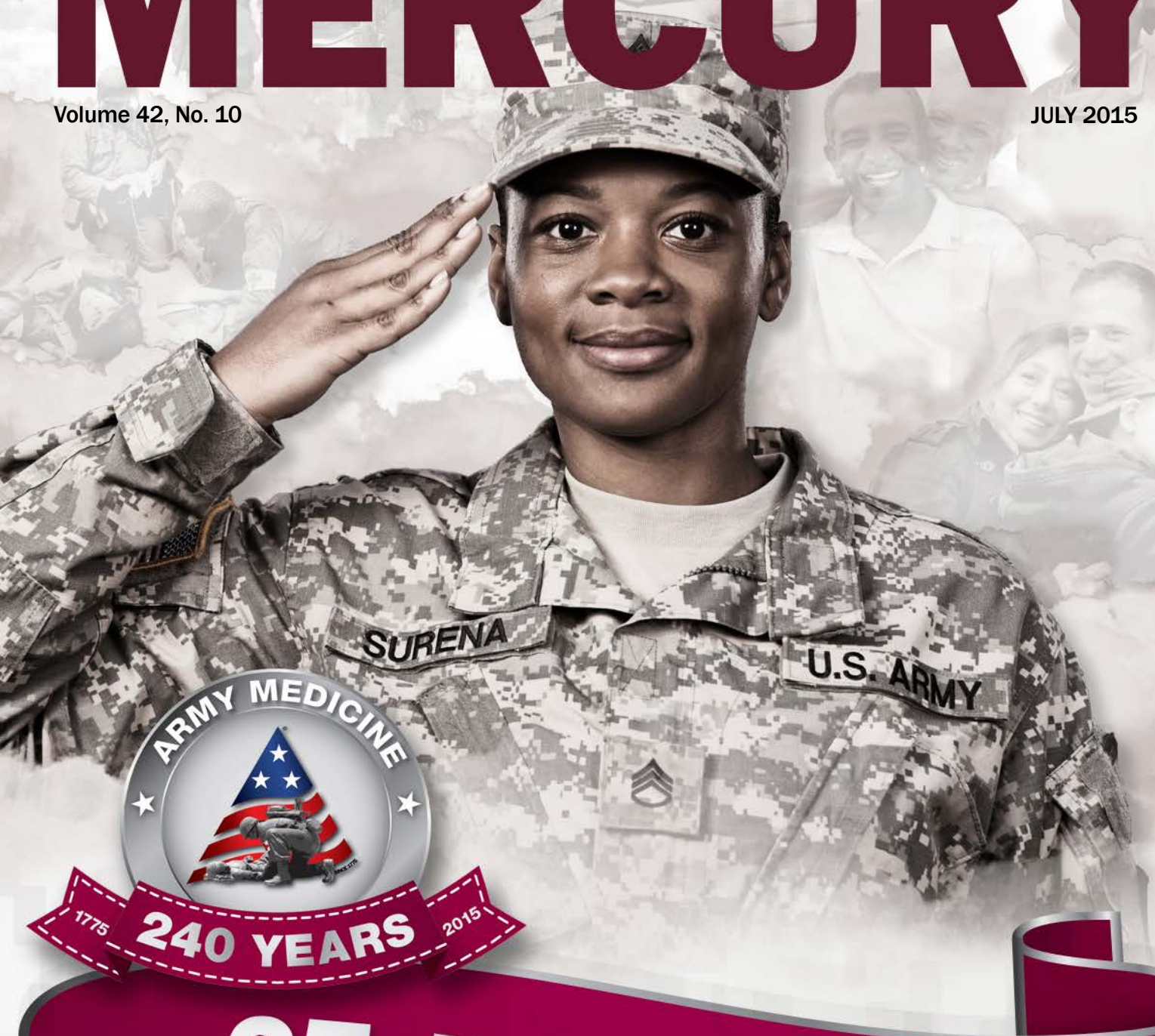


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ARMY MEDICINE PRIORITIES

COMBAT CASUALTY CARE

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

READINESS AND HEALTH OF THE FORCE

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

READY & DEPLOYABLE MEDICAL FORCE

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

HEALTH OF FAMILIES AND RETIREES

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

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Army Medicine Command Teams focus on health readiness platforms

By Ann Bermudez, Army Medicine Public Affairs

Army Medicine command teams attended a week-long training session June 8-12 to continue the dialogue on lessons learned and leading best practices focused on opportunities and initiatives related to becoming a System for Health (SfH), and providing tools to enable command teams to accomplish their mission.

Lt. Gen. Patricia D. Horoho, commander, U.S. Army Medical Command (MEDCOM) hosted the forum that allows command teams to learn from each other and develop connections and partnerships that will lead to improved excellence in the delivery of High Reliability Healthcare and the Health Readiness of the Army.

Horoho challenged the leaders to expand their boundaries outside of the brick and mortar facilities and to get into the Litespace to improve Soldiers' health readiness.

The semi-annual Command Team Leader Development and Training

Session (CTLDTS) provided a forum for commanders to understand and address challenges in order to continue to deploy and sustain comprehensive, responsive, and flexible health services to support global joint and integrated operations. The theme for the training session was "Adaptive Leaders Creating Opportunities."

"We must provide influence through leadership as we continue to change," said Command Sgt. Maj. Gerald Ecker, MEDCOM command sergeant major.

Army Medicine is striving to lead the way to become a High Reliability Organization (HRO) operating within the Operating Company Model (OCM) to reduce variance across MEDCOM and achieve a culture of safety through the transformation to a System for Health (SfH).

"We are realigning our capabilities across Army Medicine to create a more consistent experience," said Horoho.

The session was also a chance to gain an understanding of command team progress



Lt. Gen. Patricia D. Horoho

made towards becoming a System for Health and modeling Health Readiness Platforms (HRP) to enhance a medically ready force.

Horoho emphasized to the group, "Don't assume people know our business—we have to keep telling our Army Medicine story."

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Your comments may be published in a future edition of this publication.

Trauma Registry Yields Significant Increase in Traumatic Injury Survival Rates

By Dr. Valecia L. Dunbar, MEDCOM Public Affairs & Adjunct Professor Army-Baylor MHA/MBA Program

Trauma care within the Department of Defense (DOD) is a continuous and enduring mission in peacetime or wartime. Recent improvements in the delivery of trauma care in-theater have resulted in a case fatality rate of less than 10 percent. To put this number in historical perspective, the case fatality rate was 19.1 percent in World War II, 15.8 percent in Vietnam, and approximately 16 percent at the onset of Operation Enduring Freedom. In Vietnam alone, 2,500 service members died solely from extremity injuries.

One DOD organization that has sought to improve combat casualty care outcomes is the Joint Trauma System (JTS) and its multi-service coordinating component, the Joint Theater Trauma System (JTTS), to provide “the right care, to the right patient, at the right place, and right time,” said Col. Kirby Gross, director, Joint Trauma System. “That’s the only way optimal combat casualty care can be provided.”

Spurred by the events of September 11, 2001, and subsequent combat operations in Iraq and Afghanistan, military clinicians recognized the need for a more structured approach to a system of trauma care for Soldiers wounded in combat. In 2005, U.S. Central Command (CENTCOM) implemented an inclusive system of trauma care in support of Operation Enduring Freedom (OEF) and Operation Iraqi Freedom (OIF). This system integrated care from point of injury through Level IV care. Subsequently, the system evolved to include Level V and Veterans Affairs (VA) facilities. JTS uses Level IV and V as the highest levels of definitive trauma care.

The JTS was established in 2006 at the U.S. Army Institute of Surgical Research (USAISR). Since that time, multiple investigators using data from the Department of Defense Trauma Registry (DoDTR) have demonstrated that this



U.S. Army Soldiers transport a trauma victim to a U.S. Army medical helicopter in Tarmiyah, Iraq, Sept. 30, 2007. Recent improvements in the delivery of trauma care in theater have resulted in a case fatality rate of less than 10 percent, down from approximately 16 percent at the onset of Operation Enduring Freedom. The Soldiers are from Charlie Company, 4th Battalion, 9th Infantry Regiment, 4th Stryker Brigade Combat Team, 2nd Infantry Division out of Fort Lewis, Wash. (U.S. Navy photo by Mass Communication Specialist 2nd Class Summer M. Anderson)

system has improved the process of care, minimized practice variability, and decreased morbidity and mortality in the U.S. CENTCOM theater of operations. The JTS became an official program of record under the USAISR within DOD in 2010.

Evidence suggests that inclusive systems of trauma care are associated with a reduction in injury-related mortality within a region compared with exclusive systems. Today, the U.S. CENTCOM Joint Theater Trauma System (JTTS), the U.S. Army Ad Hoc Joint Trauma System (JTS), and the DoDTR process enable a seamless, multi-service military trauma system developed on the premise that every Soldier, Marine, Sailor, and Airman injured on the battlefield or in the theater of operations has the optimal chance for survival and maximal potential for functional recovery.

The relationship between the JTTS and JTS is one of coordination, knowledge management, and information sharing to

ensure data received from the JTTS shared registry are managed in a unified DOD system.

Vice Chief of Staff of the Army Gen. Daniel Allyn served as a Ranger Battalion commander in 1998. During remarks at the 2014 Association of the United States Army (AUSA) Hot Topic Medical Symposium, Gen. Allyn spoke about his vision for “training every Soldier to be as skilled as our combat medics” and referred to the early steps taken to bring tactical combat trauma care to the point of injury and the lessons learned from Somalia.

“During Somalia and Vietnam 7 of 10 battlefield deaths were caused by bleeding in the arms and legs,” said Allyn. “Now we have transitioned to the combat application tourniquet and haemostatic dressings that cause immediate blood clotting. We have moved surgeons forward on the battlefield so Soldiers can receive care within minutes of their injury.”

The development of a trauma registry supports the system needs, such as performance improvement and research to reduce morbidity and mortality. Critical to the system's success are trauma nurse coordinators who log combat casualty records into JTTS.

"Nurses were using the registry to facilitate performance improvement among providers and ensure care guidelines have consistent results," said Gross. "What the registry needed outside of JTTS, which serves the CENTCOM area of responsibility, was technology and performance improvement subject-matter experts to train trauma nurses and JTTS teams."

The JTS is an enduring organization within the U.S. Army and is housed at Fort Sam Houston, San Antonio, Texas. Its mission is to improve trauma care delivery and patient outcomes across the continuum of care utilizing continuous performance improvement (PI) and evidence-based

medicine driven by the concurrent collection and analysis of data maintained in the DoDTR, which was formerly named the Joint Theater Trauma Registry (JTTR).

JTS is one of five directorates at USAISR. Their additional responsibility is to write clinical practice guidelines and provide a source of institutional knowledge to inform future operations. The agency shares a strategic partnership with the American College of Surgeons (ACS) Committee on Trauma and the Defense Health Agency (DHA) to ensure all surgeries, including trauma surgeries, in civilian and military environments are registered. JTS has also partnered with United Kingdom

medical officers to establish data-sharing agreements.

"All data has been de-identified," said Gross.

The JTS was recognized by the Oversight Board of the Defense Centers of Excellence in June 2013 as a Defense Center of Excellence. The Center of Excellence recognition is awarded to organizations that create value by achieving improvement in outcomes through clinical, educational and research activities.

For more information on JTS, visit http://www.usaISR.amedd.army.mil/10_jts.html

U.S. CENTCOM Joint Theater Trauma System (JTTS), the U.S. Army Ad Hoc Joint Trauma System (JTS), and the Department of Defense Trauma Registry (DoDTR -- formerly JTTR) process enable a seamless, multi-service military trauma system developed on the premise that every Soldier, Marine, Sailor, and Airman injured on the battlefield or in the theater of operations has the optimal chance for survival and maximal potential for functional recovery.

Parents key in maintaining comprehensive immunization records for children

By Chris Orose, Immunization Healthcare Branch, Defense Health Agency

The majority of military children are fully immunized against vaccine-preventable diseases, yet their records may be incomplete or housed in several different locations due to the highly mobile nature of our military forces.

When military children receive immunizations from civilian healthcare providers, those immunizations are not documented in the military electronic tracking system. Incomplete documentation can lead to children receiving duplicate vaccinations, or the appearance of noncompliance with local regulations governing entry into school or day care facilities.

Records can sometimes be difficult to track down later, as military children may

be seen by several different providers in different parts of the world before reaching school age.

"If a child was seen in a military facility, her record should be available regardless of how often she's moved," said Lt. Col. Amy Costello, deputy chief, Immunization Healthcare Branch, Defense Health Agency. "When parents take their kids to see physicians outside of the military system, it's important to get a record of any shots they might get, and share them with their military treatment facility."

Proper documentation of immunizations, if received at a civilian provider or a TRICARE network pharmacy, includes:

- The date the vaccine was given.
- Vaccine name or code.

- Manufacturer.
- Lot number.
- Volume of the dose given.
- Name of prescriber.

Costello said communication between parents and healthcare providers is essential in creating a comprehensive immunization record for each child under military care.

"Clinicians should remember to ask about each patient's immunization status on each visit, and compare the parent's response to the recorded shot record," Costello said. "Overall, military clinicians are doing a great job keeping track of children's immunization records using the DOD's different documentation systems, but it requires everyone's vigilance, to maintain that standard."

Tobacco Free Living is now Army Medicine Policy

By Army Medical Command

Tobacco use and smoking-related diseases are a leading cause of devastating but preventable and reversible health-related diseases in the United States. The Army Medical Command (MEDCOM) solidified its commitment to the health of its beneficiaries by publishing a Tobacco Free Living Operations Order (OPORD) on May 8. This order aligns with the 2020 Department of Defense (DOD) goal of creating tobacco free workforces and installations.

Research continues to show that tobacco restriction policies improve health and boosts military readiness. Army Medicine's goal is to lead the transition from a tobacco-tolerant culture to one that is instead focused on health and wellness within its communities. The Army Surgeon General's (TSG's) role in establishing a MEDCOM tobacco-free workforce and tobacco-free medical campuses is generating momentum toward this end.

Effective May 8, military treatment facilities (MTFs) will have 12 months to become tobacco-free with no designated tobacco areas (DTAs) within campus boundaries. MEDCOM personnel will not use tobacco products during the duty day and military personnel will not use tobacco products while in uniform. Tobacco bans will remain the standard operating procedure during all phases of Army Medical Department education and training programs. This policy eliminates the harmful modeling effects of healthcare personnel; it will also ensure that every person who visits Army Medical campuses is not exposed to the hazards of second and third-hand tobacco.

Several Army medical campuses have been forward-leaning in changing the tobacco culture and have been successful in establishing Tobacco-Free Medical Campuses ahead of the OPORD. These campuses are: Winn Army Community Hospital, Fort Stewart, Ga.; Eisenhower

Army Medical Center, Fort Gordon, Ga.; Martin Army Community Hospital, Fort Benning, Ga.; Fort Drum Medical Activity, N.Y.; Tripler Army Medical Center, Honolulu, Hawaii; and the Defense Health Headquarters (DHHQ), Falls Church, Va.

Army Medicine's tobacco free policy follows last year's announcement by the secretary of defense to improve the Health & Readiness of the Force by reducing dependence on tobacco products. Through collaboration with U.S. Army Public Health Command, Operation Live Well (OLW), TRICARE, and other DOD organizations, MEDCOM will ensure beneficiaries have access to robust, science-based tobacco cessation solutions.

Visit OLW's "Community of Interest" for one-stop shopping on Tobacco Cessation, <http://www.health.mil/News/Articles/2015/05/07/New-Tobacco-Free-Resources-Available>

Army Medicine announces the winner of the Wolf Pack Award for 3rd Quarter FY2015

By Army Medical Command

The OB/GYN Department "Operation WE DELIVER!" Team from Evans Army Community Hospital, Fort Carson, Colo., has been awarded the Wolf Pack Award for the 3rd Quarter FY15.

This collaborative team, averages a near MEDCEN-level 180 births per month, and provided outstanding, safe, evidence-based obstetrics by whole-heartedly embracing a multidisciplinary approach to patient care.

Among other innovative projects, the OB/GYN Department "Operation WE DELIVER!" team built relationships thru community outreach programs,

spearheaded a flu vaccination campaign for expectant mothers, and organized a Tri-Service baby shower for over 150 expectant mothers to build trust and improve basic knowledge in the community.

Using social and other media, the team spread the word about exciting initiatives like a virtual tour of facilities and services offered at the Mountain Post Birthing Center. The Team embraces training and prepares well for the unpredictable and sometimes life-threatening nature of obstetrics. They also rejuvenated a comprehensive education program

for new families that was discontinued during the 2013 furlough. The "Operation WE DELIVER!" team's concentrated efforts, initiatives, and process improvements also resulted in increases in APPLS and TRISS scores -- overall patient satisfaction rose to 94 percent, overall satisfaction with healthcare rose to 91 percent, and 94 percent of patients responded that they would recommend the facility.

Please join us in congratulating this dynamic team. Their efforts and achievements epitomize the highest patient care standards of Army Medicine!

Expeditionary opto-fabricators help Europe see their importance

By Capt. Robert Gallimore, 30th Medical Brigade Public Affairs Branch

“These glasses are clearer than the pair I gave them for the prescription!” Capt. Jessica Cowles exclaimed as the visually impaired 30th Medical Brigade officer dons her new pair of prescription glasses.

Right now, brand new spectacles can be fabricated inside an up-armored, containerized optical laboratory mounted onto the back of a light medium tactical vehicle, or LMTV, parked on an unimproved helicopter landing zone at Grafenwoehr Training Area.

The 8th Medical Company (Logistics) based out of Baumholder, Germany presents an unparalleled combat multiplier, which they deployed forward from their home base in Baumholder to Grafenwoehr Training Area in support of Exercise Combined Resolve IV (CbR).

CbR IV is a Joint Multinational Training Command, U.S. Army Europe-directed exercise held from May 9 - June 26 at the Grafenwoehr and Hohenfels Training Areas in southeastern Germany and includes about 4,700 participants from 13 nations.

The small company of more than 50 Soldiers includes two optical laboratory specialists as part of a small section known as the optical fabrication element. In 10 to 15 minutes, these two Soldiers are able to produce a well-fitted pair of spectacles authorized for use in all U.S. Department of Defense uniforms on the spot.

Service members needing bifocals should expect a turnaround of about 24 hours. A spectacle prescription dated within the past year is ideal, but if a Soldier is in theater and needs glasses critically, any personal prescription will suffice so long as it includes the pupillary distance, which is the distance between



Spc. Cameron Brown, an optical laboratory specialist assigned to 8th Medical Company (Logistics), hands a Romanian captain a pair of glasses fabricated from a pair he was wearing during a distinguished visitor and capabilities tour on May 24. The 8th MLC is currently deployed forward within the 30th Medical Brigade's area of operations to provide medical logistics services in support of Exercise Combined Resolve IV. (U.S. Army photo by Capt. Robert Gallimore)

the centers of the pupils of each eye. Having the correct pupillary distance ensures that the optical centers of the lenses will line up properly over the Soldier's pupils. Glasses made without the correct pupillary distance may be less comfortable, can cause eye strain, or even induce discomfort, distortion, or headaches.

During a walkthrough by some Belgian Army Soldiers on May 27, the optical fabrication team took off a Soldier's glasses as they arrived to the unit's area of operations. Inside the 8th MLC's supply warehouse tent in the middle of the tour, Spc. Crystal Baza took the Soldier aside to size frames to his face. By the time the tour came to the “expand-o van,” the unit's nickname for the optical lab vehicle, Spc. Cameron Brown was cleaning off a pair of brown frames with the Soldiers prescription fitted and ready for wear.

“Unbelievable. I did not think that these would be so good, but wow!” stated the Belgian Soldier, thoroughly

impressed with the fast and accurate work of the two Soldiers.

Baza and Brown are the two optical laboratory specialists who have been wowing visitors with this unique and expedient capability.

“No matter how experienced or great you are, anyone can mess up,” said Brown as he was asked how important each piece of equipment was to every pair they produce. Spc. Brown oriented the tour to the small 20-foot by 6-foot laboratory.

He explained each machine's importance to making spectacles as he produced another pair like it was by muscle memory.

“After almost five years of doing this job for Soldiers, I love the satisfaction of helping people most of all,” explained Baza when asked what she loved most about her job.

Together, the two specialists have 10 years of experience in optical fabrication between them.

Civilian education, training available in ‘own backyard’

By Ann Bermudez, Army Medicine Public Affairs

Civilian education and training just got easier as far as travel is concerned. The U.S. Army Medical Command (MEDCOM) is bringing mobile training teams from the Army Management Staff College’s headquarters at Fort Leavenworth, Kan., to installations for training locally versus traveling on temporary duty (TDY).

“I enjoyed that I didn’t have to travel TDY to attend the Advance Course,” said Rosalinda Jenkins, a human resources specialist at the Army Medical Department Center and School. “It was a different form of comradery and I got to meet a lot of folks from various commands around Fort Sam Houston.”

The Civilian Education System (CES) plays a critical role in career development at every level. All eight courses are in demand because they are prerequisites for admission into other military schools and directly impact a civilian employee’s career progression.

“I was able to take lessons learned back to my organization,” said Christopher Pate, Ph.D., chief of Management Analysis Branch at Brooke Army Medical Center. “You get out what you put into it, but the benefits are not only for us as individuals, but the Army as a whole.”

The CES is increasingly important to employees for career progression and entrance into senior leader

schools. CES courses are open to most permanent Army Civilians and are centrally funded by HQDA G-37/ Training Directorate. While the distributed learning (dL) phases are open to all Army Civilians for self-development, the resident phases are targeted to individuals in specific grade levels to ensure Civilians receive progressive career-long professional development.

CES courses include online modules followed by classroom instruction. Until establishing the mobile training teams, classroom time meant temporary duty at Fort Leavenworth, Kansas. Each course, ranging from basic level to advanced, is tailored to specific pay grades. Central funding and flexible course delivery methods, like the mobile training team, makes CES more accessible to local Army Civilians, according to developers.

“This is a great opportunity for development and networking for Civilians,” said Pate. “It’s also a less expensive way to get people trained all at once. I highly recommend these courses as they get at the core competencies of leaders”

“As Civilian employees are looked upon to take on more of a leadership role, CES offers a wonderful opportunity to develop and hone these skills,” said Ray Mendoza, workforce development specialist, G-37, RT&E, MEDCOM Headquarters.

“It is incumbent on each of us to be prepared to take on greater leadership responsibility, be it formal or informal.”

Mendoza stressed that a mobile training team teaching the course on-site saves money and increases the number of available training slots.

The Army continues to revise the Army Leader Development Strategy to address the future Civilian Leader Development Program. The Army is standardizing the educational and training requirements determination process for the Army Civilian Corps in order to optimize Civilian leader development and technical competency.

For more information about the latest CES courses, visit the course catalog on the Army Civilian Training and Leader Development Division system at <http://www.civiliantraining.army.mil/SitePages/CourseCatalog.aspx>.

Civilians wishing to register for courses or request more detailed information about credit equivalency and transfers should contact the MEDCOM CES Quota Managers at usarmy.jbsa.medcom.mbx.civilian-workforce@mail.mil.



ARMY CIVILIAN TRAINING & LEADERSHIP DEVELOPMENT



Alzheimer's Disease and Risk Factors for Military

By Dr. Phyllis Chelette, PhD, MPH, RN, U.S. Army Medical Command

The first-ever U.S. national plan to address Alzheimer's disease (AD) has a goal of preventing and effectively treating Alzheimer's disease by 2025. A surging Veteran's population from recent wars makes this goal even more important as the relationship between traumatic brain injury (TBI), posttraumatic stress disorder (PTSD), and AD is being explored by leading military researchers.

According to Alzheimer's Association 2014 Alzheimer's disease Facts & Figures, there are more than 5 million Americans living with Alzheimer's disease, but Alzheimer's has far reaching effects that plague entire families. Our nation's Soldiers and Veterans represent a population at elevated risk for dementia and cognitive decline, according to findings published in a special issue of Alzheimer's & Dementia: The Journal of the Alzheimer's Association. Researchers cite the circumstances of modern war, the consequences of head injury, posttraumatic stress disorder (PTSD) and other war-related factors as reasons for this increased hazard.

Recent military conflicts have resulted in a new focus on brain injury and brain health among service members and aging Veterans. In addition to TBI and PTSD, other potential military risk factors for cognitive decline and dementia include chemical exposures, such as pesticides and petroleum products; lifestyle risks, such as smoking, alcohol use, obesity; and other medical conditions, such as diabetes, depression, and sleep disturbance.

"The wars in Iraq and Afghanistan have been characterized by injuries from improvised explosive devices,



Col. Karl E. Friedl, Ph.D. (left), a researcher at the Telemedicine & Advanced Technology Research Center (TATRC), U.S. Army Medical Research & Materiel Command (USAMRMC), receives The Alzheimer's Association's Ronald and Nancy Reagan Research Award in 2012. The honor is reserved for those who make significant advancements in Alzheimer research. (U.S. Army photo)

including nearly a quarter million cases of mild traumatic brain injury since 2000," says retired Col. Dr. Karl Friedl, a leading Army researcher at the U.S. Army Medical Research and Materiel Command.

"Brain injuries represent a higher proportion of injuries compared to previous conflicts such as the Vietnam War, in part because modern body armor has altered the pattern of combat injuries. These injuries are combined with high rates of psychological trauma (including PTSD)," said Friedl.

Aging military Veterans comprise a rapidly growing number of individuals with AD and may have added risk for AD due to traumatic brain injury, posttraumatic stress disorder, and / or service-related injuries. These individuals are younger, with increased risk and will require longer periods of

care.

The Militarily-Relevant Peer Reviewed Alzheimer's Disease Program (MRPRA) was created through the Telemedicine & Advanced Technology Research Center (TATRC). The mission of MRPRA is to build an integrated program for understanding the association between TBI and AD and to reduce the burden on those affected by TBI AD symptoms, especially in the military community.

The knowledge gained through this research will have impact throughout society - beyond just the military and Veterans - by improving our understanding of some of the key factors that contribute to new cases of dementia among an aging population. TBI, for example, can occur at home, in sports, and through car crashes.

Military spouse recipient of Dr. Mary E. Walker Award

By Esther Garcia, AMEDDC&S, HRCoe Public Affairs Office

Lt. Gen. Patricia Horoho, Army surgeon general and commanding general, U.S. Army Medical Command, awarded Renee Edwards the prestigious Medical Command Dr. Mary E. Walker Award on May 3. Edwards was recognized for her volunteer work that improved the quality of life for Soldiers and their Families.

Edwards volunteered her services in support of Brooke Army Medical Center and the Joint Base San Antonio Fort Sam Houston Warrior Transition Battalion (WTB) from June 2013 to July 2014. While at BAMC she guided a brigade sized Family Readiness Group, served as the voice of Army Families as an Army delegate to the Army Family Action Plan Conference and dedicated countless hours to providing guidance, assistance, education, and emotional support to more than 700 Families in transition. She would routinely sit at the bedside of Wounded Warriors until Families would arrive, offering her support during days, nights and weekends.

She provided support as a Senior Spouse Mentor for the Army Medical Department Pre-Command Course and the Command Team Development Program since 2013. She coaches, teaches, and mentors commander's spouses on the unique command team challenges and shares her plan for a successful Family Readiness Program. Edwards developed the WTB Spouses Forum that include briefings from subject matter experts on topics such as Post Traumatic Stress, Traumatic Brain Injuries, effective communication with children of Soldiers with disabilities and the Integrated Disability Evaluation System. As the Army Medical Department Ambassador she seeks out every opportunity to tell the Army and Army Medicine stories. Edwards is the wife of Col. Eric Edwards who is assigned as the chief of staff to the U.S. Army Medical

Department Center and School, U.S. Army Health Readiness Center of Excellence.

Edwards said, "While I'm incredibly honored, it is with great humility that I accept this award. I am surrounded by amazing people who share my passion for helping our Soldiers and their Families. It is amazing what you can do when you have a great team of individuals working together to make a difference."

Dr. Mary E. Walker was ahead of her time. She was born on November 26, 1832 in the Town of Osego, New York. Her father, a country doctor, believed in education and equality for his five daughters.

In June 1855 Walker, the only woman in her class, graduated from Syracuse Medical College, the nation's first medical school and one which accepted women and men on an equal basis. Walker became one of the first women physicians in the country at the outbreak of the Civil War in 1861. She tried to join the Army but was denied a commission as a medical officer because of her gender. She served as an unpaid volunteer in Washington in various military camps and in a hospital for Indiana troops. She also worked as a field surgeon near the Union front lines for almost two years taking care of sick and wounded Soldiers. Eventually she was appointed assistant surgeon traveling with Soldiers and working in field hospitals. She made her own officer's uniform to wear. She later was appointed assistant surgeon of the 52nd Ohio Infantry. Demonstrating personal courage and without regard for her own safety, she crossed confederate lines to treat civilians. She was taken prisoner in 1864 by confederate troops and imprisoned in Richmond, Va., for four months. She was released in a prisoner exchange and returned to the 52nd Ohio as a contract surgeon,



Lt. Gen. Patricia Horoho (right), Army surgeon general and commanding general, U.S. Army Medical Command, presents Renee Edwards the Medical Command Dr. Mary E. Walker Award on May 3. Edwards was recognized for her volunteer work that improved the quality of life for Soldiers and their Families. (U.S. Army photo)

but spent the rest of the war taking care of prisoners in a Louisville, Ky., female prison and an orphan's asylum in Tennessee.

In 1865 a bill was introduced by then President Andrew Johnson to present Walker the Congressional Medal of Honor for her contributions to the war effort.

In 1917 her medal along with more than 900 other medals were taken away when Congress revised the Medal of Honor qualifications. The medal was given to those only that were involved in actual combat with the enemy. Walker refused to give back the medal until her death in 1919.

In 1977 an Army board reinstated her medal posthumously citing her "distinguished gallantry, self-sacrifice, patriotism, dedication and unflinching loyalty to her country, despite the apparent discrimination because of her sex."

Walker set the standards for helping to improve Soldiers' quality of life for generations to come.

Source: St. Lawrence County, NY Branch of the American Association of University Women and from "A Women of Honor: Dr. Mary E. Walker and the Civil War" by Mercedes Graf published in Gettysburg, Pa., by Thomas Publications in 2001.

Military Blood Program Launches 2015 Summer Campaign

By Armed Services Blood Program

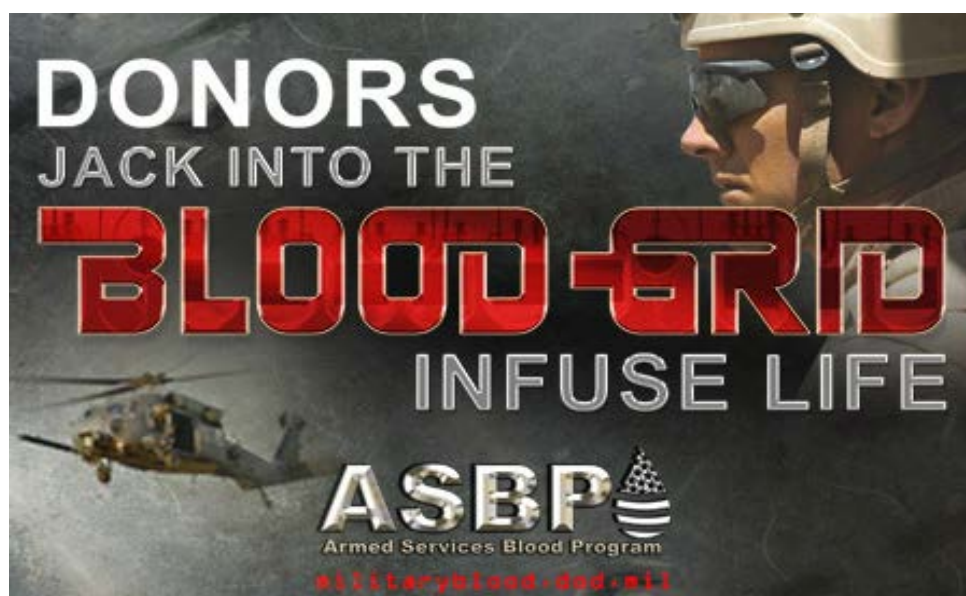
The Armed Services Blood Program (ASBP) encourages all blood donors around the world to “Jack into the Blood Grid and Infuse Life” this summer.

As medical technology continues to advance and expand globally, blood donors and patients in need are part of a “grid” that connects us all. When you plug into the “Blood Grid,” you are connecting to patients in need of blood, no matter where they are.

Navy Capt. Roland Fahie, director of the Armed Services Blood Program further explains, “Each and every donor is connected to the larger mission of saving lives; and each blood, platelet or plasma donation infuses life into ill or injured service members, Veterans and their Families at home in the U.S. and around the world.”

Fahie added, “The Armed Services Blood Program is a tri-service program, which means that all blood collected at our donor centers and mobile drives directly affects services members, no matter their service. Whether it’s a Soldier, Sailor, Airman, Marine or Coast Guardsman, our mission is to make sure they have the blood they need whenever and wherever they need it.”

Remember, the summer months are in full-swing and that means that service members are on leave, Families are vacationing and the blood supply must be



replenished as blood is perishable, while the need is not. A single blood donation takes less than an hour to complete and has to the potential to save up to three lives.

The ASBP was established in 1952 and has been its own distinct, fully-operational blood program since 1962. Today, the program operates more than 20 blood donor centers worldwide and provides blood to 1.3 million patients in need every year.

This summer, blood donors of every type are needed to ensure that the ASBP can continue to provide safe, quality blood and blood products, without interruption.

To donate, find a blood donor center then use the online registration system to schedule an appointment online. First time users will need to create a profile. Once your appointment is made, all you have to do is kick back, relax and let the staff members at the blood donor center take over. Not long after, your donation will be on the way to infuse life to someone in need.

Donors: Are you ready to Jack into the Blood Grid and Infuse Life?

Get more information at http://www.militaryblood.dod.mil/Donors/donor_faq.aspx.

MOVE OUT WITH THE PERFORMANCE TRIAD

Sleep, Activity and Nutrition

USAISR Participates in Pentagon ‘Lab Day’

By Steven Galvan, USAISR Public Affairs Officer

Showcasing the Army’s most advanced medical research, development and technology, the U.S. Army Institute of Surgical Research (USAISR) participated in the first Department of Defense “Lab Day” at the Pentagon May 14.

The event featured more than 100 displays from research and development labs throughout the DOD. Lt. Col. Robert Carter, the USAISR tactical combat casualty care task area manager, was among the more than 40 experts from the Army, Navy, and Air Force demonstrating various products and programs for hundreds of visitors, including numerous congressional and DOD leadership, as well as students and Pentagon employees.

The joint medical exhibit included products and research demonstrating how DOD medical labs support military members throughout pre-deployment, deployment, rapid responses to global issues and rehabilitation. Exhibit highlights included infectious disease research, trauma care and battlefield medicine breakthroughs, aeromedical research, DOD Ebola response efforts, regenerative medicine and prosthetics advancements, brain injury research, and chemical/biological education.

“The research that is being conducted at the U.S. Army Medical Research & Materiel Command (USAMRMC) is not only critical to the health and well-being of the nation’s Warfighters, but also impacts the lives of civilians,” said Maj. Gen. Brian C. Lein, commanding general of the USAMRMC at Fort Detrick and deputy for Medical Systems to the assistant secretary of the Army for Acquisitions, Logistics, and Technology.



Lt. Col. Robert Carter, the U.S. Army Institute of Surgical Research tactical combat casualty care task area manager explains the capabilities of the Compensatory Reserve Index to Mary J. Miller, deputy assistant secretary of the Army (Research and Technology) at the Pentagon Lab Day May 14. (U.S. Army photo by Steven Galvan)

“Clinicians in the civilian setting are taking the science and technology coming from DOD labs in areas, such as rehabilitative medicine, trauma care and infectious disease research, and are using it to save lives on a daily basis.”

Among the items on display from the USAISR within the USAMRMC area was the Compensatory Reserve Index. The CRI uses an algorithm that is designed to take information from a patient using a non-invasive finger pulse oximeter and gauges whether immediate medical attention is needed even though the patient may seem alert and responsive.

According to Carter, the CRI will revolutionize triage on the battlefield and could lower casualties.

“One of the challenges now with triage is that with multiple casualties on the battlefield the medic may have difficulty determining which patient needs to be treated first,” said Carter. “The CRI indicates poor vital signs so that the medic can provide blood or resuscitative fluids to the patient before it’s too late.”

Under Secretary of Defense for Acquisitions, Technology and Logistics Frank Kendall hosted the event. Deputy Defense Secretary Bob Work provided opening remarks and emphasized the importance of highlighting the military’s achievements in science and research.

“Technological superiority is not an American birthright,” said Work. “We must continue to innovate to protect our country.”

Fort Drum MEDDAC focuses on becoming ‘high reliability organization’ to boost patient safety

By Ashley Patoka, Fort Drum MEDDAC

A “high reliability organization” is defined as one that has succeeded in avoiding a catastrophic event in a setting where normal accidents can be expected due to complexity and risk factors.

In line with high reliability organization (HRO) principles, the U.S. Army Medical Command has set a goal of becoming the world’s leader in high reliability healthcare and creating an effective culture of safety.

The Fort Drum MEDDAC is doing its part in helping MEDCOM reach these goals.

According to the Centers for Disease Control and Prevention, the national average for surgical site infections is 2 to 5 percent; the Fort Drum MEDDAC is below the national average. Of the 6,000 invasive procedures performed by Fort Drum MEDDAC staff throughout its on-post clinics and in hospitals in surrounding communities from 2012 to 2014, the infection rate was less than 1 percent.

Since the beginning of 2015, MEDDAC providers have performed nearly 700 procedures, with only one potential infection noted.

MEDDAC providers perform procedures at Carthage Area Hospital, Carthage; Samaritan Medical Center, Watertown; and River Hospital, Alexandria Bay. The philosophy for a healthcare HRO focuses on the concept that every member of an organization has an equal say in ensuring the safety of patients.

Within the MEDDAC, the staff is empowered to report and communicate potential events that may have resulted in patient harm. These events are reported through the Patient Safety Reporting system.

According to Barry Eyestone, MEDDAC patient safety officer, “people are reporting because they understand the program

and because command is involved with recognizing the errors and trying to put an immediate fix to certain things.”

Eyestone went on to say that the command team emphasizes Patient Safety Reporting through the “Good Catch” award program.

The “Good Catch” is a monthly monetary award given to a staff member who identifies that month’s top Patient Safety Report. Two to three good catch reports are generated and voted on by Patient Safety Committee members.

Col. Fernando Guerena, Fort Drum MEDDAC deputy commander for clinical services, reiterated that speaking up and reporting potential issues “isn’t about finding a guilty party, it isn’t about accusations, it is a circular way of discussions.”

Discussions are taking place not only within MEDDAC and among staff members. Because providers perform a number of procedures in off-post hospitals, they also need to have a voice and feel empowered to speak up in that setting. According to Col. John Groves, deputy commander for nursing, the MEDDAC has “continuing quality assurance meetings with Samaritan (Medical Center). So if there are issues that come up, we have the right people in the room to make the necessary adjustments.”

He went on to say that the MEDDACs partnerships and relationships with community hospitals help the staff to better serve patients.

“We had a concern at Samaritan, but we were able to get all the key players together, so the respect we have (among us) is notable,” Groves said. “As soon as we raise a concern, the top-ranking leader of that organization calls a meeting and figures out how to fix it.”

“It was very collegial. It wasn’t uncomfortable; it wasn’t a pointing-fingers thing. It was just raising awareness that there was a concern,” he added.

The idea of encouraging employees to speak up when they see something wrong stems from a training program called TeamSTEPPS.

According to the U.S. Department of Health and Human Services website, “TeamSTEPPS is a teamwork system designed for healthcare professionals that is a powerful solution to improve patient safety within your organization, an evidence-based teamwork system to improve communication and teamwork skills among healthcare professionals.”

The premise behind TeamSTEPPS is that every person on the team – from the top-ranking surgeon in the operating room to the person sweeping the floors – does a part in keeping the patient safe. It also teaches that no matter the rank, if an employee sees that something is wrong, he or she should speak up.

Currently, the Fort Drum MEDDAC has trained about 90 percent of its employees in TeamSTEPPS, with a goal of reaching 95 percent. The MEDDACs clinical guidelines, staff following procedures and the command team promoting a culture of safety have all attributed to the success of the organization.

But there is still room to grow, according to Guerena.

“We still need to sustain (this success) and maintain it,” Guerena said. “We must keep our minds open to new issues, new bugs, and there are always new technologies. We are a learning organization.”

TRICARE Nurse Advice Line a 'great resource' to Hawaii beneficiaries

By Ana Allen, Pacific Regional Medical Command

It always seems to happen at the most inconvenient time or place. A worrisome health issue comes up and you've got questions. If only you had a medical professional standing by to answer your immediate questions over the phone no matter when or where.

Enter - the TRICARE Nurse Advice Line.

The Nurse Advice Line (NAL), available 24 hours a day, 7 days a week, launched on Oahu last year and has connected TRICARE beneficiaries with registered nurses to obtain professional medical advice.

Since then, the NAL has helped many beneficiaries in a time of need.

Registered nurses (RN) are readily available to answer a variety of urgent healthcare questions and help beneficiaries decide whether self-care is the best option or if it's better to see a healthcare provider.

"The NAL is a great resource for new mothers who need advice about caring for their baby or have a concern but are not sure if they should call the doctor, said Marsha Graham, PRMC Army Medical Home nursing consultant.

Yvonne Harrington is a mom who recently used NAL and couldn't agree more.

Harrington's 6-year-old daughter had a painful, ruptured eardrum over a four day holiday weekend. "As her condition changed over the weekend, I was unsure if she needed to be seen. I called the NAL and was triaged by an RN. During that call, she scheduled us to be seen at Schofield Barracks Urgent Care. The staff at Schofield Barracks Urgent Care were great and the process was convenient and efficient. I would never hesitate to use the NAL in the future."



Another beneficiary, Margo Kwasnoski says she recently used the advice line and found it to be an easy, convenient and professional service. "The nurse was so nice and they even followed up with me twice, 48 hours after. I would recommend it."

Callers of the toll-free number can expect a customer service representative to verify eligibility before being connected with an experienced and trained registered nurse who will ask a series of standard questions, allowing them to provide the best advice possible.

NAL also has the potential of decreasing emergency room visits to only true emergencies.

"The NAL soft-launched in 12 medical facilities where 95 percent of the callers had an intention of going to the Emergency Department. Once the nurse helped them navigate through their symptoms, 51 percent ended up just needing self-care with 20 percent needing same-day appointments or urgent care."

The advice line has other benefits as well.

"NAL has provided additional support for Army Families in transition during the PCS months, helping them to find urgent healthcare in unfamiliar new places," Graham said.

The NAL can also work in tandem with another TRICARE tool, TRICARE Online Portal. These two tools give beneficiaries the ability to take charge of their own healthcare. When used together, beneficiaries are able to look up their own health information, make referrals, and even communicate with providers from the comfort of their home.

To access the NAL, dial 1-800-TRICARE (874-2273); Option 1.



Nurses Provide Assistance by Telephone
Nurse Advice Line provides TRICARE® beneficiaries with health care advice or same-day appointments for urgent health problems

Nurse Advice Line nurses ask a series of questions about a caller's specific concerns to advise when and how to seek care for an urgent problem or give instruction on self-care at home.

Toll-free phone number:
1-800-TRICARE
(1-800-874-2273), option 1

Hours: 24 hours a day,
7 days a week



The Nurse Advice Line supports nearly all TRICARE beneficiaries in the United States.

BACH reunites with Meharry Medical College, formally signing renewed MOU

By Blanchfield Army Community Hospital Public Affairs

Three faculty members from Meharry Medical College spent the morning of May 29 at Blanchfield Army Community Hospital observing the areas where four of their medical students were participating in clinical rotations. Two Meharry students conducted rotations at BACH under General Surgery and two under OBGYN.

Before conducting official tours and hearing from the surgeons and providers, Dr. Frank S. Royal Jr., the dean for academic and clinical affiliations at Meharry, and BACH commander, Dr. (Col.) George N. Appenzeller, signed the formal Memorandum of Understanding between the two institutions using a camouflaged ink pen. Copies were signed for each to house within their own facility, displaying their renewed partnership.

Appenzeller elaborated how excited he was to reestablish old relationships and do something great for not only Fort Campbell's hospital, but also for the military and civilian community and providers. "There is nothing more exhilarating to doctors than have students that challenge you with things we don't see every day and they ask all the hard questions that make us go back to our textbooks and do the research."

Appenzeller spoke of how the relationship enables BACH to pursue more complex patients and better care for active duty Soldiers, Retirees and their Families as well as giving BACH the opportunity to outreach to the community outside the gates of Fort Campbell. "Those ties are so invaluable. The students here get to see the things

in the civilian world that we don't get to see, so we learn as much as the students learn. It's just an incredible experience for all of us. I'm so excited to get this started back up again," said Appenzeller.

Royal told the BACH team that they are equally excited not only from the students standpoint but from his faculty's standpoint. Many of Meharry's faculty and staff members are either retired military or still active in the Reserves. According to Royal, this relationship is special, knowing that we are investing in what they believe that is near and dear to their hearts.

"Roughly eight percent of our graduating class is commissioned into the Armed Services this past graduation. So not only are we seeing the influence from our faculty members, but we are seeing with members of our graduating classes who want to volunteer to serve in our Armed Services, so we look forward to a long, wonderful relationship with you all," said Royal.

Royal stated that the overall goal as their students rotate with different facilities is for students to broaden their experience. "Our students at Meharry and Metro General Hospital, which is on the Meharry campus, get a wonderful clinical experience but to enhance that by interacting with clinicians that have trained in different



Dr. Frank Royal, Meharry Medical College vice dean over clinical affiliations, meets with leaders at Blanchfield Army Community Hospital Friday following the signing of a partnership agreement allowing up to 20 percent of the school's students to get hands-on experience at Fort Campbell. (U.S. Army photo by David E. Gillespie)

genres, it is wonderful for them to broaden their experience and increase and build upon the experience."

Royal explained that outside partnerships enable Meharry students to build upon the foundation with their home school as they extend their clinical rotations to different genres.

"To go roughly 50 miles away and to learn from people who have either trained in the military or are trained by a civilian institution, but are now working in the military, it just broadens the experience of our students. We look to having the ability to rekindle this experience, which we are now, but to grow on that experience and that relationship in the future."

"This partnership provides an absolute opportunity to impact the future, not only in the lives of our students, but of both organizations and within our community," said Appenzeller.

Recipe for a good night's sleep: Get ready to take on the day

By BethAnn Cameron, USAPHC Health Educator

Are you ready to take on the day? Sleep is a necessity—just like food, water and air. Sleep is essential to good health, emotional well-being and performance.

Without enough sleep, everyone is at increased risk for:

- Motor vehicle accidents
- Increased obesity, diabetes and heart problems
- Increased risk for psychiatric conditions including depression and substance abuse

Numerous studies have shown that not getting enough sleep may lead a person to:

- React slower
- Have trouble focusing and paying attention
- Get easily confused
- Have trouble remembering new information
- Get stressed more easily
- Make more mistakes and make poor judgments

When Soldiers do not get enough sleep, their ability to judge is diminished. Diminished judgment causes bad tactical decisions, which leads to critical errors such as falling asleep at the wheel, recognizing a threat or reacting too slowly to it.

Weight gain is another problem. A 2008 study in the *Sleep Journal* showed that people with short sleep times had gained weight and increased their body fat. Lack of sleep has a negative effect on hormones that tell a person when to eat and when to stop eating--this leads to a person overeating.

The good news is behavior changes can resolve sleep problems. Proper sleep practices that promote optimal sleep duration and quality are important for everyone. A person needs at least 7 to 8 hours of sleep every night.

The National Sleep Foundation recommends these sleep tips:

- Stick to a sleep schedule. As best as possible, go to bed and wake up at the same time each day.
- Reset your sleep patterns by establishing a wind-down routine. Plan time to unwind. Relax with meditation, reading or listening to soothing music. It will help cue your body and mind to begin recognizing when it is time to sleep.
- Have a dark, quiet, comfortable and cool sleeping environment. Control light, noise and temperature to promote restful sleep. Do not sleep in areas where there is regular activity. Reduce exposure to noise and light by using earplugs, blackout shades or a sleep mask.
- Use your bed only for sleeping, not for other activities such as reading, watching TV, playing computer games or surfing the web. Turn off all electronic devices.
- Avoid large meals 2 to 3 hours before bedtime. A large meal can cause indigestion that interferes with sleep.
- Avoid caffeine (coffee, colas, chocolate or teas) and nicotine 2 to 3 hours before sleeping. These stimulants can cause a person not to sleep for up to eight hours.
- Avoid alcoholic drinks before bed. While many people think a drink or two will help them fall asleep, studies have shown that alcohol disrupts sleep.
- Avoid medicines that delay or disrupt your sleep. Some medications, such as heart, blood pressure, asthma medications, over-the-counter medications and herbal remedies for coughs, colds or allergies can disrupt

sleep patterns.

- Do not exercise at least three hours before bedtime. Exercise makes a person more alert and raises the body temperature, which makes it harder to fall asleep.
- Do not lie in bed awake. If you find yourself still awake after lying in bed for more than 20 minutes, get up and do something relaxing (like reading or listening to music) until you feel sleepy.
- Turn the bedroom clock around backwards if you are clock-watcher who wakes up periodically to see how much time is left before having to get up.
- If you are having trouble sleeping after using the above tips, talk with your doctor. Your physician may have other methods to help you to get enough sleep or refer you to a provider for sleep disorders.

Tips for Soldiers

- Sleep whenever possible. Take naps that add up to 7 to 8 hours for each 24-hour period in order to sustain alertness and performance.
- Avoid using over-the-counter “sleep aids,” which leave one groggy but do not induce actual sleep.

Tips for Leaders

If Soldiers are struggling to stay awake, then their ability to function is already impaired. Consider a “resupply” of sleep just as important as ammunition, food and water. Provide time for quality sleep in the operation plans. Develop a unit sleep management program that gives Soldiers at least 6 and preferably 7 to 8 hours to sleep out of every 24.

Get ready to take on your day by getting a good quality sleep. It benefits everyone and improves military readiness.



Evans Army Community Hospital Commander Col. Dennis P. LeMaster presented the High Reliability Organization concept to hospital staff at a recent town hall meeting in a packed McMahon Auditorium. (U.S. Army photo by Jeff L Troth)

Evans, a high reliability organization, working toward zero preventable harm

By Jeff Troth, MEDDAC PAO

For companies around the world mistakes are often an inevitable part of doing business. Whether the mom-and-pop grocery store down the street or a world-wide conglomerate, mistakes will happen. These may result in a broken jar of pickles or a disastrous oil spill.

The healthcare field is likewise not immune from mistakes, but the Evans Army Community Hospital staff is striving for zero preventable harm to their patients and to become a High Reliability Organization.

“Ninety-nine percent mistake free is good for most things, but we cannot be comfortable with that,” said Col. Dennis P. LeMaster, Evans hospital commander. “We have to look at it from the perspective of that person in the one percent who we didn’t get

right; we have to maximize every single patient encounter and be the best that we can be at all times.”

Evans, along with other hospitals across the Army and the nation, is working to become an HRO, and to join the ranks of other organizations such as those in the airline and nuclear power industries. For these businesses a single mistake can have catastrophic consequences, but due to safeguards in place, incidents are rare.

Unfortunately, that cannot be said for the healthcare industry. According to the Journal of Patient Safety as many as 400,000 preventable deaths occur every year in the United States in civilian hospitals.

“We know that bad things happen in hospitals, but it is the preventable harm

that we are trying to get after here,” said LeMaster. “It is acknowledging that human beings are not perfect and that they may make mistakes. So, we have to work to mitigate the human error.”

Leadership is the key to creating a culture of safety and HROs follow five principles to mitigate error: preoccupation with failure, reluctance to simplify, sensitivity to operations, commitment to resilience, and deference to expertise.

The main trait of an HRO is a preoccupation with failure, being proactive in the prevention of errors by accounting for human limitations and building safeguards into processes. One of the safeguards that LeMaster

encourages at Evans is that all staff members, regardless of position or rank, file patient safety reports whenever they see something wrong.

“Patient safety reports are important for us as an organization so that we can see what issues we have in the hospital and they help us track trends,” said Cynthia Cisneros, Evans Patient Safety Coordinator.

But tracking the trends is only the first part of the process. Each clinic has a patient safety board where the trends, and safety messages, are posted to keep staff members aware of happenings throughout the hospital and the healthcare industry.

Reluctance to simplify is an important part of an HRO. Simple processes are good, but can lead to errors when shortcuts such as inadequate training, poor communication, and failure to use checklists are used.

Another HRO trait is sensitivity to operations or situation awareness. Staff members should always look for the unusual and the unexpected in their workplace. Sometimes there are near misses that might cause harm and should be identified and viewed, not as proof that the system has effective

safeguards, but as areas needing improvement.

“We have safeguards in place throughout the hospital to ensure the safety of our patients, but what happens when that safety net fails,” said Cisneros. “By looking at near misses we can prevent errors from occurring in the future.”

An HRO’s commitment to resilience means that leaders and staff members need to recognize errors early to reduce the potential for harm, and they need to be trained to immediately respond when a system failure does occur. In short, staff accountability needs to be considered a positive rather than a negative event.

“When staff members file patient safety reports they do it to make their work place and our hospital a safer place for our patients and each other,” said Cisneros. “These reports let us look at issues with our processes and how we can improve them.”

The final trait, deference to expertise means that everyone in Evans hospital, regardless of position or rank has the responsibility to provide the safest environment for our patients.

The U.S. Army Medical Command’s

Deputy Commanding General (Operations) Maj. Gen. Jimmie O. Keenan said, “We [Army healthcare professionals] cannot improve patient safety and achieve zero preventable harm without integrating the principles of an HRO into our culture, a culture where our housekeepers, providers, nurses, medics, and our entire team are truly empowered and expected to advocate for our patients.”

“We have a lot of patients who come through our doors at Evans hospital, and we have to maximize every single patient encounter because each one of them is important and deserves our very best,” LeMaster told the Evans hospital staff at a recent town hall meeting. “Our most important patient is the one being seen at that exact moment in time, and that is who we are striving to be an HRO for.”

“This journey to be an HRO is not like a hill that you seize and then you are done. It is work that goes on and on and on and never lets up, and I know that our highly-skilled staff at Evans is up to the task of catching that one percent.”



2015

HEALTH GOAL: Be smoke-free

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Chung earns prestigious Gold Headed Cane Award

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

For the second year a member of the U.S. Army Institute of Surgical Research (USAISR) has earned the San Antonio Uniformed Services Health Education Consortium (SAUSHEC) Gold Headed Cane Award. Lt. Col. (Dr.) Kevin Chung, USAISR interim director of the combat casualty care research directorate was presented with the prestigious award during an Awards and Graduation Ceremony June 5.

The SAUSHEC award was established at Wilford Hall Medical Center at Joint Base San Antonio-Lackland Air Force Base in 1999 and focuses on four areas of excellence: patient care, education, clinical research and operational medicine. The award was given annually to a Wilford Hall Medical Center faculty member who was voted by his/her peers and was expanded in 2009 to include the faculty at the San Antonio Military Health System and the USAISR Burn Center.

Chung has been at the USAISR since 2005 as a critical care physician at the Burn Center where he has served as the medical director of the Burn Intensive Care Unit and task area manager for Clinical Trials in Burns in Trauma before being assigned to his current position. He said that he was honored and humbled to receive this esteemed and competitive award.

"I'm very grateful to the ISR for setting me up for success," said the 1995 West Point graduate.

Being recognized for his outstanding achievements since earning his Doctor of Medicine degree from Georgetown University School of Medicine seems to be the norm for Chung. He received the Walter J. Moore Award for the most outstanding graduating resident after completing his residency in Internal Medicine at Dwight D. Eisenhower Army Medical Center and the Alexandra S. Xenakis Award for the overall most

outstanding graduating resident. Chung has also been presented the Association of Military Surgeons of the United States Rising Star Award, the Army Surgeon General's Physician Recognition Award, and the William Crosby Superiority in Research Award, among others, since completing a fellowship in Critical Care Medicine at Walter Reed Army Medical Center to become an intensivist.

"I decided to specialize in critical care because I found caring for the sickest patients in the hospital to be very challenging and rewarding at the same time," said Chung.

With deployments to Iraq and Afghanistan, Chung has cared for the most critically injured warfighters and earned a Bronze Star and Combat Action Badge. He said that he was proud of his personal achievements, but that the achievement by the team that he has worked with has by far been more gratifying. Chung was a co-inventor of the Burn Resuscitation Decision Support System (BRDSS) that was recognized as one of the Army's top inventions in 2009. Also known as The Burn Navigator, the decision-assist algorithm helps restore the right amount of fluids to burn victims and was approved by the Food and Drug Administration in 2013. The BRDSS team earned the Army Medical Department's Quarterly and subsequently the Annual Wolf Pack Award in 2014.

"I am very fortunate to be part of a great team," Chung said.

Chung is also an associate professor for the Department of Medicine at the Uniformed Services University of the Health Sciences and adjunct associate



Lt. Col. (Dr.) Kevin K. Chung, left, is presented the Golden Headed Cane Award June 5 during the San Antonio Uniformed Services Health Education Consortium Awards and Graduation Ceremony at the Lila Cockrell Theatre at the San Antonio Convention Center. Presenting the award were, left to right: Keynote Speaker, retired Air Force Gen. Ronald R. Fogleman, former USAF Chief of Staff; Maj. Gen. Bart O. Iddins, Commander, 59th Medical Wing; and Col. (Dr.) Evan M. Renz, Commander, Brooke Army Medical Center. (U.S. Army photo by Staff Sgt. Jason Huddleston, 59th Medical Wing Public Affairs)

professor for the Department of Surgery at the University of Texas Health Science Center at San Antonio. He was also appointed to be the critical care consultant to the Army surgeon general in 2014.

During his time at the USAISR, Chung has authored more than 120 research manuscripts in peer-reviewed journals, authored five medical book chapters and has been a guest speaker at 65 national lectures. During his spare time he enjoys spending time with his wife and three children.

“We are all very proud of Dr. Chung’s accomplishments during his Army career and his time at this Institute,” said Col. (Dr.) Michael Wirt, USAISR Commander. “It is an incredible achievement to be selected and honored by his peers in this manner. Dr. Chung has truly earned every award given to him and I have no doubts that more are coming his way.”

The original golden head cane was carried from 1689 until 1825 by six renowned British doctors who cared for royalty and is now prominently on display at the Royal College of Physicians in London. Medical schools throughout the world present the Gold Headed Cane to recognize outstanding students. The former Director of Professional Services, Dr. John Sharp, established the tradition in San Antonio to honor faculty members.

Mullaney recognized by K-State College of Veterinary Medicine as Outstanding Young Alumnus

Sara Beth Mullaney, DVM, Fort Collins, Colorado, is the 2015 recipient of the Outstanding Young Alumnus Award for her notable achievements since graduating from Kansas State University. The award was presented by the K-State College of Veterinary Medicine and the K-State Alumni Association during the 77th Annual Conference for Veterinarians June 7.

Mullaney earned a bachelor's degree in animal science in 2001 at Cornell University, Ithaca, New York, and her Doctor of Veterinary Medicine (DVM) from K-State University in 2005, graduating summa cum laude. After graduation in 2005, she completed an internship in large animal medicine and surgery at the University of Georgia. Upon completion of the internship, Mullaney joined Blackstrap Hill Veterinary Clinic in Cumberland Center, Maine. She was in practice for two years where she worked primarily with equine patients, but saw llamas and alpacas as well.

Looking for a change of pace in 2008, Mullaney joined the United States Army Veterinary Corps. Her first duty assignment was in Charleston, South Carolina, as the officer in charge of the veterinary treatment facility at Charleston Air Force Base, and the Naval Weapons Station food inspection service. During this assignment, Mullaney had the opportunity to participate in a special mission with the Navy in Liberia, Africa. She spent 30 days training laboratory technicians, working with para-veterinarians and running rabies vaccination clinics in

villages throughout Liberia. She is now in the United States working on a Ph.D. in epidemiology at Colorado State University as part of the Army's Long Term Health Education Training Program, which she expects to complete in 2016.

“It is an honor and a privilege to be named the Outstanding Young Alumnus by the Kansas State University College of Veterinary Medicine,” Mullaney said. “The support I have received from faculty members and Dean Richardson over the last 10 years has been truly amazing. I look forward to continuing my career in the U.S. Army Veterinary Corps and making an impact in the Veterinary Community worldwide.”

“We are very excited to recognize Mullaney for her career accomplishments so far, particularly in how she is serving our country as well our profession,” said Dr. Ralph C. Richardson, dean of the College of Veterinary Medicine. “She has had a wealth of global experiences and has really committed herself to expanding her knowledge and expertise in epidemiology. She sets a fine example for future veterinarians.”

In 2010, Mullaney was assigned to South Korea, where she spent a year as the officer in charge of the Camp Red Cloud veterinary treatment facility and two years as the executive officer for the 106th Medical Detachment. During this time, she traveled on another special mission to Bangkok, Thailand, where she assisted with post-flood relief efforts.



While in the Army Veterinary Corps, Mullaney has completed the Army Medical Department's Officer Basic Leadership Course in 2004, the Captain's Career Course in 2011 and the Army Command and General Staff College in 2014. She is a member of the American Veterinary Medical Association and the National Association of State Public Health Veterinarians.

Mullaney has received the Brigadier General Charles V.L. Elia Award for Veterinary Excellence, the Veterinary Corps' Outstanding Officer Award for 2012, a Meritorious Service Medal, Army Commendation Medal and Army Achievement Medal.



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