

ARMY MEDICINE

# MERCURY

Volume 42, No. 13

OCTOBER 2015



October 2015 is National

## DEPRESSION AWARENESS

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maintaining your Health



A worldwide publication telling the Army Medicine Story



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**Commander**

Lt. Gen. Patricia D. Horoho

**Director of Communications**

Col. John Via

**Chief, MEDCOM Public Affairs Officer**

Kirk Frady

**Editor**

Ann Bermudez (Interim)

**Graphic Designer**

Jennifer Donnelly

The MERCURY is an authorized publication for members of the U.S. Army Medical Department, published under the authority of AR 360-1. Contents are not necessarily official views of, or endorsed by, the U.S. Government, Department of Defense, Department of the Army, or this command.

The MERCURY is published monthly by the Directorate of Communications, U.S. Army Medical Command, 2748 Worth Road Ste 11, Fort Sam Houston, TX 78234-6011.

Questions, comments or submissions for the MERCURY should be directed to the editor at 210-221-6722 (DSN 471-6722), or by email;

The deadline is 25 days before the month of publication. Unless otherwise indicated, all photos are U.S. Army photos. The MERCURY submission and style guide can be accessed

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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.

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# MEDCOM Command Sgt. Maj. Visits Combat Casualty Care Research Staff

By Steven Galvan, United States Army Institute of Surgical Research Public Affairs Officer



CSM Gerald C. Ecker

Command Sgt. Maj. Gerald C. Ecker, U.S. Army Medical Command senior enlisted leader, visited the U.S. Army Institute of Surgical Research (USAISR) Sept. 8 to meet with the staff and become familiarized with latest combat casualty care research.

The call to the Fort Sam Houston, Texas, headquarter command was Ecker's first, and was an opportunity for the enlisted Soldiers and staff of the Institute to showcase their research aimed at optimizing care for Wounded Warriors.

"The importance of this visit was first to thank every member of the team for their contributions in optimizing combat casualty care over the past 15 years of war," said Ecker. "The ISR has been and is central to understanding the science of how to provide effective combat medical interventions to very complex wounds and injuries far forward on the battlefield."

Ecker, who is a combat medic, knows firsthand the importance of

having well-trained medics with state-of-the-art equipment and material to save lives of those wounded on the battlefield.

"I want to ensure that our medical Soldiers performing their duties within the scientific walls of the ISR have a full appreciation for the battlefield art that our first responders and combat medics must master outside of a controlled environment," he said. "In order for us on the Army Medicine team to master our profession of saving lives, we must understand not only the Warfighter, the enemy and terrain but also see ourselves within the overall situation. I believe this methodology then provides the why of what we medics do, in whatever our capacity."

Sgt. Maj. James L. Devine, USAISR senior enlisted leader, said he was pleased with briefs Ecker received on the latest research initiatives and burn care at the USAISR Burn Center.

"Our Soldiers and staff did a great job at providing Command Sgt. Maj. Ecker with a detailed description of the various research task areas at the ISR," said Devine. "I believe he now has a better understanding of our mission, capabilities and responsibilities."

Ecker ended his visit at the USAISR with a talk to the Soldiers where he encouraged them to read and be familiar with the Army's transformation and

future outlook.

"The ISR's future endeavors of professional expertise will certainly be needed in order to meet the demands of our Army continuing to win in a complex world," Ecker said.

Sgt. Francisco A. Rosario, non-commissioned officer in charge of the Burn Intensive Care Unit and the Burn Flight Team, briefed Ecker on burn care, patient medical evacuations and inflight patient care. Rosario believes that it is imperative for senior leaders to make these types of visits to gain knowledge of the command and for the Soldiers to receive the latest information directly from Army leaders.

"Command Sgt. Maj. Ecker was able to provide a detailed overview of the Army's goal to ensure that every military treatment facility becomes a high reliability organization, while operating as a medical training and readiness platform," said Rosario.

"Our ISR Soldiers are extremely intellectually gifted, mission-oriented and impressive, and they provide a unique capability that will help our Army win," Ecker said.



Sgt. Maj. James L. Devine, U.S. Army Institute of Surgical Research senior enlisted leader welcomes Command Sgt. Maj. Gerald C. Ecker, U.S. Army Medical Command senior enlisted leader to the USAISR as USAISR Commander, Col. (Dr.) Michael D. Wirt looks on. (U.S. Army photo).





Key military and government leaders joined local political figures in an official ribbon cutting ceremony at the U.S. Army Medical Research Institute of Chemical Defense Sept. 15. The new institute consolidates USAMRICD's capabilities into one single facility of more than 500,000 square ft. resting on 24 acres located in the Edgewood area of Aberdeen Proving Ground in Maryland. (U.S. Army photo by Ellen Crown).

# Army Opens New Chemical Defense Research Institute

By Ellen Crown, U.S. Army Medical Research and Materiel Command, Deputy Public Affairs Officer

Six years to the day after the groundbreaking ceremony for new construction first took place, leadership at the U.S. Army Medical Research Institute of Chemical Defense hosted a ribbon-cutting ceremony Sept. 15 to open their new state-of-the-art chemical defense lab at the Edgewood area of Aberdeen Proving Ground in Maryland.

The new institute consolidates USAMRICD's capabilities into one single facility of more than 500,000 square ft. resting on 24 acres. The new facility has increased laboratory infrastructure and capability, including the three-fold expansion of neat agent laboratory space. The new facility is also certified silver under the Leadership in Energy and Environmental Design

green-building certification program based on environmentally conscious design elements in the categories of sustainable sites, water efficiency, energy and atmosphere, innovation and design process, materials and resources and indoor environmental quality.

"Our nation's new USAMRICD provides our Service Members and citizens with the advanced medical research capacity and capability necessary to survive exposure to chemical weapons, as well as training on medical countermeasures," said USAMRICD Commander Col. Roman Bilynsky. "The investment our leadership has made in creating this new institute is incredibly important for the safety of our Service Members, as well as our public's health."

USAMRICD, a subordinate institute of the U.S. Army Medical Research and Materiel Command, conducts research and training that mitigates and attempts to eliminate the threat posed by chemical warfare agents. Chemical warfare agents are extremely toxic compounds that are relatively inexpensive and, in some cases, easy to produce. These characteristics make them a feasible weapon of choice for terrorist organizations.

Maj. Gen. Brian C. Lein, the U.S. Army Medical Research and Materiel Command and Fort Detrick commander said, "While we hope that chemical weapons will never be used again, history has proven that hope is not a method."

# School receives 1st residents in aerospace medicine

By Nathan Pfau, Army Flier Staff Writer

The U.S. Army School of Aviation Medicine received its first residents in aerospace medicine -- a program that was previously handled only by the Air Force and Navy.

USASAM welcomed its the five residents to the program during a ceremony at Lyster Army Health Clinic Sept. 9, and Lt. Col. Scott Salmon, Army Aerospace Medicine Residency director, said the reason to bring the program to Fort Rucker, and disengage them from the Air Force and Navy programs was a “no brainer.”

“What we found is, in our historic training programs, we weren’t necessarily getting the product out that we needed,” he said. “Our program has been an ad hoc experience with both the Air Force and the Navy for several years. It was an excellent program, but we weren’t getting the combat Aviation brigade Soldier at the end of it that we really needed.”

The residents who will become what the Army needs are Maj. Jason MacDonnell, 1st Battalion, 212th Aviation Brigade; Capt. Albert Lee, 1st Bn., 212th Avn. Bde.; Maj. Sonya Horwell, 1st Bn., 223rd Avn. Bde.; Capt. Scott Cygan, 1st Bn., 223rd Avn. Bde.; and Capt. (P) Courtney Hayes, 1st Bn., 14th Avn. Bde.

“Most of the experience previous to this was Air Force-centric or Navy-centric programs that were designed to develop their professionals in aerospace medicine, and not necessarily the operational needs of the Army,” Salmon said. “So, we wanted to bring the program here, bring them back in the fold, expose them on a daily basis to as much Army Aviation as we could, and, therefore, (help them) learn the exact medical capability and integration that we need at the combat



Inaugural residents to the Residents in Aerospace Medicine program for the U.S. Army School of Aviation Medicine are welcomed to Lyster Army Health Clinic during a ceremony at the clinic. (U.S. Army photo by Nathan Pfau).

Aviation brigades.”

The residency director added that the capability for that wasn’t available in Pensacola, Florida, where residents would previously train with the Navy. Although there are still residents currently training with the Navy program, no more people will matriculate through that program, he added.

“The training brigades here had a need,” said the program director. “They didn’t have the support that they needed in some of the physiologic classes in training opportunities. We saw an opportunity not only to integrate into the clinical, but also to provide that support and have our guys learn what the right way is under supervision of other aerospace medicine specialists who are central to Fort Rucker.”

Col. Jeffrey Foe, USASAM deputy commander, welcomed the inaugural residents to the program.

“What’s unique about this is this is the first time that we’ve brought aerospace medicine and occupational health training to the Lyster Army Health Clinic and the home of Army Aviation,” he said,

adding that the significance cannot be understated.

“More than 55 years ago, the very first resident in aerospace medicine, Spurgeon Neel, trained with the Air Force back in 1959,” said Foe.

Neel is widely known in Army Aviation as the “father of Aviation medicine,” and even has a building named after him on Fort Rucker. That training that Neel began in 1959 continued in the Air Force up until the 2000s, when the training moved to the Navy in Pensacola, said Foe.

“We stayed with them until the present time, in which circumstances presented itself that made sense that we would bring this training to the home of Army Aviation,” said the deputy commander.

The residents seemed ready and eager to take on the program, and Horwell said she was excited about the integration.

“It feels great,” she said. “Getting to integrate with the units is a fundamental part of later on becoming a brigade surgeon, so having this experience to play into our residency is a key piece of it.”



# Influenza Preventable With Vaccination

By Crystal Maynard, U.S. Army Medical Research and Materiel Command Public Affairs Office

The U.S. Army Medical Research and Materiel Command would like to remind you it is time to ensure your Family's immunizations are up-to-date and schedule your seasonal flu shot.

People of all ages should maintain their health through immunizations. Vaccines have helped wipe out or significantly reduce the number of many dangerous and deadly diseases in the U.S. and the world. Despite the success, many people become severely compromised or die from preventable diseases.

By staying up-to-date on recommended vaccinations, Soldiers and Army civilians help protect themselves, their Families, friends and the Fort Detrick community from life-threatening infections. Vaccines are especially important for the military to ensure our Armed Forces are ready and fit.

The Army's history of using preventive vaccinations began in 1777 when George Washington ordered the inoculation of all Continental Army recruits to prevent smallpox, an extremely infectious and serious disease. In the years since, USAMRMC researchers have developed vaccines that have prevented diseases

in the military but have also helped safeguard public health.

"While the Army has developed many vaccines, the development of the influenza vaccine is probably the vaccine that most Americans recognize," said Capt. Xiaoxu Lin, Ph.D., laboratory director of the USAMRMC's Walter Reed Army Institute of Research's Viral Diseases Branch.

The flu is a contagious respiratory illness caused by influenza viruses and can cause mild to severe illness. In the 1940s, the U.S. Army Surgeon General commissioned research to develop influenza vaccines after recalling an outbreak of the flu that sapped the strength of the Army in the early 1900s. The vaccine was one of the first iterations of the flu vaccine still used today.

The single best way to prevent the flu is to get vaccinated each season. According to the Centers for Disease Control and Prevention, between 1976 and 2006, estimates of flu-associated deaths in the U.S. range from a low of about 3,000 to a high of about 49,000 people.

"There are a couple of common misconceptions about the flu vaccine

that many people have that stop them from getting the vaccine," said Lin. "One is that the flu shot will give them the flu, and the other is that flu vaccinations are just for kids. Both of these statements are not true."

There are two vaccines available: the flu shot or the nasal spray mist. There are common side effects associated with both vaccines, which include soreness and redness at the injection site, cough, nasal congestion, sore throat and chills, but most resolve within 24 to 48 hours. Flu vaccines are safe and are not able to infect you with the flu because the vaccines contain killed or weakened viruses.

It is recommended that everyone over the age of six months receive a seasonal flu shot every year. Even healthy adults can become seriously ill, and can pass certain illnesses on to others.

Getting vaccinated for influenza is the most important step community members can take in the next few months to ensure they are healthy this coming flu season.



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# Air Force General takes charge of San Antonio Military Health System

September 15, Air Force Maj. Gen. Bart Iddins assumed the role of market manager of the San Antonio Military Health System from Army Brig. Gen. Barbara Holcomb. As market manager of the San Antonio Military Health System, Iddins integrates a medical system that has a collective operating budget of \$1.2 billion and provides health care for more than 240,000 beneficiaries who visit the system's 10 medical facilities in the San Antonio metropolitan area.

Iddins, who also commands the 59th Medical Wing headquartered at Joint Base San Antonio-Lackland, becomes the fourth market manager in the organization's six-year existence. The positions of market manager and vice market manager rotate between the U.S. Air Force and the U.S. Army every two years.

The SAMHS is one of six Department of Defense multi-service markets that integrate military healthcare between the services. Together, the market manager and medical commanders at local military treatment facilities partner to coordinate health and wellness programs with a clear focus on optimizing patient-centered care and safety, while maintaining the global readiness of U.S. forces throughout the globe.

"I am honored to serve all Joint Base San Antonio mission partners and our 240,000 beneficiaries as the SAMHS

market manager. Our over-arching goal is to treat your mission as our mission; your Family as our Family and your hardships as our hardships," said Iddins. "SAMHS medical personnel are relentlessly focused on exceeding all expectations regarding access to health care services, patient safety, health care quality, education, training, research, and combat readiness! Moreover, all components of the SAMHS health care enterprise are rapidly transforming into a so-called 'high reliability organization' by leveraging innovation, standardization, modern process/quality improvement methods, and the dedication and talents of our extraordinary medical personnel."

Brig. Gen. Barbara Holcomb, who continues to command the Southern Regional Medical Command at JBSA-Fort Sam Houston, said, "Our goal at SAMHS is to make the military health care system the primary health system of choice for our beneficiaries.

"Over the past year we have worked purposefully to improve timely access to care, patient safety, and quality outcomes across the market by collaborating together and focusing on common processes and procedures. The partnership efforts of our local Army and Air Force medical units throughout SAMHS have resulted in more efficient uses of resources, better patient outcomes, and streamlined, standard processes," said Holcomb.

"There are still many areas we can improve but the most important focus is on our patients and their Families to ensure they are provided the best possible care when ill or injured and receive the best health education to prevent illness and injury," she added.

The SAMHS reached full operating capability on Oct. 1, 2014. Over the past year, local medical commanders and their subordinate senior leaders created the first unified business performance plan. This five-year plan refines the approach to standardizing processes, reducing health care costs and ensuring that the patient gets exceptional access to quality services.

About the San Antonio Military Health System (SAMHS)

Brooke Army Medical Center and the 59th Medical Wing are proud partners in the SAMHS. As an integrated system, the SAMHS provides safe, accessible, high-quality, patient-centered care. On its journey toward becoming a High Reliability Organization (HRO), SAMHS continues to promote patient health, readiness, research, and education and training. The vision of SAMHS is to be the Department of Defense's premier system for health, and our patients' first choice for health care. Find out more about the SAMHS at [www.health.mil/About-MHS/Other-MHS-Organizations/San-Antonio-Military-Health-System](http://www.health.mil/About-MHS/Other-MHS-Organizations/San-Antonio-Military-Health-System).

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



# Army Medical Command clarifies who has access to minors’ medical information

By Ann Bermudez, Army Medicine Public Affairs

The U.S. Army Medical Command, or MEDCOM, wants to ensure the correct individuals have access to minors’ medical records and information.

A recent memo implemented general guidance from the Defense Health Agency Privacy and Civil Liberties Office to help define what custodial and non-custodial parents as well as stepparents have access rights to a minor’s medical information. It also helps the Army military treatment facilities, or MTFs, apply appropriate safeguards as it relates to the release of Protected Health Information, or PHI.

In addition, MEDCOM wants to make sure reasonable efforts are made to prevent any use or disclosure of PHI of a minor to a custodial or non-custodial parent or stepparent that would be in violation of the Health Insurance Portability and Accountability Act, or HIPAA, Privacy Rule.

Thomas Leonard, health

systems specialist for the Patient Administration Division, Patient Care Integration, U.S. Army Medical Command said the Department of Defense’s Health Information Privacy Regulation, DOD 6025.18-R, C8.7.3, and HIPAA Privacy Rule, 45 CFR 164.502(g)(3) establish the requirement for the release of PHI of minors to custodial and noncustodial parents as well as stepparents. Adoptive parents are considered to be custodial or non-custodial parents.

In situations of divorce, the MTF shall treat each parent as a personal representative of the minor, regardless of which parent has custody, unless there is a limitation on one parent’s custody stated in the divorce decree. A request to restrict one parent’s access to the PHI of a minor is only granted upon presentation of a legal document. For example, in cases of child abuse or neglect, a divorce document or other court document may state that the non-custodial parent is not

authorized to access the minor child’s medical information. The Military Health System must honor such request.

The MTF staff must be vigilant in ensuring that sponsor information is not given to a parent making inquiries into a minor’s health record, as the parent may have no right to the sponsor’s information.

A stepparent is not a biological parent. Rather, a stepparent is related to the child only by marriage to a biological or adoptive parent. There are cases where stepparents may attempt to become involved in the care of a minor child. Under the HIPAA Privacy Rule, a stepparent has no right to serve as the personal representative of a minor, unless an appropriate healthcare power of attorney or a HIPAA compliant authorization (DD Form 2870) has been provided to the stepparent.

Within the military community, many minor children are covered by TRICARE under a stepparent’s eligibility. This can occur when a custodial parent remarries a TRICARE sponsor and this sponsor becomes the minor’s stepparent. However, this does not give the stepparent (if he/she has not been given a healthcare power of attorney or HIPAA compliant authorization) the right to act as the personal representative for that minor to obtain PHI.

A matrix of DEERS access, access to medical records, and appointment making authorization for custodial and non-custodial parents as well as stepparents is available.

Custodial, Noncustodial Parents and Step-parents

	Access to DEERS	Access to Minors’ Medical Records	Schedule Minor’s Medical Appointments
Custodial Parent (TRICARE Beneficiary)	Yes	Yes	Yes
Custodial Parent (non-TRICARE Beneficiary)	No	Yes	Yes
Noncustodial Parent (TRICARE Beneficiary)	Yes	Yes	Yes
Noncustodial Parent (non-TRICARE Beneficiary)	No	Yes	Yes
Sponsor (Parent)	Yes	Yes	Yes
Sponsor (Step-parent)	Yes	No	No
Step-parent with healthcare power of attorney or HIPAA compliant authorization form	No	Yes	Yes

# Army Medicine Carries Health Message to the Community

By Ronald Wolf, *Army Medicine*

The Army is the strength of our Nation, and the strength of the Army is our Soldiers, recently retired Chief of Staff Gen. Raymond Odierno said often.

Keeping our Soldiers healthy, fit and resilient, however, allowing them to be our Nation's strength is a challenge.

To meet this challenge, Army Medicine has developed The Performance Triad, within the Army's Ready and Resilient Campaign, to promote healthy choices in sleep, activity and nutrition. These three components, when properly managed, improve the health and performance of Soldiers.

This is the message the Col. Deydre Teyhen took to a joint luncheon of the West Springfield Rotary Club and a chapter of the West Point Society, on Aug. 20 in Springfield, Va. Teyhen is the Director, Health and Wellness, System for Health and Performance Triad for the Office of the Surgeon General.

A fit and healthy generation of young people is needed to sustain our troop levels, she said. Obesity and lack of fitness, unfortunately, have reduced the percentage of young people currently eligible for military service.

We have had problems resulting from poor nutrition habits previously as we tried to prepare our Army, Teyhen said. At the beginning of World War II, the problem was underweight and undernourished young people. One of the national initiatives as a result was the school lunch program.

Today, a big problem is obesity. Obese individuals entering military service are 47 percent more likely to be injured in the first 90 days of service, Teyhen said. Those same individuals use 49 percent more in health care resources. In general, our society is overweight and undernourished at the same time, she said.

The Performance Triad -- sleep, activity, and nutrition -- is the foundation to a healthy lifestyle. The Performance Triad is a key element of the Ready and Resilient Campaign of the Chief of Staff. The combined physical, emotional, social, spiritual and Family fitness levels of the Army supported by the Performance Triad are a foundation of national readiness.

Teyhen discussed the elements of the Performance Triad with the audience. Teyhen stressed that sleep, activity and nutrition are not only important for good health, they are interrelated. Sleep is critical for optimal physical performance and cognitive decision making; physical activity drives the need for proper food choices and promotes restful sleep; and proper nutrition promotes quality sleep and top performance.

Sleep is the foundation for effective executive function, Teyhen said. During sleep, the brain "takes out the trash," and long-term memories form. Too little sleep contributes to plaque buildup, one of the factors in dementia such as Alzheimer's. Less than 5 hours of sleep for 5 days in a row reduces mental functioning to the equivalent of being legally drunk, she added. Sleep deprivation also makes you weaker and increases injury risk.

Nutrition is critical for good brain function as well. One in five calories consumed is metabolized by the brain, and proper fueling of the body supports proper brain function. Five or more fruits and vegetables per day contribute to a ready and resilient lifestyle, Teyhen said, the average Soldier, however, is consuming less than 1 fruit or vegetable per day.



Col. Deydre Teyhen carried the Performance Triad message to a joint luncheon of the West Springfield Rotary Club and a chapter of the West Point Society, in Springfield, Va. The Performance Triad -- sleep, activity, and nutrition -- is the foundation to a healthy lifestyle and a key element of the Ready and Resilient Campaign of the Chief of Staff. The combined physical, emotional, social, spiritual and Family fitness levels of the Army supported by the Performance Triad are a foundation of national readiness. Teyhen is the Director, Health and Wellness, System for Health and Performance Triad for the Office of the Surgeon General.

We need to remind people to shop from the perimeter of the grocery store, Teyhen said, that's where fruits and vegetables and other healthy choices are mostly found. Highly processed food tends to fill the center aisles of the store.

Activity is a key to proper brain function as well. "You are never as smart as right after physical activity," Teyhen said. Exercise also helps us to "blow off steam" contributing to emotional resilience.

The Performance Triad is about making small changes that over time make big differences, allowing you to reach reasonable sleep, activity and nutrition goals, said Teyhen. It's important to start the conversation that encourages healthy choices, she said.

Teyhen showed the audience books that are being distributed to Soldiers. The Performance Triad Challenge contains modules to help Soldiers attain physical, cognitive and emotional strength. The Performance Triad Guide provides information on ways and practices to make healthy lifestyle choices.

Good Soldiers are fit Soldiers, and Army Medicine is helping them to recognize smart choices in sleep, activity and nutrition, making the strength of our Nation even stronger.



# USAMRMC Research Supports Performance Triad's Goals

By Crystal Maynard, U.S. Army Medical Research and Materiel Command

For years, moms have been saying -- “Go to sleep, you need your rest. Eat your vegetables to be healthy and strong. Get off the couch and go play outside!”

The Army is backing that advice with the Performance Triad, which promotes a healthy and fit force.

The Performance Triad is a comprehensive plan to improve Soldier readiness and increase resilience through public health initiatives and leadership engagement.

The U.S. Army Medical Research and Materiel Command's Military Operational Medicine Research Program's research portfolios support the Performance Triad's goal of maximizing warrior health, performance and fitness by developing evidence-based guidelines that can be incorporated into Performance Triad education and training materials.

“MOMRP's physiological health and injury prevention research portfolios help the Army protect, sustain and optimize the Soldier by providing scientifically validated ways that the Army can enhance and refine how Soldiers are training, what they are eating and how they are managing sleep and fatigue,” said MOMRP Director Lt. Col. Dennis McGurk. “Everything we do supports the well-being and performance of the Soldier and aims to prevent injuries resulting from operational stressors.”

Physical fitness, activity and injury prevention are crucial to ensuring U.S. Soldiers perform physically as elite athletes. Practicing principles of safe and effective training are vital to maintaining physical readiness, preventing injuries and improving general health. MOMRP researchers are reviewing the order and intensity of physical training exercises to discern if more injuries occur in a

certain order or level of exertion and what recommendations can be made to mitigate the risk of injuries.

Musculoskeletal injuries -- sprains, strains, dislocations and fractures -- are a concern for the Army. A high percentage of active-duty Soldiers are on some form of prescription nonsteroidal anti-inflammatory medication to control musculoskeletal stress and strain. Additionally, during basic training, 30 percent of males and 60 percent of females require medical attention due to musculoskeletal issues.

“We are looking at practical and safe countermeasures that can be implemented in doctrine and policy for Soldiers to improve physical performance, prevent deterioration of muscle function and bone integrity during injury and training, as well as reduce susceptibility to injury,” said Valerie Trabosh, Ph.D., MOMRP Physiological Health Program Area manager. “This could be through changing how or when training is performed or designing individualized training platforms that are optimized based on personal attributes of an individual Soldier.”

Even though sleep is a critical piece in achieving optimal physical, mental and emotional health, the demands of training, work and operations often make it difficult to get good, quality sleep. Poor or inadequate sleep leads to poor performance and impairs many abilities that are essential to the mission.

Current and foreseeable military operations are characterized by limited sleep opportunities, often coupled with nighttime missions. Insufficient sleep and working through the night impair mental acuity. However, these impairments cannot be objectively

factored into operational decisions unless they are quantified, and this is where the MOMRP's research is key. Providing leaders with actionable information regarding current and future Soldier cognitive performance allows for more informed decision making.

“The MOMRP is developing a smartphone-based app that allows quantification of individual mental acuity based on prior sleep patterns as well as anticipated sleep and caffeine usage,” said Trabosh. “This will help Soldiers and leaders decide how to most effectively prepare for a mission, but it can be used at any time by the Soldier to enhance their overall health through optimized sleep timing.”

The Performance Triad is centered on Soldiers making informed choices to achieve overall fitness. Improving dietary intake is an essential step toward improving health and performance, and reducing rates of obesity and risk of chronic disease. In addition to obesity, adequate nutritional intake is a concern in military personnel during their preparation for a mission.

In order to maintain a healthy body weight and consume an adequate amount of nutrients, dietary guidelines advise consuming a diet of lean proteins, fruits, vegetables, whole grains and low-fat dairy products. However, the 2008 Department of Defense Survey of Health-Related Behaviors indicated that less than 20 percent of military personnel consumed these five key food groups at least three times daily.

The MOMRP is looking into a variety of strategies that may positively impact the decisions that are made in military dining facilities and strategies for military dining facilities to promote healthy

choices through food arrangement and education materials.

“We are currently managing research to see if using omega-3 enriched eggs and meats as a replacement for non-enriched products and has cost and health benefits that would improve Warfighters’ nutritional status, especially their fatty acid status,” said Trabosh. “This potentially cost effective change in military dining facilities would help to ensure Warfighters are getting

the nutrients needed to help fight inflammation, but doesn’t require them to take a cumbersome regimen of dietary supplements.”

Some of the research that the MOMRP oversees provides validated scientific findings that confirm what is recognized anecdotally to be true such as how Soldiers should load up on healthy foods in the dining line before grabbing the sweet stuff. Through this research and advanced development of knowledge

and materiel products, the MOMRP is working to support the wellbeing of the most integral part of the Army -- the Soldier.

“The MOMRP and the Performance Triad have the same end goal,” said McGurk. “Guaranteeing that Army leaders and Soldiers have the information they need to make decisions for optimal health and performance.”

# 1st ABCT goes ‘all in’ for better health

By Maj. Fredrick Williams, 1st Armored Brigade Combat Team Public Affairs

The Army’s fundamental task is like no other – to “win in the unforgiving crucible of ground combat,” wrote Gen. Mark Milley, the 39th Army Chief of Staff, in his initial message to the force.

“We must ensure the Army remains ready as the world’s premier combat force. Readiness for ground combat is – and will remain – the U.S. Army’s No. 1 priority,” Milley wrote.

The 1st Armored Brigade Combat Team, 1st Infantry Division, began its support of the CSA’s first priority by actively participating in the Army’s Performance Triad initiative, which officially began Aug. 31, at Fort Riley.

The Performance Triad, or P3, is a comprehensive strategy to improve readiness and increase resilience through health promotion initiatives and leadership engagement, according to the program’s website. It focuses on achieving target behaviors in the areas of sleep, activity and nutrition to optimize Soldier performance and maximize unit readiness.

“The Performance Triad is an

initiative to help Soldiers, Families, Army Civilians and Retirees lead healthier lives,” said Col. Deydre Teyhen, director, Health and Wellness, System for Health and Performance Triad, Office of the Surgeon General. “There are trends in our country related to preventable disease and sedentary lifestyles. It is time we all take more action to sleep better, move more and eat healthier.” Teyhen and her team said because of the need to understand how to implement the effort Army wide, the 2015 pilot is being executed in five brigades chosen by FORSCOM, including the “Devil” brigade. Soldiers of the 1st ABCT were recognized during their most recent deployment to Kuwait and Iraq in 2014 by then-Army Chief of Staff Gen. Ray Odierno for having a 95 percent medical availability rate, the highest in the Army at that time.

“Having the highest medical readiness rate was incredible, but we are looking forward now,” said Maj. Amy Thompson, brigade surgeon, 1st ABCT. “We still have a lot we can

improve on in terms of health and readiness and I believe the Performance Triad is going to ignite a spark in 1st Brigade towards improved health of individuals and Families, and ultimately increase combat power for mission success.”

Teyhen said the initiative was first envisioned by Lt. Gen. Patricia Horoho prior to her appointment as the Army Surgeon General. After assuming command, she created a working group that began to develop the basis for the current curriculum in the summer of 2012.

“The focus of the current curriculum is on improving the health readiness and resilience of the total Army Family by understanding that small changes can make a big difference,” Teyhen said. “It also supports the Army’s Ready and Resilient campaign and the five dimensions of strength: physical, emotional, social, Family and spiritual.”

Teyhen said the overarching goal of Performance Triad was to maximize





physical, emotional and cognitive readiness with the science-based formula of sleep, activity and nutrition information the Performance Triad provides.

“Optimal performance is achieved when all three components are addressed simultaneously,” Teyhen said. “The Performance Triad is for everyone – Soldiers, Army Civilians, Families and Retirees – we all can benefit from making small changes to our daily lives to optimize our sleep, activity and nutrition.”

### Preparing for implementation

The Performance Triad team conducted a site visit to Fort Riley in July to familiarize Devil brigade commanders, Soldiers and Family members with the initiative.

During the three-day visit, the team provided an overview of the initiative and conducted assessments of key facilities located within in the brigade area to assess the health of the environments in which they live, work and play.

“I am very optimistic and so excited the Army is ‘all in’ for a culture change to promote health behaviors and emphasize long-term health and lifestyle improvements to Soldiers,” Thompson said. “There is so much all of us can improve on regarding sleep, activity, nutrition and focusing more on our basic health needs.”

Leading up to implementation in the brigade, the unit’s surgeon section held meetings every week for two months and partnered with Fort Riley’s Irwin Army Community Hospital, the 1st Inf. Div. surgeon’s office and the OTSG medical teams to make sure the Performance Triad training was maximized across the formation, ensuring the pilot’s goals are attained, once implemented.

Members of the P3 team said success for the pilot meant having it become part of the Army’s DNA like the Army values. “We have a lot of work to do still,” Thompson said. “But our momentum is strong and we look forward to engaging in every aspect of the training moving forward.”

The P3 team visited Fort Riley the first two weeks in September to conduct baseline assessments and also for what they referred to as Performance Triad University. They trained designated Soldiers in the brigade to teach the P3 tenants of sleep, activity and nutrition to all Soldiers in the brigade to maximize readiness, as well as ensuring medical assets on the ground are able to support the effort. The two-week coach, teach and mentor session officially began the implementation the Army-wide initiative in 1st ABCT and at Fort Riley.

Soldiers were given a physical assessment and an initial “Knowledge, Attitudes and Beliefs” survey prior to the baseline and will receive additional surveys midway through and at completion.

The team of experts and scientists who designed the new initiative will eventually analyze the data from this effort for future Army wide implementation.

### Leaders excited to participate

Many leaders in the Devil brigade said they looked forward to learning how to increase their own individual readiness and that of their units through better health, and think P3 will have long-lasting, progressive effects on the brigade going forward.

“P3 is ultimately about readiness; this is training and certifying individuals and leaders to do their part to build individual readiness,” Col.

Timothy Hayden, commander, 1st ABCT, said. “I’m absolutely confident the Devil brigade combat team will see the return on this investment, but more importantly, Soldiers and their Families will see the same return on their individual and Family readiness as well. We are excited to do this and building it in to our culture.”

First Sgt. Gina Curry, senior noncommissioned officer for Company E, 1st Engineer Battalion, 1st ABCT, said P3 was a worthwhile endeavor and that she was eager to create a healthier culture in her company.

“I am definitely excited; I believe it is going to increase readiness within the brigade,” Curry said. “I am going to promote it in my company by leading by example, by eating more nutritious foods, talking about it and then having my NCOs do the same. During PT time, I plan to throw a ‘food for thought’ fact out every morning for my Soldiers to think about.”

Curry said she planned to share helpful tips about sleep, activity and nutrition found in the literature she received during Performance Triad University with her Soldiers during physical training.

Teyhen said Army Families are also encouraged to participate and could lead the way to help inspire and change this part of the culture.

“The Army asks so much of the Family members and this is one way the Army continues to say ‘thank you’ and that it cares deeply about the health and well-being of Army Families,” Teyhen said. “Everyone, regardless of age or occupation, benefits from taking care of themselves and, when the Families are ready, it helps our Soldiers be even more ready to fight and win our nation’s wars.”

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Operation Live Well Presents

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## Fight the Enemy Video Contest

The Fight the Enemy contest was piloted by the Healthy Base Initiative (HBI) demonstration project at HBI sites last year to engage youth to advocate against the use of tobacco by framing it as the “enemy” that hurts our friends, Families, health and fitness. This year Operation Live Well is running the competition DoD wide! This year’s theme is: “E-cigarettes: Can You See Through the Smoke?” E-cigarettes are a mounting problem in the teen population; the CDC reported in 2014 that e-cigarettes are the most commonly used tobacco product among middle and high school students.

Teens ages 13-18 are encouraged to form teams of up to four members to film and submit a short video (up to 29 seconds) that advocates against tobacco use and/or conveys skepticism towards e-cigarettes. This contest is open to non-DoD teens, as long as the individual or at least one team member is affiliated with the military community. The video competition launches September 1st and runs through October 31st.

Full competition details are available on the Fight the Enemy webpage: <http://health.mil/fighttheenemy>



Cpl. Jeremy Gorman checks his body mass index with health educator Samantha Wood during a recent visit to the Army Wellness Center. The AWC has been an integral part in Gorman's weight loss success. Since January, he has lost 26 pounds.(U.S. Army photo).

## Army Wellness Center helps Fort Drum community members shed extra pounds

By Ashley Patoka, Fort Drum

It has been two years since Fort Drum's Army Wellness Center (AWC) first opened and began its mission to promote a healthier community. Ever since, people have visited with different needs and motivations to improve their well-being.

Cpl. Jeremy Gorman, a saxophonist

with the 10th Mountain Division Band, was motivated to lose weight so that he could stay in the Army. In January, the band visited the Army Wellness Center to learn more about the services offered there. A week later, Gorman made his first appointment at the AWC.

"I was really amazed at the tools they offered," Gorman said. "I did a Body Composition Analysis and I became hooked, essentially."

At his heaviest, Gorman weighed in at 212 pounds, and he said he didn't feel good about himself. Now, down 26



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pounds, Gorman credits his weight loss to the Army Wellness Center.

Joe White, Fort Drum Aviation Division chief, wanted to drop some pounds as well, but he also wanted to learn how he could keep that weight off. He learned about the AWC during his annual physical last December, after mentioning to the physician assistant that he planned on losing some weight. He scheduled an appointment in January for a metabolism rate evaluation.

"It took about 30 minutes with 15 minutes of just lying down with a mask covering my mouth and nose," he said.

After that, White completed a fitness test, which measured additional baselines to include cardiovascular fitness, strength and flexibility.

Gorman and White both said the AWC provided them with the tools needed to help reach their goals.

"The whole staff is really knowledgeable," Gorman said. "I would stay after my appointments and ask for advice, and the staff gladly offered it up. They have a lot of tools they provide you with, from websites for eating right and recipes to apps that help you track food and fitness."

These tools helped Gorman learn the importance of calorie counting and measuring his food intake.

"I used to just eat a bowl of cereal for breakfast or a bunch of pancakes," Gorman said. "I wouldn't measure anything; I would just eat until I was full. So now I use this app -- I use it every single day -- and I measure my food. Yeah, it is time-consuming, but once you've done it enough it becomes part of your routine, part of your life."

White was initially skeptical

about calorie counting but he soon appreciated its value. The AWC provided him with a baseline to calculate his daily caloric allowances so he could maintain or steadily lose weight: about a half pound to one pound per week. An app helped him track his daily caloric intake and exercise.

"That became a daily ritual, and surprisingly relatively a very easy one," he said. "Tracking accurately is extremely important, but with all of the resources on the app as well as the Internet, it was easy."

Both Gorman and White visited the AWC initially with a goal to shed pounds, but according to Samantha Wood, AWC health educator, the center can help people with much more.

"It's not just weight loss," Wood said. "A lot of people think we only deal with losing weight, and that's not the case."

Anybody who has any athletic goals or stress management, improving sleep quality -- really anything in the area of health and wellness, we can help with."

Wood emphasized that the AWC offers a holistic approach to wellness -- and its services extend to everyone living and working at Fort Drum.

Gorman is still in pursuit of his goal. He is currently at 186 pounds, and he would like to get down to 175. To keep himself motivated, he visits the AWC at least once a month.

"Gorman is one of a handful of people who continues to come back to the AWC," Wood said. "Seeing people come back and commit is what we work for -- they make us want to do our job."

White has lost nearly 60 pounds and 21 percent body fat since his first visit to the AWC. His cardio rate has gone from fair to superior.

"I am at the weight I was in high school and I feel great," White said. "The Wellness Center gave me some really good basic information about what it takes to lose weight and improve my fitness along with a few tools and encouragement. They did not force anything on me nor did they judge."

For Gorman, his motivation appeared each morning when he put on his uniform.

"When I first started this in January, I was in a larger size (Army combat uniform) -- large regular," he said. "I didn't feel comfortable in that size. So to motivate me, every morning when I would get my uniform out of the closet, I would see the medium, and that would motivate me to keep going."

After losing nearly 30 pounds, Gorman is now wearing the medium-sized uniform. And while he doesn't have that to encourage him anymore, seeing the pounds come off motivated Gorman to keep going and find something else to achieve. Now he is focusing on improving his Army Physical Fitness Test score.

"I took two PT tests in two months. The first one was in May, and from October of last year, I cut 45 seconds off my run," he said. "And then when I tested in June, I cut an additional 38 seconds off."

Gorman said his current goal is to get a score of 70 in each event. He is just shy of the mark for the run, but has already achieved 71 points in pushups and situps.

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"My next goal after I get the 70 is to get 80, then 90 and then eventually (a total of) 300," Gorman said. "It's a slow process, but if you just stick with it, it will benefit you in the long run."

Gorman said he hopes to stay in the Army as long as he can. He said he loves playing music, and he can't imagine doing anything else. Losing weight was the only way Gorman could continue his Army career.

"I am trying to get promoted, and me being overweight and trying to be a sergeant and set an example -- if I would have been an E-5 at that weight trying to set an example, how would that have looked?" Gorman said.

Now with the tools and guidance he has received from the AWC staff, Gorman is on his way to meeting all of his goals.

"The Army Wellness Center helped me, so who is to say that they can't help anyone else?" he asked. "Asking for help is definitely not a weakness. I believe it shows great strength. They've got the tools, so why not use them?"

The overall goal of the AWC is to provide programs that promote and sustain healthy lifestyles. White was looking for something that would be easy to follow long-term.

"I have reduced my meal portions, which was hard for me to do," White said. "I eat more fruits and vegetables, and I also snack more often. I have found a great many 100-calorie snacks and eat what seems like constantly. The change also got me to focus on finding and eating only those things that I really enjoy and taste good."

Before his initial visit to the AWC, White said he was only exercising for

20 minutes three to four times a week and that exercise consisted of walking on the treadmill. Wanting more of a return on his "exercise investment," White upped his time to 30 minutes, but that still left him wanting more.

"So I did a bit of research and found that an elliptical machine could produce the results I was looking for and so I purchased one," he said. "Since I do not like to run and I wanted to have low impact but high-calorie burn rate for the time I spent exercising, I found the elliptical fit that bill."

When the weather is nice, White also likes to spend time on his bike -- riding a 10-mile loop, four to six times a week. The combination of the reduced calorie intake and significant calorie from exercises led him to see results immediately.

"I started in January ... and the results have surprised me," he said. "Some of the improvements are so significant that I have been overwhelmed. I did not think some of the results were even possible."

Some of White's co-workers have seen his results and have been inspired to initiate their own weight loss plans.

"I am encouraging all of them to go to the AWC to get a good baseline and starting point, to use the resources and counselors there so the process can become a permanent change and not just a quick trend and a relapse," he said.

The AWC offers a number of assessments and tools to help interested clients with their health and wellness goals. These tools focus on six core programs, which include physical fitness, nutrition, stress management

and tobacco education.

The first thing all individuals who visit the AWC will do is a health assessment review. This allows the AWC staff the opportunity to learn about any injuries the client may have or any risk factors before beginning a program. Each client receives an individualized program geared specifically toward his or her goals.

"Just being able to talk to someone one-on-one, it's more individualized, and when you feel like you are getting that one-on-one contact, and when you feel like someone cares about your individual goals, I think it makes the journey a little easier," Wood said.

The AWC is available for all Soldiers, Family members, Retirees and Department of the Army Civilians. Enrollment in TRICARE Prime is not required. Additionally, all services are free. There are three ways to be seen at the AWC: referral by your health care provider, referral by your unit or self-referral.

All visits to the AWC are charted in the client's electronic medical record and in the Army Wellness Center's web-based system. This allows clients who move to another installation to pick up where they left off with their wellness plan, if that post has an AWC.

It's All About Health.



# Health is Wealth

By Tony C. Price, Jr., Martin Army Community Hospital

Falling into the trap of physical inactivity can be easy when you're busy at work all day, the only one to pick the kids up from school, work two jobs, or have other equally important obligations. However, it's pivotal to make physical activity a priority not only for you and your health, but also for your loved ones.

There are numerous reasons why getting active and staying active is important. A healthy lifestyle can be the difference in disease prevention, helping people delay or even prevent the onset of diabetes, heart disease and certain types of cancer. Individuals who participate regularly in different types of physical activity will improve in cardiovascular and respiratory function. For example, endurance exercise may lower heart rate and blood pressure at a given submaximal intensity, increase capillary density in skeletal and cardiac

muscle and increase exercise threshold.

If you have the opportunity, come to work an hour early or stay an hour later to use one of the fitness facilities on post.

Having an accountability partner is very helpful as well. This could be somebody you exercise with, a buddy to keep you on track with good eating habits, or a friend to just simply encourage and motivate you periodically.

A good rule of thumb that has proven to be helpful is setting a target of taking at least 10,000 steps per day. The most effective and successful type of exercise strategy is one that allows exercise to occur outside of a structured setting based on time constraints, integration into regular activity, and social qualities.

To help keep an accurate count of your daily steps, you can use

a pedometer that may already be installed in your smart phone, purchase a Fitbit or Jawbone Up band, or even a small waist pedometer. Walking over 10,000 steps per day significantly decreased systolic and diastolic blood pressures suggesting an improvement in cardiovascular function.

Whether you choose to have a structured exercise regimen, get a personal trainer, workout at a fitness facility or engage in 10,000 steps per day, make sure you get healthy! Have a plan, stick with it, and feel the benefits!

All visits to the AWC are charted in the client's electronic medical record and in the Army Wellness Center's web-based system. This allows clients who move to another installation to pick up where they left off with their wellness plan, if that post has an AWC.

## Mural project reflects healthy lives

By Noriko Kudo., U.S. Army Garrison Japan Public Affairs

CAMP ZAMA, Japan-- U.S. Army Medical Department Activity-Japan staff members celebrated the completion of a mural project during the reveal to the community Sept. 1 inside the BG Crawford F. Sams U.S. Army Health Clinic on Camp Zama.

Jana York, health promotion educator for MEDDAC-Japan, brought the project ideas to reality, with the help of 75 Camp Zama community members from 6 months old to 92 years old, to

build awareness of a healthy life style and to promote the Army's Performance Triad campaign.

York said some participants painted details on the mural while others created hand stamps to signify that they supported the importance of self-care and good health.

"Community involvement is an effective method to deliver the message of health readiness," said York.

Kayla Lee, 12-years old, who was a

project leader from the Camp Zama's Girl Scouts, received a coin from Col. Thirsa Martinez, commander of MEDDAC-Japan, as a token of appreciation.

Kayla said this project was to promote health.

"Health is good for you and you should try to stay healthy -- it helps you live longer and it makes you feel better," said Kayla.



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To stay healthy, Kayla said she walks her dogs every day.

Spc. Rachel Schwartz, assigned to MEDDAC-Japan, who was the art and design director for the project, received a certificate of appreciation from Martinez.

Schwartz said York asked her to do the project, because she has done several projects for MEDDAC-Japan in the past, such as designing T-shirts and military coins.

"I was asked to create a mural around the concept of what health means to me," said Schwartz.

Looking at other health murals online, Schwartz said they depicted "hospitalized stuff," and she didn't want to go in that direction, "because that is not what health is about."

Schwartz said her design incorporated the things that you would stereotypically see concerning health -- spiritual health using a "chakra guy", social health, a dieting chart and physical exercise.

There is a song that incorporates the Army being here in the shadow of Mt. Fuji, said Schwartz, it depicts Japan as the home for the U.S. Army, so "I wanted to throw that in there" -- the motto for Camp Zama is "The Army's Home in the Land of the Rising Sun."

Schwartz said she wanted the community to be able to take part in the overall design of the project.

"Everybody can do a hand print, even a two year old," said Schwartz, describing another aspect of the mural design, so using that concept, Schwartz had community members placed their hand prints all over the wall.

"The youngest community member to participate was a couple of month's olds and the oldest community member was 92 years old," said Schwartz.

"It took a lot of hand prints and effort to do this job," said Schwartz, the kids had a blast, because they got a chance to get messy -- "they basically hi-fived the wall!"

Schwartz also used the image of the Torii Gate, saying "your body is supposed to be a temple."

She said after incorporating the many different aspect of the mural, "the design just came together."

The important message to the community is striving for health, said Schwartz.

"We want to try to make everybody a little bit healthier. If they do that on their own accord, by walking, drinking more water or even by eating an apple a day; we wanted to get that message out."

Doing this mural project was a fun way for the community to participate in relaying that message, and the turn-out was great, said Schwartz, they enjoyed it in the moment.

"It was fun to see people turn into three year olds again, from the sergeant major to the oldest colonel. They were all hi-fiving the wall," said Schwartz.

The participants help build an idea and now people can see it, Schwartz commented.

"What this mural is telling you is performance triad," said Martinez, "the best way to think about it is the word 'answer' -- A.N.S. in abbreviation."

Activity; doing 10,000 steps plus another 5,000 will help you will lose weight, tone up and get strong.



Over 75 Camp Zama community members from 6 months old to 92 years old participated in a mural project at the Sams USAHC to build awareness of a healthy life style and to promote the Army's Performance Triad campaign. MEDDAC-Japan staff members celebrated the completion during a reveal to the community Sept. 1 inside the clinic. (U.S. Army photo by Noriko Kudo).

Nutrition; eating the right things such as vegetables, fruits and grains, and staying away from the saturated fats, you will be healthy and your arteries will be clean.

Sleep; getting seven to eight hours or above of sleep, you will be rested and energized to start the day again.

"Activity, nutrition and sleep... that is the answer to all your issues," said Martinez.

"This project is a reminder to all of us that we have to get enough activity, the right nutrition and enough sleep so that we can be healthy every day and not have to depend on healthcare; but instead be healthy and proactive," said Martinez.

"Health is a top of the spear," Martinez continued, "If you are not healthy then you feel sad and depressed."

"Healthy is performance -- its activity, and it's a lot of things in your life that will make you a better person," concluded Martinez.



## Sleep issue bedeviling Soldiers' health

By David Vergun, Army News Service

"I didn't realize that all this time I've been in a formation of drunks," the noncommissioned officer, or NCO, told Lt. Col. Kate E. Van Arman.

The NCO was referring to a quote Van Arman repeated to him from her top boss, Surgeon General of the Army Lt. Gen. Patricia Horoho:

"If you have less than six hours of sleep for six days in a row ... you are cognitively impaired as if you had a .08-percent alcohol level. ... We never will allow a Soldier in our formation with a .08-percent alcohol level, but we allow it [sleep deprivation] every day [in Soldiers who have] to make those complex decisions."

Adding to what Horoho said, Van Arman pointed out that after being awake 17 hours, response time has been shown to be the equivalent to a person with a blood alcohol content of .05 percent and 24-hours awake translates to a blood alcohol concentration, or BAC, of .10 percent.

Van Arman, medical director, Traumatic Brain Injury, or TBI, Clinic on Fort Drum, New York, spoke at the 2015 Defense Centers of Excellence for Psychological Health and Traumatic Brain Injury, held at the Defense Health Headquarters in Falls Church, Virginia, Sept. 9.

Although her topic was "Sleep Disorders Among Military Mild TBI Patients," much of what she said applies to all Soldiers, whether or not they have TBI.

### SLEEPLESS IN THE ARMY

It's not just the Soldiers who are



Soldiers, from the 509th Parachute Infantry Regiment, are shown during a 19-hour flight from Alaska to Australia trying to get some sleep on the floor and seats of a Royal Australian Air Force C-17 Globemaster, July 8, 2015, during Exercise Talisman Sabre 15. Soldiers, who are deployed, average just three hours of sleep a night, said Lt. Col. Kate E. Van Arman, medical director, Traumatic Brain Injury Clinic at Fort Drum. (U.S. Army photo by David Vergun)

partying all night who lack sleep, Van Arman said. Demands of Army life are responsible for a lot of it.

For instance, Soldiers who misbehave can be ordered to do extra duties as punishment, up until midnight, she said. Assuming that reveille is at 6 a.m., that's six or less hours of sleep.

Staff duty often requires the Soldier to be awake for 24-hours, she said. When the pre- and post-briefs are added, it's closer to 30.

Overall, one-third of military members sleep less than five hours per night and two-thirds less than six, she said.

Deployed Soldiers get an astonishing

average of just three hours of sleep per night, she said, particularly those serving in the combat arms branches.

It's not for lack of them trying to sleep though, she said. Those deployed or on extended exercises attempt to catch winks whenever or wherever they can, on the ground or when being transported in vehicles or airplanes.

A lot of it, though, is fitful sleep which throws off their circadian rhythms, she said. The battlefield, even the peacetime "battlefield," can be a noisy place with others snoring, lights, helicopters flying and so on, not to mention weather conditions.



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While being sleepless in the Army seems to be the norm, there are other professions that have sleepy people, particularly in jobs where that sort of thing would be concerning. For instance, 72 percent of U.S. commercial airline pilots reported being drowsy to the point of nearly falling asleep and 45 percent of all pilots admitted to actually dozing off on occasion, she said.

## **'CULTURE OF CAFFEINE'**

All this sleeplessness has resulted, not surprisingly, in a "culture of caffeine," Van Arman said.

During a recent visit to the Fort Drum shoppette, Van Arman noticed "a big refrigerator of monster sodas and energy drinks popular with young Soldiers."

Last year energy drinks in the United States netted \$27.5 billion and energy drink consumption went up 5,000 percent since 1999, she noted.

A meta-analysis of caffeine on cognitive performance showed that 100 to 300 milligrams of caffeine results in mood improvement, she said. That's about one or two cups of coffee.

Anything greater than 400 mg, though, results in mood deterioration, she said, adding that while the extra caffeine may result in a person staying awake, it may not improve decision making.

Another thing to be careful about with caffeine, she said, is not to take it within six hours of bedtime, as it will result in fitful sleep. Also, alcohol in excess will result in disruptive sleep.

## **ERECTILE DYSFUNCTION**

When Van Arman was stationed on Fort Bragg, North Carolina, she

said she was surprised to see a lot of special forces Soldiers in their 20s who stopped by the pharmacy for pills to help with erectile dysfunction, or ED.

Their testosterone levels were around 200 nanograms per deciliter, when it should have been around 500 or more. She said she'd tell them, "Your testosterone levels are that of a 60-year-old man because you're getting crappy sleep."

The brain is sensing stress so to conserve energy, it's not making testosterone, she explained. Instead, it's making the stress hormones associated with fight-or-flight survival.

"Once you get better sleep, your testosterone levels are going to go up and your ED issues will improve," she said she'd also tell them.

## **'QUICK REACTION FORCE BRAIN'**

Soldiers in the field are expected to be able to pack up and move out on a moment's notice, even if it's in the middle of the night, Van Arman said. Often, Soldiers won't know what time that will be so the training will be more realistic.

She referred to this situation as the "quick reaction force brain" that's needed for this mindset.

Dr. Robert Sapolsky, a biologist at Stanford University, conducted research along these lines, she said.

Sapolsky divided test subjects into three groups, she said. The first group went to a sleep lab where they were told they'd get a good night's sleep, but be awakened at 6 a.m.

The second group was told they'd be awakened once every three hours and the third group was told they'd be given

no warning at all when they'd be woken up - similar to the quick reaction force.

All of the subjects from all the groups were hooked to an IV while they were sleeping so blood could be drawn periodically to determine cortisol levels, meaning the amount of stress hormones present in the bloodstream.

For the first group, cortisol levels spiked 30 to 60 minutes before 6 a.m. That meant, she said, that the sleepers were subconsciously anticipating being awakened and became stressed close to that time.

For the second group, the cortisol levels spiked 30 to 60 minutes before each and every one of the three-hour periods they were told they'd be awakened.

For the third group, the cortisol levels remained elevated the entire night, meaning that instead of having restful sleep, they had stressful sleep the entire night, she said.

High cortisol levels, she noted, have been associated with higher-than-average rates of cardiovascular disease.

## **OTHER STUDIES**

A separate study done in the United Kingdom in 2012 showed more than 700 genes being adversely affected by sleep deprivation, she said.

Anecdotally, Van Arman said Soldiers on Fort Drum told her that when they go to the rifle range and they're sleep deprived, it takes them three times longer to qualify. This provides a dilemma to commanders, she said. Is it better to train Soldiers as they fight or save on time and ammunition by allowing Soldiers adequate sleep time before live-fire training?



# It's All About Health.



Other studies have shown that people who are sleep deprived have memory challenges. This could affect sleep-deprived Soldiers studying for a promotion exam or learning new tactics, techniques or procedures, she said.

Another study shows that sleep deprivation intensifies pain. She said a lot of Soldiers at Fort Drum are infantry and have sore backs from carrying heavy loads. Sleep deprivation intensifies that pain.

## **TBI Soldiers**

Sleep problems are “the absolute No. 1 military disorder when people come back from deployments. Among TBI Soldiers, it is the No. 2 problem, after headaches,” Van Arman said. Sleep disorders include insomnia, sleep apnea, nightmares, fragmented sleep, restless leg syndrome and bruxism

(grinding of teeth).

Some 300,000 military members have some form of TBI, so that’s a pretty significant number, she said, providing a number of other facts and statistics of Service Members with TBI:

- 97 percent complain about some sort of sleep problem, primarily insomnia
- 34 percent have sleep apnea
- 90 percent report napping during the day
- 50 percent have fragmented sleep

Regarding fragmented sleep, the average person awakens three to five times per night, Van Arman said. An Army specialist who was treated for mild TBI was put in a sleep lab and monitoring results indicated that he awoke 529 times in a single night.

## **EXCITING DEVELOPMENTS**

Van Arman said medical researchers are working on a host of problems relating to sleep disorders and there will most likely be effective treatments ahead.

For example, researchers are close to being able to provide imaging that shows changes to the brain resulting from TBI. Currently, TBI is largely based on self-reporting and incident reports.

For sleep apnea, a new device may soon be in the offing that will sense when sleep apnea is about to occur and prevent blockage of breathing.

Other areas in which advances are being made, she said, include therapies and pharmacological interventions.

## COMMEMORATIONS

**National Physical Therapy Month**

**National Depression Awareness Month**

**Breast Cancer Awareness Month**

**Substance Abuse Awareness Month**

**National Physician Assistant Week, 6-12**

**National Pharmacy Week, 18-24**

**Medical Command Anniversary 2 October**



Left, Brig. Gen. R. Scott Dingle, US Army Medical Command Deputy Chief of Staff for Operations and Lt. Col. Marion Jefferson, Executive Officer, Office of the Chief, Medical Service Corps, salute to the sounds of taps during the presentation of a wreath in honor of the Medical Service Corps officers at a Sept. 11 remembrance ceremony held at the Fort Sam Houston National Cemetery. (U.S. Army photo by Esther Garcia).

## 9/11 ceremony remembers fallen Medical Service Corps officers

By Esther Garcia, Army Medical Department Center and School, Health Readiness Center of Excellence Public Affairs Office

The names of Lt. Col. Karen Wagner, Capt. John Teal, Maj. Charles Soltes, Lt. Emily Perez, Lt. Ashley White-Stumpf, and Lt. David Cabrera were read aloud by Brig. Gen. Scott Dingle as he asked for a moment of silence at the US Army Medical Service Corps 9/11 Remembrance Ceremony honoring the six Medical Service Corps officers who paid the ultimate sacrifice as a result of the terrorist attack on September 11, 2001 and in support of combat operations.

Military leaders, officers,

noncommissioned officers, Soldiers, Civilians and friends of the Fort Sam Houston medical community gathered on the hollowed grounds of the Fort Sam Houston National Cemetery Sept. 11 to pay homage and honor the six medical officers that included a wreath presentation and the playing of taps by Staff Sgt. James Walker, a member of the 323rd Army Band.

Dingle, US Army Medical Command Deputy Chief of Staff for Operations and Consultant to the Army Surgeon General and guest speaker at the ceremony

quoted General Douglas MacArthur who once said, “No one desires peace as much as the Soldier for it is he who must pay the greatest penalty (or sacrifice) in war.” For it is the Soldier who sacrifices their lives in combat to support and defend the Constitution of the United States of America against all enemies foreign and domestic.”

“We sing about this same sacrifice in the Army song, when we say, county the brave, count the true who have fought to victory; the first to fight for the right; and

fighting till the battles won.. it all speaks to a sacrifice, an unspoken commitment to our nation that at times results in the ultimate sacrifice that our 6 medical corps officers paid when they died while serving their country.” Dingle continued.

Wagner was killed on the morning of Sept. 11th while working at the Pentagon, making her one of the first casualties of war. During her 17 years in uniform, she rose to the position of Medical Personnel Officer in the Office of the Army Surgeon General and Deputy Chief of Staff for Personnel and she even found time to become an avid cook.

Teal was killed Oct. 23, 2003 during Operation Iraqi Freedom while serving with 2nd Brigade, 4th Infantry Division, Fort Hood, Texas. Teal is a 1994 graduate of Virginia Military Institute. His mother, Emmie Teal, said her son spent his final days helping sick children and meeting with Iraqi citizens.

Soltes was killed on Oct. 13, 2004 during Operation Iraqi Freedom. A 1990 graduate of Norwich University, Soltes joined the Army Reserves in the same year and was assigned to the 426th Civil Affairs Battalion based out of Upland California. Soltes worked as an Optometrist and as a preventive health specialist with the battalion’s public

health team.

Perez was killed on Sept. 12, 2006 during Operation Iraqi Freedom. Perez was born in Heidelberg, Germany to a military Family and was a graduate of the United States Military Academy at West Point. She attained a 4-year letter on the track team, and managed to graduate in the top 10% of her class academically.

White-Stumpf was killed while serving in Kandahar Province, Afghanistan on Oct. 22, 2011. She was a 2009 graduate of Kent State University. She was assigned as an Evacuation Platoon Leader to the 230th Brigade Support Battalion, 30th Heavy Brigade Combat Team, North Carolina National Guard. She later volunteered to serve as a member of the Cultural Support Team attached to a Joint Special Operations Task Force in Afghanistan.

Cabrera died Oct. 29 2011 in Kabul, Afghanistan. Cabrera was a 1992 graduate of Texas A&M University and was an avid Aggie Fan. He earned a Master of Science degree in Social Work and completed his Ph.D. at the Catholic University of America, in Washington, D.C. and soon after joined the U.S. Army as a Medical Service Corps Officer.

When asked why we have this type of ceremony, Sgt. 1st Class Marian Niemotko said. “To remember the ones

that have fallen in either defense of our country or by serving our country in the military. Today we remembered our Medical Service Corps Officers, 9/11 which was very significant in this country’s history, but at the same remember we can also remember all the Service Members from all services who have died in Iraq or Afghanistan.”

Niemotko also said, “It is beneficial not only to those Soldiers who have been around for a while, but to the new Soldiers who have not been exposed to ceremonies like this.”

Warrant Officer Five John Burgess, chief, Clinical Engineering, US Army Medical Command, said he met Wagner while in Washington D.C. and said it is important to continue to have this ceremonies.

“It is important because it is about remembering not only the sacrifices that these folks made, but the sacrifices that our other folks have stepped up to. It is good for us to remember, good for us to pass on that legacy, if you will, or those thoughts to those junior Soldiers now that are coming up that don’t necessarily remember, and, we are here to remember not just these folks sacrifices, but all sacrifices.”

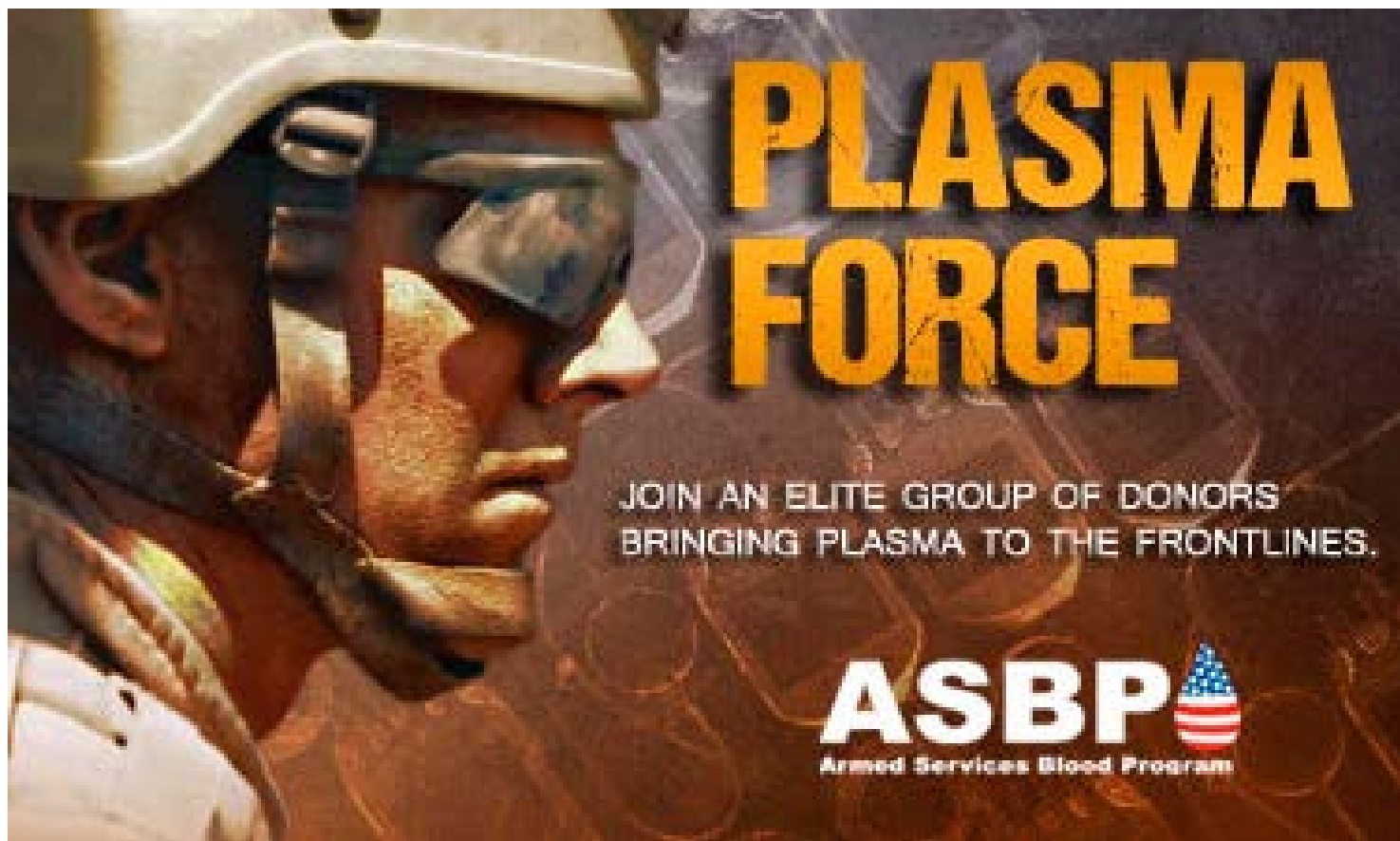


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## Freeze-dried Plasma Effort Seeks to Increase Battlefield Survival Rates

*By The Army Blood Program, a service component of the tri-service*

Armed Services Blood Program, is currently involved in an initiative to collect licensed fresh plasma from volunteer donors. The donations will be converted into freeze-dried plasma, a new product that may significantly increase the survival rates for Service Members wounded on the battlefield.

“Plasma is often the unsung hero in the blood banking world,” said Navy Capt. Roland Fahie, ASBP director. “It’s an important component that is often overlooked; but in reality, it can play a large role in saving lives of Service Members worldwide.”

Plasma makes up about 55-percent

of a person’s overall blood content and carries the other blood components – red blood cells, while blood cells and platelets – throughout the body. It also contains clotting factors that help stop bleeding, making it an important blood product to have on the battlefield.

According to Army Lt. Col. Audra Taylor, director of the Army Blood Program, studies show that giving plasma before a wounded patient reaches a hospital significantly improves the possibility of survival.

“Freeze-dried plasma is an ideal treatment for the battlefield because

of its packaging,” Taylor said. “The plasma can be easily reconstituted to its original form when mixed with water and administered in less than six minutes. This is a big advantage for our Service Members who are injured on the battlefield.”

Unlike fresh frozen plasma which is required to be stored at negative 18 degrees Celsius, freeze-dried plasma does not require refrigeration or dry ice, making it easier to transport in theater.

“Because there is no refrigeration requirement, switching to freeze-dried



plasma will reduce the battlefield power requirement,” Fahie said. “Reducing the battlefield power requirement means the freeze-dried product can be deployed further forward than fresh frozen plasma.”

Taylor also said that the shelf life for freeze-dried plasma is notably longer than that of fresh frozen plasma.

“Freeze-dried plasma has a shelf life of two years, whereas fresh frozen plasma only lasts one year when frozen,” Taylor said. “The longer shelf life also helps ensure that we continually have quality blood products on hand – another considerable advantage for our troops.”

In order to donate plasma for the freeze-dried program, a donor must be male with type A, B or AB blood, weigh at least 175 pounds, and meet the general requirements for donating whole blood.

The procedure, known as apheresis, is similar to a normal plasma donation. Blood is drawn from a donor’s arm into a sterile self-contained system that separates the plasma from the other blood components. The plasma is collected and the remaining components – red blood cells, white blood cells and platelets – are then

returned to the donor through the same arm.

“At no time is your blood exposed to open air,” Taylor said. “Nor does it leave the sterile, enclosed environment of the plasma apheresis system. The procedure is very safe for donors and ensures a safe, quality and potent donation for recipients.”

Taylor said there are two differences between a regular plasma donation and one for the freeze-dried program: how much plasma is collected and the need for the donor to return after the first donation.

For a single unit, Taylor said a total of 250 milliliters are drawn from a donor. For a freeze-dried donation, a total of 750 milliliters are drawn and the donor receives a saline replacement during the donation. Additionally, a donor must be able to return 60 days after the initial donation in order to participate in the program.

“Since the freeze-dried plasma initiative is using donor retested plasma, the donor must be retested for all disease markers within 60 days of the first donation,” Taylor said. “Ideally, the blood donor center will accomplish this by having the donor complete a second donation.

This not only completes the testing requirement, but it also produces more products for the program.”

Today, six of the ASBP’s donor centers — located at Fort Bragg, N.C.; Fort Gordon, Ga.; Fort Sam Houston, Texas; Joint Base Lewis-Chord, Wash.; Landstuhl, Germany; and the Tripler Army Medical Center, Hawaii — are participating in the freeze-dried program. If you would like to donate, contact the local blood donor recruiter at those locations for more information.

“For many of our wounded Service Members, having quality blood products available that can be administered quickly is the difference between life and death,” Fahie said. “This is an important program that will go a long way towards saving lives. We encourage you to join this elite group of donors who will help shape the future of the Armed Services Blood Program.”

For more information about the freeze-dried plasma effort, visit the ASBP website here: [http://www.militaryblood.dod.mil/tech/freeze\\_dried\\_plasma.aspx](http://www.militaryblood.dod.mil/tech/freeze_dried_plasma.aspx).



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# Helping a Hero to Heal

By Gino Mattorano, Regional Health Command Europe Public Affairs

Airman 1st Class Spencer Stone didn't think twice before he and his friends stepped in to thwart a terrorist attack on a Paris train, and his selflessness resulted in a potentially disabling cut to his hand.

However, thanks to the skillful work of surgeons in Paris and the expert therapy he's receiving from Army medical professionals at Landstuhl Regional Medical Center, he is expected to regain full use of his hand.

Stone received a deep laceration at the base of his thumb that severed the tendon and nerves that run along the inside of the thumb, according to Lt. Col. Arthur Yeager, LRMC's Chief of Occupational Therapy.

According to Yeager, the cut appears to be a defensive wound from when the would-be attacker sliced at him with a knife, while Stone and the other heroes on the train attempted to subdue him.

"Stone said everything happened so quickly he doesn't recall exactly how he was cut," Yeager said. "The tendon that was severed allows you to flex the thumb and use it to grasp things, and without it, you can't really use your thumb."

Yeager says the excellent care Stone received at a French hospital has set him on a path to a complete recovery.

"Thanks to our counterparts in France, he underwent surgery that same day, which is critical," Yeager said. "What tends to happen is that the longer you wait to repair the cut, the harder it is to get more range of motion and the harder the rehab will be."

The nerve that provides sensation to the thumb was also severed, but the French surgeon was able to repair the nerve and sensation is already returning to his thumb.

"Normally, when a nerve is severed and then repaired, it could take up to a year before full sensation returns," Yeager said. "He already has some sensation in his thumb just days after the surgery, and that's

a testament to the skill of the surgeon. Fortunately for him it was also a clean cut, so that also made the repair easier."

Yeager believes that it will take anywhere from three to four months for Stone to regain full use of his thumb.

"He is receiving therapy daily, we are changing his bandages, assessing the condition of the wound, and doing range of motion exercises with the thumb to ensure it doesn't stiffen up or become re-injured," Yeager said.

Occupational therapy helps people of all ages with temporary or permanent impairments to return to optimal performance through the use of everyday activities.

"It's more about function than just body parts, so our focus is on returning people back to the things they do every day," Yeager said.

According to Yeager, it takes six weeks for a repaired tendon to be able to sustain a load, so it's crucial that he doesn't use it during that time.

"Our occupational therapy team designed a custom-made splint for his hand that will prevent him from moving the thumb, so that he can't damage the repair to his hand," Yeager said. In the meantime, we will continue to do therapy to keep his thumb mobile and prevent it from becoming stiff from lack of movement."

So far, his OT care team, consisting of Capt. Ashley Welsh, Staff Sgt. Tischa Hall, Sgt. Aaron Keller and Kirby Kirkland, believes that his prognosis is excellent.

"He looks great for how recently he had surgery," Yeager said. "He has very little swelling, the wound looks excellent and there's no sign of infection, and he has really good range of motion. Everything looks great, so far. Within three months he will be working on strengthening the hand



Airman 1st Class Spencer Stone receives occupational therapy (OT) from Capt. Ashley Welsh during an Aug. 31, appointment at Landstuhl Regional Medical Center, Germany. Also assisting are OT Assistant Sgt. Aaron Keller and OT Intern Kirby Kirkland. Stone is receiving care for injuries sustained while helping prevent an attack by an armed gunman on board a train in France. (U.S. Army Photo by Chuck Roberts).

and he should be able to resume all the activities he was doing before."

It hasn't been determined how long Stone will receive care at Landstuhl, but Yeager says he is receiving the best care possible, and the same level of care will continue wherever he goes next for treatment.

"Over the last 14-years more than 90,000 Wounded Warriors have been treated here at Landstuhl; many with much more severe injuries, so it's refreshing to have a patient with such a positive outcome. Unfortunately, not all of our heroes leave here whole."

Yeager says that Stone, an Ambulance Services Technician stationed at Lajes Field in the Azores, has been a great patient and that they've enjoyed seeing him and hearing about how his life has changed as a result of his experience.

"We are very proud to be able to help Airman Stone on his road to recovery," Yeager said. "He is a true testament to the caliber of the men and women in our military today."



# USAMRMC Agencies Transition to Defense Health Agency

By Crystal Maynard, U.S. Army Medical Research and Materiel Command

The National Museum of Health and Medicine and the Armed Forces Medical Examiner System held special ceremonies recognizing their transition from the U.S. Army Medical Research and Materiel Command to the Defense Health Agency Aug. 28 and Aug. 31, respectively.

During the ceremonies, USAMRMC and Fort Detrick Commander Maj. Gen. Brian C. Lein paid tribute to each command's unique history and importance to the Nation.

"While I'm sad, personally, I'm happy, professionally... This is a change for the better," Lein said, during the museum's ceremony Aug. 28 in Silver Spring, Maryland. "Elevating this national, historic landmark up to a DOD level and at an appropriate level to the Defense Health Agency will bring this museum to even further heights. But, please know you will always have an open door at USAMRMC, and you will always have a mission."

Lein's sentiments were no less exemplary

during the AFMES transition ceremony held in Dover, Delaware, Aug. 31.

"This organization is truly one of the key organizations within our Department of Defense, for over 50 years it has treated all of our fallen with the utmost of dignity and respect," said Lein. "I don't know of any other organization that has had such a lasting impact on Soldiers, Sailors, Airmen, Marines and their Family members than the Armed Forces Medical Examiner System."

AFMES provides worldwide comprehensive medico-legal services and investigations. Board-certified forensic pathologists, forensic anthropologists, medical-legal death investigators and photographers are available 24-hours-a-day to conduct forensic investigations into military deaths throughout the world.

The organizations are now part of DHA, which is a joint, integrated combat support agency that enables the Army, Navy and Air Force medical services to provide a medically ready force and ready medical force to

combatant commands in both peacetime and wartime.

These transitions are both part of an overall Army Medicine reorganization. Over the past year, the Army Medical Department Futures Task Force conducted an enterprise-wide analysis and deliberate planning to develop a recommended course to strategically transform the Army Medical Command's organizational structure and health readiness capabilities. The analysis encompassed a review of every level of the MEDCOM, from the headquarters to the installation level, and resulted in the decision to transform the MEDCOM's organizational structure into a more streamlined and efficient organization. By transitioning the agencies to DHA, Army Medicine is enhancing health readiness by strategically transforming its organizational structure to become a more integrated, agile and streamlined organization regionally aligned to support Army Force 2025 and beyond.

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# Womack Army Medical Center babies save

By Eve Meinhardt, Womack Army Medical Center

Superheroes are born at Womack Army Medical Center, or WAMC, every day. Within 30 seconds of taking their first breath, these babies have potentially saved someone else's life by donating cord blood.

WAMC is celebrating six years of partnership with Carolinas Cord Blood Bank in collecting cord blood on Fort Bragg. WAMC is one of only eight sites in North Carolina and the only Department of Defense site, which collects this lifesaving substance.

Cord blood is harvested from the umbilical cord after the baby is born. Donating cord blood does not change the birth experience for a mom or baby.

"Donating cord blood doesn't hurt mom and it doesn't hurt baby," said Jessica Burgess, marketing manager, Carolinas Cord Blood Bank. "It's going to be thrown away anyway, so why wouldn't you make the choice to donate? It's a win-win."

Dr. Sammy Choi, chief, Department of Clinical Investigation, WAMC, said that Fort Bragg is a natural fit for the program.

"The military is a volunteer organization, so it's in our nature to volunteer to help others in any way we can," Choi said. "We're also a very diverse population and our diversity can help increase the chances for those who would typically have difficulty finding a suitable match."

Cord blood is used in transplants to help save the lives of patients with leukemia, lymphoma and other blood-borne diseases. Overall, there are about 80 diseases that the Food and Drug Administration has approved for treatment with cord blood. However, studies are being conducted to see if cord blood can potentially treat more conditions including cerebral palsy, autism and strokes.

Since the program's inception at WAMC, 27 units collected here have been used in transplants. In June, a unit donated at WAMC was transplanted to help treat acute myelogenous leukemia.

"The possibilities are endless," Choi said. "There are different schools across the country conducting studies on the benefits of cord blood. Right now, it's



Superheroes are born at Womack Army Medical Center, or WAMC, every day. Within 30 seconds of taking their first breath, these babies have potentially saved someone else's life by donating cord blood. (U.S. Army photo).

primarily used to treat conditions in children, but they are looking at using it more to help adults, too."

Cord blood donation is completely voluntary and provided at no cost to the patient or their insurance. Mothers wishing to donate cord blood will sign a consent form before labor.

"It's a safe, easy process," said NaTasha McDuffie, a clinical research coordinator with Carolinas Cord Blood Bank, who works out of WAMC. "It's non-invasive and we take care of everything."

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# Enlisted Joint Medic Panel kicks off Asia Pacific Military Health Exchange

By Jim Guzior, Tripler Army Medical Center Public Affairs

“Medic!” is the call heard through the billowing smoke on the battlefield. A U.S. Army Soldier with the familiar ‘aid bag’ strapped to his back runs to the injured patient. He immediately assesses the seriousness of the patient’s condition based on the level of distress and mental status. This patient must be medically evacuated from the battlefield. He calls in the 9-line MEDEVAC request and within minutes a Marine Air Wing Corpsman is running from an aircraft to help get the patient aboard. In the air, the assessment and treatment continues. On the horizon, a U.S. Navy hospital ship awaits the injured. A Navy Independent Duty Corpsman meets the aircraft and helps load the patient on a stretcher. The patient is stabilized but must be transported to a Military Medical Center. Once on the aircraft, equipped to care for the critically injured, the patient is placed into the hands of yet another team. This team is made up of a flight nurse and two enlisted Air Force medics.

This scenario was the basis of the presentation, “Role of Medical Non-Commissioned Officer Panel” at the Asia Pacific Military Health Exchange (APMHE) in Da Nang, Vietnam on September 14. Over 400 participants from 23 countries listened to the enlisted medic Joint panel describe the interoperability of today’s U.S. Military Medic in the Pacific.

“They understand the ranks, live and work alongside the troops they care for and are critical for the successes we experience today,” said Fleet Master Chief Mark W. Rudes, U.S. Pacific Command senior enlisted leader, to the international military audience of the APMHE. “We’ve learned that training jointly has improved our capabilities while finding efficiencies, streamlining infrastructure and saving

money. We now train as we fight, jointly. Logically, this has the potential to benefit us globally with other nations moving to professionalize their non-commissioned force,” he added.

Many nations in the Indo-Asia-Pacific region are just beginning to understand that the “backbone of the U.S. military” is the professional non-commissioned officer corps. Indonesia’s first Warrior Leader Course or inaugural NCO course, led by Tentara Nasional Indonesia – Angkatan Darat (TNI-AD), or Indonesian army, graduated in 2009. Other Pacific nations like Nepal and Mongolia have followed the path of professionalizing their NCO Corps. Some nations, like the Philippines, Australia and New Zealand are comparable to U.S. military NCOs and are already utilizing their NCOs in high capacity to include medics and healthcare professionals.

“Once cultural biases are broken and the fear of losing authority with delegation is suppressed, a country can really begin embracing a professional enlisted force and our global health care continuum will see accelerated and rapid growth,” said Rudes.

As U.S. medic teams train with partner nations during exercises there is a two-fold benefit of U.S. joint training and NCO development of partner nations.

“We just recently had our (Medics) jointly deployed on U.S. Navy ships in support of Pacific Partnership all across the Pacific,” said U.S. Army Master Sgt.



HMCM Alberia Davis, HMCS Michael Gutierrez, MSG Michael Freeman, CMSgt Russell Thomas make up the Joint enlisted panel of the Asia Pacific Military Health Exchange (APMHE) in Da Nang, Vietnam.

Michael Freeman Jr. during his panel remarks at the APMHE. “Supporting humanitarian assistance missions in Kiribati, the Federated States of Micronesia, Solomon Islands, the Philippines, and right here in beautiful Vietnam, conducting medical health exchanges with host nation countries, is invaluable training for NCOs,” Freeman added.

The enlisted medic panel, including medical NCOs from the U.S. Army, Navy, Marines and Air Force took questions from the audience about training and joint work. In closing, U.S. Air Force Master Sgt. Yvette Rose, International Health Specialist for Pacific Air Forces, brought the joint picture into focus with the battlefield scenario described.

“These enlisted medics used their knowledge and training to help the injured Soldier survive from point of injury all the way to the large, joint medical facility,” said Rose. “This is one example of how well-trained enlisted medics can jointly contribute to saving lives in our military,” Rose added.





Air Force Capt. Kelly Lonergan, from SAMMC's Inpatient Mental Health Unit, presents findings from her study on the "Use of Pet Therapy in an Inpatient Behavioral Health Setting" at the TriService Nursing Research Program's Research and Evidence-based Practice Dissemination Course in San Antonio Aug. 31-Sept. 3. U.S. Army photo by Robert Shields

# Nurses showcase innovations at TriService course

By Elaine Sanchez and Lori Newman, Brooke Army Medical Center

Several nurses from San Antonio Military Medical Center were selected to showcase their nursing research and evidence-based practice innovations during a joint military course in San Antonio.

The nurses were among the Army, Navy, and Air Force presenters at the TriService Nursing Research Program's Research and Evidence-based Practice Dissemination course Aug. 31-Sept. 3.

The course was intended to "highlight research and evidence-based practice innovations ... while fostering collaborative partnerships among TriService nursing partners," the chiefs of the Army and Air Force Nurse Corps and director of the Navy Nurse Corps wrote in a welcome letter.

"It is so exciting to see nurses, clinicians, administrators and leaders from all three military services come

together with the goal of disseminating research and best practice evidence in order to improve the healthcare of our beneficiaries," added Army Col. Michael Schlicher, the program's executive director, in a letter to attendees.

SAMMC presentations ranged from the benefits of therapeutic

music on inpatient surgical wards to improvements for “near miss” reporting on medical telemetry wards.

Air Force Capt. Kelly Lonergan, from SAMMC’s Inpatient Mental Health Unit, presented findings from her project on the “Use of Pet Therapy in an Inpatient Behavioral Health Setting.”

Lonergan’s project was geared to reducing patient anxiety through the use of pet therapy. A pet therapy team visited with inpatient behavioral health patients at least once a week over a six-month period.

“We conducted a little over 30 visits per month, about 200 patients,” Lonergan said. “We found huge drops in anxiety post-pet therapy.”

The patients completed the Hamilton Anxiety Scale 30-minutes prior to the pet therapy and again 30-minutes after the pet therapy session.

“Because of the positive results we were able to increase our pet therapy teams from one to six,” Lonergan said. “So we have six rotating teams now that come through four times a week.”

The positive outcome inspired them to share their results with other units throughout the hospital, Lonergan said. “One of the other successes which I didn’t anticipate was staff morale,” she said. “Every time the pets came up the staff was so excited.”

Also representing SAMMC, Army Capt. Amanda Rodriguez, a staff nurse on 3T, focused on patient safety with her project, “3T Medical Intensive Care Unit Evidence-based Project to Reduce Nuisance Alarms.” The aim of the project was to reduce false physiological alarms and to improve patient safety, she said.

“Many studies have demonstrated as many as 99 percent of alarm signals

may be false and can result in patient harm or death when a clinically actionable alarm is missed due to alarm fatigue,” she explained. Alarm fatigue is when a person is exposed to an excessive number of alarms. This sensory overload can lead to desensitization and delays in response or missed alarms.

To reduce this high occurrence of false alarms, 3T MICU nurses implemented the American Association of Critical-care Nurses Practice Alert for Alarm Management at San Antonio Military Medical Center. This practice involves “reviewing alarm setting and patient-specific tailoring of the physiological alarms every shift,” Rodriguez explained.

After a six-week period, “alarms were reduced by over 900 fewer per day,” she said.

The project, with its impressive results, was well-received, Rodriguez said, noting the course “was not only an outstanding opportunity to share our accomplishments, but to encourage and inspire others to pursue evidence-based practice projects,” she said.

Robin Francis, assistant clinical nurse officer in charge for the 3W Medical Surgical Telemetry unit, highlighted one of her team’s poster presentations.

The presentation, authored by the unit practice council, showcased an initiative to improve communication between technicians and nurses when patients’ vital signs were abnormal but not within Rapid Response Team parameters, she explained. They instituted “parameter pals,” a tool to assist technicians in knowing when to alert nurses about abnormal vital signs.

As a result of the speedier detection of abnormal signs, “the tool increased our response time to activate RRT by

50 percent,” Francis said. “I am always very proud of my team.”

Air Force Airman 1st Class Zachary Ferguson, who spearheaded the initiative, called the conference an “enlightening experience.” “The opportunity to collaborate and exchange ideas with fellow nurses is rare but absolutely necessary,” he said. “It allowed us to grow not only as medical professionals but as Soldiers and Airmen as well.”

Army Capt. Allison Ferro, a 3E staff nurse at SAMMC, presented a case study on how academic service partnerships can enhance the development and training of military nurses. After sharing her findings in podium and poster presentations, Ferro took advantage of the opportunity to attend other sessions.

“I was able to hear from bedside nurses on their best practices and evidence-based projects, all the way up to the most senior military scientists and their ongoing programs of research,” she said. “The material offered at this course is invaluable to my professional and personal development as a nurse.”

Army Lt. Col. Christopher Weidlich, deputy chief of research for the Center for Nursing Science and Clinical Inquiry at SAMMC, attended the course and praised the overall conference.

“It was an excellent opportunity for military nurses from all services to come together, exchange ideas, whether it be the latest in research or evidence-based projects, and move the science forward, ultimately translating to improved patient care throughout military facilities,” he said.

# Beware the blister: a ‘minor injury’ that can slow you down with serious pain

By Veronique Hauschild, *Environmental Scientist, Army Public Health Center*

Most of us have experienced the pain of having a friction blister. Friction blisters form when an object (such as a sock, shoe or strap) is repeatedly moved across the skin with enough force to cause the layers of skin to release heat. The heat causes redness and a separation (or ‘cleft’) between the outermost layer of the skin and rest of the skin layers. The cleft fills with fluid causing a raised area on the skin. They typically form on the toes, feet and ankles but can also occur on the hands or other places where there is repeated rubbing (such as on the torso from the straps of a heavy backpack.)

Because these injuries often only cause discomfort and don’t require medical treatment, they are sometimes described as “just a blister.” However, some blisters become serious and temporarily debilitating for Soldiers and athletes. Blisters can force you to restrict your activity and limit physical training. In some cases, friction blisters develop into infections that require antibiotics and medical treatment. As one of the most common injuries among active duty military, friction blisters can have a notable adverse impact to military readiness.

Activities such as marching and running are the most common causes of blisters in the military. A recent review of injuries associated with marching or hiking showed that heavy load carriage increases your risk of foot blisters. You may not be able to avoid activities that put you at risk of developing blisters. However, there are things you can do to minimize the likelihood of developing a blister and/



As one of the most common injuries among active duty military, friction blisters can have a notable adverse impact to military readiness. (DoD photo).

or reduce the severity of any blisters you develop.

You may already be aware that some individuals are more prone to develop blisters than others who perform the same activities. While the science is not substantial, studies do provide evidence that some people may have a higher risk of developing blisters. For example, having no foot arch or flat feet, or being of an ethnicity other than African American/Black, can increase your risk of getting a blister. While these factors cannot be changed, other factors that increase risk of blister can be modified. For instance, wearing cotton socks, especially if socks or feet are moist, and using tobacco (including smokeless tobacco) can increase chances you develop blisters.

In addition, various “best practices” for preventing blisters are also recommended by medical professionals

and professional and amateur athletes. While there is limited scientific evidence validating the effectiveness of most tactics among large populations, try some of the tactics below to determine what works best for you in avoiding the pesky but painful blister!

Start with this (best supporting scientific evidence):

## ADAPTATION:

Start slowly and build up to activity and equipment To help your skin become more resistant:

- Increase duration and intensity of blister-causing activities slowly over time.
- Use the same shoes, gloves or load weight/shape as you increase activity.



## SOCKS:

Use synthetic moisture wicking blends (no cotton) Keep skin dry:

- Synthetic socks made from acrylic, nylon or polyester that ventilate and wick moisture away from the feet are recommended over cotton socks, to prevent blisters, especially during long distance marching or running.
- Some people advocate wearing a double layer of socks (non-cotton), since a second layer stops the first from rubbing against the skin. However, others prefer a single layer loop-stitched sock, as less heat is generated than with 2 layers. Scientific evidence does not clearly indicate which is best -- this may vary with individual risk factors.

Consider other options:

## SHOES:

Ensure proper fit and maintenance. Minimize contact between your foot and shoe:

- Make sure toes do not touch end of shoe while walking, and consider a wide toe box with room for toes to wiggle.
- Purchase shoes later in the day since foot size may swell half a size

throughout the day or after activity.

- Do not leave shoes/boots on radiators or near heaters since this can cause them to shrink and seams to protrude.

## TAPING AND SKIN COVERINGS

(Specific products to stick with you for hours):

- Certain skin coverings have been shown to help absorb friction during movement which can reduce blister occurrence or severity.
- Zinc Oxide tape has been anecdotally reported in running communities to prevent blisters from forming or minimizing further injury to an existing blister. Other products referred to as "blister plasters" will expand in response to friction and thus protect the area from blisters forming or getting worse.

Less or no supporting scientific evidence:

## INSOLES

- A closed-cell neoprene insole was found to reduce the incidence of blisters in U.S. Coast Guard recruits.
- Anecdotal reports suggest properly

fitting insoles can reduce blisters, though ill-fitting insoles can increase them.

**COATINGS** (Reduce friction with various coating products):

- Inexpensive products, such as petroleum jelly, used to coat areas to reduce friction and prevent chafing and blisters have been commonly advocated by various athletes to prevent blisters on feet, under arms, bra straps or between legs.
- While prior study suggested antiperspirants may reduce blisters, there is a risk of skin irritation, so it is not specifically recommended. Potentially less irritating coatings include products such as "Vaseline," or of more recent popularity, longer lasting non-oily coatings such as "BodyGuide." Anecdotal reports suggest these products prevent blisters without causing skin reactions, but no scientific study has validated their effectiveness.

*(Use of trademarked name does not imply endorsement by the U.S. Army, but is intended only to assist in identification of a specific product.)*



**Are you eating for peak performance?**

What you eat directly impacts your readiness & resilience, so skip the fast food & fill up on food that helps your move faster.

Icons: Sleep (Zz), Exercise (runner), Nutrition (apple).

# Military, civilian health care executives aim for increased collaboration

By Flavia Hulsey, Western Regional Medical Command

A group of 35 senior military and civilian healthcare executives gathered at the Cedarbrook Lodge for the Puget Sound Health Care Executive Roundtable, Sept. 10-11.

The purpose of the roundtable was to bring together executives from the military, Veterans Affairs, and Civilian healthcare organizations to discuss strategies and explore opportunities in collaboration to improve quality outcomes and access to care in the Puget Sound.

Maj. Gen. Thomas R. Tempel Jr., commanding general of Western Regional Medical Command and market manager of Puget Sound Military Health System, or MHS, helped lead the event.

"In my 25 years of wearing the uniform, I have never been in a community where the collaboration exists like it does here between the military and civilian community," Tempel said. "The trust has already been built. I hope we can grow upon that today through our discussions. The purpose of the day is to build on the trust that has already been established and foster future relationships and work groups."

Topics of discussion included addressing the changing landscape in the military and civilian health sectors, optimizing healthcare in the Puget Sound through military-civilian partnerships, and prioritizing collaborative opportunities.

Along with the formal topics - and tackling issues in healthcare that some called "complex" and "constantly changing" - Tempel hoped the event would be a conversation starter about how to improve health and improve Soldier readiness. Participants clearly agreed as evidenced by the discussions.

"We as Americans need to be loyal to each other and to our joint interest in improving health," said James Collins Jr., principal of Jimmy Collins & Associates, and civilian aide to the Army secretary.

Collins is a retired major general and former I Corps deputy commanding general.

"There is true value to us as a nation for sharing information and for working together," he said.

Andrea Inserra, senior vice president of Booz Allen Hamilton, whose organization helped plan the roundtable, said collaboration is part of the future of healthcare in this nation.

"I truly believe this is the beginning of a conversation," Inserra said. "It's the beginning of how to work together and set the direction for how we work collaboratively across the United States - so, much broader than the Puget Sound but starting here in the Puget Sound."

The Puget Sound Military Health System is comprised of four military treatment facilities in western Washington - Madigan Army Medical Center, Naval Hospital Bremerton, Naval Hospital Oak Harbor, and the 62nd Medical Squadron clinic at McChord Field - that are responsible for the care of some 280,000 eligible beneficiaries.

"The Puget Sound Military Health System spans 135 miles ... And in between all of those are the VA and civilian networks with a tremendous amount of experience," said Navy Captain Jim Thralls, outgoing chief operating officer of Puget Sound Military Health System. "We don't know nearly as much alone compared to what the collective Puget Sound health systems know."



Andrea Inserra, senior vice president, Booz Allen Hamilton, whose organization helped plan the roundtable, welcomes participants to the Puget Sound Health Care Executive Roundtable at Cedarbrook Lodge in SeaTac, Wash., Sept. 11, 2015, while Maj. Gen. Thomas R. Tempel, Jr., commanding general, Western Regional Medical Command; and market manager, Puget Sound Military Health System, listen. (U.S. Army photo by Flavia Hulsey).

The University of Washington, or UW, School of Medicine was one civilian network provider that was represented at the roundtable event.

For many years, UW Medicine has partnered with Madigan in several areas, to include simulation training. During the roundtable, Dr. Carlos Pellegrini, chair of the Department of Surgery, UW Medicine, expressed interest in developing a more formal simulation training program with Madigan.

Pellegrini said that if the group wants to do more collaboration practically, it has to come from a high leadership level, and



perhaps in the form of a memorandum of agreement.

Ultimately, the executives identified a few key areas that warranted further discussion. Those areas included: referral management and beneficiary education; metrics; wellness and health improvement; emergency preparedness and disaster planning; and collaboration opportunities in research, simulation and graduate medical education.

The executives plan to meet in smaller work groups before reconvening after the new year.

Military participants included

representatives from the Puget Sound MHS and associated military treatment facilities, Western Regional Medical Command, Navy Medicine West and VA Puget Sound Health Care System.

Civilian participants included representatives from Harrison Medical Center, United Healthcare Military & Veterans, Washington State Hospital Association, Tacoma-Pierce County Health Department, Multicare Good Samaritan Hospital, Virginia Mason, Pacific Business Group on Health, Pacific Medical Centers, University of Washington Medicine, Providence Health

& Services Northwest Washington, Seattle Children's Hospital, Washington Health Care Authority and Booz Allen Hamilton.

Tempel said he was very pleased overall with the great progress and openness for collaboration seen at the roundtable.

"We're all in this together with the common goal of taking care of our patients," Tempel said. "We all have successes, and we all have areas for improvement. When we get together like this and learn from each other, it is a very valuable experience."





# One Service Member's trash turns into treasure

By Annette Coward, Warrior Transition Command

Every household has a honey do list, and for retired Army Sgt. 1st Class Deon Carroll, taking out the trash turned into a gold mine.

Carroll and his wife began the planning phase for their small business two years ago and opened the doors to Prestige Trash Bin and Cleaning, located in Fayetteville, North Carolina, July 2015.

"It was truly one of those moments where I was being a nagging wife, and it turned into an epiphany," said Cynthia Carroll. "From that point on we began researching to see if this is something that we could possibly do."

During his 26-years of service, Carroll worked as a driver, a gunner, a platoon sergeant and a drill sergeant. He retired after suffering severe back injuries.

"It was hard to adjust, I was used to a routine," he said. "In retirement I stumbled. My wife really had to push me to get over the hump to pursue this venture."

Carroll added that the military was instrumental in helping me lay a foundation. You utilize your leadership skills and strategic planning in business."

After retiring and with a drive to become an entrepreneur, Carroll would turn back to his secret weapon, the Warrior Transition Battalion, Fort Bragg, North Carolina. According to Carroll, while in the WTB, he was provided many opportunities for training, making it easier to transition into the civilian sector.

"They were so helpful. I was able to take several classes, I researched several topics, and gained financial knowledge and training. Everyone, including



Retired Army Sgt. 1st Class Deon Carroll and his wife Cynthia proudly display their newly launched business Prestige Trash Bin Cleaning. The company opened its doors in July, 2015 in Fayetteville, North Carolina (U.S. Army Photo by Deon and Cynthia Carroll)

transition coordinator Cedric Minor and staff members Martha Brown and Tony Pugh -- they all played a part in this venture. It's like having Family be part of this, they go above and beyond," he said.

Looking back, Minor says that Carroll had the drive and will to make his dream come true. "It was hard to tell how long it would take, yet I knew that he would make it happen sooner than later. He and Mrs. Carroll embraced many program opportunities and conducted a lot of research. I am proud to have had the opportunity to work with him, and I look forward

to the future successes of his growing company."

Carroll says his best business plan to date includes the warrior transition battalion and his business and life partner, Cynthia.

"She is my greatest asset, I really have to give her the credit."

Carroll, the proud co-CEO of a Veteran-owned business, has a message for other Soldiers and Veterans.

"Don't give up, work hard, and ask for help."

Carroll is just one credit shy of obtaining his Bachelor of Science degree in business management.

# Keller Army Community Hospital's Physical Therapy Fellowship receives accreditation

By **Robert Lanier**, *Keller Army Community Hospital Public Affairs*

The American Board of Physical Therapy Residency & Fellowship Education (ABPTRFE), the American Physical Therapy Association's accreditation body, has approved the KACH Division I Sports Fellowship, as an ABPTRFE-accredited Sports Division I Physical Therapy Fellowship program.

The current program, which was formerly known as the U.S. Military-Baylor University Sports Physical Therapy ‘Residency’ Program, is one of two accredited Sports PT Fellowships in the country and the only military sports fellowship. Its mission is to train and educate specialized military physical therapists to be leaders in evidence-based sports therapy, clinical excellence and military-relevant sports medicine research.

During the 18-month program, fellows -- from the Army, Navy and Air Force -- complete 60 credit hours of full-time graduate school education through Baylor University, taught by local faculty, across four semesters. All of this occurs while completing 30-hours per week in clinic patient care and 400-hours of sideline sports coverage with a variety of Division I Army West Point sports teams. This hard work culminates in a Doctorate of Science degree from Baylor University.

“This year marks 20 years of training physical therapists in sports injury management here at West Point,” said Lt. Col. Donald Goss, Director of the Fellowship program. “The recent recognition as an accredited ‘fellowship’ takes the program to the next level. This accomplishment was truly a team effort for faculty and fellows.



Keller Army Community Hospital physical therapists provide treatment to United States Military Academy cadets at the physical therapy clinic located at Arvin Gym in West Point, New York. (U.S. Army Photo).

“I would like to thank former program directors Lt. Col. Mike Johnson and Maj. Mike Crowell, and all of the athletic trainers and orthopedic surgeons, at West Point, for all of the hours of work they have poured into our program,” added Goss.

The commencement of the accreditation will begin August 31, 2015, and will continue for a period of five years. In order to maintain the accreditation, the program director and staff must uphold certain ongoing requirements, including but not limited to current ABPTRFE Evaluative Criteria and the ABPTRFE

Rules of Practice and Procedure. In addition, programs must provide an annual report to ABPTRFE for each year of accreditation.

The current fellows (Maj. Aspen Terry, Maj. Jeff Dolbeer, Maj. John Mason, and Capt. Jamie Morris) will defend their doctoral dissertations October 30, 2015, at Baylor University in Waco, Texas, and hold graduation exercises, here at West Point, in December. The next Fellowship students will begin classes in Jan 2016 with a Jul. 2017 expected graduation date.

# Madigan Informatics deputy chief recognized

By **Scotty McNabb**, *Madigan Army Medical Center Public Affairs*

A Madigan civilian informatics officer was recently named the 2014 U.S. Army Medical Department Mercury Awards for Information Management/Information Technology Civilian of the Year.

Richard Barnhill, Madigan's Department of Clinical Informatics deputy chief, took home the individual award two years after the Madigan Informatics team won the unit award.

The retired Army medic said he is honored to accept the award and was genuinely surprised when his name was called.

“The award I got this year was for a number of things that we’re doing around support of Patient Center Medical Home, chronic pain care, third party collections, network referrals and then some workaround amputee care and an amputee registry that we built here to track all amputees around the Department of Defense,” he said.

Barnhill said he's thankful for the individual Mercury Award, but that it makes him feel a sense of validation for the work he and his team do on a daily basis across a whole gambit of taskings.

"I'm actually blessed with the best team in the medical command," he said. "They make me look smart every day. I'm really proud of them. It was really great two years ago when we got the team award because I really think that validated the great group of individuals that we have here. I'm lucky and blessed to be the leader of those folks, but really, it's a group effort in everything that we do and it's

a lot of blood, sweat and tears as we take on each project to make it come to fruition.”

Col. Eric Shry, Madigan  
Department of Clinical Informatics  
Chief and Program Director, pointed  
out the fact that Barnhill, a GS-12  
has been successfully taking on and  
tackling tasks at a GS-14 level resulting  
in positively impacting Medical  
Command and the Defense Health  
Agency.

“His ability to bring new things into our environment (which isn’t always very accepting to new things) is remarkable,” said Shry. “He is a leader in inter-operability, working with data exchange with the VA and Civilian partners. He also has been important in working on the next electronic health record, and the next (virtual) desktop.”

Barnhill said running the chronic pain tool was one of the tasks that really stood out to him in 2014. He obtained more than \$2 million in outside grant funding to create pain management tools that were then adopted as the DoD Standard. His team took a product built by a university and sponsored by the National Institute of Health and made it useful for both patients and providers. The original product was disjointed with two separate functionalities.

“We were able to combine all that so they could interact together around the measurement of their pain treatment and how well they’re doing with their pain treatment,” said Barnhill.

“We were able to significantly see a betterment of the care plans and then also some standardization around how to provide pain care. So, I’m not seeing patients myself, but we’re providing help to make it easier for these people who do.”

Having come up through the ranks in Army Medicine, Barnhill is uniquely aware of what people seeing patients need and what might just become an arduous task. He said that connection has been invaluable in designing Madigan informatics.

“When you walk into a clinic, or anywhere else, you kind of appreciate the rucksack that they’re carrying right now,” said Barnhill. “So, you can see right away that this will be a benefit to them or this will actually make it more difficult for them depending on what you’re trying to do.”

Barnhill, who provides continuity for Informatics as military members rotate in and out, said he remains just as excited about his job as he did the day he started.

"This is my profession -- I love it," he said. "I really like doing informatics. I really think it's important. I never have a boring day. There's always something going on. When I leave here, I think about 10 other things I wanted to get done for the day and I'll have them racked and stacked for tomorrow and I really love Madigan. Madigan has been a real home to me. It feels like a little community all unto itself."



# PAD deputy at TAMC receives prestigious Hatkoff Award

By **Emily Yeh**, *Tripler Army Medical Center, Public Affairs Office*

Capt. Timothy Dreyer, deputy chief, Tripler Army Medical Center's Patient Administration Division (PAD), received the prestigious Lt. Col. Paul Hatkoff Award, Aug. 12, for his efficient patient administrative and management abilities, and for his willingness to step up and serve in a time of need.

Dryer is the expert responsible for ensuring the administrative needs of each TAMC patient is met, serving beneficiaries throughout the Pacific.

For eight months, Dreyer served in his assigned role as the chief of PAD at TAMC for the Regional Health Command-Pacific.

Dreyer also ensures PAD's mission goes hand-in-hand with the hospital's priority, which is the patients served are always provided high-quality care.

“Capt. Dreyer is an extremely competent leader,” said Col. David K. Dunning, commander, Tripler Army Medical Center. “He continually does work above his rank in an exceptionally demanding specialty, and does so flawlessly.”

Over the last year, Dreyer led efforts in revenue generation for the region, and implemented programs and positions contributing to reduced wait and admission times.

The programs he implemented reduced backlogs of billings and claims, and generated revenue amounting to more than three times the revenue in previous years.

“There are so many policies and procedures to learn, one person could spend an entire career and not learn

all of it," Dreyer said. "Without the expertise of the team already in place when I arrived 18 months ago, the programs we implemented would not have been as successful."

**PAD is a unique department.**

The office bridges the gap between clinical and administrative functions, both an integral part to running a hospital. Patients and Families often feel stressed and confused about the administrative issues that arise during a hospital stay.

When they seek assistance in the PAD office, the staff provides them with guidance and clarity, so they can focus on their treatment.

“The opportunity to work in the PAD has been an adventure,” Dreyer said. “The first chance I got to work inside the hospital walls, I took (them), so I could experience how to bridge the gap between the clinical and administrative aspects of running a hospital.”

Tripler's PAD and Dreyer are the epitome of "PAD to the Bone."

## Hatkoff Award

Lt. Col. Paul Henry Hatkoff, the award's namesake, served in the Army for more than 22 years and was the Patient Administration Division chief at William Beaumont Army Medical Center when he died, suddenly, in 1991.

The biannual Hatkoff Award is presented to an outstanding company grade officer in the PAD career field.

Individuals selected emulate the high



### Capt. Drever and the Hatkoff Award

standards established by Hatkoff and are a credit to the PAD career field and the Army Medical Department.



Serving To Heal...Honored To Serve