

ARMY MEDICINE

MERCURY

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ARMY MEDICINE PRIORITIES

COMBAT CASUALTY CARE

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

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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MEN: It's time to take charge of your health! Join us for the #MHSMensHealth Twitter chat on June 9 at 12pm.

TSG Speaks at PRMC High Reliability Organization Summit

By Ana Allen, PRMC and Master Sgt. Anthony Elliott, PRMC

The Pacific Regional Medical Command (PRMC) held its High Reliability Organization (HRO) Summit, April 23-24, at the Hale Koa Hotel, Hawaii. The summit was hosted by the Office of the U.S. Army Surgeon General and was focused on the U.S. Army Medical Command's (MEDCOM) goal of being the world's leader in high reliability healthcare and creating an effective culture of safety.

The event was attended by the highest levels of Army Medicine leadership which included: Lt. Gen. Patricia Horoho, U.S. Army surgeon general and commanding general of U.S. Army MEDCOM; Maj. Gen. Jimmie Keenan, deputy commanding general-operations (DCG-O), U.S. Army MEDCOM; Brig. Gen. Patrick Sargent, commanding general, PRMC; and Command Sgt. Maj. Gerald Ecker, command sergeant major, U.S. Army MEDCOM.

During the two-day summit, command teams and key staff members from PRMC, along with military and civilian medical partners from throughout the region, took part in open forum discussions geared at understanding MEDCOM's expectations when it comes to providing the safest healthcare possible.

Horoho provided her vision for the way forward in high reliability healthcare and demonstrated Army Medicine's desire to foster a patient safety environment which achieves "Zero Preventable Harm."

"Safety is the fabric and the culture that we want across every aspect of the provision of care. Our pursuit of zero preventable harm is something that is doable. We have been successful in every single mission that we have ever undertaken and this is just one more mission that we are pursuing," said

Horoho.

During the summit, leaders also discussed the common thread shared by the aviation and healthcare industries.

Both (medical and aviation industries) seek to repeatedly accomplish the mission while avoiding catastrophic events, despite significant hazards, dynamic tasks, time constraints, and complex technologies.

Sargent, a former Blackhawk pilot, says he is leveraging his aviation experience and training into Army Medicine today. "It's about communication, about collaboration, and about a significant amount of understanding. In a cock-pit, you start talking about who's flying the aircraft or which way we are going to turn or which emergency procedure we are going to use, it's the same thing with the doctor, nurse or the medic as it relates to the delivery of care," said Sargent.

During her briefing, Horoho presented to the audience an example chart which showed simulated patient safety data well into the upper ninetieth percentile and showed performance as being "Green."

It was this chart that had great impact when Horoho asked the audience to not think about the color green and high percentage of success, but rather "think about the 2 percent that we could potentially be missing, any number under 100 percent, when it comes to patient safety, is not good enough."

The HRO philosophy for healthcare is predicated on the concept that each and every member of an organization has equal say in ensuring the safety of patients.

"The concept of the HRO has the preoccupation with doing things much more efficiently and more safely. So in my mind it will not only enhance the overall delivery and quality of care, but



Lt. Gen. Patricia D. Horoho

also enhance the proficiency of our medics and doctors when they go out into the battlefield and provide support to our men and women who are in harm's way," said Sargent.

An effective HRO requires collective mindfulness, which can focus on identifying potential dangers; and, that all members – from the doctors and nurses, to the housekeeping staff – communicate effectively and are always willing to speak up and listen.

Horoho reinforced throughout the summit that Army Medicine has already been on the journey in becoming the world's leader in HROs but there is still room to improve in order to achieve "Zero Preventable Harm."

"I think what our beneficiaries can expect is what they have expected in the past. And that is compassionate, high-touch, high-tech care that is consistent in the patient experience. We've made a decision that we will never be satisfied in Army Medicine, we will continually look at how we will get better, because I believe those that have served our nation and the Families that support them deserve the very best," said Horoho.

The summit marks the fifth HRO conference across MEDCOM and brings the number of Army Medicine Leaders who are HRO trained to 100 percent.

2016 U.S. Army Advanced Military Studies Program (AMSP) open to Medical Service Corps Officers

By Kirk Frady, Army Medicine Public Affairs

Medical Service Corps Officers who have participated in AMSP undertake some of the Army Medical Department's (AMEDD) most challenging plans, operations, and leadership roles. AMSP is an accredited graduate program operated by the School of Advanced Military Studies (SAMS) at Fort Leavenworth, Kansas. Graduates are awarded a Masters in Military Art and Science from the Command and General Staff College. The program develops officers as planners who help senior leaders understand the operational environment and then visualize and describe viable solutions to operational problems.

Colonel Paula Lodi, a 2003 Medical Service Corps graduate of AMSP, currently commands the 14th Combat Support Hospital (CSH) at Fort Benning, Ga. Lodi said, "I cannot think of a military operation that does not require the meticulous integration of health services. SAMS prepared me to do this at the operational and strategic level."

SAMS has developed thousands of operational planners since its pilot course in 1983. The Army Medical Department (AMEDD) produced its first SAMS graduate in 2002 with then, Maj. Raymond "Scott" Dingle. Today, there are twelve active duty Health Services Officers who have completed AMSP. Five of these officers are currently in command, or selected for command, at the battalion or higher level. Colonel Dingle was recently confirmed by the U.S. Senate to become the first SAMS educated AMEDD General Officer.

SAMS focuses on developing critical and creative thinkers who are good leaders, effective operational planners, and great teammates. It accomplishes this by educating field grade officers at the graduate level in operational theory,



Lt. Col E. Lee Bryan (back row, wearing eyeglasses), a 2008 Medical Service Corps SAMS graduate, is congratulated with select members of the Ebola Response Task Force by President Obama on February 11.

history, and doctrine. Guiding each SAMS seminar are; a former Command Select List (CSL) Battalion Commander/ Senior Service College (SSC) graduate, and a PhD. The SAMS curriculum is strenuous and requires approximately 150+ pages of reading per night, five joint-force practical exercises, a 40-page argumentative research paper of publishable quality, and culminates with a 3-hour oral comprehensive exam. This academic rigor provides students with useful mental tools for arranging tactical actions in time, space, and purpose in pursuit of strategic objectives.

AMSP normally concludes with a one year (Tier I) utilization assignment as an operational planner on a general officer staff. Newly assigned planners are often charged with leading operational planning teams (OPTs) in which they are junior participants and have little experience in the focus area. For example, Maj. John Taylor, a 2014 Medical Service Corps graduate, is currently serving in Qatar as the lead planner

for CENTCOM's anti-corruption task force to deny access and resources to insurgents.

Health Services graduates often go on to undertake some of the most important and complex issues facing the AMEDD. Lt. Col. Doug Clay and Lt. Col. Jon Baker, also graduates of the AMSP program, currently work at the U.S. Army Office of the Surgeon General assisting in the design of the AMEDD's future campaign plans and structure. AMSP is a career broadening experience well suited for operationally minded officers who are intellectually curious and thrive on challenges.

Applications for the 2016 AMSP class will be accepted beginning in August 2015. The application and selection process takes about months. Medical Service Corps Officers interested in applying for AMSP should consult their assignments officer for detailed application information.

Two Organizations Earn ASHMS Star Strong Status

By The MEDCOM Safety Office

In March 2015, Livorno Army Health Clinic and Winn Army Community Hospital each earned recommendation for Army Safety and Health Management System (ASHMS) Star Strong status; the highest safety award offered by the U.S. Army. Each organization demonstrated that their safety systems were “World Class,” compared to the Occupational Safety

and Health Administration’s (OSHA) Voluntary Protection Program (VPP) criteria. Livorno Army Health Clinic, Camp Darby, Italy, was initially awarded Star Status in 2012 and, in accordance with OSHA criteria, had to be reassessed after three years. Both organizations will be awarded their ASHMS Star Strong flags at an upcoming ceremony. ASHMS assessments are conducted in

three stages over a three year period and include reviews of the following safety and occupational health elements: leadership management and employee involvement, worksite analysis, hazard prevention and control, and safety training. For more information about ASHMS, contact your MEDCOM safety professional or additional/collateral duty safety officer.



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Clinical immunization services at your fingertips, 24/7

By Sgt. Julie A. Bytnar, Defense Health Agency Immunization Healthcare Branch

The Defense Health Agency's Immunization Healthcare Branch (DHA IHB) has a proud history of high quality clinical support, education, and research in immunization healthcare. The Regional Immunization Healthcare Offices (Regional Offices) support more than 1,200 immunization centers serving more than 9.4 million people worldwide and play a vital role in providing support directly to the providers in the field who need them the most.

Located in Bethesda, Md.; Fort Belvoir, Va.; Fort Bragg, NC; San Antonio, Texas; Portsmouth, Va.; and San Diego, Calif., each office provides services comprised of educational programs, educational outreach, quality assurance initiatives, clinical consultative services, and direct patient care while also situated to support the unique needs of their multi-state service area and local affiliates. Further, staff have published more than 70 scientific articles and actively participate in clinical research dealing with vaccine safety and adverse reactions. They are led by regional directors who are experts in the field and often called upon to guide policy makers at the federal, regional, and Command levels.

The first regional office was established at the Walter Reed National Military Medical Center in Washington, D.C. The Walter Reed Regional Office and the nearby Fort Belvoir Regional Office provide specialized clinical and educational support to the many medical centers and clinics within the National Capital Region (NCR) and the North Atlantic Regional Medical Command's area of responsibility (AOR). Visibility in the NCR provides

unique opportunities to interact with national immunization policy makers, to collaborate with renowned immunization healthcare researchers, and to participate on a variety of federal government advisory committees.

The Fort Bragg Regional Immunization Healthcare Office has a strong presence in supporting numerous Army units, Special Operations Units, multiple Reserve units, and military forces that have deployed to Iraq and Afghanistan. The office actively participates in collaborative anthrax and smallpox research. This office also supports the Womack Army Medical Center Travel Clinic, which provides travel medicine counseling and immunizations for international travelers.

The R.E. Shope Regional Immunization Healthcare Office located at the Naval Medical Center, Portsmouth, provides exceptional support for the unique needs of the operational Navy, the Coast Guard, Military Sealift Command, and Fleet Marine Force. The isolated nature of naval deployments requires strict attention to vaccine healthcare education and consultation. The regional office also supports Langley Air Force Base, Fort Lee, the Joint Expeditionary Base, Navy Submarine Forces, Atlantic, and the Navy's Environmental Preventive Medicine Unit.

The San Antonio Regional Immunization Healthcare Office supports military basic training and military medical education in the Greater San Antonio area. Educational and research opportunities abound at the San Antonio Military Medical Center, the U.S. Army Medical

Department Center & School, and the Air Force Allergy & Immunology Fellowship training program. In addition, this office provides initial clinical investigation of all vaccine adverse events for military beneficiaries reported through the Centers for Disease Control/Food and Drug Administration's Vaccine Adverse Event Reporting System (VAERS).

The San Diego Regional Immunization Healthcare Office is the newest clinical services office, having opened its doors in 2014. This team works closely with the Marine Corps Recruit Depot and the Marine Corps Expeditionary Forces in Camp Pendleton and Japan. It serves the unique needs of the Pacific region in addressing vaccine-preventable infections among military members and their Families. It is also active in training military public health students and preventive medicine residents in the region.

The Immunization Healthcare Support Center is available to answer questions regarding all issues before and after immunization, including screening, precautions, exemptions and the recognition and management of potential adverse effects. There is a nurse, nurse practitioner or physician on call for clinical consultation 24 hours a day, 365 days a year. Questions may also be submitted via email and are answered within 24 hours. Any of the regional offices can be contacted through the DHA IHB website, www.vaccines.mil. The 24/7 Support Center can be accessed at 877-GET-VACC (438-8222).

Dealing With Uncertainty: The Importance of Strategic Communication

By Lori S. Geckle, *Strategic Risk Communication Specialist* and Dr. Valecia Dunbar, DM, MPA, *U.S. Army Medical Command*

Much of the research regarding effective communications on issues of uncertainty comes from the human resources field, where organizational changes have been shown to cause employee stress. Army Medicine is facing uncertainties associated with our own reorganizational challenges, Army transformation, budget cutbacks, and intense media and Congressional scrutiny of our mission. While communication alone cannot decrease uncertainties or the concerns that go along with it, the lack of good “uncertainty communications” has been proven to have detrimental effects: organizational inefficiencies, low morale, high turnover, and emotional triggers recalling memories of past events (both positive and negative).

Conversely, effective communication strategies in high-uncertainty environments can help reduce uncertainties, and forge a unified bond between leaders and employees. Well designed and executed strategies are associated with productivity gains, efficiency improvements, cost reductions, improved morale, and decreased employee turnover.

Communicating about the unknown can be challenging. Receivers experience difficulties processing information due to cognitive static, yet messengers often assume that “more information is better” or worse yet, that “no information is better.” So, how do you communicate successfully when you don’t know or have all the facts to make necessary decisions? The use of evidence-based risk communication tools and principles can help.

We are all familiar with uncertainty communications in our personal lives. Uncertainty communications occur

at work as well. For example, patients with a terminal disease want to know, “How long do I have to live?” “Soldiers with behavioral health issues want to know, “Will I get better and when?” Employees concerned about workplace exposures want to know, “Is it safe to work here?” Team members facing possible downsizing want to know, “How will proposed organizational changes affect me?”

Employees process communications according to their own perceptions which are influenced by their cognitive disposition to the immediate situation and environmental factors. For example, employees under stress experience “mental noise” that can cause them to lose up to 80 percent of their ability to process information. The remaining 20 percent is often focused on issues of high concern to the individual, rather than on issues deemed important to management. Key findings about communication in uncertain environments include:

- When audiences can’t get information from their own organization or leadership, they turn to other sources because information-seeking behavior is the most common response to feelings of uncertainty. Some of these information sources may be unreliable or operate with agendas, both of which can generate more stress about the uncertainty (e.g., news sources, social media, the internet, each other, the media, Congress).
- When concerns are high and/or trust is low, the “how” of communication is as -- or more important than the “what.” Yes, facts are important, but when uncertainties are involved, audiences want to know that someone cares about them, their concerns

and their well-being. Audience perceptions of communicators’ caring and empathy - especially when concern is high, are the most important factor in deciding the credibility of the information and the information source. Yet too often, communication during times of uncertainty is shut down completely while awaiting additional information or headquarters approvals.

What does research and empirical evidence tell us about communicating more effectively about uncertainties?

- Recognize that, in all cases, the most effective communication is a conversation between leaders and employees, not a one-way information dissemination process that happens only after all details are worked out.
- Identify the communication needs and expectations of both leaders and employees. The most effective uncertainty communication approach involves a partnership that integrates the communication needs and expectations of those leading the change and those impacted by it.

Understanding and integrating the goals of the organization, and the needs and expectations of both leaders and employees can provide the basis for a sound uncertainty communication strategy.

- Understand and appreciate the time it takes to develop, execute and assess an uncertainty communication strategy. Sending emails when new information is available may impact employee awareness in the short-term, but emails alone will rarely motivate or change employees in a significant way, or generate a desired action. Awareness, motivation and action are very different, particularly when

communicating about uncertainties. The ultimate test for a communication strategy involving uncertainties is to shape employee actions; a strong communication process can affect that.

- In-person, two-way communication opportunities are essential so that audiences can voice concerns, ask questions, propose solutions, and collectively discuss issues related to the uncertainty. The simple act of listening is one of the most compelling gestures

to demonstrate care and empathy for those concerned, and to strengthen trust - all qualities known to help reduce uncertainties.

Army Medicine and the Military Health System are facing many challenges in the months ahead, and uncertainties are likely to remain high. One way to reduce those uncertainties--and help employees make sense of proposed changes--is to develop, execute, and assess a sound communication strategy,

one built on feedback from leaders and employees, and analyzed side-by-side with organizational goals. Although uncertainty communication can be challenging, regular strategic communications should take place - and is necessary in order to achieve successful change and to sustain full team support as Army Medicine reorganizes to align with the Army of the future.

Cobra medics screen Soldiers' blood types for future operations

Capt. Nicholas Gorham, the 296th Brigade Support Battalion Surgeon, supervises Pfc. Kathleen Little, a medic assigned to Charlie Company, 296th Brigade Support Battalion, 3rd Stryker Brigade Combat Team, 2nd Infantry Division, as she draws blood from a patient at Yakima Training Center, Joint Base Lewis-McChord, Wash. In order to conduct a blood type and screen test, the medic puts a droplet of blood on a card which then reacts to show the blood's type. A medical company screens blood in order to create a roster showing all of the Soldiers' blood types in a specific unit. If an event occurs in which the medical company's aid station's blood supply is exhausted, this roster allows the aid station to quickly select personnel to draw blood from in order to potentially save lives. Yakima Training Center provides training support for transient units and organizations by sustaining training lands, range complexes, and support facilities in order to enhance readiness. (U.S. Army photo by Capt. Kelly McManus, Charlie Company Commander)



US Army Europe's Combat Support Hospital exercises medic readiness, proficiency and interoperability

By Capt. Mary Andrea Ugaddan, 212th CSH Public Affairs Officer

The 212th Combat Support Hospital (CSH) validated its readiness, proficiency and interoperability during a live surgical exercise April 13 – 24 at Miesau Ammo Depot, Germany.

The 212th CSH's Live Surgical Exercise, or LIVEX, kicked off on April 13 with its 4-bed Modular Early Entry Package (MEEP) occupying the field site while convoy operations were underway bringing the 84-bed package. Although non-doctrinal, the MEEP is 212th's smallest deployable configuration containing emergency medical services, surgical capability, intensive care services, pharmacy, radiology and laboratory all in one tent. In just six hours, the CSH already had the ability to treat casualties including two surgical patients, whereas other field hospitals would traditionally start treating patients after 24 hours. By the end of day three, the whole 84-bed and the Tactical Operations Center were 100 percent operational.

At day four, the focus shifted to validation of the hospital and patient care staff. Thirteen stations were in operation throughout the hospital ranging from patient records and documentation to equipment familiarization and clinical skills. Personnel had competency checklists that were validated by instructors as they went through the following skills stations: blood transfusion, nasogastric tubes, rapid fluid infuser and hyperthermia pump, arterial blood gas, forced air warming blanket, triple channel intravenous pump, feeding pump, 12-lead EKG, X-ray

documentation, patient controlled analgesia pumps, lab forms, chest tubes and intravenous placement. Instructors used standardized education resource material for their instruction.

"The skills fair was fun. The blood transfusion station was definitely a good refresher, especially for me working in the EMT, where we do that a lot," said Spc. Justin Macias, a medic from the Emergency Medical Team.

The hospital started treating live patients on day five. For three days, they provided Periodic Health Assessments to 37 Army National Guard Soldiers from 361st Civil Affairs Brigade as well as Post Deployment Health Reassessments to 17 Soldiers from the 67th Forward Surgical Team, who returned from deployment April 14. Twenty-six immunizations were given and 23 laboratory tests were drawn.

"I am really proud of my Soldiers. This is the first time after three years that the Medical Specialties Clinic was fully set up in the field and we are actually treating live patients! Everyone worked our processes out as a team and I am proud of what we have accomplished here," said Capt. Theresa Wolfe, a behavioral health nurse and officer in charge of medical specialties.

Meanwhile, healthcare providers and staff from NATO, the United Kingdom, Germany, Hungary, Greece, Italy, Spain, Sweden, Netherlands, Ukraine, as well as Reservists from Medical Support Unit Europe and Airmen from 86th Aeromedical Evacuation Squadron were embedded

throughout the hospital operations. Soldiers from 30th Medical Brigade and 421st Multifunctional Medical Battalion provided key support as well.

"I was here at the right moment. It was great seeing the 4-bed MEEP expanded into the full 84-bed hospital and the Soldiers training. The enthusiasm and hospitality was amazing!" said Maj. AJ Soons, a Dutch physician and operations officer.

The exercise culminated with the 212th CSH operating on live patients on days eight and nine, as well as conducting a blood drive in the field. Eight surgeries were performed and nine surgical specimens were collected. The blood drive was equally successful with 55 donors and 42 units of packed red blood cells collected.

Recovery operations from the LIVEX began April 22. But as the 212th CSH packs all their supplies and equipment, they are getting ready to join the 30th Medical Brigade for Combined Resolve IV on May 17 at Grafenwoehr and Hohenfels training sites. A group of 4,700 participants from 10 NATO allies will converge with U.S. Army rotational forces in Europe to train together in an integrated environment.

The LIVEX reaffirmed the 212th CSH's readiness and resolve to deploy at a moment's notice to provide health services support while being at the fore of global medical interoperability.

"The 212th CSH is the medical ambassador to Strong Europe," said Lt. Col. Marcus Hurd, 212th CSH deputy chief of administration and executive officer.



June 3: Veterinary Corps celebrates 99 years of service

U.S. Army Medical Command and the Office of the Surgeon General wish the Army Veterinary Corps a happy anniversary as they celebrate 99 years of faithful service on June 3. Since the Army Veterinary Corps was established in 1916, the Corps has proven to be a key enabler of safe and healthy operations for Soldiers and their Families. Military veterinary supervision at ration assembly and distribution points is critical to ensuring safe, wholesome food for our deployed service members. They also play a vital role in the health and safety of all military working animals. The Veterinary Corps helps to maximize available personnel strength, prevent disease and injury, and build resiliency. Their contributions are vital to ensuring we maintain a Ready and Healthy Force and for the Health of our Families and Retirees.



June 14: The U.S. Army celebrates 240 years of service

On June 14, we proudly celebrate the 240th birthday of the United States Army. For more than two centuries, the Nation has entrusted the Army with preserving its peace and freedom, and defending its democracy. Since 1775, American Soldiers have been the strength of our Nation. Our Soldiers are driven by the ideals of the warrior ethos and commit themselves to succeed in any mission our Nation gives them. Our Soldiers believe that our constitution and the freedom it guarantees are worth fighting for. They sacrifice their personal comfort and safety to answer a higher calling - service in the cause of freedom, both at home and abroad. We continue to be amazed at the professionalism and dedication of our Army and also the Soldiers and Civilians who comprise Army Medicine. Together, We are Serving to Heal...Honored to Serve.



June 30: Medical Service Corps celebrates 98 years of service

On June 30, the Medical Service Corps celebrates its 98th anniversary. The history of the Medical Service Corps is one of achievement - achievement that continues to keep our Soldiers and their Families free from illness and safe from harm. Members of the Medical Service Corps continue to be on point in providing the world's finest Combat Casualty Care and are critical to ensuring we have a Ready and Healthy Force and Healthy Families and Retirees. Our nation and your fellow team members at U.S. Army Medical Command thank you for your efforts in implementing the Performance Triad - helping the entire Army Family to practice better Sleep, Activity, and Nutrition habits. You will be the strongest pillar of Army Medicine as we create the Army of 2020 - an Army that is fit and responsive to America's global needs. We thank you for all you do for Army Medicine, our Army, and for our Soldiers.

Prevention and early detection can improve men's health

By Lauren A. Shirey, Program Evaluator, U.S. Army Public Health Command

American men are at risk for living less healthy and shorter lives than American women. According to the Men's Health Network, this risk may be a "silent health crisis" in the United States and is also one that we can act on.

There are several reasons that men may be at higher risk for sickness and death than women. For example, a report by the U.S. Centers for Disease Control and Prevention states that women are 100 percent more likely to visit the doctor for annual exams and for services to support health than men.

Men are also more likely than women to smoke cigarettes, to die in motor vehicle accidents and experience other preventable events. According to the Men's Health Network, for younger men, much of the difference comes from increased risk-taking and suicide). Society also often does not promote healthy behaviors for boys and men.

Men aren't the only ones affected by these health issues and these risks. Since women generally live longer than men, they see their dads, brothers, sons, husbands and friends suffer or die early. Each June, the nation celebrates Men's Health Month to increase awareness of preventable health issues and encourage early detection and treatment for men and boys. To reduce men's health risks and identify and treat any health conditions or diseases early, focus on the following three areas:

Make Healthy Lifestyle Choices

- Get quality sleep, engage in physical activity and improve nutrition. These are the focus of the Army Medicine's Performance Triad campaign and they are fundamental mechanisms to optimize health.
- Do not smoke and avoid secondhand smoke.
- Drink alcohol only in moderation and

find a designated driver to ensure that no one drinks and drives.

Army Wellness Centers, and installation resources such as athletic centers and recreational programs can help make and continue these important changes for health.

Taking care of mental and emotional health is also of key importance. Men often experience stress and suffer from depression. They are also less likely to seek help for depression than women are and are four times as likely to commit suicide as women. Depression affects overall health and well-being and shouldn't be ignored. To help improve mental and emotional health:

- Find ways to de-stress, including maximizing physical activity and sleep.
- Talk to a chaplain or healthcare professional if there is a struggle with negative thoughts, excessive worries or hopelessness.
- If there are suicidal thoughts or plans for suicide, speak to a chaplain, behavioral health professional, healthcare provider or to a member of the chain of command immediately.

Get Regular Health Exams

- Schedule an appointment to see a healthcare provider for a health check-up at least once per year.
- Go to the exam prepared to share personal medical history, including current or past substance use, risk factors for sexually transmitted diseases, diet and exercise habits and symptoms of depression. Although it may seem hard to share, it is important to communicate this information to the medical provider.
- Bring up any questions or concerns about any particular health issues, signs, or symptoms, with the provider during the exam.



Sgt. Nicholas Johnson, U.S. Forces Korea Soldier of the Year, finishes the pushup portion of the Army Physical Fitness Test during the 6th Annual Department of the Army Best Warrior Competition at Fort Lee, Va.

Get Screened for Early Detection

Early detection of many conditions or diseases can lead to early treatment and can often reduce suffering or risk of death. To ensure appropriate preventive screenings are received and to increase chances of finding any health issue early:

- Know the medical history of family and share it with the healthcare provider. If a family member was recently diagnosed with a disease, be sure to update this information with the provider. Knowing family medical history can help the provider identify any screenings that might be of special importance.
- Keep any follow-up screening appointments that the provider recommends. Screenings like colonoscopies, blood pressure checks and blood tests are all important parts of prevention and early detection of illness and disease.

Women are in a unique position to help men to overcome barriers they face in getting healthcare and in detecting potential health risks or diseases early. Men can be supported through positive encouragement and letting them know it is a sign of strength to prevent and address health risks or conditions. Men and women can both help boys and teenagers develop these habits early in life, which is the best course of prevention.

For more information on how to make healthy lifestyle choices, obtain a health exam or seek early screening, contact your primary care provider.

“Move to Health”: Army Medicine Empowers the Patient

By Ronald W. Wolf, Army Medicine

Medical professionals widely agree that permanent changes in the life choices of patients are needed to achieve sustained improvements in individual health and wellness. These cultural changes take time, however, and sustained support for individuals is needed until lifestyle changes are fully adopted.

To help individuals change their life habits, Army Medicine aims to provide clinic personnel with additional tools to engage Soldiers and their Families and guide them to permanent changes in sleep, nutrition, and exercise habits.

The U.S. Army Medical Command has deployed “Move to Health,” a professional development program designed to aid clinical personnel and clinic staff. The two-and-a-half day Move to Health seminar was tested in April at Joint Base Myer-Henderson Hall, Virginia, and at Fort Meade, Maryland, with the staff of the local Medical Home Team and other healthcare professionals.

The Move to Health instructional team is Lt. Col. Robert Oh, Lt. Col. Tamara Funari, Lt. Col. Rob Goodman, and Lt. Col. Amy King.

About 20 personnel attended the initial Move to Health seminar. They received instruction on holistic approaches to healthcare to share with patients. The Performance Triad was reviewed, but other components of self-care -- personal development, individual personal surroundings, the power of the mind, spiritual growth, and Family and social relations -- and how they are important to health received increased emphasis.

The target audience for Move to Health is clinicians, including primary care providers, behavioral health providers, nutritionists, social workers, and psychologists; nurses, 68 Whiskey medics, and even administrative personnel who have contact with patients.



The Move to Health program allows Medical Home personnel to put into practice the advice they give to patients. Col. Margery Hanfelt leads basic Tai Chi movements. Tai chi is a combination of breathing and gentle movements that help to improve posture and reduce stress.

Clinical and administrative personnel had a chance to explore and practice techniques. The critical goal is to get patients involved in their individual healthcare decisions.

Move to Health wants clinicians to explore with patients what really matters to them, so health decisions are choices deliberately made by patients that drive them toward health and fitness.

Move to Health strives to ensure the entire healthcare team relates to patients and helps them find opportunities that support healing through nutrition, stress management, movement, and mindfulness.

Because patients are also encouraged to practice mindfulness techniques to improve resiliency and prevent burnout in daily activities, the participants in Move to Health were given exposure to personal control techniques, such as mindfulness, and relaxation strategies, such as tai chi.

Mindfulness is being aware of the present in a deliberate non-judgmental way. It has been shown to reduce stress and help individuals regulate emotions and improve sleep.

Tai chi is a combination of breathing and body movements made mindfully. Tai chi has been shown to improve balance,

reduce pain for those with arthritis, and provide other health benefits as well.

Move to Health moves beyond daily activities to help empower patients to take increased personal responsibility for improving their health, resilience and personal performance.

Army Medicine has already created the Performance Triad concept -- sleep, activity, and nutrition -- to provide a tool for the Army Family to use to help encourage better health choices.

The Move to Health Program aims to reach patients with messages of responsibility for health and wellness and provides a direct benefit for clinical personnel as well. Because the U.S. Army Medical Command is accredited by the Accreditation Council for Continuing Medical Education (CME) to provide continuing medical education for physicians, they will get credit toward some of their annual CME requirements.

The Move to Health pilot program has been funded for training at seven locations. Move to Health is the next step in activating the patient's own inner self-healing mechanisms. It's all part of Army Medicine's effort to change the conversation when it comes to healthcare.

Are We Addicted to Food?

By Capt. William R. Konkright, Chief, Outpatient Nutrition Clinic, Tripler Army Medical Center

Are Americans addicted to food? We've all heard the statistics that approximately two-thirds of Americans are overweight or obese. All of this despite the fact that at any given time well over 100 million Americans are on a diet, and the revenue of the weight loss industry is over \$20 billion annually. America's weight problem is likely due to a number of factors, one of which is our relationship with food.

Scientific studies show that certain foods affect our brains in a manner similar to alcohol, nicotine, and certain drugs. At first, such foods are enticing because they release "feel-good" brain chemicals that can temporarily relieve emotional discomfort, anxiety, and sadness. This is a process similar to drug addiction: the food triggers the reward center of the brain, causing a sense of pleasure. But with frequent consumption of such foods, we can become physically and emotionally addicted.

According to research the most addictive foods are those that contain lots of added fat, sugar, and salt, of which sugar is the most addictive. Highly processed foods, such as sugar and refined flours, have the greatest impact on our brains because they dramatically raise blood sugar and can override normal body mechanisms that tell us we have eaten enough. Increased amounts are needed over time to satisfy cravings and avoid symptoms of withdrawal.

Americans' consumption of sugar (and other "natural sweeteners") has more than doubled in the last 100 years and refined flour/grain consumption has increased by almost 30 percent since the 1960's. This increase in consumption is primarily due to the fact that food manufacturing companies engineer foods to have these addictive qualities so the general public will come back for more.



Capt. William R. Konkright, chief, Outpatient Nutrition Clinic, Tripler Army Medical Center monitors new health information as he prepares for his next patient in the nutrition clinic.

So how can you break the cycle of food cravings? Here is a list of the top 10 steps to take to overcome food addiction. (For more information on these steps, see the nutrition clinic contact information or visit the website listed below).

1. Eliminate processed foods, sweeteners, flour, and any other foods that trigger you to overeat.
2. Prepare yourself for grocery shopping, and fill your kitchen with fresh, whole "real" foods.
3. Allow time to experience withdrawal symptoms from addictive foods.
4. Never skip meals and try to eat every 4-5 hours throughout the day.
5. Drink plenty of water.
6. Whenever possible, try to focus on mindful eating (i.e. eating without distractions such as television, working on the computer, or multi-tasking).
7. Take time to plan and cook healthy meals.

8. Get eight hours of sleep each night, and find enough down time for yourself during the day.

9. Make time to exercise every day.
10. Create a support system.

Food addiction is a real problem and is likely one of the contributing factors to our nation's growing weight problem. We must take control of our health and it starts with what you feed yourself – "let food be thy medicine." Thomas Edison said it best: "The doctor of the future will give no medicine but will interest his patients in the care of the human frame, in diet, and in the cause and prevention of disease."

For other tips on beating food addiction or for any other nutrition related concerns, you can contact the Tripler Army Medical Center Nutrition Outpatient.

*Information contained in this article adapted from: <http://foodaddictionresearch.org>.



Nutrition specialists compete for Top Chef honors

By Brandy Ostanik, MEDDAC-AK Public Affairs

Peanut butter, jelly beans, caramel syrup, horseradish and spicy mustard may not sound like the ingredients for a gourmet meal, but with a little vision, creativity and determination four Soldiers from Medical Department Activity –Alaska made a three-course meal any chef would be proud of using these mystery ingredients.

As nutrition care specialists, these Soldiers are used to arriving each morning at 4:30 to spend most of their day planning for and preparing 500 meals for patients, staff and community members.

This often thankless work takes place behind the scenes, but that was not the case as they competed against four Fort Wainwright units in Containerized Kitchens (CK) to prepare appetizers, entrees and dessert for seven judges and 100 hungry onlookers.

Organizers of the event wanted a fun, challenging environment that highlighted the work these Soldiers do day in and day out.

"We wanted to showcase the talents of our local food service specialists and nutrition care specialists while building esprit de corps," said Chief Warrant Officer Charity Dunham, who assisted with organizing the event. "We wanted to give these Soldiers culinary bragging rights."

During the four-hour competition each team was given the same ingredients to plan a meal and was then challenged further when they were given a basket of mystery ingredients to work into that meal. The three course meals were then judged on creativity, presentation, taste and nutrition.

Initially nutrition was not one of the judging categories, but Capt. Andrew Otto, chief of the nutrition care division at MEDDAC-AK worked with the organizers

to have it added to the criteria.

"I wanted to make sure to incorporate nutrition into the competition criteria and show that the food we put out can be both delicious and nutritious," Said Otto.

The initial ingredients included about 60 basic kitchen items such as fresh salmon, chicken, rice, squash, blueberries, butter, flour, oil and spices.

"We had about 40 minutes to sit down and look at the initial ingredients that were given to us to come up with a meal plan," said Dabrowski who served as the MEDDAC-AK team lead. Once they had a plan in place the team set out in the CK and began the prep work waiting to find out the mystery ingredients they would receive two hours into the competition.

According to Dabrowski they didn't worry too much about the mystery ingredients.

"The peanut butter, caramel sauce, horseradish and spicy mustard worked themselves in really easily," said Dabrowski. "Then we had the idea of cooking down the jelly beans and adding them to blueberry compote we used to top the cheesecake we made for dessert."

The team all agreed they worked well together and were able to not only anticipate the moves of their teammates, but they were able to trust each other to work efficiently and get the job done in such a short amount of time.

"We were very resourceful," said Kadava. "We functioned well in the tight space and worked through not having all the tools we



From left: Sgt. Joshua Dabrowski, Pfc. Mary Jo Kadava, Pfc. Connor Prillwitz and Spc. Fermin John Dela Cruz, assigned as nutrition care specialists to Bassett Army Community Hospital, Fort Wainwright, Alaska, represented MEDDAC-AK to compete and take second place in the Inaugural Top Chef Competition hosted by Fort Wainwright Directorate of Family, Morale, Welfare & Recreation May 8. (U.S. Army photo by Brandy Ostanik, MEDDAC-AK PAO)

needed and some equipment challenges to prepare our meal."

Just like in real-world situations, the team found themselves having to make do with what was given to them. The CK they were working in had only one operational burner on the grill and they were lacking utensils such as ladles.

These challenges did not prevent the team from delivering quality dishes to the judging table.

For an appetizer, MEDDAC-AK presented grilled shrimp over cucumber slices with a Tzatziki sauce which incorporated the horseradish from the mystery basket. The team used the peanut butter and spicy mustard to create a sauce for steak which was served with grilled squash and asparagus for the entrée and the jelly beans and caramel sauce were used in the making of their cheesecake for dessert.

While the team did not come out on top in the competition they are proud of the dishes they presented to the judges and are already strategizing for next year's competition.

COMBAT ANESTHESIA: THE FIRST 24 HOURS

LATEST RELEASE IN THE TEXTBOOKS OF MILITARY MEDICINE SERIES

By The Borden Institute

Developed by U.K. and U.S. anesthesiologists with extensive combat experience, the latest volume of Borden Institute's Textbooks of Military Medicine series focuses on the first 24 hours of care following a service member's injury in battle. Critically wounded patients may face resuscitation, evacuation through several roles of care, and multiple surgeries. Provision of anesthesia is essential in stabilizing these patients, enabling their transport, and ensuring that complex surgical procedures can be safely and successfully undertaken.

Developed initially through the collaboration of coalition physicians serving in Camp Bastion, Afghanistan, this volume documents the lessons learned by anesthesia providers during Operations Iraqi Freedom and Enduring Freedom, describing the latest advances

in anesthesia techniques, protocols, and equipment used in combat and humanitarian operations. Chapters cover combat trauma and physiology, roles of anesthesia team members, vascular access, airway management, burns, imaging, pain management and medications, regional anesthesia, ventilation, postoperative management, and special populations. The book concludes with several chapters on continuing care at Role 3 and hospitals in the United Kingdom and United States. Fully referenced and with numerous tables and figures illustrating physiological effects of injury, treatment algorithms, and equipment use, this book provides essential information and guidelines for current and future anesthesia providers, both military and civilian. The critical services of these providers have contributed to the historically high

survival rate in recent combat operations, and will continue to save lives as we face enduring conflict and humanitarian crises across the globe in the coming years.

Combat Anesthesia: The First 24 Hours can be ordered through the Borden website (below) and will soon be available on the site in PDF and ebook formats.

The Borden Institute was established in 1987 at the Walter Reed Army Medical Center in Washington, DC, to foster and promote excellence in military academic medicine through the development and publication of military medical scholarship. The Borden Institute is an agency of the U.S. Army Medical Department Center and School and is based at Fort Sam Houston, Texas, with an office at Fort Detrick, Maryland. More information can be found at www.cs.amedd.army.mil/borden.

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Bring It On: Battalion Challenge Accepted

By Victor L. Shermer, ASBP Blood Donor Recruiter

After the 2nd Battalion, 1st Infantry Regiment sponsored an Armed Services Blood Program blood drive, three sister battalions from the 2nd Stryker Brigade Combat Team on Joint Base Lewis-McChord, Wash., scheduled blood drives of their own in April to see which unit could donate the most blood with the Armed Services Blood Bank Center-Pacific Northwest. First up was the 2nd Brigade Support Battalion.

Army Spc. Alex Mach, a combat medic with the 2nd Brigade Support Battalion, contacted the ASBP blood donor recruiter for the ASBBC-PNW, took some dates to his command sergeant major for approval, and a date for the blood drive was quickly selected.

Mach, a native of Spokane, Wash., has been in the Army 2½ years. Before joining the Army, he was an emergency medical technician, following in his Family's history of medical careers. He has donated with the ASBP twice now, the first being at the Akeroyd Blood Donor Center on Fort Sam Houston, Texas.

"As a battalion, the command never created a battalion objective outside its own mission," Mach said.

Knowing that, he wanted to establish a goal to get the command to donate blood to the ASBP and the battalion command sergeant major agreed.

Army 1st Sgt. Justin Brog, from Charlie Company, personally took up the challenge to beat the sister battalions who also had blood drives scheduled in April.

"Supporting the ASBP is extremely important for Soldiers. Instead of buying blood from civilian donor centers, Soldiers help save other Soldier's lives and



Army Pfc. Ashley Rowell, from Alpha Company, 308th Brigade Support Battalion, is able to donate a unit of blood to the Armed Services Blood Program for the first time.

we will beat the 2-1 Infantry Regiment collections," Brog said.

There was 45 minutes remaining before the end of the blood drive and Brog knew there were Soldiers in a class that was about to end. He disappeared for a few minutes and shortly after he returned with an additional 15 Soldiers who were ready to roll up their sleeves and donate.

Another of Charlie Company's combat medics that came to donate was Army Sgt. Elijah Allman. Allman has served in the Army for six years and has donated twice with the ASBP. Like Mach, his first donation was on Fort Sam Houston, the schoolhouse for combat medics. Allman has two deployments under his belt and therefore a firsthand knowledge about the importance of donating and the need for blood.

Soldiers from outside the battalion also came to donate. Seeing the blood drive

signs out on the street, Army Pfc. Ashley Rowell decided to donate. A member of Alpha Company, 308th Brigade Support Battalion, she has been in the Army for one year. She tried to donate once before, but she was deferred during Advanced Individual Training on Fort Leonard Wood, Mo. This time, Rowell was successful, received a T-shirt for donating and became knowledgeable about the mission of the ASBP.

This challenge is not over. The 2nd Brigade Support Battalion, and its sister battalions, have until the end of the calendar year to build upon their donations to the ASBP. Brog is determined not to lose and is looking forward to his battalion being recognized as the top donating unit for the ASBBC-PNW in 2015. Completing this will be no easy task, but all of the battalions are ready to "bring it on."

Montoya recongized as MEDCOM 2015 Best Warrior

The U.S. Army Medical Command (MEDCOM) announced the winners of the 2015 Best Warrior Competition during an award ceremony held at Fort Sam Houston, Texas, May 8. MEDCOM's chief enlisted officer, Command Sgt. Maj. Gerald Ecker extended congratulations to Sgt. Felipe Montoya, Dental Command, the MEDCOM Noncommissioned Officer of the Year.

Montoya will go on to represent Army Medicine at the 2015 Department of the Army Noncommissioned Officer (NCO) and Soldier of the Year (SOY) "Best Warrior" competition to be held this fall at Fort Lee, Va., and Washington, D.C.

Sgt. Montoya enlisted in the U.S. Army as a Dental Specialist. He is currently assigned to the Bavaria Dental Activity, Vilseck, Germany, and serves as a dental specialist and readiness coordinator noncommissioned officer (NCO) for the Grafenwoehr Dental Clinic.

His previous assignments was as a prosthodontics dental assistant at Fort Benning, Georgia, from 2009-2011.

His military training includes the Warrior Leader Course, Combatives Level I and II, and the Small Arms Maintenance course.

Montoya's awards and decorations include: Army Commendation Medal (1 OLC), Army Achievement Medal (6 OLC), Good Conduct Medal (2nd award), National Defense Service Medal, Global War on Terrorism Service Medal, Military Outstanding Volunteer Service Medal, and the Noncommissioned Officer Professional Development Ribbon.

Sgt. Montoya is pursuing a bachelor's degree in psychology with University of Maryland University College Europe. His significant achievements include being promoted to sergeant and winning the MEDCOM Best Warrior of the Year (NCO), Europe Regional Dental Command Noncommissioned Officer of the Year, and Bavaria Dental Activity's Noncommissioned Officer of the Year Competition.



Sgt. Felipe Montoya, Army Medical Command 2015 NCO of the Year. Montoya is a dental specialist from U.S. Army Dental Command. (U.S. Army photo by Kirk Frady)



Private 1st Class June Han of the 618th Dental Company, Republic of Korea, shows relief after completing the 12-mile ruck march on day three of the Army Medical Command (MEDCOM) 2015 Best Warrior Competition held at Camp Bullis, Texas. Han was one of eighteen MEDCOM participants competing for the right to represent Army Medicine at the 2015 Department of the Army Noncommissioned Officer (NCO) and Soldier of the Year (SOY) "Best Warrior" competition to be held this fall at Fort Lee, Va., and Washington, D.C. (U.S. Army photo by Dr. Valecia Dunbar)

USAISR observes Medical Laboratory Professionals Week

By Steven Galvan, USAISR Public Affairs Officer

The Commander of the U.S. Army Institute of Surgical Research (USAISR), Col. (Dr.) Michael D. Wirt proclaimed April 20-24 as Medical Laboratory Professionals Week (MLPW). During the MLPW proclamation signing ceremony April 20 at the Soldiers formation, Wirt read the Commander's Proclamation.

"Medical Laboratory Professionals Week is a time of recognition for the medical laboratory professionals and board-certified pathologists who play a vital role in every aspect of healthcare," said Wirt.

Since 1975 MLPW has been observed during the last full week of April and is designed to provide the profession the opportunity to raise public awareness, appreciation and understanding of laboratory employees.

Staff Sgt. Khanesha Murrell and personnel at the Comparative Pathology Branch of the USAISR Laboratory Support Section planned daily activities including trivia games, a lab coat decorating contest, Lab Olympics and a scavenger hunt. The final event was a brunch where the winners of the week-long festivities were awarded prizes.

"Beyond meeting this public need, the celebration of MLPW will increase recognition for the profession as it improves the individual practitioner's sense of self-worth," said Staff Sgt. Gina Chang, noncommissioned officer in charge of Laboratory Support Section. "Further, as the various professional groups within laboratory practice work together on this project, the sense of unity and purpose necessary to further the goals of the laboratorians are reinforced."

There are six research areas at the USAISR where medical laboratory



Spc. Shawn Lackey models a decorated lab coat during the lab coat decorating contest of the Medical Laboratory Professional Week. (U.S. Army photo by Steven Galvan)

professionals are assigned including bone tissue injury, clinical trauma, hemostasis, resuscitation, soft tissue injury, and trauma informatics.

Chang added that as team members of one of the largest industries in the United States, the dedicated efforts of laboratory professionals often go unnoticed by the general public, as well as by the very

institutions employing their services.

"With the public now demanding the assurance of quality healthcare and professional accountability, organizations representing practitioners of this critical science have a responsibility to ensure that the public is well informed about laboratory competence," added Chang.

Dignity and respect training drives customer service improvements

By Terry J. Goodman, NRMC Public Affairs

Northern Regional Medical Command (NRMC) senior leadership attended a full-day of dignity and respect training May 13 to improve staff relationships and promote teambuilding as a means to improve customer service.

When Brig. Gen. Robert Tenhet became commanding general of the region last year, one of his priorities was to establish a Dignity and Respect Cell to improve the workplace environment by ensuring all employees understand the importance of treating each other professionally.

According to Tenhet, there is a direct correlation between employees who are working in a positive work environment and the performance of their jobs, which translates into providing better customer service. That's the goal of this training.

"Our customers are our patients," Tenhet said. Although we do not engage with our patients directly, everything we do at the headquarters in support of our military treatment facilities impacts the patients. We as a headquarters' staff must remember that every day."

The Dignity and Respect (D&R) Cell is comprised of the Headquarters' Equal Employment Opportunity (EEO) director, Sexual Harassment/Assault Response and Prevention (SHARP) program manager, Equal Opportunity advisor and the region's Chaplain. Four very distinct organizations with different purposes, but at the core within all of their missions is the betterment of work and personal lives of the Soldiers, Civilians and Families they serve.

Willie Day, EEO director, was the target of the general's aim to stand-up this unique cell focused on relationship building. The retired Army command sergeant major accepted the challenge and began to establish the foundation of this diverse organization.

While the Army provides numerous



Willie Day, Equal Employment Opportunity director (left) and Paul Meshanko, Connecting for Respect instructor, discuss the previous lesson during a break May 13. The all-day training event focused on increasing customer satisfaction by improving staff relationships. (U.S. Army photo by Terry J. Goodman)

training opportunities to its Soldiers and Civilians that emphasize dignity and respect, there is none that addresses it to the level where it becomes memorable and actionable. That was the challenge to day – find training that will do just that.

The "Connecting with Respect" training consisted of seven units designed to explain and understand the emotional state that is triggered by our behaviors around each other. According to the training manual, "Practicing respect on a consistent basis is an emotional competency that requires increased awareness and practice. But, the effort is worth it."

This unique approach in the training curriculum's captured Day's interest. "It teaches us to understand how our brains are wired due to our experiences, our cultures and influences, which directly impact how we interact with others at work and in our personal lives," Day said.

"This training was very beneficial in supporting the general's vision," Day said. "I hope the participants take what they learned and apply the concepts taught, especially toward daily interactions with their peers and employees. We often get

so caught up in our daily business, and we forget that the most valuable resource is our people."

Sgt. 1st Class Aisha Austin, NRMC's SHARP manager and D&R member, was impressed with the training and thinks it will be valuable to all staff, but requires buy-in by all to be effective.

"I truly believe that the training will only be effective if we continue to practice what so many became excited about," Austin said. "This shouldn't be a one-time thing. We need constant reminders and examples of what right looks like."

Although the organizational senior leaders were the benefactors of this training, the remaining Headquarters' employees will also receive the training in the near future. Of course, future training will be tailored toward employee needs as this training was for supervisors.

"This training is the first step in creating our Regional Ethos," Tenhet said. The three elements canons or elements of the ethos are take care of our customer, take care of each other and take care of ourselves," Tenhet said.

Warrior Transition Battalion Hawaii Improving Care 4000 miles away

By 1st Lt. Bre Boswell, Warrior Transition Battalion

Members of the Warrior Transition Battalion (WTB) cadre and staff recently traveled to Guam for a semi-annual remote care visit. The trip proved to be productive for all involved in the engagement. The WTB's main priorities which drove the mission, centered on continued care for Soldiers attached to the WTB.

The trip's main focus was on resources and access to those resources for Soldiers in the Guam remote care program. Ms. Donna Gatewood, lead WTB social worker, Ms. Sherri Camacho, WTB lead occupational therapist, and Capt. Renae Lauterbach, battalion nurse case manager met with Guam Naval Hospital command group to discuss the Guam Remote program and the need to establish more behavioral health and medical resources to meet the needs of Soldiers in Transition (STs) in Guam. Together they were able to compile a roster for direct contact with the hospital chain of command (COC), patient administration and department heads for each specialty.

"The progress we made will allow for smoother transition for STs in the remote care program" expressed Lauterbach. "The Guam remote care platoon and the Guam Naval Hospital command are extremely supportive of the mission of the WTB and getting the Guam STs the best care possible."

Additionally, cadre were able to work with 1st Lt. Michael Taman, Guam remote care platoon leader, to complete the Pacific Regional Medical Command's Top 13 training priorities and inspect all administrative items



Photographed with Guam hospital staff are Lieutenant Michael Taman, Guam Remote Care platoon leader; Ms. Sherri Camacho, BN occupational therapist; Ms. Donna Gatewood, BN social worker; and Capt. Renae Lauterbach, BN nurse case manager who met with Guam Naval Hospital staff to discuss required care for Soldiers in Transition residing in Guam.

to ensure compliance with Warrior Transition Command guidance.

"It's important to be on ground and observe the unit (Guam National Guard remote care platoon) operations, medical care, and the unique challenges they are facing," said Staff Sgt. Alicia Andrews, the Guam remote care platoon sergeant. "By connecting with their leadership there, we are able to understand their concerns and assist in addressing those concerns better."

Over the past eight months, the program has successfully transitioned 88 percent of the Soldiers selected to participate in the Guam remote care platoon. This program has without a doubt been a great opportunity to allow our Soldiers to transition closer to their Families which assists in the reintegration process.

"From the commander's foxhole, it was a very humbling experience to be afforded the opportunity to view and

experience their culture which allowed better understanding and connection to the STs from Guam" stated Capt. Christopher Phillips, WTB HHC commander. "It is a great honor to be charged with this unique mission to strategically make a difference for our Soldiers."

This program will continue to remain one of the top priorities for WTB due to the impact it has on the ST's ability to heal, the additional value of the ST being located in Guam where their Family can be incorporated in the healing and transition plan. The staff and cadre will continue to build on the progress achieved during this trip to continue to improve the remote care program and build stronger relations with the Guam Naval Hospital command group and the Guam remote care platoon COC.



BAMC Soldiers to compete at 2015 DOD Warrior Games

By Lori Newman, Brooke Army Medical Center Public Affairs

Five current or former Brooke Army Medical Center (BAMC) Warrior Transition Battalion Soldiers will compete at the Department of Defense Warrior Games June 19-28 at Marine Corps Base Quantico, Va.

The Soldiers selected for the Army Team are 1st Lt. Kelly Elmlinger, Sgt 1st Class Katie Kuiper, retired Staff Sgt. Eric Pardo, retired Sgt. Bethany Stewart and Sgt. 1st Class Michael Smith.

BAMC Soldiers were among those who competed at the 2015 Army Trials at Fort Bliss, Texas, March 29 to April 2 with the hope of garnering a spot on the Army team that will participate at the Department of Defense Warrior Games.

Sgt. 1st Class Katie Kuiper, Company C, WTB, received three medals -- gold in women's upright cycling, gold in women's track 1,500 meter, and silver in women's track 400 meter.

"It was a great opportunity. I enjoyed the coaching and getting to participate with a huge group of guys motivating me," Kuiper said.

Kuiper has been a part of the BAMC WTB Soldier Adaptive Reconditioning Program since the beginning of 2014 and will be medically retired when she competes in June.

"Cycling and running have been significant in Katie's transitioning and healing process both mentally and physically," said Jennifer Weatherford, site coordinator for the BAMC Military Adaptive Sports Program. "It's allowed her to reach her goals and focus on something positive other than her medical appointments and surgeries."

Capt. Noah Washington, Co. A, WTB, competed in three events at the Army trials -- archery, air rifle and wheelchair

basketball, and received a silver medal in the air rifle prone, open division, but was not able to make the Army team.

"Shooting is what I enjoy the most, but archery is just as fun to me," Washington said.

"I think Fort Bliss did an excellent job putting on the Army trials. The other part was the coaching staff. There were some really good coaches there."

Staff Sgt. Robert Green, Co. B., WTB, also fared well during the Army Trials receiving a gold medal in men's seated shot put, and bronze medals in men's seated discus and air rifle standing, but did not make the team

Green said he once heard a quote, which he thought summed up his experience at the Army Trials, "together by chance, united by choice."

"We came together because of an injury or illness, but it was up to each individual to come together as a team," Green said. "It was a great experience meeting a lot of different people, new people, and having everybody come together as a group."

"I am very proud of all of our Soldiers," Weatherford said. "Making the cut isn't just about their athletic achievements, it's about being a part of something bigger than yourself and all our Soldiers did very well."

Elmlinger didn't go to the Army Trials but she received an automatic invite to the Warrior Games because she was on the team last year and won several medals, Weatherford said.

Weatherford credited part of the Soldiers' success to their ability to train at Central Catholic High School here in San Antonio.

"This partnership is vital. There is nowhere to shoot air rifles or pistols on



Sgt. 1st Class Katie Kuiper wins the women's upright bicycle event during the Army Trials for the 2015 Department of Defense Warrior Games March 29 at Fort Bliss in El Paso, Texas. (DOD photo by EJ Hersom)

post and the high school is only five minutes away," Weatherford said. "The facilities and coaching provided by CCHS are invaluable to the success of the Soldiers who shoot recreationally and compete in air guns."

Green agreed, "The facility at Central Catholic is great. Retired 1st Sgt. [Pete] Carrion is always there. If we need anything from pellets to getting air for our canisters, he is always willing to step in and help us out. He wants to make us better because he doesn't want us going to competitions to just be there, he wants us to compete and to do well."

The track and field program is also run at CCHS because there are no lines on the one regulation track located at Fort Sam Houston.

Make small changes to fit exercise into your day

By Justine Springer, Program Evaluator, U.S. Army Public Health Command

We all know that physical activity and exercise are important for overall health. However, many people find themselves struggling to get the recommended amount of physical activity in a day. Research has shown a minimum of 10,000 steps per day is necessary to maintain a healthy lifestyle. Despite these recommendations, however, many Americans are only reaching approximately 6,000 steps.

Common complaints are not having enough time to exercise with busy schedules and long workdays as reasons for why individuals do not exercise. For most, it is often hard to find an extended period of time to get physically active. The good news is that small changes can make a big difference over time. It's not necessary to get all your physical activity in one burst. Finding time in your busy day to fit in an hour or two of physical activity at one time is often unrealistic. Incorporating physical activity into your routine in shorter intervals, even a few 15-20 minutes walks, is much more manageable and sustainable in the long term. Over time, these small changes will add up toward an ultimate physical activity goal.

The U.S. Department of Agriculture, the American College of Sports Medicine and the American Heart Association have many suggestions as to how to incorporate physical activity into daily life. Here are some quick suggestions of things to try:

- Take a walk during lunch or other break or have a walking meeting instead of sitting in a conference room or colleague's office.
- Take a walk with the Family after

dinner instead of turning on the TV.

- Walk the dog instead of just letting the dog out in the yard.
- Walk up and down the soccer or football field while your child is playing instead of just sitting on the sidelines.
- Get outside and play with your children by throwing a ball around or playing tag for 10 minutes.
- Park your car in a space or location that is farther away from the office door.

Some people have had their desks converted into a standing workstation and alternate between sitting and standing throughout the day.

To keep things interesting, try different activities. Try hiking or biking on a local trail. Join an exercise or yoga class. Try working out to a video. Go on a skiing or snowboarding trip. In the winter, go sledding or snow tubing when it snows. In the summer, take advantage of the local pool and go swimming with the Family or a friend. Play a sport, like tennis, basketball, volleyball or racquetball. The key is to pick activities that are interesting to you.

Remember, small changes add up.



Small bouts of exercise in your day may allow you to take advantage of the small breaks of time in your daily schedule. (U.S. Army photo)

Any exercise is better than no exercise. Aim for at least 10-minute bouts of exercise spread out throughout the day. Smaller bouts of exercise may be more manageable and allow you to take advantage of the small breaks of time in your busy schedule.

WRMC employees part of MEDCOM Wolf Pack Award-winning team

By Flavia Hulsey, Western Regional Medical Command

“No Civilian Corps member left behind,” that is how one Western Regional Medical Command employee described the efforts of the U.S. Army Medical Command Warrior Transition Unit Restructuring Project Team

Kimberly Reinbrecht, Civilian Human Resources chief, WRMC; Sgt. Maj. Delvin Lewis, operations sergeant major, WRMC; and Ernest Williams, Warrior Transition Office director, WRMC; were among a team of about 20 Army Medicine professionals from across the United States who collaborated to guide and implement the Fiscal Year 2014 Warrior Care and Transition Program Force Restructure.

The team was recently awarded the MEDCOM FY 2015 2nd Quarter Wolf Pack Award in a video teleconference ceremony.

“I am honored to receive the award,” Reinbrecht said. “It is truly a team effort.”

The WTU Restructuring Project aligned and balanced the way Army Medicine manages the healing process for wounded, ill or injured Soldiers in transition back to the armed forces or to civilian life.

“The team at the WRMC Warrior Transition Office works diligently daily to ensure that the wounded, ill and injured service members and their Families are entrusted to our care, many times without recognition,” Williams said. “So to be recognized as part of the team receiving a MEDCOM-level award provides validation that our efforts are valued as an important part of the Army Medicine team.”

Lt. Gen. Patricia D. Horoho, commanding general, U.S. Army Medical Command, and the Army surgeon general, praised the awardees for managing a complex project.

“This is probably one of the most complicated, high-visibility projects that really has the potential to impact our warriors, their Families, the strategic reputation of Army Medicine and the Army on how well we care for those that are wounded, ill or injured,” Horoho said.

The award-winning team managed the 2014 inactivation of 14 Warrior Transition Units and Community-Based Warrior Transition Units, the activation of 11 Community Care Clinics, and deliberately managed continued employment for 50 Civilian employees displaced by the inactivation of WTUs.

“As a human resources professional, understanding valued members of the Civilian Corps is vital,” Reinbrecht said. “I am always proud of what we can achieve together as a team by not losing sight of compassion for those employees whose job security was tested.”

Reinbrecht credited the WRMC members of the team for helping to define a good way forward, explaining that team members completed a wide variety of tasks such as facilitating personnel actions, working with multiple supervisors, working with Civilian Personnel Advisory Center representatives, and executing successful job placement for the 50 displaced Civilian employees.

“Each of you did this with flawless

execution by bringing in the right capabilities to matrix this and not having any degradation in patient services or a need for a (Civilian) reduction in force,” Horoho said.

Gregg Stevens, AMEDD Center and School, and AMEDD Civilian Corps chief, said the WTU Restructuring Project Team was a tremendous example of collaboration across the MEDCOM, and that is exactly what the Wolf Pack Award aims to recognize: Mixed teams of MEDCOM military and Civilians supporting the Army Medicine mission.

“We’re blessed to have the best mission in the world. The best thing any citizen can do for their country is to defend it. Whether you defend it in a green suit or a pinstripe suit, doesn’t matter,” Stevens said. “Within that mission, we have the most honorable mission as Army Medicine because we take care of Soldiers and their Families -- anywhere, anytime and often under conditions nobody else would accept, and we do it the best in the world.”

Stevens added that best practices and lessons learned from the FY14 restructure will benefit Army Medicine as it implements broader workforce initiatives like Workforce 2020.

“I am just always inspired and impressed by the caliber of those who are serving on the Army Medicine team,” Horoho said. “And I take pride in this particular award because I think it really espouses what we’re known for. That is, the ability to have diverse capabilities coming together to make a difference in the lives of those that we serve.”

Building Partnerships for Soldier Transition, DOD Warrior Games, and Beyond

By Ronald W. Wolf, Army Medicine

Since 2009, the Warrior Transition Command (WTC) has provided oversight and facilities around the world to support wounded, ill and injured Soldiers as they transition back to duty or the civilian community. Representatives of military service organizations (MSO) and Veterans service organizations (VSO) were invited to Fort Belvoir on May 4 for a tour of facilities and services that are available to Soldiers in Transition.

The invitation from the Warrior Transition Brigade-National Capital Region aimed to seek additional strategic opportunities to “establish a community of support,” as Col. Chris Toner explained to the guests. Toner is the WTC Commander.

The three-hour event, with guests from the Veterans of Foreign Wars, Disabled American Veterans, Blue Star Families and other organizations providing support to Soldiers and Veterans, began with a briefing from Col. Christopher Boyle, WTB-NCR commander. Boyle gave an overview of the mission of the Warrior Care and Transition Program (WCTP).

The WCTP, Boyle said, provides an environment in each Warrior Transition Unit (WTU) to help the Soldiers heal. Each of the 3,600 individuals in the WTUs has a healing and transition plan tailored just for them, he explained.

The invited representatives inspected first-hand the living quarters in the WTU. They took a short walk to the Soldier Family Assistance Center, which provides education, benefits, and Family services; and National Intrepid Center of Excellence (NICoE), which specializes in the treatment of traumatic brain injury (TBI) and behavioral health. The scientific, standards-based approach

to care in the NICoE ensures Soldiers with TBI or behavioral health issues receive the most-qualified care.

Invitees were bused a short distance to the Wells Gymnasium. There, the MSO and VSO representatives watched the Army sitting volleyball team train for the 2015 Department of Defense Warrior Games at Marine Corps Base, Quantico, Virginia, to be held June 19-28.

Sitting volleyball is one of the adaptive reconditioning sports where wounded, ill and injured Soldiers participate to improve their physical and emotional well-being. Adaptive sports contribute to a successful recovery for Soldiers.

The tour ended at the United Service Organization (USO), a valuable resource for Soldiers around the world but especially important for Soldiers in the WTUs. A USO representative discussed the additional healing opportunities for Soldiers in Transition.

The programs and facilities offered by the USO, including creative writing, art studio, music therapy, and other programs, are important in promoting recovery. The USO has historically provided a home-away-from-home setting and emotional support for Soldiers, wherever duty takes them, and they continue to do so for Soldiers in the WTU.

The strategic opportunity for collaboration was the overarching theme for the day. While medical, housing and transition services are well managed by



Col. Chris Toner (right), Commander of the Warrior Transition Command (WTC), discusses the WTC with representatives from military and veterans service organizations. The WTC is seeking to build additional strategic opportunities to “establish a community of support,” as Col. Toner explained. (U.S. Army photo by Marlon Martin, Army Medicine)

the WTB, the elements of emotional and social support, often provided by MSOs and VSOs, are critical as well.

The event highlighted the care and services provided by multiple Fort Belvoir organizations that support wounded, ill and injured Soldiers and their Families. The goal always has been to help all Soldiers in the WTU remain ready and resilient. Soldiers in the WTU remain an important component of total force capability, and sustaining a culture of dignity and respect for these men and women is an important goal of the WTC.

The strategic outreach effort to the MSOs and VSOs aimed to build partnerships to ensure the entire spectrum of support is available for Soldiers in Transition. Enduring and evolving partnerships provide the optimal opportunity for successful recovery.

For information on the upcoming Warrior Games and a full list of participants visit:
http://www.defense.gov/home/features/2015/0615_warriorgames

ISR Physician Accepted into Prestigious Capitol Hill Fellowship

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

For the first time since its inception in 1973, an active duty Army Medicine doctor will be a Fellow at the Robert Wood Johnson Foundation (RWJF) Health Policy Fellows program. Lt. Col. (Dr.) Robert L. Mabry, the Joint Trauma System Director for Trauma Care Delivery at the U.S. Army Institute of Surgical Research will begin his year-long fellowship in September as a member of the 2015-2016 RWJF Health Policy Fellows Program. For more than 40 years the RWJF has worked to improve health and healthcare. The Foundation strives to build a national culture of health that will enable all to live longer, healthier lives now and for generations to come.

“The reason I wanted to do this was to improve my capacity as an AMEDD leader by seeing first-hand how things work at the political and strategic level, and to see how senior leaders deal with tough challenges,” said Mabry.

With an illustrious 31-year Army career thus far, Mabry believes that his experience as an enlisted Soldier and a commissioned officer on the colonel promotion list gives him a unique perspective on trying to improve combat casualty care.

"I've have served as an infantryman, a special operator, a combat medic and now as a doctor," he said. "I've taken care of Soldiers under fire on the battlefield, during tactical evacuation on board MEDEVAC, at remote, forward aid-stations, and in the hospital. I think my prior enlisted and special operations combat service gives me a unique insight into casualty care that is rare within the AMEDD."

Through personal experience while treating casualties on the battlefield and research, Mabry has been effective in changing how combat casualties are treated at the point of injury. As a high-speed Special Forces medic, well-trained with the latest tools and techniques available,

Mabry served with an elite special operations unit in Mogadishu, Somalia—the operation made famous by the movie *Blackhawk Down*.

“Back then, we were taught to perform civilian oriented prehospital care under fire on the battlefield. Care that was based on car wrecks and heart attacks,” recalled Mabry. “Things like immobilizing someone’s spine if they had any injury to above the shoulders, using tourniquets only as a ‘last resort’ or putting an IV into someone with a simple gunshot wound when the bleeding is under control. Looking back, it did not make much sense, but that’s how we were trained.”

Based on research that Mabry did while assigned to the ISR during his first tour, the Army spent \$70 million to upgrade flight medic training to meet that of civilian critical care flight paramedics. The research compared outcomes of casualties flown by critical care paramedics from the National Guard to those flown by Army flight medics. The data showed a 66 percent reduction in death by National Guard flight medics who were trained critical care flight paramedics.

“One of my most prized possessions is a patch from the Critical Care Flight Paramedic Class 001,” Mabry said.

Another accomplishment that Mabry is proud of, one that he has been working with for the last four years, is establishing the current Military Emergency Medical Service and Disaster Medicine Fellowship Program.

"It's the only program in the Department of Defense that trains doctors to understand out-of-hospital care," he said. "The research that we've done here at the ISR shows that prehospital setting is the area where we can



Lt. Col. (Dr.) Robert Mabry was selected for a Fellowship at the Robert Wood Johnson Foundation Health Policy Fellows program.

make the most significant difference in combat casualty care survival, yet today, I am the only board certified prehospital specialist on active duty in the DOD.”

Mabry said that his experience in Somalia planted a seed in him to dedicate his career to improving combat casualty care.

“Mogadishu was a big game changer for me,” he said. “I have been driven to improve the care of Soldiers on the battlefield since then.”

Nowadays his motivation remains the same, except that there's an extra incentive for him. Both of his sons are in the military—one is an Army Ranger and the other is in the Naval Academy with aspirations to become a Navy SEAL or a Marine.

Mabry believes that the fellowship at RWJF will help him to continue to make a difference in Army Medicine and combat casualty care.

“We are organizationally focused on hospital based care. Once a casualty reaches the hospital, most survive,” Mabry said. “But our data shows the vast majority of combat deaths that are potentially salvageable die before reaching the hospital. We need more focus on prehospital care. That’s where I believe that I can continue making a difference for our Soldiers.”

Active Duty Army Nurse Hones Leadership Skills at Kaiser Permanente

By U.S. Army Nurse Corps

After two combat tours in Iraq and Afghanistan, where would a member of the United States Army Nurse Corp go to augment his leadership skills even further? How about to Kaiser Permanente?

Major John Ament, RN, CNOR, FACHE, is the Army Nurse Corps' second "Training with Industry" fellow at Kaiser Permanente. The program places up-and-coming army leaders with successful private and public sector organizations at which they can learn state-of-the art skills in industrial practices and procedures not taught in traditional military education programs.

He joined National Patient Care Services in Oakland, Calif., from Reynolds Army Community Hospital, Fort Sill, Okla., last summer, just a few months after wrapping up his final combat mission in Afghanistan. He has since immersed himself in learning the organization's best practices, while sharing those of the Army Nurse Corps.

"I'm excited about the collaborative environment in which nursing professional practice is being advanced through both organizations," Ament says. "One of the greatest educational experiences I've had to date is learning how vital leadership is to the development of the nursing practice at the bedside."

Temporary Transition to Civilian Sector

Ament's two tours of duty as an operating room nurse were with small forward surgical teams that provided immediate triage and life-saving surgery on the battlefield before transporting wounded Soldiers to the next level of care. By his second tour, he was more familiar with what was required, and used his leadership skills to train and prepare new Soldiers not only for this largely unfamiliar aspect of healthcare delivery, but also to

the army – and especially to healthcare delivery in a combat environment.

These experiences helped develop the leadership and crisis skills he now puts to use in his daily work. Knowing he has “walked the talk” demonstrates to his leaders, peers, and direct reports that he can handle anything that comes his way.

“Drawing on your leadership skills whether you’re in combat support hospital, in a state-side hospital, or in an office setting is like riding a bike,” says Ament. “You never forget them and the more you call on these skills, the more proficient you become.”

Teaching and Learning

Some of the similarities Ament sees between the Army Nurse Corps and Kaiser Permanente pertain to the speed in spreading ideas and getting them to the end user in a timely and effective manner. How do you get information, practices, and policies out to the nurse at the bedside? What are the most effective mechanisms for communication to the front lines? It's a challenge that both organizations face – in fact, it's something organizations throughout the industry face.

Ament believes both organizations are working towards commendable and effective solutions, and he points to Kaiser Permanente's well-thought-out methodology of approaching issues, especially in such areas as performance improvement, professional and clinical growth, and quality assurance.

Nursing Innovations Important for Future Landscape

"I'm excited to see how nursing has partnered with innovation to make healthcare even more efficient in providing high-quality outcomes," says Ament. "By



Major John Ament, RN, CNOR, FACHE, is the Army Nurse Corps' second "Training with Industry" fellow at Kaiser Permanente.

continually working on such areas, the role of the nurse will continue to grow and flourish, and will not get stagnant."

This was illustrated when he visited one of Kaiser Permanente's newer hospitals the Westside Medical Center in the Northwest, which uses digital dashboards for the patient's plan of care, provides instant communication among the care team – even lab and pharmacy.

He has been equally impressed with other leading innovation activities he has experienced at the Garfield Innovation Center. "It's thrilling to see the fruition of innovations from the idea, all the way to implementation in the facilities or virtually," he says.

What's Next?

After Ament leaves Kaiser Permanente this fall, he will join a military hospital in a leadership role for the next three years. He knows his Kaiser Permanente fellowship, graduate school education, and tours of duty have all culminated to prepare him for his senior-level strategic roles in the military as they help him understand the larger landscape.

“Ultimately what all of us want is to provide patients access to the highest-quality, safe care at an affordable price, with clinically excellent and compassionate people,” he says. “And that doesn’t change whether you’re in the civilian sector, the government, or the military.”

By Esther Garcia, AMEDDC&S, HRCoE

Richardson then spoke about each Soldiers' goal, challenges and why they wanted to become SAMC members.



Audie Murphy only lived 46 years but he made a lasting imprint on American history. He was assigned to the 15th Infantry Regiment of the 3rd Infantry Division and fought in North Africa,

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After he left the service Murphy starred in several Hollywood films and wrote and published several poems. Murphy was killed in a plane crash on May 28, 1971. His body was recovered two days later on

The Sergeant Audie Murphy Club was started in 1986 by Lt. Gen. Crosbie Saint at Fort Hood, Texas. It was intended to recognize outstanding noncommissioned officers who showed exemplary leadership traits and attributes. The Fort Sam Houston Sergeant Audie Murphy Club was established in 2000, when then installation Command Sergeant Major Adolph Arista directed the formation of a local chapter. In 2002, the Fort Sam

Soldiers inducted in the club exemplify the characteristics of the Sergeant Audie Murphy Club. They represent the Be, Know, Do - the epitome of professionalism and serve as examples of excellence to the community and their Soldiers.

Sgt. Felipe Montoya, Army Medical Command 2015 NCO of the Year. Montoya is a 68E from U.S. Army Dental Command. (U.S. Army photo by Kirk Frady)

USAMRICD employees recognized by Baltimore Federal Executive Board

By **Cindy Kronman**, *USAMRICD*

Several employees of the U.S. Army Medical Research Institute of Chemical Defense (USAMRICD) were winners at the Baltimore Federal Executive Board's annual luncheon on May 1, taking home two gold, three silver, and five bronze awards.

“This year’s award winners represent the excellence in scientific research and support demonstrated daily by MRICD employees,” said Col. Roman Bilynsky, the institute’s commander.

The Inhalation Toxicology Team, consisting of Dr. Alfred Sciuto, Dr. Michael Perkins, Dr. Benjamin Wong, Jennifer Devorak, Robin Deckert, Jannitt Simons, and Spc. Antonio Gutierrez, as well as contractors Ashley Rodriguez, Jaclynn Andres, and Justin Tressler, received gold in Category 3b, Outstanding Para-Professional (Non-Supervisory) Technical, Scientific and Program Support – Team. The win recognized the team's outstanding scientific accomplishments, extensive development of cutting edge approaches for inhalation studies, and continued dedication to government service.

USAMRICD's second gold, awarded to Spc. Peter D'Antuono, was in Category 7a, Heroism - Individual Heroic Act. D'Antuono used his combat medic skills to take lifesaving steps to revive an injured driver after he witnessed a vehicle crash on a major interstate. In another act of bravery, D'Antuono noticed a house fire on his way home from work one day, stopped and ensured the residence was free of occupants, and then entered the house and attempted to put out the attic fire with his personal fire extinguisher prior to the fire department arriving on the

scene.

Among the silver winners from the USAMRICD were Capt. Jeffrey Havens, chief, Pharmacology Branch and chief, Collaborative Research Facility, in Category 1b, Outstanding Supervisor – GS-12 and below; Dr. Albert Ruff, a principal investigator, in Category 2a, Outstanding Professional (Non-Supervisory) Technical, Scientific and Program Support; and Diana Phillips, the administrative support assistant in the Chemical Casualty Care Division, in Category 4a, Outstanding Administrative Assistant/Management Assistant – Individual.

Bronze awards were received by Gregory Smith, safety manager, in Category 1a, Outstanding Supervisor - GS-13 and above; Larry Presley, safety and occupational health specialist, in Category 3a, Outstanding Para-Professional (Non-Supervisory) Technical, Scientific and Program Support; the S4 Transition Team (Thomas Hott, Carter Bender, Martin Simon and Jeff Hinte), in Category 4b, the Administrative Assistant/ Management Assistant - Work Group or Team; Kenneth Snyder, retired chief of the USAMRICD's Logistics Office (S4), in Category 9, Distinguished

Public Service Career; and Dr. Michael Hepperle, principal investigator, Category 10b, Rookie Employee of the Year - Technical, Scientific and Program Support.



The Inhalation Toxicology Team won gold for the Technical, Scientific and Program Support – Team category: from left to right, Michael Perkins, Ashley Rodriguez, Benjamin Wong, Alfred Sciuto, Robin Deckert, Jennifer Devorak (front), Jaclynn Andres (back), Jannitt Simons, Reese Baker (a recent addition to the team), and Spec. Antonio Gutierrez. Not pictured is Justin Tressler. (US Army photo by Stephanie Froberg)



Spec. Peter D'Antuono's act of heroism attempting to save the life of a motorist injured in a car crash was recognized with a gold award in Category 7a, Heroism - Individual Heroic Act. (US Army photo by Stephanie Froberg)

Womack Residency Program wins research award

By **Eve Meinhardt**, *Womack Army Medical Center Public Affairs*

The Womack Army Medical Center Family Medicine Residency Program won the Outstanding Achievement Award in Scholarly Activity for the second year in a row.

The program was recognized as the best in research and scholarly activity from the 17 Family Medicine residency programs across the Department of Defense Military Health System.

The award was presented at the annual conference for the Uniformed Services Academy of Family Physicians in Washington, D.C., March 21.

Maj. (Dr.) Lloyd Runser, research coordinator, WAMC Family Medicine Residency Program, says the award is a testament to the high level of support from the hospital.

"We have a lot of great residents and staff," he said. "The Department of Clinical Investigation is very supportive and the hospital allows us to make research a priority. It's a great environment."

The residency training is a three-year program. Each class hosts seven to eight active duty service members. There are currently 28 residents at WAMC and 12 Family Medicine staff members teaching the students. The staff often collaborates

with the residents on a variety of research projects.

Capt. (Dr.) Jelaun Newsome, a third year resident at Womack, has participated in a number of research projects during his tenure. He's had a case report published, has contributed book summary chapters, and even traveled to Portugal to present about a manipulation clinic.

“The hospital really emphasizes research,” said Newsome. “The residents get to collaborate with staff members, which is great because we’re able to draw from their experience.”

In addition to any research projects they may participate in, the residents rotate through every department of the hospital, including inpatient and Outpatient, Obstetrics, Pediatrics, Women's Health, and Labor and Delivery, Intensive Care and Neonatal Intensive Care.

“The program is amazing,” said Newsome. “We see a diverse group of



Maj. (Dr.) Lloyd Runser, left, research coordinator, Womack Army Medical Center, and Lt. Col. (Dr.) Mark Stack, right, residency program director, WAMC, receive the Outstanding Achievement in Scholarly Activity Award for the WAMC Family Medicine Residency Program from Diane Reamy, Uniformed Services Academy of Family Physicians, at the USAFP conference in Washington , D.C., March 21. (U.S. Army photo by Maj. Lloyd Runser)

patients at a high volume. I feel like I'm going to leave here this summer fully prepared for my next assignment."

The residency program not only fosters a rich learning environment for the doctors, it also helps Womack provide quality care to the more than 156,000 enrolled patients from Fort Bragg and the surrounding communities.

“Our residents do a lot to help keep the hospital running,” said Runser. “They work all hours and provide coverage throughout the hospital, even on nights and weekends. They’re a great asset.”

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Army Medical Command announces the 2014 MEDCOM Civilian Employee of the Year (EOY) Award recipients.

Please join Army Medicine in recognizing and congratulating Daniel E. Garrido, Miriam H. Hammerle, and Dr. George V. Ludwig on their achievements and outstanding contributions to Army Medicine.



Daniel E. Garrido is an accountant in Finance & Accounting/G8 at Army Medical Command Headquarters, JBSA Fort Sam Houston, Texas. Garrido was converted as a Recent Graduate Program trainee into a developmental accountant position and has become a major participant in the Operations Section as a payroll subject-matter expert. He alone has been responsible in clearing more than 56,728 payroll errors, valued at \$18M. Additionally, his participation and engagement in the

Single Charge Card Solution and Access On-Line (SCCS and AXOL) error reconciliation procedures resulted in IDOC (Intermediate Document) error reduction by 54 percent, from 605 to 277, in a 30 day period. Garrido is a key member of the command-wide ATAAPS Deployment team where he attends “Go Live” events, providing assistance and hands-on training to activity personnel.

Garrido created detailed ATAAPS training guides utilized across the command that have proven valuable for a successful deployment. As part of the National Capital Region General Fund Enterprise Business System (NCR GFEBS) support group, Garrido was the main project manager in the development of the Memorandum of Agreement between NCR and MEDCOM for GFEBS Help Desk support and partnership. He continues

to exceed all expectations and do astounding work for the Division. In addition to his regular duties, Garrido voluntarily assumed the regional accountant duty responsibilities for the MEDCOM HQ Region, providing oversight and customer support to fourteen different fund centers. His outstanding customer service and his interpersonal relationships with Defense Finance and Accounting Service (DFAS) personnel are exemplary.

Garrido received a bachelor's degree in accounting from The University of Texas at San Antonio in 2012 and a Master of Accounting degree in 2014. He is currently studying for the CPA Exams. He joined HQ MEDCOM January 2013 and stands out as a future leader of the MEDCOM.



Miriam H. Hammerle has served as the Physical Therapist for the Brain Injury Rehabilitation Service (BIRS)

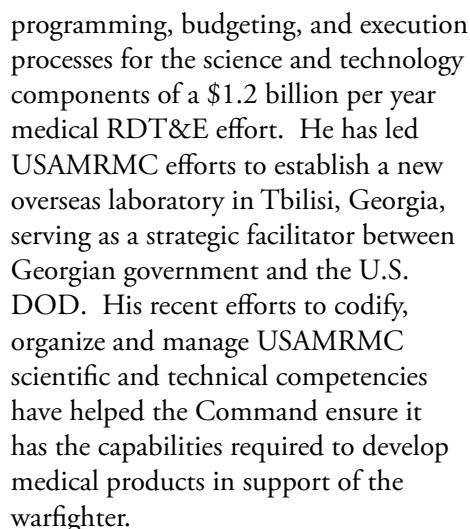
at San Antonio Military Medical Center, JBSA Fort Sam Houston, Texas, for over six years. She has made remarkable efforts in self-study to become one of the foremost experts in the management of cervicogenic dizziness. Prior to Hammerle joining the BIRS team, all warriors with dizziness complaints were referred out to the network for care. Providers were frustrated with the multiplicity of tests requested, the extended duration of therapies, and the overall marginal to poor results. When she joined the staff, the services were provided in-house. Hammerle was sent to the Emory Vestibular Rehabilitation

course, and she spent many additional self-study hours in order to obtain her certificate. Despite this training, Hammerle was frustrated with the on-going marginal results, and she felt like the conventional knowledge about diagnosis and treatment for this population was incomplete. She then embarked on a multi-year (and largely self-funded) pursuit of additional knowledge in order to better help these warriors. She concluded that therapy was too divided - focused on neurological/vestibular techniques alone or solely on orthopedic/

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Hammerle has doggedly pursued the development and implementation of a research program in order to formally evaluate her clinical findings. Hammerle has sought and sorted

discomfort with public speaking, and the fact that she presented to a non-physical-therapy professional audience. This was well outside her comfort zone, but Hammerle is clearly committed to sharing her knowledge, stimulating research questions in others, and ultimately improving care for this patient population.



Previously Dr. Ludwig served as Science Director at the United States Army Research Institute of Infectious Diseases where he led a strategic reorganization effort to improve laboratory science operations efficiencies and strategic planning. He also served as a leader in developing and enhancing DOD, industry, and academic strategic partnerships.

the Diagnostic Systems Division at USAMRIID where he coordinated a program for development of advanced diagnostics capable of identifying potential biological threats and other high-hazard infectious and non-infectious disease agents. He worked extensively on vaccine development and traveled in support of humanitarian and capacity-building efforts for the military including as a team leader for disease outbreak investigations in Africa, South America, and the U.S.

Dr. Ludwig received his Ph.D. from the University of Wisconsin in 1990 and is author of nearly 70 manuscripts, technical reports, book chapters, and other publications written during 30 years of relevant experience. He owns five patents resulting from his work on vaccine delivery systems and has received numerous awards and honors including the Order of Military Medical Merit, Superior Civilian Service Medal and two Achievement Medals for Civilian Service.

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