industry is not regulated and many supplements do not do what they advertise and some are even dangerous to take, she cautioned.

She encouraged Soldiers to be smart about their supplements and question the ingredients and the quantity of those ingredients. Also, choose supplements that have been third-party tested and visit the Human Performance Resource Center website for more information.

If still in doubt, see a registered dietitian/nutritionist, she said.

Belanger said in her own opinion that eating healthy food is the best approach and for many, supplements are probably not even necessary. “Ask yourself if you really need it. We suggest utilizing food first.”

DINING FACILITIES

More and more, healthy food choices are being offered at installation dining facilities, Belanger said, adding that it is still a work in progress.

Several years ago, the Go for Green Program gave a big boost to that effort,

she said, explaining how it works:

Go for Green is a nutritional recognition labeling system providing Soldiers with a quick assessment of the nutritional value of menu offerings. Food items are labeled green (eat often), amber (eat occasionally), and red (eat rarely) based on the impact the food can have on a Soldier's performance.

For example, foods labeled green are high performance foods that

can positively impact a Soldier's performance and foods labeled red are performance-inhibiting foods which can negatively impact a Soldier's performance. The program has posters and menu cards for the serving line providing explanation of the color-coding system.

The Army is also working to improve nutrition through its Joint Culinary Center of Excellence and Army Quartermaster Corps, both at Fort Lee,

Virginia, as well as Army G-4, she said. Their goal is to "make choices easy and convenient for the Soldier and Army communities."

Lastly, Belanger advocates for making small changes to healthier eating over time and making those changes a lifelong commitment. "There will be times when you fall off the healthy nutrition wagon. When that happens, the best thing you can do is just pick yourself up and get back on."

MEDCOM'S MAY OBSERVANCES

Please join the Army Medical Command in recognizing the following observances for May.

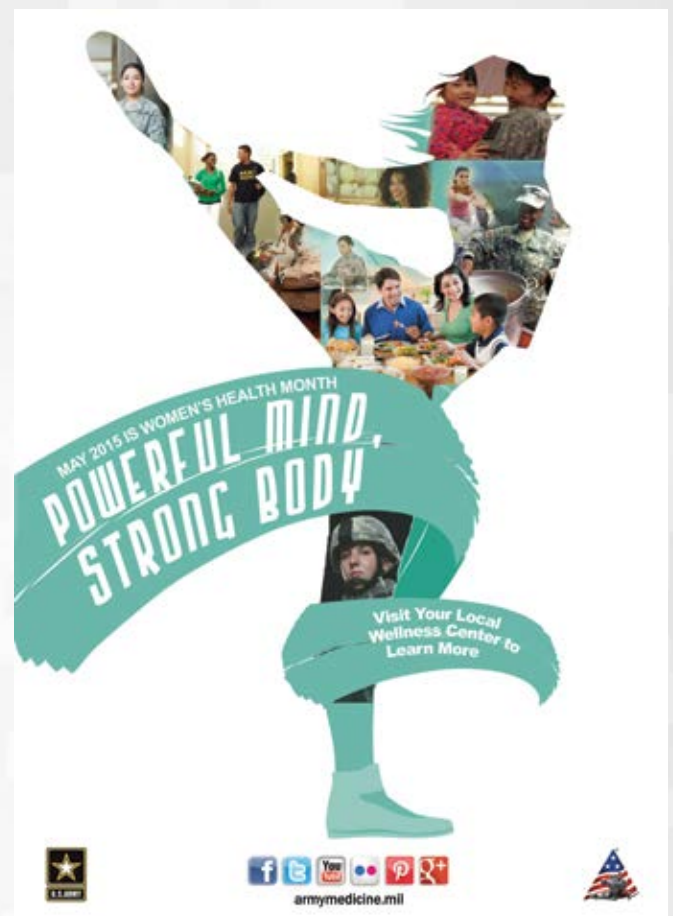
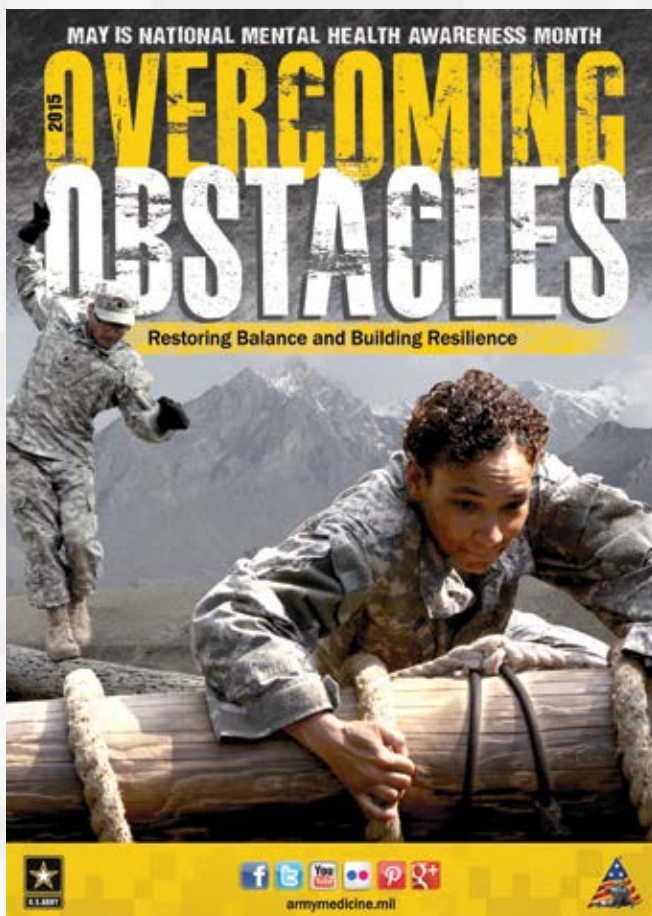
National Nurse's Week, May 6-12

Better Speech & Hearing Month

National Physical Fitness & Sports Month

National Mental Health Month

Women's Health Month



The National Mental Health Month and Women's Health Month Posters can be downloaded at:

<https://mitc.amedd.army.mil/sites/CMIO/STRATCOM/Pages/test.aspx>

Communication Resources > Communication Plans

Women's Health

MERCURY SPECIAL EDITION

MAY 2015

In observance of Women's Health Month, Army Medical Command has released the first special edition of its monthly publication, MERCURY. The focus of this special edition is on women's health advancements and innovations in the military health system. Access the full article and download the publication at:

<http://www.army.mil/article/147658>



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NEW TOOLKIT SERVES AS A PRACTICAL RESOURCE FOR TREATING PATIENTS WITH MILD TRAUMATIC BRAIN INJURY

By The Borden Institute

More than a decade of war in Afghanistan and Iraq has produced an unprecedented number of brain-injured casualties. Mild traumatic brain injury (mTBI), more commonly known as a “concussion,” is one of the hallmark injuries of these recent wars. In response to the large number of service members returning home with mTBI among their injuries, the Rehabilitation and Reintegration Division of the Army of the Office of the Surgeon General was tasked with developing occupational and physical therapy clinical practice guidance for individuals with mTBI.

A diverse team of civilian and government speech-language pathologists, along with occupational and physical therapists, critically reviewed existing research and current best practices related to treating mTBI and developed an authoritative document to guide caregivers working with patients who have sustained mTBI. From that document sprouted this

comprehensive toolkit.

The toolkit includes assessment and intervention techniques to address mTBI effects on the vestibular system, balance, vision, posttraumatic headache, temporomandibular dysfunction, cognition, dual-tasking, life roles (including self-management and social, school, and work roles), fitness, and health-related quality of life. Each chapter is written by practicing experts in the field, and many include reproducible patient handouts, questionnaires, and in-office testing protocol. Complete references are also included to help readers find additional information and tools.

Although this toolkit is geared towards treating service members with mTBI, it will also be useful to caregivers treating head-injured civilian patients. Thanks in part to the experience of service members in recent conflicts, it is now easier to screen for and recognize mTBI in the civilian world as well, whether caused by

a fall, a rough tackle on the football field, or an automobile accident. The authors and subject-matter experts who compiled this toolkit are among the professionals striving to understand mTBI to better treat it, both acutely and for the long term. The new mechanisms of injury and treatment modalities learned as a result of recent wars are well represented in this leading-edge toolkit, which will undoubtedly become an essential resource for caregivers as the struggle to understand and treat brain injury continues.

Published by Borden Institute, The Mild Traumatic Brain Injury Rehabilitation Toolkit can be ordered through the Borden website (below) and will soon be available on the site in PDF and ebook formats.

The Borden Institute is an agency of the U.S. Army Medical Department Center and School. More information can be found at www.cs.amedd.army.mil/borden.



Demonstration of the Dynamic Visual Acuity test found in chapter 2 of the Mild Traumatic Brain Injury Rehabilitation Toolkit.

Military Blood Program Director Delivers Keynote Speech at Blood Safety Forum

By Jessica Pellegrini, ASBP Staff Writer

Armed Services Blood Program director, Navy Capt. Roland Fahie, delivers the keynote speech at the 2015 Global Healing International Blood Safety Forum Friday, March 20 in Washington, D.C. Fahie spoke of the ASBP's presence and impact on blood safety on a global level.

Normally, our warfighters and beneficiaries associate the Armed Services Blood Program (ASBP) with providing blood and blood products to support them. However, the ASBP plays a tremendous role providing blood and blood products during humanitarian missions, Fahie said.

"Our program provides subject-matter expert exchanges and technical assistance to aide other countries to develop and maintain a safe, quality blood system. The beauty of this is that these subject-matter expert teams working in developing countries consist of officers, enlisted, and Civilian personnel working together from all three military services," Fahie said.

Fahie explained how the ASBP works through the Combatant Commander's programs such as with the Theater Security Cooperation Programs, U.S. President's Emergency Plan for AIDS Relief, and military exercises with other global health organizations and partners to assist countries like Vietnam, Laos, Cambodia, Philippines, Thailand, Mozambique, and Ethiopia.

"The Armed Services Blood Program helps these nations create their own sustainable blood programs," Fahie said. "We help bring together civilian and military blood program stakeholders both government and nongovernment so they



Navy Capt. Roland Fahie, director of the Armed Services Blood Program, delivers the keynote speech at the 2015 Global Healing International Blood Safety Forum March 20 in Washington, D.C.

can better support the blood needs in their countries."

Fahie noted that the ASBP has helped developed five blood safety centers in Vietnam, which is now a model country for blood safety in the Pacific. Navy Lt. Cmdr. Frederick Matheu, the U.S. Pacific Command joint blood program officer, has also coordinated with the U.S. Army Corps of Engineers and in-country teams to design and build three regional blood donor centers in Laos and Cambodia using World Health Organization guidelines.

Navy Lt. Cmdr. Jonathan Hoiles, chief of Blood Services at the Walter Reed National Military Medical Center in Bethesda, Md., is coordinating in the U.S. African Command to provide support in Ethiopia, a country that is receiving technical support for five transfusion services and two blood donor

centers designed with ASBP assistance. This type of support is expected to expand to countries in the U.S. European Command.

According to Fahie, the ASBP specific support includes assisting developing countries with establishing national policy for blood and blood products, quality assurance, blood donor selection, blood collection, infectious disease testing, compatibility testing, blood administration, recognizing adverse transfusion reactions, donor notification and look back guidelines. He also addressed common challenges and barriers when establishing a blood safety program such as leadership, technology, equipment, logistics, food, culture and language.

LRMC PAO's Career Spans 37 Years of National Media Spotlight

By Shane Sharp, Europe Regional Medical Command Public Affairs

She was born and raised as an only child on a working farm in a small village in Ath, Belgium. Her father didn't have or need the help of sons to manage the farm -- he had Marie.

Marie Shaw tended chores before school, rode her bike home at lunch in bitter cold weather to help out more, and continued helping out after school and on weekends tending livestock, baling hay and harvesting sugar beets in the dead of winter. When she landed a job in Kaiserslautern a few years after graduating from college, she continued to drive home on weekends to help out on the family farm.

It was that kind of work ethic that followed her into a 41-year U.S. government career, 37 of those as chief of public affairs at Landstuhl Regional Medical Center where she retired March 27. Her dedication and commitment to the job resulted in 24 career awards, including the Legion of Merit for the German Army, the Order of Military Medical Merit, and two times as the U.S. Army in Europe PAO of the Year.

"It is difficult to describe the influence, compassion, and professionalism of Marie Shaw," said retired Maj. Gen. Bryan Gamble who served as Landstuhl Regional Medical Center (LRMC) commander from 2005-2007. "As a nation at war for the last 14 plus years, at a center for all ill, injured and wounded to evacuate to, Marie has deftly managed the complexities of media, political, medical, and international relations. No one does it better than Marie."

There was a much to do and numerous opportunities for success and failure. During her tenure, which included 15 change of command ceremonies, Shaw was directly involved with intense media coverage of patients treated at LRMC for

the following events:

- 1981 - Iran hostage rescue attempt resulting in the death of eight U.S. service members
- 1983 - Beirut barracks bombing killing 299 U.S. and French service members
- 1983 -- Terrorist bombing of USAFE Headquarters at Ramstein Air Base
- 1985 -- Terrorist bombing of the La Belle Disco in Berlin killing two and injuring 79 U.S. service members
- 1988 - Ramstein Air Show disaster killing 70 and injuring 346 spectators
- 1990-1991 - Operation Desert Shield & Operation Desert Storm
- 1993 - Battle of Mogadishu resulting in 18 deaths and 73 wounded
- 1995 - Sarajevo Market Place bombing killing 43 and injuring 75 civilians, and subsequent establishment of a refugee center at the Landstuhl gym
- 1996 -- Khobar Towers terrorist attack killing 19 U.S. service members and injuring 498
- 1998 - Kenya Embassy terrorist bombing
- 2000 - USS Cole suicide attack killing 17 and injuring 39 Sailors
- 2003 - Repatriation of Pfc. Jessica Lynch
- 2014 - Repatriation of Sgt. Bowe Bergdahl

Shaw has been the lynchpin and most crucial link between the U.S. military medical community and the national and international media in Europe. If a major event occurred in Europe or downrange that involved the likelihood of injured Americans, Shaw was among the first to be contacted by international media, to include late-night calls at home.

After 9-11, Shaw faced a decade of continued intense media interest in



Marie Shaw (center) assists a news team from CNN sent to cover the arrival of Wounded Warriors at Landstuhl Regional Medical Center during the early stages of the war in Iraq. (U.S. Army Photo)

covering the wartime mission at LRMC. Reporters from 29 countries were among the approximately 80 labor-intensive media engagements Shaw contended with annually. CNN, USA Today and the Washington Post were among major media outlets requiring coordination to film and interview patients, doctors, nurses, chaplains and behavioral health specialists.

"The work was tedious, but the rewards were great," said Shaw. "I was very fortunate to have the opportunity to work with so many senior media representatives, patients and devoted staff members under so many diverse situations the past decades. There are so many memories I will cherish the rest of my life."

In addition to media engagements, Shaw also made an impact through hospital community relations programs designed to enhance the medical work relationship between the various countries, allow for the development of friendships, and the exchange of information on medical issues important to the U.S. and Europe.

"What a wonderful, warm, positive voice and face for Army and military medicine throughout these challenging times," said former Army Surgeon General retired Lt. Gen. Eric Schoomaker. "Was there anyone who did it better than Marie Shaw? She will surely be missed badly. We wish her nothing but peace and joy in her new phase of life."

Army Researchers Return to Norway for Nutrition, Cold-Stress Study in Arctic Extremes

By Kelly Field, U.S. Army Research Institute of Environmental Medicine

The U.S. Army Research Institute of Environmental Medicine (USARIEM) once again partnered with the Norwegian Defence Research Establishment to study nutrition and physiological responses to cold-weather training.

This is the second time in three years, researchers from the USARIEM traveled to Norway to study Norwegian soldiers. About 75 Norwegian soldiers, from the 2nd Battalion, Brigade North, Norwegian Army, stationed on Skjold Garrison enrolled in this randomized controlled trial.

“The results of our last study showed that short-term winter training alters nutritional requirements,” said Dr. Stefan Pasiakos, a nutritional physiologist with the USARIEM’s Military Nutrition Division. “We observed decrements in several markers of nutritional status, including protein retention, suggesting muscle mass is compromised during short-term military training in the cold.”

Pasiakos said this gave researchers the information they needed to design a targeted nutrition intervention to attenuate those effects in Soldiers participating in a similar winter training program. The research team expected to produce physiological decrements that mirrored those observed in their last study.

“Our primary objective was to determine the efficacy of an optimized recovery food product designed for combat rations,” said Pasiakos. “We were trying to identify ways to effectively use nutrition to promote recovery and resistance to muscle loss during military operational stress.”

Pasiakos said that oftentimes Soldiers can experience severe calorie decrements during training because they either quickly strip down rations and remove food with nutritional value because they do not want to carry the extra weight, or they simply do

not have the time to eat all the food they are given. For example, Soldiers threw away about a third of their food rations, causing a severe calorie deficit throughout training during Pasiakos’ previous study in Norway.

Researchers divided the Soldiers into three intervention groups, aimed at testing whether supplementing existing rations with a protein or carbohydrate-based snack product would improve these various markers of nutritional status. USARIEM partnered with the Natick Soldier Research, Development and Engineering Center’s Combat Feeding Directorate to develop and create nearly 5,000 snack products for use in this study.

“The groups were each given their standard combat ration allotment for their training exercise. One group served as the control and received no additional food,” said Pasiakos. “The other groups received their three rations plus four either carbohydrate or protein-based snacks, like a First Strike Ration bar or a crispy rice bar.

“By providing easily accessible snacks, we were trying to see to what extent we could actually offset the physiological decrements that occur during severe calorie deficit. If we are able to develop a food product that Soldiers like to eat and also promotes recovery, this would allow us to make some positive changes to our combat rations,” said Pasiakos.

USARIEM researchers also examined the risk of frostbite on peripheral areas such as the fingers, wrists, calves and toes. Dr. John Castellani, a research physiologist with the USARIEM’s Thermal and Mountain Medicine Division, said these areas are the most susceptible to frostbite, but they are the least understood.

“Currently, we have limited information on finger and toe skin temperatures in the field or in an operational setting,”



For the second time in three years, researchers from the U.S. Army Research Institute of Environmental Medicine partnered with the Norwegian Defence Research Establishment to study nutrition and physiological responses to cold-weather training. (Photo courtesy of the U.S. Army Research Institute of Environmental Medicine)

said Castellani. “The information that we collected is important because it will allow us to build biophysical models that will enable Soldiers to choose the correct cold-weather clothing ensembles as well as evaluate if the Army’s cold-weather doctrine for injury prevention is accurate.

“This study will enable the USARIEM to provide Soldiers with practical solutions in extreme environmental temperatures so that they continue to perform their mission with a low risk of cold injury,” said Castellani.

Both Pasiakos and Castellani said these types of field studies are extremely important for them as scientists because they provide a level of reality that cannot be re-created in the laboratory. While the information collected during this trip is just beginning to be analyzed, USARIEM researchers are excited for the results.

“Typically, field studies give us the most realistic model to test our hypotheses. When military units provide us the opportunity to conduct a study, our mission is to execute strong science without being disruptive to their operations,” said Pasiakos. “The USARIEM has a long history of doing just that and, most importantly, it gives us the operationally relevant evidence we need to improve science and, ultimately, Warfighter health and performance.”

Medical staff trains to enhance performance

By Shannon Lynch, Womack Army Medical Center Public Affairs

Womack Army Medical Center conducted a three-day, Team Strategies and Tools to Enhance Performance and Patient Safety training session for all surgery product line staff members, March 31 through April 2.

The team structured training focused on communication, leadership, situation monitoring and mutual support.

During the event, WAMC certified 40 master trainers and trained 240 teammates. The operating suites were closed for a day to dedicate that time to the training.

This is the first time WAMC offered the training, which was a hands-on, simulated exercise.

"Previously, similar training was offered through lectures in a classroom," said Phyllis Toor, nurse consultant for patient safety and Team STEPPS program manager.

The training is mandated by the Department of Defense and is usually offered on an as-needed basis.

About six months ago, WAMC coordinated with U.S. Army Medical Command to offer this training to staff. Physicians, nurses, surgeons, anesthesiologists, technicians, orthopedics, ophthalmology, central sterile supply and many other staff members conducted the training.

"It is all part of national training designed to help medical staff at Womack improve communication in the operating rooms," said Col. Jeff Morgan, deputy commander for Clinical Services. "Patient safety is our priority and the training is a tool to help the team communicate better throughout the hospital."

Experts from MEDCOM led the scenarios, which included a surgeon trying to rush nursing staff through a Team STEPPS time-out checklist, to a bio-burden on surgical equipment. Teams were split up and sent to different operating rooms to complete the scenarios under the instruction of the trainers. The staff had to adapt to



Womack Army Medical Center hosted a MEDCOM TeamSTEPPS Surgical Simulation Training March 31-April 2 to enhance teamwork and communication. Forty Womack staff were certified as Team-STEPPS Surgical Simulation Trainers including one physician champion from every surgical service. More than 200 members of the surgical staff were trained reinforcing a culture of safety and enabling the efforts toward becoming a High Reliability Organization.

the scenarios and resolve issues.

As part of the exercise, Morgan, the mock surgeon in the scenario, was challenged by the staff for trying to rush the time out process.

"It's okay to challenge the surgeon, everyone is empowered for patient safety regardless of rank," said Morgan.

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War hero revisits road to healing

By Ana Allen, Pacific Regional Medical Command

It's been 20 years since Col. Cirilito Sobejana, the Armed Forces of the Philippines (AFP) Philippine Army G3, visited Tripler Army Medical Center (TAMC).

During his first visit, then Capt. Sobejana, wondered if doctors here would be able to save his nearly severed right arm.

He recently got to shake hands and extend his thanks to TAMC staff for the medical treatment that allowed him to continue his career in the AFP and the use of his arm.

Sobejana is a recipient of the AFP's equivalent to the U.S. Medal of Honor for actions taken against a terrorist organization in January of 1995.

After sustaining gun-shot wounds during a five-hour fire-fight, Sobejana was medically evacuated to a local hospital in the southern region of the Philippines and remained for four days until he was stable enough for transfer to a medical facility in Manila.

Sobejana was then informed by his military superiors that he would be sent abroad for advanced medical care at TAMC. The U.S. military hospital provided his care because of the U.S. and the Philippine alliance with over 70 years of deep military-to-military ties.

"[My arm] was nearly severed. It was shattered ... At that time, our hospitals didn't have that capability yet to treat my injury," recalled Sobejana.

After landing on Oahu, Sobejana was escorted via ambulance to TAMC.

Sobejana spent ten months receiving care at Tripler where he received almost a dozen separate operations, to include reconstructive surgery, which ultimately saved his hand.

Sobejana light-heartedly recalls

being very well known among the surgical staff at TAMC and says he was often greeted with a "welcome back" from staff just before undergoing his later surgeries.

"I was very impressed with the care and the way they treated me as a battle casualty," he said.

Sobejana then received post-operative care at Brooke Army Medical Center (BAMC), in San Antonio Texas.

The transfer allowed him to continue care with his primary physician who had since transitioned to the major medical facility there.

"I reported to the hospital every day, Monday through Friday for my rehabilitation ... for four months."

After undergoing rehabilitation, Sobejana eventually regained his strength and his competitive edge.

"Now I can do pushups. I can do 50 to 60 pushups in one minute."

Sobejana, who was in Hawaii as part of a high-level planning conference between officials from the U.S. Army Pacific and the AFP, says he has enjoyed his 39-year career and looks forward to the next seven years before mandatory retirement. "I am happy now. I am happy doing my job, serving the people and securing the land.

During the visit to TAMC, Sobejana toured Vascular Surgery, Orthopedics and other clinics.



Col. Cirilito Sobejana (right), the Armed Forces of the Philippines (AFP) Philippine Army G3, visited Tripler Army Medical Center (TAMC) April 7, 2015, and visits with Staff Vascular Surgeon Maj. Farhan Ayubi (left), DO, TAMC Vascular Surgery Department. Sobejana expressed gratitude for treatment he received 20 years ago at TAMC that saved his career in the Armed Forces of the Philippines and the use of his right arm. Sobejana is a recipient of the AFP's equivalent to the U.S. Medal of Honor for actions taken against a terrorist organization in 1995. (U.S. Army photo by James Guzior, Tripler Army Medical Center Public Affairs)

Although much has changed since his stay at TAMC, there is one thing he says is exactly as he remembered. "The color is still the same. It's still a pink hospital."

He says he hopes to convey to the medical staff at TAMC and BAMC the deep gratitude he feels for the care he received. "I will not forget them. I always treasure the things that they did for me just to save my arm."



"I Was There" film workshop mentor Sean Mannion, left, advises filmmaker Spc. James Bomar II, 1st Brigade Combat Team, 101st Airborne Division, during the final edits of a collaborative film project. (U.S. Army photo by David E. Gillespie)

Workshop uses filmmaking as healing process for Veterans

By David E. Gillespie, Blanchfield Army Community Hospital

Lacking only the glitz and glamour of Hollywood's red carpet, Veteran filmmakers were stars in their own right as a four-day "I Was There" film workshop culminated in a packed-house screening event at Cole Park Commons Thursday.

With a unique approach to treating the psychological damages of war, the free workshop encouraged Soldiers to share their experiences through mentored filmmaking classes at Fort Campbell's Warrior Transition Battalion. In half-day sessions, participants began March 23, with an introduction to film theory and practical techniques, and collaborated all week from concept to shooting and editing, all while grouped with fellow Veterans.

Founded by Ben Patton, grandson of Gen. George S. Patton, the workshops are

aimed at helping Veterans connect with each other, interpret traumatic experiences and substantially reduce symptoms of posttraumatic stress (PTS). For many of the 25 participants at Fort Campbell, the results were quite evident as the task of filmmaking required social interaction and gave some a voice that had been silent.

"We've done about 30 of these workshops over the last couple of years, and this was one of my favorites," Workshops Director Jeanette Sears told the crowd of Soldiers and Family members during the screening of short films.

The Ohio native turned New York transplant has been a cinematographer for most of her adult life and mentored her first workshop with Patton at Fort Drum a year ago. A full-timer behind the scenes on coordination and preparation, Sears

said Fort Campbell marked her seventh workshop.

"We live by three principles – listen, collaborate and empower. The first two are the key ingredients, and the third is the result," Sears explained. "Every Veteran's story matters and deserves to be heard. Participants can safely engage with others who will listen. In collaboration, they each have had common experiences and now have this filmmaking experience together. They accomplished a mission together with this shared objective."

Collaboration is the most remarkable part of the process, Sears said, because many forms of therapy can be somewhat isolating. "A lot of narrative therapies like writing and painting are all solo. With this workshop, participants have to make a

film together. They have to make it with someone.”

The workshops are hosted exclusively on military bases and participants range from those who want to learn about filmmaking to Soldiers dealing with posttraumatic stress, brain injuries and other service-related stresses, Sears said.

All Veterans are welcome to attend, which normally includes active duty and nearby Retirees, but Sears noted that one participant came all the way from Northwest Indiana to attend Fort Campbell's workshop. Other organizations helped by assisting with hotel and fuel costs.

“He was just that passionate about attending this workshop,” Sears said, “and he put so much into this; his group's film was extraordinary.”

With intense eyes piercing from beneath the bill of camouflaged cap, the stern-faced, bearded, and impeccably fit Caleb Bishop said it was a privilege to attend. He was born and raised in Arkansas. His brother was already deployed to Iraq when Bishop joined the Army after high school, or right out of the gate, as he put it. He was assigned to 3rd Brigade Combat Team, 101st Airborne Division and deployed to Eastern Afghanistan.

“We were on a combat outpost on the border with Pakistan – no running water or electricity. We played dice with the devil every day, sometimes getting 30 or 40 rockets a day. You could hear the rockets and mortars coming in, but you never knew where they were going to land.”

That anxiety eventually became numbing, Bishop said, something he learned to just “turn off.”

As a civilian now, he's a welder and electrical technician. But soon after leaving the Army, a devastating car accident served as a wake-up call to address issues he had tried to ignore. “I was going through some really hard times. In the hospital, I realized I needed a lot more help.”



Pfc. Robert Blackmore, B Co., Warrior Transition Battalion, films a scene for the short film “Come Back,” as Yessica Curiel Montoya reacts to news from a doctor played by Spc. John Russino, 1st Brigade Combat Team, 101st Airborne Division. The film is a collaborative project created during an “I Was There” film workshop at Fort Campbell. (U.S. Army photo by David E. Gillespie)

Bishop said he went through intensive treatment, which incorporated prolonged exposure therapy, characterized by re-experiencing traumatic events rather than avoiding triggers. “I remember being around those other Vets, collaborating comfortably about our experiences. So when I heard about this workshop, I thought, ‘I need this.’”

“Just being around other Vets [in this workshop] gives me that feeling of stability and security. I don't feel like an outsider, and I can talk and express my emotions.”

Aptly titled “Come Back,” the short film made by Bishop's group is intended to portray his experiences. “I wanted to show not just what Soldiers go through, but how it affects Family members. With this film, I wanted to get it out there for people to recognize what is going on.”

The film shows how Bishop experienced nightmares, frequently waking abruptly, kicking and fighting. His “character” transitions from being in a close relationship to living in isolation, followed by a traumatic car wreck. But he emerges on the other side, seeking treatment for his emotional scars.

“Twenty-two Veterans commit suicide every day. Eight-thousand a year. I don't care who you are; if you've experienced trauma, it's going to affect you. So don't ignore it ... That's why I want this film to show how it affects everyone, from all angles,” Bishop said.

“He has been through so much and has an amazing story,” Sears said. “I know we'll stay in touch through our alumni program. After participants do this workshop, we don't want that to be the end. We want to stay a part of these Soldiers' lives.”

The workshops can help the entire spectrum of participants, depending on how much they put into it, Sears added.

“We have proven it does move the needle on some symptoms of PTS. On average, we see about a 20 percent reduction in PTS symptoms over the course of these workshops. So this does work.”

For more information on “I Was There” film workshops, visit www.iwastherefilms.org.

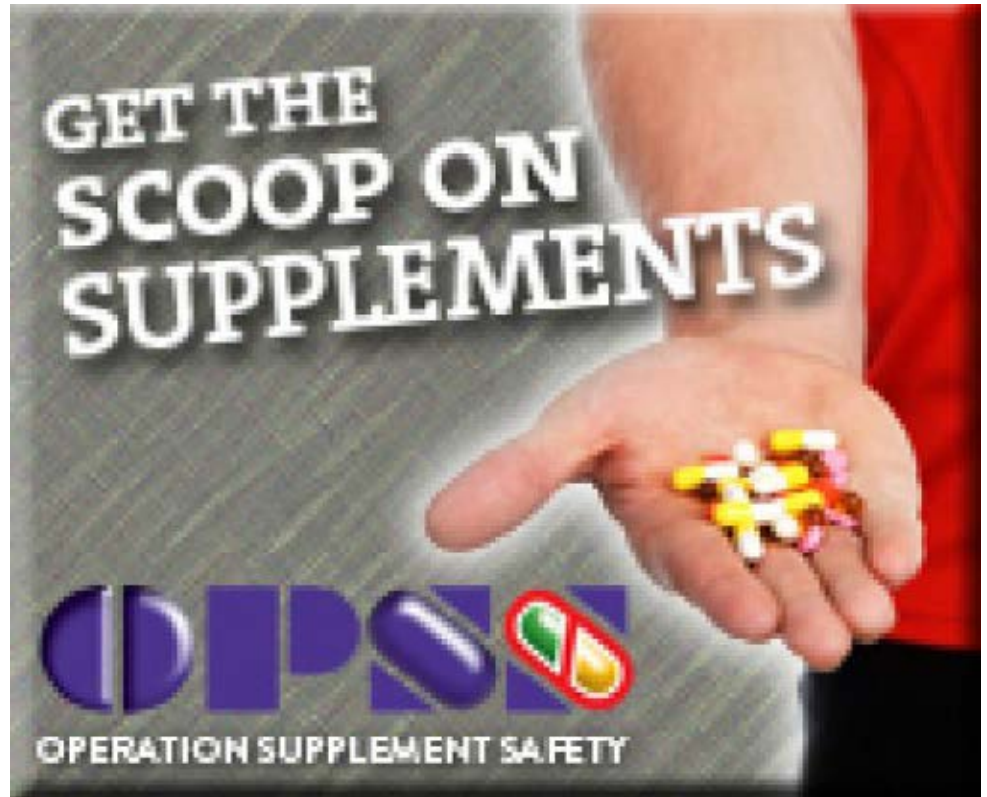
Can supplements improve your mood?

By Jessica Ford, Ph.D., Psychologist, Psychologist, U.S. Army Public Health Command

Most people do not plan on feeling depressed, but depression is called the “common cold” of behavioral health issues. Almost one out of five people will have depression during their lives. Some signs of depression are losing interest in things you used to enjoy or feeling sad most of the time for two or more weeks. If you are concerned about your mood, you may wonder what to do. In fact, finding help for behavioral health issues, like depressed mood, is an important part of maintaining personal readiness.

When you are seeking out resources, you may feel overwhelmed with information. Oftentimes, people seek advice from friends, Family, coworkers and the Internet. This can be confusing. Some recommendations will be helpful, but others could be harmful. Some sources may recommend dietary supplements as a quick and easy fix. Dietary supplementation may seem like an easy fix because you do not have to invest a lot of time or money into it and they can be taken without anyone knowing. Unfortunately, there is no quick fix for depression. Although there is some evidence that having low levels of certain nutrients (for example, folate, B-12, calcium, vitamin D, iron, selenium, zinc, and N-3 fatty acids) contribute to some mood problems, there is very little evidence that dietary supplements help most people who are depressed.

Scientists have found that vitamins can be helpful for some women with hormone-related depression symptoms, and for those who do not have a nutritional deficiency or depression, multi-ingredient vitamin supplementation has been shown to improve mood and reduce stress and anxiety. Despite evidence that vitamin supplementation can be helpful for people without depression, the Department of Health and Human Services and the



Ultimately, only you and your healthcare team (which may include your primary healthcare provider and a behavioral health specialist) can make the best decision regarding nutritional supplementation and treatment planning for mood concerns.

U.S. Department of Agriculture’s dietary guidelines for Americans advise that nutrient needs be met primarily through the food that you eat. These guidelines only recommend supplement use in addition to a nutrient-dense diet if you are over the age of 50, a woman of childbearing age or if you have dark skin/are not exposed to enough sunlight. The Food and Drug Administration warns against taking in too many vitamins since there are upper limits of safety.

At the end of the day, taking supplements without a healthcare provider’s help may result in wasted money or time because it is hard to tell the difference between a mood disorder

and normal, everyday sadness related to a stressful situation. The best person to discuss changes in mood is your primary healthcare provider, who can help you determine if your mood change or problem is the result of depression, a normal situational response or a physical problem. If they do find that you have a mood disorder, like depression, the current gold standard treatment for depression is a type of therapy called cognitive-behavioral therapy along with a prescription antidepressant. Additionally, you may want to have lab tests to check for a deficiency and discuss the use of vitamins or perhaps herbal remedies with your provider.

New bone marrow donor walk-in service

By Ms. Suzanne Ovel, Army Medicine

Potentially saving a life just got that much easier now that Joint Base Lewis-McChord, Wash., has a walk-in center to register bone marrow donors.

The Armed Services Blood Bank Center -- Pacific Northwest (located in the Madigan Army Medical Center Annex) recently paired up with Sgt. Stephanie Smals, a Madigan licensed practical nurse, to allow Department of Defense ID cardholders to sign up for the bone marrow registry in the same center where they can donate blood.

After conducting a one-time bone marrow registry drive at Madigan last fall, "I wanted there to be an opportunity for potential donors to be able to walk in," said Smals.

Soon after, a blood bank representative contacted Smals with the same idea. The center went on to train its staff to also register bone marrow donors, a simple process that consists of a few minutes of paperwork plus swabbing one's mouth.

The bone marrow registration is run through the C.W. Bill Young Department of Defense Marrow Donor Program, which feeds into the National Marrow Donor Program. The military has a separate donor program because it is uniquely qualified to track military donors, many of whom move often. While only DOD ID cardholders can sign up for the bone marrow registry through the DOD program, potential donor recipients can be anyone who needs a bone marrow transplant.

Because the health screening requirements are different for bone marrow donor registration than they are for donating blood, many people who may be ineligible to donate blood immediately may still be able to sign up for the bone marrow registry. If someone is later found to be a potential

bone marrow match, a more intensive health screening is done at that time.

The rates of deferrals for donating blood can be high here given the number of Soldiers who've served north of the demilitarized zone in Korea, which is the case for many Soldiers at JBLM, said Maj. Gerald Kellar, the chief of the Armed Services Blood Bank Center -- Pacific Northwest.

Being able to sign up to be a potential bone marrow donor gives them another option to give back, and can keep their spirit of giving alive while they wait out their deferment.

"If we can give those Soldiers an alternative to register with the bone marrow program, more than likely once their deferral is up, we get a better chance of getting them back," Kellar said.

By offering the walk-in center and by incorporating bone marrow donor registration drives with mobile blood drives, Kellar and Smals hope to vastly increase the numbers of people signing up to be potential donors.

"We want to get as many people as we can because it's so difficult to find a compatible match for people," said Smals.

Unlike matching blood types, finding a match for bone marrow can be very complex, and it can become even more so if a close match isn't found within one's family. According to the DOD Marrow Donor Program, more than 70 percent of patients can't find a bone marrow match within their families.



Capt. Jackie Hammelman gets her mouth swabbed at Madigan Army Medical Center, Tacoma, Wash., in Fall 2014 in order to register to become a potential bone marrow donor. Madigan recently collaborated with the Armed Services Blood Bank Center- Pacific Northwest to establish permanent walk-in bone marrow donor registration services.

"It's almost like a Rubik's Cube," said Kellar. "Your Rubik's Cube has to look like someone else's Rubik's Cube before the two of you can be matched up for donation."

Given the diversity of the military, they hope that minority donors are also well represented at the walk-in center.

"The best potential match is within your own ethnic group, and currently the way that the registry is now, there's a very, very small minority percentage on the registry," said Smals. The bone marrow registry has a proportionally small percentage of ethnic minorities registered, said Smals, especially African Americans and Latinos.

However, JBLM donors could help increase these numbers, said Kellar, since, "We're a good cross-section of society and we're a giving people."

Anyone from 18 to 60 years old may be eligible to become a bone marrow donor.

Walk-in bone marrow registration is located at the Armed Services Blood Bank Center -- Pacific Northwest.

Job Fairs Boost Career Opportunities for Fort Hood WTU Soldiers

By Gloria Montgomery, WTU Public Affairs

Employment prospects were bright for Fort Hood Warrior Transition Unit Soldiers who will soon be transitioning into the civilian workforce, thanks to the WTU job fair, held March 12 at Club Hood.

More than 40 federal, state and private employers were on hand eager to hire the transitioning Soldiers, in addition to providing work from home opportunities for spouses and caregivers.

Human resource specialist and WTU Soldier, Sgt. 1st Class Kavita Harry, called the job fair a wonderful insight into her future.

“Honestly, this is a difficult transition,” the former 36th Engineer Soldier said, admitting it’s going to be hard not wearing her Army uniform when she transitions because she is so ‘pro-Army.’ “This job fair, though, has given me hope that there is life after the military.”

One promising lead Harry discovered was with the Army and Air Force Exchange Service (AAFES) headquarters in Dallas.

“They have an excellent human resource internship program,” she said, “so it’s great to learn that I can get a job and continue doing what I enjoy.”

Representing AAFES was Dino Castro, who said he was impressed by Harry.

“She’s very professional,” the Fort Hood employee said, adding that Veterans are a plus in the workforce.

“They’re positive, confident and, most importantly, they are trainable,” the retired Soldier said.

Another employer ready to hire the soon-to-be Veterans was Wal-Mart

“Veterans think on their feet, plus they’re used to change” said Kay Murphy, human resource manager for Wal-Mart



Sgt. 1st Class Kavita Harry and Staff Sgt. Frantz Gourge talk to AW2 representatives during the WTU's job fair, held March 12 at Club Hood. (Photo by Gloria Montgomery, WTU Public Affairs)

Logistics. “A lot of the values military Veterans have are the same qualities that built Wal-Mart such as honor, discipline, values and ethics.”

According to Anthony Thomas, WTU’s transition coordinator, the job fair also had another purpose: helping the unit’s caregivers and spouses.

“Some of the companies were specifically invited to provide ‘work from home’ opportunities for the spouse or caregiver who can’t leave their home because they are caring for a spouse or a loved one,” he said, adding that more than 150 Soldiers, spouses, caregivers and Veterans attended the event.

Even though Staff Sgt. Frantz Gourge already has been offered a job, he attended the job fair to explore other options.

“I’m in transportation, so there are several companies here that I also wanted to talk to,” he said, adding that this job fair was a great opportunity for the Soldiers in Transition, especially those

who aren’t sure what they want to do when they get out. “This is a great start because they can come here and get a picture of what the workforce is going to be out there.”

Gourge, along with Harry, praised the WTU for its numerous programs, especially the career-transitioning events.

“This is a great program,” he said, adding that it demonstrates the Army’s commitment to taking care of its wounded, ill and injured Soldiers before they exit the military.

Harry, who said she didn’t know what to expect when she arrived at the WTU earlier this year, said she has been pleasantly surprised and grateful at everything made available to WTU Soldiers.

“This is a wonderful investment the military is providing to our wounded Soldiers,” she said. “And now, for the first time in my career, I can focus on me.”

USAMRICD Scientist Receives Visionary Mentorship Award

By **Cindy Kronman**, *USAMRICD Public Affairs*

Principal investigator John H. McDonough, Ph.D., a research psychologist at the U.S. Army Medical Research Institute of Chemical Defense, at Aberdeen Proving Ground, Maryland, received a 2015 Visionary Award from the Northeastern Maryland Technology Council, 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. "A number of the students' projects have been published in peer-reviewed scientific journals and/or given as research presentations at national scientific meetings such as the Society for Neuroscience and the Society of Toxicology."

McDonough was nominated by Dr. Douglas Cerasoli, fellow MRICD principal investigator and 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.

McDonough has mentored more than 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 the Science and Mathematics Academy at Aberdeen High School.

SEAP, for which McDonough has served as a co-coordinator at the USAMRICD for 14 years, provides high school students with an 8-week summer internship to



Dr. John H. 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 Oak Ridge Institute of Science and Engineering intern in McDonough's lab. (Photo by Stephanie Froberg)

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 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.

The NMTC honored 16 individuals with a Visionary Award to recognize their “contributions to the advancement of STEM education and technology,” according to a council press release. Award categories included: visionary, leader, innovator, mentor, rising star and technology advancement.

2014 Debt Collection Assistance Officer and Beneficiary Counseling and Assistance Coordinator of the Year Award

Ms. Lynda Guzman, a beneficiary counseling and assistance coordinator and debt collection assistance officer at Brooke Army Medical Center was chosen as the 2014 Debt Collection Assistance Officer and Beneficiary Counseling and Assistance Coordinator of the Year for U.S. Army Medical

Command. As her nomination packet states, Ms. Guzman shows genuine concern, caring and diligence in assisting military beneficiaries seeking help with their TRICARE issues, whether it is a question concerning their benefits claim or negative credit report. In the last year she has assisted more

than 1,500 beneficiaries with 985 of the most complicated assistance and debt collection cases documented in ART. Ms. Guzman loves what she does and it is reflected in the many responsibilities she has and the services she provides our beneficiaries.



Maj. Gen. John O'Connor (left), the 21st Theater Sustainment Command's commanding general, was the guest speaker for the U.S. Army Europe's Expert Field Medical Badge graduation ceremony. The CG personally pinned the honor graduates, 1st Lt. Kristen Pasch of LRMC (middle left), 2nd Lt. James Prairie of the 173rd Abn. Bde Combat Team (middle right), and Sgt. Steven Zesati of the 173rd Abn. Bde Combat Team (right). (U.S. Army Photo by Capt. Robert Gallimore)

By **Capt. Robert Gallimore**, 30th MED BDE Public Affairs, **Maj. Jason Hughes**, and **Capt. Kenneth Koehler**, 421st Medical Battalion (Multifunctional) Public Affairs

More photos at: <http://www.army.mil/article/145532>

Madigan staff named top MEDCOM counselor

By **Suzanne Ovel**, *Army Medicine Public Affairs*

When Rey Javier works with a patient, he thinks nothing of going beyond what most might expect: he takes it upon himself to renew an 89-year-old's Medicare card, he seeks special mileage funding for a patient in a high-risk pregnancy, he helps a spouse who doesn't speak English to pay an enrollment fee. Not exactly the typical image one might have of someone who works in insurance.

While Javier is quick to point out that TRICARE is unlike other insurances in that it focuses on health benefits' capability instead of money, Javier's self-imposed levels of customer service made him stand out enough to be recognized at the U.S. Army Medical Command level.

In fact, Javier was named the 2014 Army Medical Department Beneficiary Counseling and Assistance Coordinator of the Year (BCAC of the Year). Maj. Gen. Thomas R. Tempel, Jr., Western Regional Medical Command commanding general, presented Javier with his award at Madigan Army Medical Center on March 12, noting that Javier's exceptional work made him a representative of the entire Army Medical community.

“It wouldn’t be possible if you didn’t do it every day, and care so much for what you do,” Tempel said.

Called “one of the most compassionate and customer-focused BCACs” in the command by his leadership, Javier got his start in providing compassionate medical care as an Army medic who also worked directly with the Washington National Guard’s surgeon general. Although Javier had several job options when he left service, he said he purposely chose his position as a BCAC.

“You’re helping and their issues are resolved by you or by the system, and you know that you helped do that,” he said. As a BCAC, he primarily serves as an educator in teaching patients



Mr. Rey Javier receives the Army Medical Department 2014 Beneficiary Counseling and Assistance Coordinator of the Year award from Maj. Gen. Thomas R. Tempel, Jr., while Mrs. Javier and Col. Ramona Fiorey cheer him on. (U.S. Army photo by John Liston)

about their health benefits, whether he's educating Soldiers who are medically separating, Guard or Reserve Soldiers who are transitioning off of active duty orders, or patients who become eligible for Medicare. Javier and his counterparts are the in-house TRICARE experts at Madigan, and while they help answer questions about benefits, they also see themselves as advocates for patients who need a little extra help.

“If it’s within our abilities, we help these folks out,” said Javier.

Ofentimes, a little bit of help is just what's needed for patients who are missing a bit of knowledge about their health benefits.

While some patients feel they understand their medical benefits, Javier said, “They’re just a little wrong, but they’re wrong enough to cause them to have bills or just make wrong decisions or to waste money in the sense of buying insurance that they don’t need.”

His job is to fill in the missing information on what other options patients need to make the best health benefits decisions for themselves.

Javier lights up when he speaks about

some special patients he's been able to help travel to get specialized medical care they need. For instance, he's helped send several Madigan babies to Stanford University, Calif., to get cardiology care through TRICARE.

“We fixed a lot of babies’ hearts, who are alive and well today because of it,” he said.

But when asked how he feels about being named the best BCAC in the Medical Command, Javier is quick to say that he is not more worthy of the award than any other of his coworkers in the Managed Care Division's TRICARE Operations Branch here. Several of his coworkers have received this and other high-level awards in the past, and Javier credits them for mentoring him and setting the standard of quality in his office.

As a whole, he says that what sets his office apart is that they simply care about patients.

"I think we all have the same mindset of just helping people," he said. "A lot of times, this help is saving lives."



Congratulations to Northern Regional Medical Command (NRMC) Best Warrior NCO of the Year Sgt. Alexander Seeds, Keller Army Community Hospital, and Best Warrior Soldier of the Year Spc. Ashley Irmak, McDonald Army Health Center. The two winners are photographed with Col. Bruce Syvinski, (left) NRMC Chief of Staff, and Sgt. Maj. Edward Ellis Kelsey, (right) acting NRMC command sergeant major

NRMC names Best Warriors

By **Ms. Gigail Cureton**, Northern Regional Medical Command

Noncommissioned Officer of the Year (NCO of the Year) Sgt. Alexander Seeds, Keller Army Community Hospital, West Point, N.Y., and Spc. Ashley Irmak, Soldier of the Year, McDonald Army Health Center, Fort Eustis, Va., bested a field of fifteen highly-motivated Soldiers from across the Northern Regional Medical Command (NRMC) during four days of competition at Fort A.P. Hill, Va.

"I'm really happy my hard work paid off," said Irmak. "I just wanted to push myself during the regional competition and I am looking forward to taking it to the next level."

Seeds also recognizes that being NRMC's best warrior now means he

will compete against the best in Army Medicine. "It (the MEDCOM-level event) is going to be a challenge but I will be ready."

All NRMCM Best Warrior candidates received Certificates of Achievement for surviving the physically and mentally challenging event consisting of a written test, an Army Physical Fitness Test, rifle qualification using the indoor Engagement Skills Trainer, a day/night land navigation course, a six-mile road march, a command sergeants major board appearance, and various warrior tasks and battle drills relevant to today's operating environment.

Both Seeds and Irmak were awarded the Army Commendation Medal for

their accomplishments.

“Despite the challenges, the Soldiers were motivated throughout the competition,” said Sgt. 1st Class Shawn Pemberton, noncommissioned officer in charge of the react under fire event. “You can tell the units sent the right people here to compete.”

Being named the NCO and Soldier of the Year is a significant milestone in a Soldier's career. It demonstrates an impressive knowledge of military subjects, performance and professionalism.

Seeds and Irmak will represent the region during the Army Medical Command Best Warrior competition May 1-8 in Texas.



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