

ARMY MEDICINE

MERCURY

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Protecting our
Soldiers and
their Families



A worldwide publication telling the Army Medicine Story



ARMY MEDICINE

MERCURY

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Photo of the Month



Maj. Gen. Jimmie O. Keenan, MEDCOM deputy commanding general (Operations) and chief, U.S. Army Nurse Corps presents Pablo Sierra IV with a command coin June 5 for his participation and motivation during the Army birthday run at JBSA-Fort Sam Houston June 3. (U.S. Army photo by Steven Galvan)

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ARMY MEDICINE PRIORITIES

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

READINESS AND HEALTH OF THE FORCE

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

READY & DEPLOYABLE MEDICAL FORCE

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

HEALTH OF FAMILIES AND RETIREES

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

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Surgeon General showcases Army Medicine for Civilian Aides to Secretary of the Army

By Lori Newman, Brooke Army Medical Center Public Affairs

Lt. Gen. Patricia D. Horoho, the Army surgeon general, hosted a group of civilian aides to the Secretary of the Army, or CASAs, at Brooke Army Medical Center June 16-17 to discuss the role Army Medicine plays and how it affects the lives of Soldiers, Veterans, Retirees and their Families.

CASAs are business and community leaders appointed by the Secretary to advise and support Army leaders across the country. They are special government employees who agree to serve as representatives of the Secretary of the Army without salary, wages or related benefits, and are afforded a three-star protocol status.

Horoho said it was an honor to host the civilian aides and showcase Army Medicine.

"These are community leaders who have so much of a platform to be able to be a voice for our Army," Horoho said.

"To be able to expose them to the Medical Command, the strength of Army medicine, health readiness, our medical capabilities, and how we care for our

warriors is very, very important.

They can go out and be ambassadors for our Army and Army Medicine," she explained.

CASAs disseminate information about the Army's objectives, roles, requirements and major programs to the public through speeches, personal contact and participation in Army and community events.

"I thought it was great," said Richard Kleberg, who represents South Texas. "[The Surgeon General] was able to tell all of us what her thoughts were about where Army Medicine is, and where Army Medicine is going."

The group had dinner the first day and was able to interact with Horoho and her key staff. The following day the CASAs received a briefing from the surgeon general, visited the Army Medical Department Center and School, and had lunch with Soldiers. After lunch, they toured the U.S. Army Institute for Surgical Research Burn Center; Center for the Intrepid, Brooke Army Medical Center's rehabilitation facility; and the Warrior and Family Support Center (WFSC).

Kleberg said he learned more about the Army Performance Triad, and the importance of being proactive to prevent illness and disease rather than being reactive, which will help reduce the cost of caring for service members, Retirees and Family members in the future.

Horoho told the



Lt. Gen. Patricia D. Horoho

group she believed focusing on health through sleep, activity and nutrition would improve the overall health and well-being of Soldiers, Family members and Americans.

"Today was a very inspiring day because the care that is being provided for our Soldiers is unparalleled," said Robert French, who represents Central Pennsylvania. "It's evident the caring, the professionalism, is giving our Soldiers who gave their best, our best. That is so important that we take care of our Soldiers."

Horoho thanked the group before they departed from the WFSC.

"Right from the very beginning there was a lot of talking and free-flowing conversation. I appreciate how much time each and every one of you has afforded us to be able to find out more about Army medicine," she said.

Allan Hoe from Hawaii expressed his appreciation, saying "I don't think there is anybody here who is an older alumnus of your organization. Forty-nine years ago I trained here as a combat medic, and I'm so proud of what you have done."



Lt. Gen. Patricia D. Horoho, the Army surgeon general, poses for a group photo with a group of civilian aides to the Secretary of the Army on Joint Base San Antonio-Fort Sam Houston, June 17. The group visited several key medical capabilities to learn about the role Army Medicine plays and how it affects the lives of Soldiers, Veterans, Retirees and their Families. (U.S. Army photo by Fran Trachta, Army Medicine)

Team Army takes the Chairman's Cup at the 2015 DOD Warrior Games

By John M. Rosenberg, Warrior Transition Command

Team Army walked away from the 2015 DOD Warrior Games with the Chairman's Cup trophy for the second consecutive year. The 'Cup' was presented by retiring Chairman of the Joint Chiefs of Staff, U.S. Army Gen. Martin E. Dempsey.

"I'm extraordinarily proud of the men and women who competed in the 2015 Warrior Games. These athletes, competing in a range of adaptive sports from volleyball to shooting, are models of grit and determination," said Dempsey. "They are proof that with hard work, camaraderie, and teamwork, no challenge is insurmountable. The Warrior Games remind us that recovery is an active process where effort and optimism reap results."

Team Army earned 162 medals, 57 more than their nearest challenger, the U.S. Marine Corps.

All of the athletes at the 2015 Games – active duty and Veteran, representing the Army, Navy, Air Force, Marines, Special Operations Command, and British Armed Forces – possessed what Deputy Secretary of Defense Robert O. Work called "an indefinable, indomitable spirit to press on."

Perhaps best capturing the secret to Team Army's success this year was shooting coach Ray Arredondo, who simply reprised a recruiting slogan, saying the Army "will be all that it can be."

And they were – all that they could be.

There was Sgt. Nick Titman, Fort Carson, Colorado, who, at a crucial moment in an ultimately victorious Army volleyball match with the Marine Corps, turned towards the bleachers and implored Army supporters to generate even more noise.

Sgt. 1st Class Michael Smith, an active duty Army recruiter from Little Rock, Arkansas, was back for the second time. Smith, who lost an arm in a motorcycle accident, was slated to compete in 14 events



Team Army raises the Chairman's Cup trophy in celebration at the 2015 Department of Defense Warrior Games, June 28. The Army won the Chairman's Cup after earning 162 medals during the games, earning 141 points towards the Chairman's Cup competition. (U.S. Army photo by Keith Oliver)

until a foot injury sidelined him on the final day. As a result he competed in 10 events.

Army Veteran Staff Sgt. Randi Gavell from Grand Junction, Colorado, fresh off a dominating victory in the women's 100-meter dash, spoke of the importance of competition in the overall healing process, saying "despite the adversity one has to succeed."

Finally, amid record setting heat and humidity at Butler Field, there was Capt. Kelly Elmlinger, Fort Sam Houston, Texas, competing in the women's 800-meter wheelchair competition. Half-way into the race the active duty surgical nurse was already out front by 200-meters.

Looking back on the games, Command Sergeant Major Matthew Brady, Warrior Transition Command (WTC), referenced the "phenomenal female gold medalists" of Team Army as being among the keys to victory.

A few cases in point: Sgt. 1st Class Katie Kuiper, Fort Sam Houston, Texas, a multi-medalist in track; Sgt. 1st Class Samantha Goldenstein, Fort Sam Houston, Texas,

took gold in the women's 400-meter 6.0; Army Veteran Staff Sgt. Monica Southall, Henrico, Virginia, delivered point after point from the service position in volleyball; and first-game athlete Spc. Chasity Kuczer, Fort Knox, Kentucky, took the gold in the archery compound bow.

According to Brady, who was a fixture on Army sidelines throughout the 10-day competitions, WTC leadership watched over the athletes, worried about them and pulled for them to win.

WTC Command Chaplain Maj. Mike Nishimura was also at the games and talked with a number of parents, noting their pride and support. "That kind of support from Family, friends and peers was giving the athletes great strength," he said.

In the end, rivalries aside, and medals awarded, the 2015 DOD Warrior Games reflected the Warrior spirit. Whether athletes are contending with the elements, facing adversity, or engaging in physical competition, this spirit "cannot be severed," noted Deputy Secretary Work. "Every person here is a Warrior, and will be a Warrior until the day they die."

Life-saving allies: Polish, U.S. medics train together during Atlantic Resolve

By Capt. Spencer Garrison, U.S. Army Public Affairs

Medics from the Polish and U.S. armies are coming together at Nowa Deba Training Area in southern Poland to support each other in the vital business of saving lives.

With their units arriving for training rotation, these Soldiers from Poland's 6th Airborne Brigade and the U.S. Army's 4th Squadron, 2nd Stryker Cavalry Regiment spent much of that day getting acquainted with each other and learning about their different medical vehicles and equipment.

Both the American and Polish medical teams expressed excitement about connecting with and learning from each other over the next few months as they participate in Atlantic Resolve, an ongoing multinational partnership focused on joint training and security cooperation between NATO allies.

It's something special, building relationships with someone from the same trade but who happens to be from a different country," noted U.S. Army Spc. Brandon Sturgeon.

Sturgeon, a native of Stuttgart, Germany, and senior line medic for P Troop, 4th Squadron, 2nd Stryker Cavalry Regiment, is part of a team that provides immediate life-saving medical care for Soldiers on the battlefield.

Meanwhile, their counterparts from the Polish medical team share that same mission, just not the same exact systems and procedures.

The differences make for valuable learning opportunities for both teams, explained Polish Starszy Kapral (senior corporal) Krzysztof Domarecki, senior paramedic for 16th Battalion, 6th Airborne Brigade.

"It's good for both us and the Americans to learn new ways of doing things," Domarecki said. "Our armies work together, so it's important that we

know each other and how we operate."

Their similarities and differences were on display as the U.S. and Polish Soldiers toured each other's vehicles and medical equipment.

First, the U.S. Soldiers introduced their Polish allies to the M1133 Medical Evacuation Vehicle, a battlefield ambulance variant of the Stryker armored vehicle. Its strengths include protection against small arms and machine gun fire, plus all-terrain mobility with its eight rugged run-flat tires.

"We're airborne paratroopers, so we don't have heavy armored vehicles like the American Stryker," Domarecki explained, "but it's interesting to see it and learn their similarities and differences to Polish vehicles."

Next, it was the Poles' turn to showcase their own equipment – namely the Iveco "S" military ambulance. With its lighter weight and capacity for four litters, including two with hydraulic-lift and a wheeled stretcher, the paratroopers' ambulance emphasizes speed and portability. Plus it can integrate with civilian first responders.

The Polish Soldiers also laid out their medical kitbags, showing the Americans how they're equipped for their life-saving duties.

"It's great to see how passionate these guys are about their profession," said U.S. Army Pfc. Thomas Combs, a P Troop medic from Sebastian, Florida. "They were really excited to show us their stuff."

The Americans and Polish expressed enthusiasm about learning from one another.

"It's nice to see how other countries set their stuff up. It gives you ideas for how to better your own setup," said U.S. Army Spc. Jonathan Hamilton, another P Troop medic and a native of Escondido,



A Polish army medic packs up equipment inside an Iveco "S" military ambulance after demonstrating medical evacuation procedures for U.S. Army medics during their second day of joint training July 3, at Nowa Deba Training Area in southern Poland. Having just arrived for a three-month training rotation, these Soldiers from Poland's 6th Airborne Brigade and the U.S. Army's P Troop, 4th Squadron, 2nd Stryker Cavalry Regiment spent much of the day getting acquainted and learning about their different medical equipment and procedures. The Soldiers are part of Atlantic Resolve, an ongoing multinational partnership focused on joint training and security cooperation between NATO allies. (U.S. Army photo by Capt. Spencer Garrison)

California.

Domarecki noted that as their joint training continues, his Polish team looks forward to sharing knowledge and experience with their U.S. partners.

"We'll know how the Americans use their vehicles and equipment, then we will see what we can learn and also show them how we operate," he said.

Even with the differences in their equipment and procedures, these Polish and U.S. medics find they're united by a common mission, and already they're developing strong bonds as fellow Soldiers and medical professionals.

"They may have different systems and protocols," said U.S. Army Pfc. Devonte Kee, a medic from Roanoke Rapids, North Carolina, "but no matter our differences in how we operate, we all have the same intentions – saving lives."

Fort Campbell doctor provides TBI advice to UK Scientific and Medical Advisory Board

By Blanchfield Army Community Hospital Public Affairs

The director of the Intrepid Spirit at Fort Campbell recently met with a scientific and medical advisory board in Lexington, Ky., to share lessons learned in establishing Traumatic Brain Injury regional excellence care.

Dr. Bret Logan, who serves as Intrepid Spirit director and Army Medicine ambassador, met with the board, known as the Traumatic Brain Injury Project. Logan shared with the board initiatives and programs in place at Fort Campbell to help treat Soldiers with TBI and psychological injuries. The board is supported by Lexington's Association of the United States Army Bluegrass Chapter, which held its quarterly meeting with Logan and Dr. Jim Geddes, director of Spinal Cord and Brain Injury Research Center at the University of Kentucky College of Medicine, who served as guest speakers for their development in brain injury research and treatment.

The goal of Fort Campbell's Intrepid Spirit TBI program is to return Soldiers to duty or to a productive civilian life. Logan's collaboration with the board, as well as University of Kentucky students and faculty, the Veterans Administration and UK's Cardinal Hill Hospital, also met the goal of Army Medicine ambassadors, to help strengthen the health of the nation by improving the health of our Army.

Under Logan's leadership, the program at Fort Campbell began as one of the first TBI centers in the Army providing medical treatment to Soldiers at Fort Campbell's Warrior Resiliency and Recovery Center. Later the Fort Campbell TBI care team assisted Army Medicine in determining TBI treatment protocols down range. Today, the program offers both modern and



Dr. Silke Bernert, medical director for TBI and Acquired Brain Injury Unit at Cardinal Hill Hospital in Lexington, Ky., shows Dr. Bret Logan, director of the Fort Campbell Intrepid Spirit, her physical and occupational therapy rooms at Cardinal Hill. Bernert serves as part of the scientific and medical advisory board in Lexington, Ky. (U.S. Army photo)

ancient techniques treating TBI and psychological health. This evolution has grown to expanding capabilities and using modern equipment in a 25,000 square-foot Intrepid Spirit center.

Logan, who is a neuro-psychiatrist, was responsible for initiating the Warrior Resiliency and Recovery Center, which began treating active duty Soldiers returning from Iraq and Afghanistan in October 2008. The center was initially created to treat the volume of Soldiers returning home from combat operations with concerns, but addresses the continuous need for TBI care in day-to-day living that are not combat related.

The WRRC provided clinical treatment and resiliency training for Soldiers affected by mild to moderate brain injury and post-concussive

syndrome, post-traumatic stress reactions, and other neuropsychological injuries. The successful outcomes Soldiers experienced after their care plan was complete became a success story with greater than 80 percent returning to duty at the time. Today, the multidisciplinary team staffed by 58 clinical and administrative staff returns 92 percent of Soldiers receiving care back to active duty. The remaining Soldiers show improvements and may choose to transition from the Army and reintegrate back to civilian life.

During a brainstorming session among Logan and UK scientific and medical advisory board members June 9, Logan proposed ideas that could enable the University of Kentucky and the

Veterans Administration to move ahead with current TBI treatment and research programs in place.

“It’s not that you don’t have what you need here; it’s that you need to be empowered with what you have,” Logan told the team, referring to medical insurance companies, private primary care practices, specialty providers and others networking to offer smooth transitions of care in a timely manner. Logan spoke about the hub-and-spoke model of TBI care within the Army. The hub is the National Intrepid Center of Excellence in Bethesda, Md., and the spokes are smaller facilities providing care to active duty service members assigned to division-sized installations. There are currently three operating Intrepid Spirits, and the goal is to build six more.

“You will never have enough providers in neuroscience to meet the needs of society,” Logan emphasized. “It must be treated in a primary care model.”

Logan also highlighted the important role a multidiscipline care approach has in treating mild TBI. “There is no single expertise to treat the condition. Yet together, we have exactly what we need to take care of this problem. Wars are won in teams, by integrated Warriors; the same is true for medical care,” he said.

“We will not focus on what they can’t do, but what they can do,” Logan said, praising his own care team at Fort Campbell as he commented about their treatment focus when working individually with patients.

Where UK members and other universities come into play for the military is their ability to advance the research, Logan said. “Science needs to proceed to continue offering TBI care.”

A broader spectrum of care should be researched such as TBI, depression, post-traumatic stress disorder and pain management as it relates to the brain, he added.

“Our goal is to expand more into translational and applying some of our research to the clinic and to individuals,” said Dr. Jim Geddes. “As part of that, we started looking into blast-induced brain injury and through that a network developed.”

According to Geddes, causes of brain injury are still not understood. “The major goal is to help the individuals with traumatic brain injury, and to do that, we need to first understand what causes the brain injury.” Once a strong understanding is formed, “we can develop better treatments.”

Until more research is formed, Army Medicine is moving forward with success in providing care to Soldiers with TBI and psychological injuries. The PIE (Proximity, Immediacy, and Expectancy) approach is used throughout Army Medicine. At Fort Campbell, the primary care manager manages mild TBI symptoms within the first 30 to 90 days, provides education, restricts Soldiers from duty between seven to 30 days and reevaluates every three to four weeks. If there is no improvement, Soldiers will receive a referral to the Intrepid Spirit to begin the multidisciplinary model of care, including occupational therapy, speech and language therapy, neuro-optometry, physical therapy, physical medicine and rehabilitation, anesthesiology, neurology, psychology and psychiatry. Not all Soldiers will need medical care in every discipline; therefore each one receives an individualized care plan that continues to be developed and reassessed every three weeks. This integrated multidisciplinary environment emphasizes communication and close coordination and integration of care. The techniques are oriented to neuro-modulation where the brain heals itself through brain exercise and reconditioning.

The rehabilitation model is patient and Family centered and emphasizes

learning, education and patient-directed goal setting. Techniques employed for recovery are ancient, including Tai-chi, Yoga and Acupuncture. Some techniques are also ultra-modern; including cranial electrical stimulation, Trans-cranial magnetic stimulation and quantitative electroencephalogram (QEEG) directed neuro-feedback.

Another added benefit for the TBI model of care used at the Intrepid Spirit is the nurse case management for Fort Campbell Soldiers treated in the program. In addition, Logan said the importance of sleep cannot be overlooked. “Sleep is critical in the treatment of brain injury and psychological health.” Geddes highlighted benefits of partnering with Intrepid Spirit at Fort Campbell.

“Science used to be small groups with small labs and now it is big science, you need a team approach,” Geddes said, adding that by partnering with Intrepid Spirit and the number of people that they treat with TBI, gives them a huge patient population from which to gain information.

“Through that information where we can see for example, which individuals have persistent problems, which individuals were able to return to full functioning and what were the characteristics at the time of their injury, what could we have predicted from the injury, can we tell which ones need treatment and would benefit from treatment to recover more quickly? So having that information and working with the partner with that population is just invaluable.”

In speaking to the UK research team, Logan said, “It’s not the ingredients but the recipe that needs to be understood.” The recipe, according to Logan, will be determined in the labs and medical research.

Carrillo Reflects on a Decade of Progress Towards High Reliability Healthcare

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

Colonel Jorge Carrillo is a pharmacist with a unique specialization as one of the Army's leading patient safety experts and a practitioner of high reliability healthcare (HRH), two issues that have become the battle rhythm of military medicine in recent months and the focus of the Department of Defense and the Military Health System.

"High reliability healthcare is tied to safety," said Carrillo who currently serves as deputy chief, Defense Health Agency (DHA) Immunization Healthcare.

"HRO [high reliability organization] became an emphasis in 2014 and we are putting together the knowledge, skills and abilities to bring people into HRO. But, from a safety perspective, HRO has been part of what we've been doing for years."

Carrillo's contributions to HRH began with his appointment in 1999 to lead a Department of Defense (DOD) initiative resulting in the development of the first patient safety program implemented across military medicine. The program commenced in 2001 when Carrillo was appointed manager of the Army's Patient Safety and The Joint Commission Programs located at U.S. Army Medical Command headquarters in Fort Sam Houston, Texas.

This training as one of the DOD's first patient safety experts and a follow-on fellowship at the headquarters of The Joint Commission (TJC) introduced Carrillo to something the healthcare industry was just talking about—high reliability.

"I was fortunate to be at The Joint Commission when Dr. Chassin [former president of TJC] arrived and introduced the HRO concept," says Carrillo. "They were talking about it then and the practices that align with HRO are very similar to what we refer to in the safety training and the culture of safety military medicine is

seeking to achieve."

A successful HRO-based initiative titled Team Strategies and Tools to Enhance Performance and Patient Safety (TeamSTEPPS™) was the first successful attempt to incorporate high reliability practices in the DOD healthcare system. TeamSTEPPS was initiated in 2003 and is now a national, evidence-based standard for team safety training in healthcare settings.

Because of his unique background and with more than 15 years of HRH and patient-safety experience, Carrillo was recently tasked by the secretary of defense to join a team of experts who would assess patient safety culture and practices across the Military Health System consisting of Army, Navy, Air Force, and Marine hospitals and clinics.

Army Surgeon General Lt. Gen. Patricia Horoho is championing high reliability healthcare as a critical component for sustained, transformational change throughout military medicine and the nation's healthcare system.

Army Medicine's transformation from a healthcare system focused on the treatment of injury and illness to a System for Health focused on wellness and disease prevention is the cornerstone of the three tenets of the Army surgeon general's Performance Triad—Sleep, Activity, and Nutrition—and the framework of the Operating Company Model which aligns with the principles of HRO.

Carrillo's unique experience at the DOD, TJC, and military treatment facility level offers Army Medicine the benefit of a 360 degree perspective

in high reliability healthcare - one that borrows from training, research, and applied leadership practice across clinical, administrative, and deployed settings centered on improving patient safety.

Moving forward, Carrillo was recently tasked as chief of the Department of Pharmacy, Womack Army Medical Center, Ft Bragg, NC. As a pharmacist, safety expert, and former HRO researcher at TJC, Carrillo remains focused on improving the quality of the patient experience and healthcare outcomes. He is committed to following the recommendations of the Military Health System Review that put high reliability at the forefront of military medicine and the transformation to a "culture of safety" in the pursuit of "zero preventable harm."

"I want to do everything I can to care for patients, colleagues, and healthcare professionals," said Carrillo.

High Reliability Healthcare is a key initiative of the Institute of Medicine, the Agency for Health Research and Quality, and The Joint Commission which is focused on three areas: broad leadership commitment, safety culture, and process improvements.





Operating room nurse Army Capt. Rory Walton, left, and nurse anesthetist Navy Lt. Cmdr. William Rolfes prepare to move a Salvadoran patient after surgery aboard the Military Sealift Command hospital ship USNS Comfort in Acajutla, El Salvador, during Continuing Promise, June 18, 2015. (Photo by U.S. Navy photo by Petty Officer 2nd Class Derek Paumen)

Army Nurse Sails High Seas on USNS Comfort

By Northern Regional Medical Command Public Affairs

“Even in the middle of the ocean, the ‘spirit of jointness’ is alive,” Army Capt. Rory Walton wrote from the high seas of the Caribbean.

The operating room nurse assigned to Walter Reed National Military Medical Center is one of 43 Walter Reed staffers aboard the hospital ship USNS Comfort, deployed for the Continuing Promise 2015 humanitarian mission to Central America, the Caribbean, and South America.

The mission is a U.S. Southern Command-sponsored and U.S. Naval Forces Southern Command/U.S. 4th Fleet-conducted deployment focused on civil-military operations. It includes providing medical, dental, veterinary and engineering

support, along with disaster response preparation, to partner nations.

Walton joined the ship April 1 in Norfolk, Virginia, for a six-month deployment. She called it a “unique opportunity” to continue developing Walter Reed’s interoperability with sailors, airmen and Public Health Service members.

Sharing Best Practices and Ideas

“Having the opportunity to work together with our friends and partners in this mission setting allows for the sharing of best practices and ideas,” she said. “It further enables all of us to build partner capacity and promote collaboration [and]

partnerships in order to meet challenges together and prepare for future missions, contingencies and response efforts.”

In addition to Walton and other nurses, Walter Reed National Military Medical Center also deployed a general surgeon, a pediatric surgeon, a plastic surgeon and several surgical residents, along with corpsmen to support the mission. An obstetrician-gynecologist who also is part of the group assisted many women on the Comfort’s stop in Jamaica.

Navy Capt. (Dr.) Christine Sears, commander of the USNS Comfort Medical Treatment Facility, often works in

tandem with the Comfort's operating room staff for complex pelvic surgery cases. Sears has an extensive background of service with Walter Reed National Military Medical Center, having completed a fellowship and served as a staff urologist and as executive assistant to Navy Rear Adm. (Dr.) Alton L. Stocks, who commanded the medical center.

"Women's health continues to be very important to all of the host nations that we are visiting during our CP-15 mission," Walton said. "Our gynecological surgery team has been inundated with patients at all of our completed mission stops."

More Stops Remain

The Comfort medical team performed surgery in Belize, Guatemala, Jamaica, Nicaragua and Panama, Walton said. After completing work at the sixth mission stop in El Salvador, she added, five mission stops still remain: Columbia, Dominica, the Dominican Republic, Haiti and Honduras.

"As a team, we begin each country the same," Walton explained. "We stage our surgical supplies and pre-plan each mission stop. Because surgery uses a significant amount of resources and consumable supplies, this is no small feat. Upon entry to the country, we immediately set up a surgical screening site in coordination with each country's ministry of health."

The Comfort arrives to crowds of potential patients, said Walton, who specializes in open-heart surgery. Over the next two days, she said, the team screens

and books up to 100 patients for surgery.

"Because certain health conditions and comorbidities can disqualify someone for surgery, it is important we maintain a high standard to ensure the safety of those in our care," she said. "We work together with the host nation, Ministry of Health representatives and medical professionals to educate and support one another to ensure our efforts run in tandem with their needs."

Hypertension and proper management of diabetes are common issues the Comfort team addresses with the host nation and health partners, Walton said. "When caring for patients, we continue to be compassionate, yet sensible, when addressing their health concerns in order to deliver the highest quality of care standard," she added.

Some Cases Have Huge Meaning

Walton said there have been cases and patients she feels especially excited about helping during the deployment.

"Any care where you have substantially changed someone's quality of life has huge meaning," she said. "We've been able to resolve blindness, restore walking and upper body use, reduce chronic pain, and treat life-threatening injuries."

The nurse spoke of a unique honor not often afforded to those who work in the operating room.

"Our patients often remember our faces," Walton said. "It is a joy. Our patients stay in the ship's intensive care unit and

recovery wards for a few days after surgery. [We] often see them about the ship, or in a passageway. It is very meaningful to directly see the impact you have on their lives.

"Since you witness both their diagnosis and the living conditions they come from, you have a vivid picture of what they face," she continued. "We rarely have the opportunity to watch a patient's full recovery in the days after their operation. It is rewarding to witness that full spectrum, from diagnosis to rehabilitation and discharge."

Deployment Continues Until October

The USNS Comfort is scheduled to complete its six-month humanitarian mission in October. Officials anticipate the hospital ship serving more than 130,000 patients during Continuing Promise 2015.

As one of the largest trauma facilities in the United States, the Comfort has a full spectrum of surgical and medical services including four X-ray machines, a CAT scan unit, a dental suite, an optometry and lens laboratory, a physical therapy center, a pharmacy, an invasive angiography suite and two oxygen-producing plants. The hospital ship also maintains up to 5,000 units of blood. Patients arrive aboard primarily by helicopter and sometimes by small boat and are then assessed for medical treatment in casualty receiving and routed to surgery or other services depending on their medical condition.

UNPLUG ENERGY DRINKS



August is Performance Triad Month (SAN)

By Army Medicine Public Affairs

The Performance Triad program supports the Army's Ready and Resilient Campaign with the intention to motivate individuals, units and Families to be their best. When Soldiers and Families focus on creating good habits of sleep, activity, and nutrition they are more likely to sustain peak performance, readiness and health.

The Performance Triad is a comprehensive plan to improve readiness and increase resilience through public health initiatives and leadership engagement. The Triad is the foundation for Army Medicine's transformation to a System For Health, a partnership among Soldiers, Families, Leaders, Health Teams and Communities to promote Readiness, Resilience and Responsibility. The System For Health: MAINTAINS health through fitness and illness/injury prevention, RESTORES health through patient-centered care, and IMPROVES health through informed choices in the Litespace.

The focus of the Performance Triad is on Sleep, Activity, and Nutrition - key actions that influence health in the "Litespace" of time that isn't spent with a healthcare provider. As a result, the biggest impact on Health is made by making better choices in our Litespace.

Key Messages of the Performance Triad:

- Get Quality Sleep
- Engage in Activity
- Improve Nutrition

Sleep

Sleep is critical in achieving optimal physical, mental, and emotional health, however, the demands of one's job often make it difficult to get sufficient sleep. In training and on the battlefield, inadequate sleep impairs many abilities that are essential to the mission, such as detecting and appropriately determining threat levels and coordinating squad tactics. Getting optimal sleep starts with learning and practicing good sleep habits before, during, and after deployment. There are many ways in which leaders and Soldiers can eliminate sleep distractors and practice proper sleep hygiene to ensure that optimal, healthy sleep is achieved.

Activity

Physical fitness and activity are crucial to ensuring our Soldiers perform as elite athletes. Practicing principles of safe and effective training are vital to maintaining physical readiness, preventing injuries, and improving general health. The Triad informs Soldiers and Leaders on how to practice safe running, use proper resistance training techniques, prevent



[Download poster here](#)

overtraining, and increase daily physical activity among other key topics.

Nutrition

Eating or fueling for performance enables top-level training, increases energy and endurance, shortens recovery time between activities, improves focus and concentration, and helps leaders and Soldiers look and feel better. For Soldiers it is especially imperative to build an eating strategy that will complement the requirements of their mission. The Triad's guidance on nutrition for performance teaches Soldiers about the key nutrients needed to complete mission tasks, describes refueling techniques, and details strategies for creating a nutrition plan.

For more information visit: performancetriad.mil



Veterans Affairs Nurse Joins U.S. Army Reserve

By Medical Recruiting Brigade Public Affairs

Aric Balahadia's life is exactly where he wants it. He has a career as an emergency department (ED) nurse for a large Veterans Affairs hospital and he has just joined the U.S. Army Reserve.

"I've always loved emergency medicine," Balahadia said. "And, I wanted to gain experience, taking care of a different population of patients," Balahadia said about joining the Army.

Balahadia attended the College of Staten Island where he earned a two-year degree, following that with completing his RN online at the Grand Canyon University, Phoenix, Arizona. He has worked at the New York Presbyterian Hospital, Columbia Campus, and the Staten Island University Hospital. Today Balahadia is a nurse in the Emergency Department at the VA New York Harbor Medical Center, Manhattan Campus.

"I became a nurse because nursing has more autonomous duties," Balahadia added. "Doctors don't have time for as much interaction. I feel nursing is a big part of care. Working in the ED gives me a chance to work with as many patients needing acute care as possible. I get to see and do everything. The variation is limitless in the kinds of patients [we see]. We are the first person the patient meets. Lots of times the nurse is the one who makes decisions."

Balahadia said joining the military will broaden his horizons. He wants to further his skills in the job he has and the Army offers a lot of classes. Along with taking care of active duty military while in the Army Reserve Balahadia believes the experience will enhance his



Aric Balahadia recently joined the U.S. Army Reserve as a first lieutenant and will work as an ER nurse. He also works for the Department of Veterans Affairs as an ER nurse. (U.S. Army photo)

understanding of the patients coming into VA. He feels the injuries will become more understandable as he sees it firsthand.

Balahadia said he has always felt a desire to serve his country and last November he decided to try. After filling out all the paperwork he found out in April that he was accepted. Balahadia came into the military as a first lieutenant.

Along with broadening his nursing skills Balahadia is looking forward to his time in the military to provide him with travel opportunities.

"I'm looking forward to a humanitarian mission," Balahadia said. "One of my dreams is to go to a place like Nepal to represent America."

Balahadia is waiting for a date to

attend the Basic Officer Leadership Course in Fort Sam Houston, Texas. He has yet to be assigned to a unit, but expects that he will be part of the 865th Combat Support Hospital in Utica, N.Y. Until then he will continue to work full time at his VA job. As far as Balahadia is aware he is the only member of the Army Reserve working in the ED.

"Aric is fantastic," said Cheryl Mackey, RN, MSN, Patient Care Team Coordinator, ER & EHU VA New York Harbor Healthcare System. "I am very supportive of him joining the U.S. Army Reserve. It's great for him as a person to have this military experience and it's great because the military experience can help him relate to our patients."



Japanese Encephalitis and Your Family

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

You and your Family have moved across the globe and are experiencing all your host country has to offer. In addition to the culture, the history, and the food, there are some more ominous offerings of which Americans abroad in Southeast Asia, Korea, Japan, and the Western Pacific should be aware. Specifically: mosquitos. They are found all over the world, and are important carriers of diseases which can be dangerous.

Japanese encephalitis (JE) is an example of a mosquito-borne disease which can have devastating effects on anyone who gets it. While most people who are infected with JE never show symptoms, a few will develop encephalitis, which can result in permanent brain damage or death. The symptoms of JE can include fever, chills, headache, fatigue, nausea and vomiting. In severe cases, swelling of the brain can occur, which can cause mental status changes, movement disorders, seizures, and brain damage. A third of people who become sick with JE will die from it, and another third will have life-long medical problems. While there is no cure for Japanese encephalitis, there are steps you can take to protect yourself and your Family. First and foremost is

avoiding mosquito bites. If your Family is the kind that spends time outdoors and gets bitten by mosquitos, then you should consider getting them vaccinated. Japanese encephalitis vaccine is safe, effective, and available at MTFs in Japan and Korea. In fact, host-nation children in Japan and the Republic of Korea receive it as part of their routine childhood shots. For Americans, the United States Centers for Disease Control and Prevention (CDC) recommends JE vaccine for anyone who will be in Japan or Korea longer than 30 days during mosquito season, and the vaccine is licensed for people age 2-months and older.

Immunization, paired with everyday mosquito prevention measures, is the best protection during mosquito season, which in South Korea and Japan peaks in summer and continues into fall. The type of mosquitoes that carry JE prefer to bite at dusk and dawn. Wear long-sleeved shirts, long pants, and socks when outside. Apply insect repellent on exposed skin when outdoors. US-approved repellents include those that contain DEET, picaridin, oil of lemon, eucalyptus, or para-methane-diol products. Remember to reapply repellent

after heavy sweating or after several hours have passed. Permethrin products can be used on items such as clothing, hats, shoes, and camping gear. Permethrin treatment of clothing is also highly effective in preventing mosquito bites, and provides protection through several washes.

It's also important to keep your yard free of places where mosquitos can breed. Children's swimming pools that stay full overnight, outdoor dog bowls, and garden pots with standing water are great places for mosquitos to lay their eggs. Finally, don't let your guard down in your home. Be sure that door and window screens are in good repair, in order to keep mosquitos out.

"We are concerned that some of our beneficiaries are unaware of the threat of JE," said COL Margaret Yacovone, director of the Defense Health Agency's Immunization Healthcare Branch (DHA IHB). "All beneficiaries transferring to these areas should be adequately vaccinated against JE according to CDC recommendations." Families traveling to countries with JE infected mosquitos should discuss this immunization with their healthcare provider, to determine if it is right for them.

PURCHASE SUNGLASSES

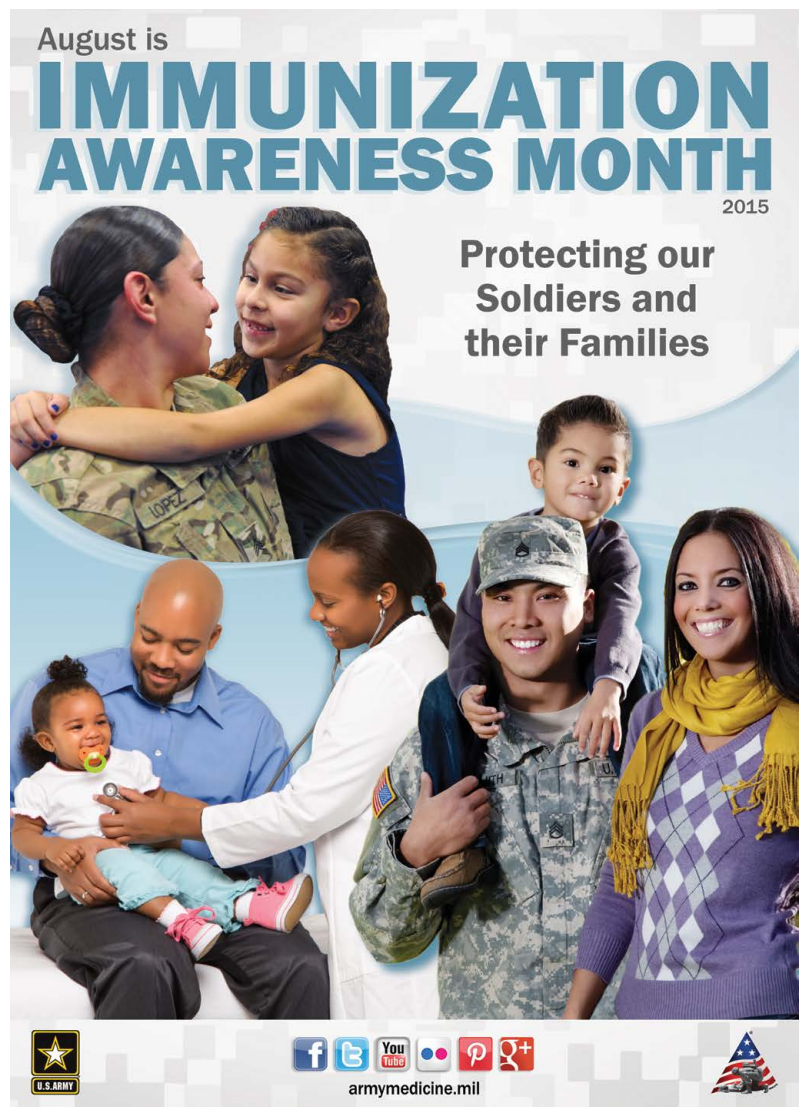
that block 99-100% of both
UV-A & UV-B radiation



Recognizing National Immunization Awareness Month (NIAM)

Each year in August, National Immunization Awareness Month (NIAM) provides an opportunity to highlight the value of immunization across the lifespan. Activities focus on encouraging all people to protect their health by being vaccinated against infectious diseases. In 2015, the National Public Health Information Coalition (NPHIC) is coordinating NIAM activities.

CDC develops immunization materials our healthcare partners can use in local outreach and education efforts during NIAM and year-round. For links to materials you can use during NIAM visit: <http://www.cdc.gov/vaccines/events/niam.html>



Download poster here

August is Preventive Health Month

This month, the Military Health System focuses on preventive medicine and encouraging service members, Retirees and their Families to become more proactive in protecting their health. The Defense Department's Operation Live Well initiative has assembled a set of tools, resources and original content like cookbooks on its website to help you adopt a healthy lifestyle. Here are six key areas that it highlights:

Integrative Wellness: Your physical

and emotional well-being are closely related. Taking care of your body helps keep your mind healthy, and vice versa.

Physical Activity: Engaging in regular physical activity is one of the most important things you can do to maintain or improve your health.

Sleep: Getting sufficient rest each night ensures optimal mental performance and helps alleviate stress.

Nutrition: Consuming a variety of nutritious foods and beverages keeps you performing and looking your best,

whether you are 8, 18 or 80.

Tobacco-free Living: Tobacco-free living is avoiding the use of all types of tobacco products and also living free from second hand smoke.

Mental Wellness: Mental and emotional well-being is essential to look and feel your best at any age.

For more information visit the Operation Live Well website at: <http://health.mil/Military-Health-Topics/Operation-Live-Well>

‘Dagger’ brigade medics undergo trauma training

By Sgt. Dana Moen, 2nd ABCT Public Affairs

More than a hundred medical Soldiers from the 2nd Armored Brigade Combat Team, 1st Infantry Division, battled grueling 100 degree Kansas heat to hone their lifesaving skills June 16–26 at Fort Riley in preparations for an upcoming deployment.

“Brigade Combat Team Trauma Training is a pre-deployment trauma training for medics,” Capt. Robert Levesque, the BCT3 officer in charge from 187th Medical Battalion, 32nd Medical Brigade said. “It is developed to provide an intense and in-your-face training to ensure its combat medics are ready to preserve life at a moment’s notice.”

According to Levesque, a documented 15 percent of battlefield deaths were due to uncontrolled hemorrhage, tension pneumothorax, airway obstruction and hypothermia.

“As a line [unit] medic, we are on the ground and in the mix,” Spc. Jose Morales, a medic with 1st Battalion, 7th Field Artillery Regiment, 2nd ABCT said. “If and when a Soldier gets injured, we must be able to stop the bleeding and save that Soldier’s life.”

During the intense two week training, broken down into two phases, medics had their skills validated by instructors from 187th Medical Battalion, 32nd Medical Brigade from Fort Sam Houston, Texas.

“We received refresher courses in a classroom environment,” Cpl. Steven Upham, senior medic with Bravo Company, 1st Battalion, 63rd Armor Regiment, 2nd ABCT said. “But hands



Medical Soldiers from 2nd ABCT, 1st Inf. Div., assess simulated casualties during Brigade Combat Team Trauma Training June 19 at the Medical Simulations Training Center on Fort Riley, Kansas. The BCT3 had 192 Soldiers operating in four-man teams culminating five days of class room and situational training exercises. (Photo by Sgt. Dana Moen, 2nd ABCT PAO)

on is where it all comes together and it sticks.”

Days three and four were about muscle memory, Upham said. Repetition, repetition and again repetition. It helps that we all know our jobs.

The final day of the training served as a culminating event; designed to be physically and emotionally demanding.

“Teamwork and communication are important in the medical field,” Morales said. “Too much of them both can lead to major success in the field.”

Levesque said that trauma management is a perishable skill that

tends to be lost without repetitive practice.

“We expect Soldiers to sharpen their trauma management skills,” said Levesque. “A lot of its reactive, as the correct intervention at the wrong time can kill a casualty. These realistic lanes the Soldiers underwent help to build the necessary confidence medics need in order to save lives.”

Satisfied with how the training went, Levesque said, “At the end of the day, the objective is to bring our brothers and sisters home.”

Sykes' Regulars Do it Again

By Victor L. Shermer, ASBP Blood Donor Recruiter, Joint Base Lewis-McChord, Wash.

The 5th Battalion of the 20th Infantry Regiment, known as "Sykes' Regulars," is a U.S. Army infantry regiment stationed at Joint Base Lewis-McChord, Wash., and part of the 3rd Stryker Brigade Combat Team, 2nd Infantry Division. It was one of the original battalions selected to take part in the testing and fielding of the Army's Stryker vehicle.

One may ask, "Who is George Sykes?" According to the Sykes' Regulars website, he was a career officer in the U.S. Army and graduated from the U.S. Military Academy in 1842. He was promoted to major at the outbreak of the Civil War and assigned to the 14th Infantry. Sykes was engaged in the Manassas campaign and the Battle of Bull Run in July 1861. By September, he was commissioned as a brigadier general for the U.S. Volunteers.

His men, who often referred to themselves as "Sykes' Regulars," distinguished themselves defending their position before the Union line broke elsewhere.

Continuing with their unit's historic lineage, the 5th Battalion, 20th Infantry Regiment stepped up and was ready to serve in a different way by hosting an Armed Services Blood Program (ASBP) blood drive June 17. They were striving to match their contribution of donations in February.

At the blood drive, 98 Soldiers attempted to donate blood for ill or injured service members, Veterans and their Families worldwide. One such Soldier was Army Spc. Chloe Nikic, of the Headquarters and Headquarters Company. Nikic, an air conditioning mechanic for the Stryker vehicles, was first assigned to Fort Hood, Texas, before coming to Joint Base Lewis-McChord. She has now been at the Washington installation for two years.

While deployed, Nikic said she learned from personal experience about the importance of donating blood when fellow



Autum Boulais donates blood for the first time with the Armed Services Blood Bank Center-Pacific Northwest at the 5th Battalion, 20th Infantry Regiment blood drive. (U.S. Army Photo)

Soldiers were injured. Currently she is not working within her military occupational skill and is supporting the Operations Section, also known as the S3, with administrative support, giving her a better understanding of how the military works at the battalion level.

When Nikic came to donate blood, she did not come alone; she brought two other Soldiers with her.

Autum Boulais, a civilian, also came by the Armed Services Blood Bank Center-Pacific Northwest (ASBP-PNW) to donate blood. She is a recent transplant from California to Washington, and an undergraduate getting ready to start her master's degree at Washington University in social work.

Boulais said she was looking to start donating again, as she did when she was in California for the last five years. She was following the example of her grandmother who had received many awards for donating blood during her lifetime. She went online to find somewhere to donate and stumbled upon the ASBP's website. Though she has no military affiliation, she was intent on donating and since she could not find a

civilian agency, she drove the 26 miles from her home to donate with the ASBBC-PNW.

She made an appointment online and went to the Joint Base Lewis-McChord Visitor's Center to get a pass to come on the installation. Then, she called the blood donor recruiter for directions to the 5th Battalion, 20th Infantry Regiment blood drive. From there, it was a matter of following the blood drive signs to her destination.

While she donated, Boulais was educated on the ASBP's mission and where her blood donation would go.

"I did not know the (ASBP) existed," she said. "It is fantastic, and the ASBBC is awesome. It is great to know that the blood is going overseas to help the military."

Boulais finished her donation by saying, "I'm gonna gather all my cute girlfriends and come to an (ASBBC) blood drive."

Whether it is a "Sykes' Regular" or a civilian that is a regular donor, wanting to save lives with their "do it again" attitude is what allows the ASBBC-PNW and the ASBP to successfully provide blood whenever and wherever it's needed.

Army dentist retires after 30 years of active, Reserve service

By Flavia Hulsey, Western Regional Medical Command

An Army dentist's 30-year career came full circle when two general officers wished him congratulations on the occasion of his retirement June 27.

Maj. Gen. Thomas R. Tempel Jr., commanding general, Western Regional Medical Command, and chief, Army Dental Corps, presided over the retirement ceremony at Pierce County Airport for Col. David Thomas, who was retiring from the U.S. Army Reserve.

In his opening remarks, Tempel decided to "phone a friend" -- that friend was Tempel's own father and a former chief of the Army Dental Corps, retired Maj. Gen. Thomas R. Tempel Sr. The elder Tempel presided over Thomas' residency graduation ceremony 30 years earlier.

"What makes this day so special is that 30 years ago, 1985, my father was able to officiate at Col. Thomas' graduation from his one-year residency at Fort Riley," the WRMC commanding general said. "So I thought it only fitting ... to officiate and link you two back up together. So now we've completed the circle."

In the 30 years between the two ceremonies, Thomas spent 10 years on active duty and 20 years in the Army Reserve. He earned the Expert Field Medical Badge early in his career, completed multiple deployments, commanded four battalions -- including the 6250th U.S. Army Hospital at Joint Base Lewis McChord, Washington -- and commanded a combat support hospital.

But more important than any command, Thomas said, was "serving the people."

"Serving the people of our country, that's what it's all about," he said. "That's why I stayed in 30 years."



Maj. Gen. Thomas R. Tempel Jr., commanding general, Western Regional Medical Command, and chief, Army Dental Corps, presents Col. David Thomas, who was retiring from the U.S. Army Reserve and serves as a civilian at the McChord Dental Clinic, with a Certificate of Appreciation from the President of the United States Barack Obama during a retirement ceremony June 27 at Pierce County Airport. (U.S. Army photo by Flavia Hulsey, Western Regional Medical Command)

Tempel congratulated Thomas on a long career and thanked him for his professionalism.

"When we look across the Army Medical Department, what we look for is ... professionals in their health field, but also professionals in the profession of arms," Tempel said. "We need leaders; we need good clinicians, but we need leaders -- leaders like Dave."

Thomas' history of service is an excellent example of a joint approach to military medicine, Tempel said, since Thomas worked with all branches of the military and with foreign governments during his career. Thomas also worked in an active-duty, Reserve and now civilian capacity with Army Medicine.

"We don't say farewell because he's continuing his service ... he is going to

continue serving at the McChord Dental Clinic," Tempel said, of Thomas who leads that clinic.

Thomas said the Army and the Dental Corps are "top notch," and he's glad he was able to provide good treatment and good service to people around the world.

"I'm proud to have served. I'm proud to be a Soldier -- I'll always be a Soldier, and I will continue to serve," Thomas said.

Thomas and Tempel both recognized the contributions of the Thomas Family, including wife, Elizabeth, children, Justin and Rebecca, and mother, Joyce Brownlow of Fairbanks, Alaska.

The JBLM U.S. Army Dental Activity provided a color guard for the ceremony. The flag flown at Thomas' retirement ceremony will be donated to the Pierce County Airport.



US, German medical commands sign partnership agreement

By Ed Drohan, Europe Regional Medical Command Public Affairs

Commanders from the U.S. Army Europe Regional Medical Command (ERMC) and the German military Regional Medical Care Command (RMCCOM) formalized a partnership agreement during a ceremony in Diez, Germany June 16 to increase opportunities for collaboration and mutually beneficial exchanges.

Brig. Gen. Van Coots, ERMC commanding general, exchanged partnership certificates with Bundeswehr Kommando Regionale Sanitätsdienstliche Unterstützung commanding general Maj. Gen. Dr. Dirk Raphael at the Schloss Oranienstein, headquarters for the German command. The ceremony formalized discussions between the two organizations that have been ongoing for several months.

The RMCCOM, as the German unit is known, is responsible for the treatment and medical examination of German Soldiers in 128 medical clinics throughout the country. ERMC provides medical care for more than 200,000 Soldiers, Family members, Civilian employees and Retirees through their 13 health clinics -- nine in Germany -- and Landstuhl Regional Medical Center.

"This ceremonial act will officially mark a new beginning in the bilateral cooperation between ERMC and RMCCOM," Raphael said. "The partnership between ERMC and RMCCOM is an excellent extension to the well-tried and reliable 'shoulder-to-shoulder' cooperation during our joint deployments in Afghanistan and Kosovo for more than 15 years."

For Coots, the partnership is a natural extension of the cooperation between

the two nations in the past.

"Good partnerships have certain characteristics -- trust, mutual respect, good communication, and common values," Coots explained. "These characteristics exist among us here today and these characteristics are why I believe we will be successful."

"Our military medical assets today are commonly asked to handle more missions with less resources and/or personnel. Increasingly, this is blurring the lines between operational medical units and garrison healthcare facilities," Coots said. "This makes the partnership between our forces even more important to enabling NATO and ensuring we have the capabilities and the capacity to respond as allies when needed."

Initial partnership activities should include short term staff exchanges and interaction between the two units during social events, Raphael said. Planning is ongoing for more extensive exchanges, possibly including medical personnel, once some hurdles such as credentialing procedures can be cleared.

"Considering this new field of military tasks, we want to start a close and reliable cooperation in order to actually live and feel the partnership between ERMC and RMCCOM," Raphael said.

The partnership is extremely important in light of current events



Maj. Gen. Dr. Dirk Raphael, left, commander of the Bundeswehr Regional Medical Care Command at Diez, Germany, exchanges partnership certificates with Brig. Gen. Van Coots, commanding general of U.S. Army Europe Regional Medical Command, during a ceremony at Schloss Oranienstein June 16. (U.S. Army photo by Ed Drohan, Europe Regional Medical Command Public Affairs)

happening throughout the region.

"We are all aware of the security challenges facing the European region," Coots said. "These challenges require strength among allies. Partnerships like the one we are here to recognize today create beneficial opportunities, improve interoperability and capacity among partners and allies, and contribute to a strong Europe. As we take advantage of opportunities to enhance open cooperation among our medical services we ensure that we are prepared to respond to the challenges of today and tomorrow."

USAMRICD awarded Army SOH Star Flag

By Cindy Kronman, USAMRICD

On June 30, the U.S. Army Medical Research Institute of Chemical Defense (USAMRICD), at Aberdeen Proving Ground, Md., received the prestigious Army Safety and Occupational Health (SOH) Star Award, recognizing the Institute's successful implementation of the Army SOH Management System.

During a ceremony in the Institute's new building, the SOH Star flag was presented to USAMRICD Commander Col. Roman Bilynsky by Maj. Gen. Brian Lein, commanding general of the U.S. Army Medical Research and Materiel Command (USAMRMC).

The USAMRICD is the first CONUS unit within USAMRMC, and the first U.S. Army Center of Excellence, to achieve Army SOH Star status.

Lein congratulated the staff on becoming a "high reliability" organization in only two years.

The Army SOH Management System is based on the Occupational Safety and Health Administration's Voluntary Protection Program. To achieve Star status the USAMRICD completed 243 performance-based tasks, spread across three phases, in four subject areas: management leadership and employee involvement, worksite analysis, hazard prevention and control, and safety and health training.

The institute exceeded the standards in all areas of the SOH Management System. As a result of implementing the program, the USAMRICD is 36 percent below the national benchmark for all injuries and 12 percent below the industry benchmark for injuries resulting in lost time or transfer.

Lein also cautioned the staff about



Holding the Army SOH Star flag, from left to right, are Maj. Gen. Brian Lein; USAMRICD Safety Office staff members Gregory Smith, Jade Makfinsky (former staff member), Larry Presley, and Travis Lindeblad; USAMRICD's senior enlisted advisor, Master Sgt. Joretha Carodine; and Col. Roman Bilynsky. (U.S. Army photo by Darrell Jesonis, USAMRICD)

the inherent risks of moving from a facility with which they are familiar and comfortable into a new building where everything is new and different.

"This is actually your biggest challenge," said Lein, "taking the concepts and the tenets of what you learned from getting yourself to that Star status and not allowing complacency to set in, but actually using those tools that got you to where you are now to have a completely safe transition into this new building...and taking the Army Star status and pushing it even further ahead of where you are today."

Lein challenged the staff to complete the transition to the new facility

without a single lost day of work or a single accident.

Additionally, during the ceremony, Bilynsky commemorated the thirty-fourth anniversary of the organization's redesignation on June 30, 1981. Previous to that, the organization was known as the U.S. Army Biomedical Laboratory.

Bilynsky briefly described the history of the USAMRICD and presented numbered commander's coins to employees Sharon Cullum, number 39, and Dr. Tony Shih, number 37, whose years of service with the organization began prior to the redesignation.

WAMC Gastrointestinal Endoscopy unit receives recognition for excellence

By Eve Meinhardt, Womack Army Medical Center

Womack Army Medical Center's (WAMC) Gastrointestinal Endoscopy unit earned recognition status by the American Society for Gastrointestinal Endoscopy (ASGE), June 1.

The ASGE Endoscopy Unit Recognition Program, the only national program of its kind, honors units that demonstrate a commitment to patient safety and quality in endoscopy. The WAMC GI Endoscopy Unit is only the second in the Department of Defense to achieve this recognition and one of only 500 organizations to receive this honor.

"The ASGE is a well-known organization and this recognition validates that we're providing high quality care," said Lt. Col. (Dr.) Viet-Nhan Nguyen, chief, Gastroenterology Service, WAMC. "The process allowed us to undergo a peer review where we were evaluated on infection control, patient care and providing quality endoscopy."

In order to be recognized, WAMC had to meet high quality measures critical to GI endoscopic patient care. According to the ASGE website, these measures include: patient assessment for procedural risk; adequacy of bowel preparation; cecal intubation rate; adenoma detection rates; adverse event tracking; and use of patient satisfaction surveys.

"We took the quality metrics looked for by the ASGE and rewrote our policy to ensure we were providing the best quality care," said Nguyen. "While we were doing endoscopy procedures appropriately before, we never really compared our data to the national data. When we did, we found that not only were we meeting the standards, we were exceeding them in some areas."

Maj. (Dr.) Michael Dann, assistant



Members of the Womack Army Medical Center's Gastrointestinal Endoscopy unit perform an esophagogastroduodenoscopy, an upper endoscopy better known as an EGD, at Womack Army Medical Center, July 1, 2015. The clinic was recently earned recognition status from the American Society for Gastrointestinal Endoscopy for their commitment to patient safety and quality in endoscopy. (U.S. Army photo)

chief, Gastroenterology Service, WAMC, spearheaded the process to achieve ASGE recognition. He said that going through the evaluation has helped improve communication among all members of the team.

"It's not just the physicians who played a role in achieving this recognition," said Dann. "It's changed the way the technicians process equipment and helped create an environment where the nurses feel more comfortable coming forward if they see something wrong so it can be immediately addressed."

The unit's accreditation with the Joint Commission was also instrumental in qualifying for the recognition.

The recognition status is good for three years, but the WAMC GI Endoscopy Unit must continue to gather data quarterly to ensure they are continuing

to meet the quality metrics.

"This isn't the end for us," said Nguyen. "By still gathering the data, it keeps us honest and ensures we remain a high-reliability organization focused on patient care. We will continue to work to improve the patient experience."

Nguyen said one of the next steps to help improve the patient experience and provide quality care is to create an all-female endoscopy team as a treatment option for patients uncomfortable with a male provider.

The WAMC GI Endoscopy Unit performs about 4,000 procedures a year. These procedures include colonoscopies, upper endoscopy, endoscopic retrograde cholangiopancreatography (ERCP), endoscopic ultrasounds, as well as other less common endoscopic procedures, as needed.

Which DFAC Best Supports Healthy Eating in Hawaii?

By 1st Lt. Elizbeth B. Tankovich, MS, RD, Tripler Army Medical Center, Nutrition Care Division

During the week of June 8, Hawaii garrison Dining Facilities (DFACs) participated in the first annual Soldier Athlete Warrior (SAW) Fueling Competition. The purpose of the competition was to provide garrison DFACs a chance to enhance the nutritional quality of their menus in order to fuel the SAW. It also offered the opportunity for food-service personnel to utilize culinary skills and create innovative recipes.

Participating DFACs included the Warrior Inn DFAC (managed by 2nd Brigade Combat Team at Schofield Barracks), Wings of Lightning DFAC (managed by 25th Combat Aviation Brigade at Wheeler Army Airfield), the Leader's Den DFAC (at NCO Academy Hawaii), and K-Quad DFAC (managed by 45th Sustainment Brigade at Schofield Barracks). Facilities were evaluated on recipe evaluation (50% of total score), adherence to Department of Defense (DoD) menu standards (25 % of total score), and diner nutrition education (25% of total score).

Recipe evaluation accounted for the majority of the total score (50%). Recipes were evaluated by both diners (ten, randomly selected diners) and judges (three, unbiased food service personnel). However, the diners' scores were weighted more heavily to better represent the typical customer base. At each DFAC, diners evaluated four recipes (entrée, short order, salad, dessert) on appearance, aroma, taste, texture, and overall quality. Judges evaluated the recipes on these same criteria in addition to nutrition criteria. Dining Facilities were encouraged to incorporate fruits and vegetables, lean proteins, whole

grains, and healthy fats. Many diners had positive and constructive feedback; however, others were harsher. Examples of diner comments are listed below:

- "Trying to eat healthier, glad there are these choices."
- "Could use more seasoning/ flavor."
- "Would love to see this salad again."
- "A little too sweet."
- "Most of the days, the veggies are rotten."
- "Great presentation with peppers and color."

Adherence to the Joint Subsistence Policy Board DOD Menu Standards with Army specifications and DA PAM 30-22 were assessed through the Military Nutrition Environment Assessment Tool (m-Neat). Schofield Barracks Registered Dietitians performed these assessments the week prior to the competition. Diner nutrition education was assessed through inspection of Go for Green labeling and nutrition education material displayed in the facility. These educational items ensure that Soldiers are exposed to nutrition knowledge that maximizes performance, maintains long-term good health, and sustains morale. Again, adherence to DOD menu standards and diner education, each accounted for 25 percent of the final score.

All four DFACs delivered great



Dining Facilities (DFACs) went above and beyond for decoration and food presentation categories, K-Quad produced an ice sculpture for condiments and sauces during the first, annual Soldier Athlete Warrior (SAW) Fueling Competition. (U.S. Army photo by Capt. Sheryl Milford, Tripler Army Medical Center).

products during this competition and demonstrated pride in serving their customers quality food. Results are still being tabulated and the winner will be announced in the near future by the Hawaii Garrison Installation Food Program Manager Office. What does this mean for diners? Eventually, this annual competition should result in improved food choices at Hawaii garrison DFACs. Comment cards are always available in DFACs and diners should use them to provide constructive feedback year round (not just during the SAW competition). The only way to be heard and see change is to voice your opinion.

First LGBT Pride Month event well received at BAMC

By Lori Newman, Brooke Army Medical Center Public Affairs

Brooke Army Medical Center (BAMC) and the Institute of Surgical Research (ISR) held their first event to commemorate Lesbian, Gay, Bisexual, Transgender Pride Month in June.

Brig. Gen. Tammy Smith, deputy chief of staff, Army Reserve, was the guest speaker for the event, which was attended by her wife, Tracy, and a large number of BAMC and ISR staff.

"Inclusion and diversity matter because of what we do in the military. We have to be able to compete for the best talent. It's a tough competition," Smith said.

"We have to make sure on all fronts that we know that we welcome all talented people regardless of their background, regardless of where they come from, regardless of what their Family is, regardless of who they love."

The general said she believes the Pride celebration is a celebration of authenticity. "It's about the ability to be authentic, so when we celebrate Pride we are actually celebrating the fact that we value our people."

Smith explained that Pride Month is celebrated in June to coincide with the Stonewall Riots, which occurred June 28, 1969, at the Stonewall Inn, located in the Greenwich Village neighborhood of Manhattan, New York City.

"The Stonewall Riots are considered the starting point of the modern gay rights revolution," she said.

Smith spoke about her military career and how she felt she had to live two separate lives -- her life at work and her private life.

"I had my set of off-the-grid friends, those were members of the gay and lesbian community, and we lived an



Col. Gary Cooper, commander, Brooke Army Medical Center Troop Command, and Command Sgt. Maj. Tabitha Gavia present a framed copy of the LGBT Pride Month Presidential Proclamation to Brig. Gen. Tammy Smith (center), deputy chief of staff, Army Reserve, as a token of appreciation for being the guest speaker at the first LGBT Pride event BAMC held June 26. (U.S. Army photo by Lori Newman, Army Medicine Public Affairs)

entirely separate life from what was our regular life," she said.

"We were so protective of that off-the-grid life that we never gave any of you the opportunity to start a conversation with us about what our life might be outside the workplace. This was just how we lived our compartmentalized life."

She said it became harder for her to separate the two when she met her wife, because she wanted to share her happiness with her coworkers but felt she could not.

"Once you fall in love it's hard to keep those compartments separate," Smith said. "I wanted to share Tracy with the people in my workplace."

Smith said she was about to retire from the military because it was becoming harder for her to separate her personal life from her work life. Then

the "Don't Ask, Don't Tell policy was repealed so she changed her mind. "I felt like the weight of the world was lifted off my shoulders," she said.

Later, she was promoted to brigadier general and became the first openly gay general officer serving in the Army.

During Smith's remarks Tracy interrupted to inform everyone that the Supreme Court ruling was announced allowing same-sex couples to marry nationwide. The announcement garnered a standing ovation from the audience as Smith hugged her spouse.

"The intent behind an event such as this is to inform, to educate, to defy stereotypes and maybe to help somebody in the room to examine a closely held bias that they had and maybe see what they are holding as a bias in themselves in a different way," Smith said.

Protect yourself from insect, tick-borne diseases

By Roseanne Radavich, Entomologist, U.S. Army Public Health Command

Insect and tick-borne diseases, such as malaria, dengue fever, yellow fever and Lyme disease are serious health threats which cause human misery, hardship and more than one million deaths worldwide each year. Many of these diseases can be prevented using a few simple protective measures.

Preventing Bites: Protect exposed skin from bites by applying EPA-approved repellents containing DEET or Picaridin. Wear permethrin-treated clothing, which repels ticks, mosquitoes and other biting insects. Some military uniforms and civilian outdoor clothing come pre-treated with permethrin. These garments are highly recommended because factory-treatment lasts the lifetime of the garment. If your uniform or clothing has not been treated with permethrin, you can treat it yourself with commercially-available aerosol/pump-spray products containing 0.5 percent permethrin, which typically lasts for six weeks and six washings. Wearing long pants and long-sleeved shirts also reduces bites by covering your skin.

Wear light colors to help you see and remove ticks from your clothing before they can bite you. Check yourself thoroughly for ticks after you have been in tick habitat, and promptly remove any ticks that have attached to your skin. Remove a tick by grasping it close to the skin with tweezers and pull up until the tick detaches. Secure the tick in a plastic bag or container, and kill it by freezing. Keep the tick, and bring it with you to the doctor in case you become ill. The doctor can use the tick to help diagnose your illness and provide speedy treatment.

Eliminating Habitats: Homeowners



The lone star tick is found in many communities in the United States. One of the first things personnel can do to prevent a tick bite is to recognize tick habitats and avoid them. (U.S. Army photo by Graham Snodgrass, U.S. Army Public Health Command)

can also make simple changes to reduce the number of mosquitoes and ticks around their yards. A female mosquito prefers to lay her eggs in standing water, and under ideal weather conditions, it can take less than a week for her eggs to hatch and develop into adults. Break this weekly breeding cycle by removing the standing water from your yard. Empty any water accumulating in toys, lawn furniture, clogged gutters, tarp-covered vehicles and other artificial containers. Water containers like pet bowls and bird baths can be emptied and refilled weekly to get rid of mosquitoes. Ticks are most common in tall grass and shrubs and are moved around by animals. Keep your yard free of trash and debris, mow lawns, trim overhanging trees and shrubs and avoid feeding or attracting feral and wild animals into your yard.

Take your Medications: A few

important insect and tick-borne diseases have vaccines or medications developed to prevent them. Highly-effective vaccines exist for diseases like yellow fever and Japanese encephalitis, while pills can be taken to prevent infection with malaria. Talk to your healthcare provider about insect-borne diseases, especially if you plan to travel. If a medication is not available, take other precautions to protect yourself.

Don't let insects ruin your trip and send you to the doctor! Take your medications, receive your vaccinations, use repellents on your skin and clothing and modify your yard to ensure that you have the best protection against insect and tick-borne diseases.

For more information on preventing insect-borne disease, contact the DOD Pesticide Hotline: 410-436-3773.



Noriko De Guzman Hoyt shows IOP staff members Dr. Timothy Hoyt and Capt. Ryan Shubat proper yoga poses. Yoga is offered as a part of the ancillary therapies offered to patients. (U.S. Army photo by Mr. John Liston, TRADOC)

Madigan bridges gap for behavioral patients

By Suzanne Ovel, *Army Medicine*

For some, war memories tumble out without warning, disrupting otherwise normal moments in their lives.

Others need the tools to change how they're approaching the world, since their current approach just isn't working. Yet others still need a spiritual nudge, a reminder that there may be room in their spiritual beliefs for forgiveness, if needed, and that the spirit can provide inspiration and hope to heal the mind.

Issues like these are being addressed daily in the Pinnacle Intensive Outpatient Program (IOP), a behavioral health program at Madigan Army Medical Center which offers service members both group and individual therapy for four to six weeks. While the program offers a specialized track for patients with post-traumatic stress (PTS), it also offers a skills track for those who need to work on emotional skills; these patients

may be living with anxiety, depression, interpersonal problems, anger, or other issues. A third track focusing on addictions medicine (or substance abuse) began in July.

The program, which is offered to all five services, gives patients a step-down or a step-up treatment option between the once-a-week therapy offered in traditional

outpatient care and the inpatient psychiatric unit here.

“There’s a huge gap in care between those two models, and I think IOP is really the bridge between those two,” said Dr. Timothy Hoyt, the director of the IOP. For patients discharging from the inpatient unit, the half-day sessions of the IOP can serve as a step-down program to ease them into transitioning back to their units and their lives.

“We give that sort of cushion where if they’re still struggling with some issues, or suicidal ideation, that they have a place to continue to process those things, and they have enough touch points that we’re able to track day-to-day how (their) risk is changing,” Hoyt said.

The PTS track has 10 to 15 patients work together through an exposure-based treatment to face head on the causes of their trauma, to examine the thoughts and emotions of what’s happened to them, and to challenge those beliefs and restructure those thoughts.

The key to this group therapy is the feedback from the other service members, said Hoyt. A common exercise if a patient

blames himself for his trauma is to ask the rest of the group if they think that person is even partially to blame for what happened; most of the time, the answer is no.

“That feedback from their comrades is way more convincing than hearing their therapist telling them the exact same thing,” Hoyt said.

It’s in this group that patients also work on containing those war, or otherwise traumatic, memories that can show up without warning. The aim is to organize those memories so that they can be accessed when needed but otherwise stay in the background.

“It’s a lofty goal, but it’s doable,” Hoyt said.

While the PTS track focuses solely on that issue, the skills track includes patients with a mix of diagnoses and issues, such as issues with their Families, with the Army, or other life stressors. The goal is to improve how patients function in their daily lives by focusing on areas such as problem solving, symptom management, and trust building. The ancillary therapies like art therapy also help patients to

explore their deeper emotions.

Both the skills and PTS tracks also offer a spiritual component by a chaplain and a Buddhist priest co-facilitator. They ask the groups provocative questions to get into spirituality, self-blame, self-identity, and self-worth, said Chaplain (Maj.) George Wallace, Madigan’s deputy chief for the Department of Ministry and Pastoral Care and a senior chaplain clinician.

“We wrestle with questions of guilt, moral injury, of betrayal,” he said.

They try to reach patients where they are spiritually, and offer instruction on mindfulness and meditation.

At the end of the groups, of patients wrestling with spirituality and emotions, behavior and beliefs, the hope is that they will function better in their everyday lives. Since many join the IOP because Family members ask them to get help, seeing those relationships repaired is sometimes the best real-world results that staff see.

“We’ve really seen these guys get back into their own lives and reengage with the people they love. Those for me are the best outcomes,” said Hoyt.



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Spousal/Caregiver Programs Crucial in Soldiers' Healing

By Gloria Montgomery WTU Public Affairs

Former Army spouse Stephanie Booth felt both alone and isolated when the mother of four became a full-time caregiver to her injured husband.

Even though it comforted her knowing Fort Hood's Warrior Transition Unit (WTU) was providing her husband -- a Soldier in Transition -- with top-notch therapy and medical management, it did not erase the fear and stress associated with her caregiver duties. It was hard on her, she admits, because in caring for her husband, she had forgotten to care for herself. Her only solace: hiding in her closet to cry and to steal some alone time.

Fearing her husband would get into trouble if she asked for help, she tackled the job alone, juggling her triple duties as mother, wife and caregiver to her wheelchair-confined husband as best she could.

Then, last summer, she got a phone call from Fort Hood WTU's new leadership team personally inviting her to a new spousal and caregiver-support program. It was there where she found her angels: other WTU spouses and caregivers who were in similar situations. Her feelings and emotions were finally validated. She was not alone.

Okay to be angry

"I learned it was okay to be angry and scared. I learned it was okay to cry and also that it was okay and even encouraged to ask for help and assistance," she said, adding that pretending that things were okay only prolonged her husband's healing process.

With her husband now out of the



Major Monica Johnson, WTU Intake Company's lead nurse case manager, chats with WTU spouse Divia Ryan and her daughter during a recent WTU spouse and caregiver appreciation event. Since she is new to the transition process, Ryan said she attended the event to gain insight and information from other WTU spouses. (U.S. Army photo by Gloria Montgomery, Army Medicine)

Army, Booth is on a new mission: Sharing her story with other WTU spouses and caregivers to encourage them to "be involved."

Recently, she along with another former WTU spouse, Vicki Ortego, shared their stories of success and survival with a group of WTU spouses and caregivers during last month's WTU spousal-appreciation event hosted by Fort Hood WTU senior spouse, Paulette Woodall.

"There is no one who better understands you than the caregivers who are here today," Booth told the

group, stressing how important it is to become involved in a Soldier's healing process, as well as to embrace the help and assistance programs available via the WTU and its Soldier and Family Assistance Center (SFAC).

Booth said that WTU's spousal transition workshops, the marriage retreats, the career workshops and SFAC's resources and counseling services, as well as her husband's command team, gave her direction when she felt everything was

“proverbially dumped on the floor.”

“They steered me in the right direction and kept me focused,” she said, adding that they also were very blunt. “They kept my expectations realistic, but, at the same time, they also were very kind and loving.”

WTUs safe havens

Thankful that her husband was being treated with the best care possible, Booth said the outcome would have been different had the Army not had a unit specifically designated to help injured, wounded, and ill Soldiers heal.

“If it had not been for the WTU, he would have been in a much darker place,” she said. “We all would have been. The WTU was a safe haven for us.”

Booth also told the group that the WTU is like no other unit in the Army and is stricter and more regimented than other units.

“There is a reason,” she said. “It is a medical brigade that is here to heal the Soldiers--medically, physically, emotionally and spiritually.”

Vicki Ortego had already quit her job when her husband received orders to Korea. Her husband’s lingering medical issues, however, canceled the move, and he was assigned to the WTU. Ortego immediately went back to work.

It was, she admitted to the group, a mistake.

“Do not do what I did,” she said. “I felt I was too busy to attend briefings and his medical appointments, so I let him do it on his own,” adding that there were communication breakdowns because her husband had memory issues. “I feel now that we missed out on a lot because I was so focused on our transition. Financially, we ended up OK because I went back to work,

but looking back, I wished I would have ‘said this’ and ‘done that’ because of the emotional aspects of the healing process.”

Ortega also praised the WTU for the support they gave her husband, who has since retired.

WTUs support both Soldier and Family

“He was supported here, the wife was supported, the children were supported,” she said, “If I ever had a question, all I ever had to do was send an email,” reminding the group that no question is too stupid to ask. “It could be the one question that could make the difference between success and failure. And if you do not know the answer, you now have to spend time to find the answer. That is a lot of wasted time for you and your Family.”

Since last year, the WTU, together with SFAC, has strengthened its spousal and caregiver programs by sponsoring job and career fairs, financial services, resume workshop and numerous support programs, including a caregiver peer-to-peer support group that provides health and wellness tools and caregiving tips to the military Family.

The peer-to-peer support group, officially called Military Caregiver PEER Forum (Personalized Experiences, Engagement and Resources), is a Department of Defense initiative that was developed following a RAND study commissioned by the Elizabeth Dole Foundation that addressed the lack of and the crucial need for a vibrant support network for military caregivers.

As a result of the study, the Foundation, along with First Lady Michelle Obama and Dr. Jill Biden, launched Hidden Heroes: the National

Coalition for Military Caregivers to raise awareness nationally for the nation’s invisible heroes.

“Caring for our Wounded Warriors cannot be a one-person assignment,” the First Lady said. “It’s a solemn obligation for our entire country to be there for you.”

The purpose of all SFAC and national programs, according to Paulette Woodall, is to let caregivers and spouses know that they are not alone, as well as to provide them with the resources and tools to help the caregiver cope with the emotional and physical demands of caring for a loved one who is a wounded, ill or injured Warrior.

“There are people here who understand what you are going through,” she said. “It is really important to be connected no matter where you are in the transition process. Always remember there is someone either before you or after you who are experiencing the same things as you, so you can always relate to them.”

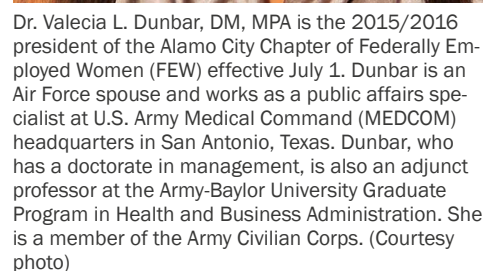
Booth’s final words to the group were to be patient in the healing process and “go with the flow.”

“Your cadre and care team’s sole purpose is to care for your Soldier,” she said. “That being said, your idea of care and theirs may differ somewhat,” encouraging the spouses and caregivers to relax and let the process work. “I can promise you that your time here will be much easier if you do. I know it does not feel like it now, but this, too, shall pass. Remember, you do not have to walk alone. The people sitting here need your friendship and support just as much as you need theirs. Reach out because there is no one better who understands what you are going through than the people here today.”

By Army Medicine Public Affairs

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