

ARMY MEDICINE

MERCURY

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Strength Through
RECOVERY
RECONDITIONING
REINTEGRATION
REMAINING STRONG



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ARMY MEDICINE PRIORITIES

COMBAT CASUALTY CARE

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

READINESS AND HEALTH OF THE FORCE

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

READY & DEPLOYABLE MEDICAL FORCE

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

HEALTH OF FAMILIES AND RETIREES

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

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In the business of health readiness

By Lt. Gen. Patricia D. Horoho, Army Surgeon General



Lt. Gen. Patricia D. Horoho

Since 1775, America's military medical personnel have supported America's sons and daughters, caring for them at home and putting their own lives on the line beside them in battle. Army Medicine's core business has always been health readiness. To achieve our mission, we are national leaders in medicine, dentistry, medical research, education and training, and public health. Although persistent conflict presents great challenges to health readiness, Army Medicine continues to focus on four enduring priorities: combat casualty care; readiness and health of the Force; a ready and deployable medical Force; and the health of Families and Retirees -- our partners in health.

We have made great strides leading the Army's cultural change towards a more ready and resilient Soldier,

powered by the Performance Triad of sleep, activity and nutrition. In the coming year, Army Medicine will continue transforming from a healthcare system to a System for Health (SfH), and on its journey to become a High Reliability Organization (HRO).

UNWAVERING DEDICATION TO ENDURING MISSIONS

Warrior Care. Significant investment in the Warrior Care and Transition Program (WCTP) produced an unprecedented 45% return-to-duty rate. As the wounded, ill and injured populations continue to decline, right sizing the WCTP footprint ensures we will meet population needs while sustaining high-quality care. When Soldiers are unable to return to duty, Army Medicine is dedicated to a seamless transition by collaborating with the Department of Veterans Affairs (VA) to standardize and reduce variance within the Disability Evaluation System. These improvements not only benefit our Soldiers and their Families, but also maintain the overall health readiness of our total Force enabling the Army to fully support future engagements.

Behavioral Health (BH). The majority of our Soldiers have been extremely resilient during the longest period of conflict in our Nation's history. However, Army Medicine is keenly aware of the unique stressors facing Soldiers and Families today, and continues to address these issues

on several fronts. We invest over \$300M each year to support and sustain BH initiatives to take care of our own, physically and emotionally. These include 11 standardized clinical programs within our Medical Treatment Facilities; up to 65 Embedded BH teams that provide targeted care in close proximity to Soldiers' unit areas; and the Behavioral Health Data Portal that collects clinical outcome metrics at every outpatient visit. The Army's BH system identifies issues early, delivers evidence-based treatment, and leverages resources across the Army community to decrease stigma, suicide risk, and other adverse events.

Army Medicine implemented the Child and Family Behavioral Health System (CAFBHS) in response to the significant national shortage of child and adolescent BH providers. The CAFBHS collaborates with primary care teams, embeds BH providers in on-post schools, and leverages regional tele-consultations. Through 2017, CAFBHS will increase to 381 BH providers supporting 107 schools across 32 installations to deliver comprehensive BH support to Army Families.

Traumatic Brain Injury (TBI). The TBI Program continues to build on innovations, partnerships and research to better identify, treat and track concussions, in deployed and garrison settings. Army Medicine manages the

largest portfolio of TBI research in the world, with an investment of over \$800M since 2007.

Additionally, we are leveraging partnerships, with the Defense Centers of Excellence for Psychological Health and TBI, our sister Services, and the VA to translate research into guidelines, products, and technologies. In addition, through collaborations with the National Football League and the National Collegiate Athletic Association, Army Medicine is increasing awareness and scientific knowledge, and changing the culture regarding brain injuries not only on the battlefield but also at home. These collective efforts will ensure Soldiers without injury can stay in the fight, while those who are diagnosed are effectively treated to preserve their future health.

Telehealth (TH). TH is the use of telecommunications and information technologies to connect people to healthcare across distance. TH in the Army can be traced back to the early 90's when the Army pioneered its first satellite-based TH system in Somalia. TH revolves around one core concept -- connecting health globally to increase readiness, access, quality, and patient safety. TH helps Army Medicine distribute its medical capacity effectively across the world, leveraging clinical expertise when and where it is needed without having to physically move providers or patients.

Army TH currently provides clinical services across the largest geographic area of any TH system in the world, civilian or military, including 18 time zones in over 30 countries and territories. During FYs 08-14, TH provided over 150,000 patient encounters and provider consultations in garrison and operational environments across 30 specialties. In

FY15, Army Medicine is expanding TH to create a Connected, Consistent Patient Experience (CCPE). The CCPE is an innovative three-year expansion plan that creates a 360-degree care continuum around patients using advanced TH modalities.

Sexual Harassment/Assault Response and Prevention (SHARP). As an integral participant in the Army's SHARP program, Army Medicine continues to be at the forefront of the management, regulatory guidance and oversight of care for all sexual assault victims. Regardless of evidence of physical injury, all patients who allege sexual assault receive comprehensive and compassionate treatment by highly trained and certified Sexual Assault Medical Forensic Examiners (SAMFEs) within our Military Health System or by agreement in a local facility, followed by a care plan based upon the patients' input and needs, and developed by a designated multi-disciplinary group of healthcare providers including Sexual Assault Response Coordinators and Victim Advocates.

TRANSITIONING FROM A HEALTHCARE SYSTEM TO A SYSTEM FOR HEALTH (SFH)

Army Medicine has made great progress over the last three years in our transition from a healthcare system--a system that primarily focused on injuries and illness--to an SfH that promotes health, prevention and wellness as critical enablers of readiness. Army Medicine is a valuable partner in making our Force "Army Strong."

Performance Triad (P3). The Army must be prepared to win in a complex world even as it draws down. Yet, each day over 43,000 Soldiers, or the equivalent of 12 Brigade Combat

Teams, are non-deployable due to medical profiles. Annually 10M duty days are limited or lost due to injuries or illnesses, of which 80% are preventable, and 1 in 20 active duty Soldiers fail the Army Physical Fitness Test.

To maintain a premier fighting force and influence the human dimension, the Army's P3 initiative provided training and tools to optimize human performance and enhance health readiness through sleep, physical activity, and nutrition. The P3 empowers leaders to support lasting cultural change through weekly instruction, competition, and the use of technology. The P3 also is reaching Family Members and Department of the Army Civilians, who also require a combination of physical, emotional, cognitive, and spiritual fitness to thrive.

A second P3 pilot program is underway in FY15 that will train up to 30,000 active duty Soldiers and their Families across U.S. Forces Command, and the U.S. Army Reserve and National Guard. In addition, Army Medicine initiated P3 pilots at the Army Medical Department Center and School Health Readiness Center of Excellence (AMEDDC&S HRCOE) and the Army Maneuver Center of Excellence. Plans are taking shape for eventual Army-wide implementation through the P3 University. The Army continues to invest in the P3 to achieve the collective vision set forth in the Army Warfighting Challenges, the Human Dimension, and the Ready and Resilient Campaign.

Medical Readiness Assessment Tool (MRAT). To enhance Commanders' ability to affect health readiness, Army Medicine developed the MRAT. The

MRAT enables proactive identification and management of risk factors affecting health readiness using “big data” already in place. It provides monthly, rapidly-accessible, health readiness-related metric reports on Army units using a systematic format that does not require local data management. The chief goal of the MRAT is to provide early interventions to preserve unit readiness. Within the constraints of Health Insurance Portability and Accountability Act and privacy rules, the MRAT provides leaders and clinicians a powerful tool for mitigating factors that threaten individual medical readiness. MRAT is currently being rolled out to Army and Army Medicine leaders.

High Reliability Organization (HRO). Army Medicine has been on a longstanding, continuous journey to become a HRO and serve as a National example for its culture of safety in

healthcare. A HRO is committed to achieving zero preventable harm in an environment marked by risk factors and complexity. The success of a HRO relies on leadership, a culture of safety, and robust process improvement initiatives. These contribute to enhanced efficiencies, more effective healthcare delivery, and improved patient outcomes.

The 2014 Military Health System Review on access, quality, and safety clearly validated that our transformation to a HRO is on the correct course. Even though Army Medicine provides high-quality care that is safe and timely compared to the best civilian healthcare facilities, we are not satisfied and will continue to strive to lead American healthcare. Over the next year, transparency will be increased regarding patient safety metrics so our patients and external stakeholders can measure our

system against the best in the Nation. The journey to become a HRO is continuous and the AMEDD will continue to relentlessly pursue zero preventable harm.

CONCLUSION

Our medical force has remained ready and deployable, leveraging lessons learned in theater to improve care in garrison, and using evidenced-based practice and cutting-edge research to improve care delivered far forward. The increasing instability across the globe demands that we ensure the health readiness of our Soldiers, Retirees, Family Members and Army Civilians, while sustaining our ready medical force. Army Medicine delivers the health readiness required to “Win in a Complex World.”

WHAT IS



HRO?



0:09 / 5:59



Army Surgeon General: ‘Engagement’ key to Civilian readiness

By David Vergun, Army News Service

WASHINGTON – Civilian workforce “engagement” is another way to bolster Army readiness, Army Surgeon General Lt. Gen. Patricia Horoho said.

Readiness, which has been identified by the Army’s chief of staff as the service’s top priority, is not only the domain of Soldiers, Horoho said. It’s a responsibility shared by the Army’s civilian workforce.

Horoho spoke at the Civilian Awards Luncheon during the 2015 Association of the United States Army Annual Meeting and Exposition in Washington, D.C., Oct. 14.

The No. 1 way to bring about readiness to the civilian workforce, she said, is “engagement,” which is another term for esprit de corps.

Engagement, she said, doesn’t correlate with employment longevity or paygrade. Instead, it’s the “cumulative effect of five variables: culture, brand, values, trust and mission.”

The culture of each organization will be different, depending on its mission, Horoho said. For example, for many organizations, such as the Army labs, that culture might include experimentation and risk taking. But a very different culture would be in an organization tasked with potentially launching nuclear missiles.

Horoho said it’s important that everyone in an organization reach consensus on what its culture should be and then live that culture every day.

Additionally, every civilian employee should know the organization’s “brand” and that brand should be a strong one, Horoho said.

While the Army has had its Trusted Professionals brand, each organization within the Army has one that is unique to it.

Soldiers have a strong foundation in Army values, Horoho said. Examples of those include the “Army Values,” and the “Warrior Ethos.” Each organization within the Army will also have its own values that are more closely aligned with its mission.

In Army medicine, values associated with preventative care and treatment, for example, would be important, she said.

Trust occurs “when the employer and the employee become a team, not opponents,” Horoho said. Trust must be transparent and involve commitment to each other and to the team.

Conversely, external stakeholders must also have trust in the organization supporting them, she said. For instance, sick or injured Soldiers must trust Army medicine. An infantry unit must trust its close-air support, and so on.

While the chief of staff has repeatedly said that the Army’s mission is to fight and win wars, each organization within the Army will also have its own secondary mission that supports the larger Army mission, she said.

Knowing the organization’s mission and reaching consensus and buy-in on that mission is important, Horoho said.

And because sometimes organizations change, the mission statement might have to change as well. When that happens, there should be consensus on what those changes are, she said.

Creating engagement, Horoho said, “is a shared responsibility between both employees and their supervisors. It’s an outcome of a team effort. It’s an



Army Lt. Gen. Patricia Horoho mixes with attendees at the Civilian Awards Luncheon, where she was guest speaker at the annual meeting of the Association of the United States Army in Washington, D.C., Oct. 14. (Photo by David Vergun)

expectation, not an entitlement ... I believe each of us as team members must understand where you are and where the team is in all of the five variables.”

Everyone in an organization, Horoho said, must have a voice in the conversation about those five variables.

“If we are to win in a complex and uncertain world, we need the certainty that our civilian workforce is fully engaged,” the Army surgeon general stressed.

Paraphrasing President Ronald Reagan, Horoho said, “the ability of this or any administration to succeed depends in no small degree on the energy, the dedication and the spirit of federal employees.”

Army civilians can do that, she said, by “providing the foundation [and] institutional knowledge that allows us to do what we do.”

In her own organization, she said, 48,000 of the 181,000 personnel are Army civilians.

Horoho concluded that throughout her 40-year career, she’s “found the civilian workforce to be one of the most dedicated, one of the most inspiring workforces that there is.”

Warrior Care Month shows what recovery is all about

By John M. Rosenberg, Warrior Transition Command

ALEXANDRIA, Va. – Warrior Care Month is commemorated each November as a way to recognize wounded, ill and injured service members their Families, as well as the individuals who care for them. This year's theme, "Show of Strength," salutes the resiliency that our nation's wounded, ill and injured exhibit in their recovery and their reintegration back to duty or into civilian life.

In the U.S. Army this healing process is overseen by the Warrior Transition Command (WTC), which serves to advance the medical care and professional development of wounded, ill and injured Soldiers.

Central to Warrior Care Month is showcasing the support provided to these Soldiers and their Families through their recoveries and transitions. "It's our time to shine," says WTC Command Sgt. Maj. Mathew Brady. While assigned to one of 25 Warrior Transition Units (WTU), wounded, ill and injured Soldiers are assigned a squad leader, nurse case manager and primary care manager to aid in their recovery.

According to Brady the open house events held during Warrior Care Month make evident that WTUs are indeed places of healing. "We get people back into the force that otherwise may not have had the opportunity," says Brady.

Since its inception in 2008, Warrior Care Month has also emphasized the importance of Family in the recovery process. The participation of Family members is highly encouraged because, according to Brady, the healing process not only involves the Soldier, but the



Team Army setting-up the ball against the Marines in a Joint Services Sitting Volleyball Tournament held at the Pentagon gym during Warrior Care Month, November, 2014. As part of the 2015 Warrior Care Month festivities Army will again engage in sitting volleyball competition at the Pentagon on Nov. 19, as well as in an exhibition of wheelchair rugby at Joint Base Andrews on Nov. 16. (U.S. Army photo)

entire Family unit.

Adaptive reconditioning is another centerpiece of Warrior Care Month. While assigned to a WTU, physical therapists work with Soldiers in designing an adaptive reconditioning program that meets their interest and physical abilities.

"Adaptive reconditioning is not about what you can't do, it's about what you can do," said Brady. "If you're in the military you're most likely accustomed to being active, and when you're not active it mentally weighs upon you."

To help underscore the importance of adaptive reconditioning Joint Base Andrews will host an exhibition of wheelchair rugby on Nov. 16, while the Pentagon, continuing a Warrior Care Month tradition, will be the scene of a sitting volleyball tournament on Nov. 19.

Though it may be easy to overlook as an adaptive reconditioning activity the Pentagon will also be hosting display of personal artwork created by our nation's wounded, ill and injured. According to Brady art therapy plays an important role in the recovery process and, because it "comes from the soul," can often times be quite moving, all the while uncovering previously undiscovered talents.

"Some of our Soldiers are unbelievably talented," said Brady, adding that Warrior Care Month is a time for everyone to witness their strength as they contend with many different things, including their recovery, not just through the month of November, but on a daily basis.

ACCESS ARMY MEDICINE

There are many recent innovations within the Army Medical System that can help you and your family find care when needed. As everyone knows, people don't always get sick just when your primary care clinic is open. Also, you would rather not go to the Emergency Room and sit next to REALLY sick people, if you don't need to! So what's the best way to get care? A lot depends on the circumstances. First, let's talk about the tools that TRICARE has. Some of them are new and some have been with us for a while.



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Learn more about the Nurse Advice Line at: www.youtube.com/watch?v=CRNGjlcOvNo



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Visit www.tricareonline.com for simple, step by step instructions. Learn more about making an appointment on TOL <http://youtu.be/dxwD76GzT7c>



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ARMY MEDICINE
SECURE MESSAGING SERVICE

<https://app.relayhealth.com>



McHugh signs directive regarding breastfeeding, lactation support

By Army News Service

WASHINGTON – Army Secretary John M. McHugh has approved Army Directive 2015-37 (Breastfeeding and Lactation Support Policy).

Soldiers who wish to continue breastfeeding upon return to duty will notify their chain of command as soon as possible to allow the command to determine how best to support them, McHugh said.

The Army recently conducted a comprehensive review of its policies governing breastfeeding and lactation support to female Soldiers. Army offices responsible for policy implementation consulted with military medical experts, commanders and Soldiers and reviewed the policies of the other services in drafting the directive.

The support that commanders should provide, McHugh states in the directive, is a designated “private space with locking capabilities, an electrical outlet and access to a safe water source for Soldiers to express milk.”

If that private space is within a

restroom, “it will be fully enclosed, and a separate area designated for breastfeeding and not just a bathroom stall,” he said.

This policy, which took effect Sept. 29, “codifies pre-existing practices and provides a basis that Soldiers and their leadership can work from,” he added.

Since each Soldier’s case may be unique, the Army chose an approach that is not too prescriptive but affords commanders flexibility to accommodate varying situations for individual requests.

Army senior leaders expect commanders and Soldiers to collectively balance lactation support and readiness, McHugh said. Soldiers who are breastfeeding or expressing milk remain eligible for field training and mobility exercises. During field and mobility exercises, commanders will provide private space for Soldiers to express milk.

Additionally, the directive stipulates that Soldiers must supply their own equipment to pump and store their breast milk.

Lactation consultants are available to



Army Secretary John M. McHugh has approved Army Directive 2015-37 (Breastfeeding and Lactation Support Policy). (U.S. Army photo)

assist both Soldiers and commanders at their local military treatment facilities as a component to the Army’s commitment to sustaining the readiness of Soldiers and the Families, he said.

Army Regulation 600-20 (Army Command Policy) is scheduled for release later this year and will incorporate the policy outlined in the directive.

**We Want
Your Feedback!**



Feedback is important to us. We at the MERCURY welcome any feedback on how we can improve.

If you enjoyed reading content or have story ideas, please forward comments and suggestions to our e-mail inbox at:

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



Spc. Edward Meng, an environmental health technician and 1st Lt. Sean Sullivan, the chief of environmental health, check a mosquito trap on Fort Huachuca, Ariz. (U.S. Army Photo by Lisa Tourtelot)

Shoo, fly: MEDDAC Soldiers track mosquitoes

By Lisa Tourtelot, Raymond W. Bliss Army Health Center Public Affairs

FORT HUACHUCA, Ariz. — Unless you have plans to move to a frozen wasteland, dealing with mosquitoes is an important detail in maintaining good health.

That is where the environmental health team at Raymond W. Bliss Army Health Center, Fort Huachuca, Ariz., comes in.

Environmental health specialists provide myriad services from inspecting food before it's sold at the commissary to collecting pests and testing them for communicable diseases.

One of those pests here is the mosquito, which can carry illnesses like West Nile Virus and Dengue Fever.

"What we do is we collect them in a trap, then we segregate them by sex, male and female, then we ship those off to Public Health Command, where they actually test them for those specific illnesses," said 1st Lt. Sean Sullivan, the environmental health chief and Corpus Christi, Texas, native.

In 24 hours, a single trap can catch about 20-25 mosquitos. If the trap catches

significantly more than that, then the environmental health team can notify the post to increase pest control efforts in that area.

"This is more of awareness and surveillance method of getting data on all those illnesses," said Sullivan. "So if we're seeing a high concentration, it can help the public with pest management, applying pesticides more in one area to control them."

Although Dengue Fever hasn't officially been reported in Arizona, it has been reported in Mexico and health officials are hoping that persistent tracking of mosquito populations will prevent further spread of the illness.

Although West Nile Virus and Dengue Fever are local concerns, Sullivan said a mosquito bite should not be cause for panic.

"Of course [people] are going to be bit by mosquitos, but they're not always going to catch those diseases," said Sullivan.

Sullivan advised that the symptoms to

look out for include high fever and chills, and to let your provider know if you have these symptoms and may have been bitten by a mosquito.

Prevention, however, is the best medicine.

"We always recommend wearing some kind of bug repellent when you're out in the hours of dusk and dawn," Sullivan said. "If you're going to do [physical training] or any kind of work during those times, and during mosquito season which is around March until about October timeframe, especially when there's lots of precipitation, just wear that repellent."

The Centers for Disease Control and Prevention recommend DEET, picaridin, IR3535, and oil of lemon eucalyptus and para-menthane-diol products for mosquito repellent.

For more information about the proper use of mosquito repellent, visit cdc.gov/westnile/faq/repellent.html.

Enlisted Medical Degree Preparatory Program – Creating Doctors From Our Own

By USAMEDCOM EMDP2 Program Managers

FORT SAM HOUSTON, Texas – The Enlisted to Medical Degree Preparatory Program (EMDP2) is kicking off the call for its third iteration. Military Personnel (MILPER) Message 15-266, issued on Sept. 2, outlines the necessary criteria to submit a packet. There are a substantial number of documents required for the packet and program managers urge interested Soldiers not to procrastinate. Packets are due by Jan. 15, 2016.

The program is Military Occupational Skill (MOS) immaterial and open to all active duty enlisted Soldiers. The MILPER message outlines all necessary guidelines and directives to qualify.

The U.S. Army Medical Command (MEDCOM) in partnership with Uniformed Services University for Health Sciences (USUHS) has created this highly competitive course that allows only the most academically promising the opportunity to excel up the ranks.

“The Enlisted to Medical Degree

Preparatory Program (EMDP2) is an extraordinary program that allows the Army to capitalize on the talent and excellence of our enlisted Soldiers and creates a pathway to medical school,” said Command Sgt. Maj. Gerald Ecker, MEDCOM Command Sergeant Major. “Every enlisted Soldier that has the dream of becoming a physician now has the means of making that dream a reality without leaving our ranks.”

While completion of the course does not guarantee automatic commissioning for Soldiers, if accepted into either USUHS or a civilian medical school under the Health Professions Scholarship Program (HPSP), they are then promoted to the rank of 2nd Lieutenant (O-1E) while in medical school and upon graduation to Captain (O-3).

Since the programs debut in 2014, no one has yet graduated from the intense two year EMDP2 program and entered medical school but professors are confident having recognized the

high level of skill and training present in the first two cohorts. USUHS hopes the program will grow the presence of enlisted service members in medical school.

“Our military is one of the most representative institutions in our nation and our university seeks to reflect this critical diversity,” said Dr. Charles L. Rice, USUHS President.

The program is seen as an incentive as well as a way to offer the enlisted population a return for their hard work and dedication to the military along with personal growth.

All active duty enlisted Soldiers are encouraged to read the MILPER message to determine if they meet the minimum qualifications, if so, ‘set a goal and accomplish it’.

<http://armymedicine.mil/Pages/Enlisted-Corps.aspx>

<https://www.usuhs.edu/emdp2>

<https://www.hrc.army.mil/>

Ghost Brigade Medics train on Clinic Operations



JOINT BASE LEWIS-MCCHORD, Wa. – Specialist Kiara Medina, a medic in Cobra Company, 296 Brigade Support Battalion, demonstrates to a group of medics assigned to 1st Stryker Brigade Combat Team, 2nd Infantry Division, how to operate a centrifuge in order to spin labs at the Brigade’s Soldier Centered Medical Home (SCMH) on Sept. 24. Medics were trained on how to collect point of care tests in the lab to include rapid strep tests, pregnancy tests, and urine dipsticks. This was part of a one-day training to reinforce the medics’ skills on common procedures performed at the SCMH. In addition to labs, medics also had the opportunity to practice IV insertions, setting up sterile fields, wound care, and irrigating and debriding wounds. (Photo by Capt. Shingo Yamada, 1-2 SBCT Nurse)

Military Blood Program Returns to Fort Stewart

By Erin Longacre, Armed Services Blood Program, Blood Donor Recruiter, Fort Gordon, Ga.

FORT STEWART, Ga – For the first time since 2009, the Fort Stewart, Ga., community welcomed the Armed Services Blood Program (ASBP) to their installation, home to the 3rd Infantry Division. More than 130 Soldiers, Family members and civilians came out to roll up their sleeves in support of the military blood program. By the end of the day, the ASBP collected 84 units of blood for troops downrange and patients in military hospitals at home!

The blood drive was the result of energetic planning by the drive coordinator, the 1st Armored Brigade Combat Team's brigade nurse, Army Capt. Margarita MarmolejoMunyak. Amidst a busy deployment schedule that includes multiple rotations to Germany, MarmolejoMunyak reached out to the Kendrick Memorial Blood Center blood collection team a couple of hours away at Fort Gordon, Ga., to coordinate an opportunity for her unit to support the military's official blood program.

"I wanted to do a drive for the ASBP, because this is blood that is specifically for the military," said MarmolejoMunyak, a registered nurse who is familiar with the ASBP from previous military assignments.

MarmolejoMunyak, part of the 3rd Brigade Support Battalion, also arranged for some of her unit's medical personnel to assist so they could observe and get some experience with planning and operating a blood drive. Medics and laboratory technicians from Fort Stewart volunteered to help Fort Gordon's team with many of the critical aspects of conducting a blood drive.

Also helping the ASBP make a



Captain Margarita MarmolejoMunyak donates blood at the Armed Services Blood Program blood drive she coordinated for her unit at Ft. Stewart, Ga. (U.S. Army photo).

successful return to the installation was John Tongret, the public affairs officer for the Winn Army Community Hospital, who raised awareness for the mission and encouraged personnel to donate. Tongret, a lieutenant colonel in the Army Reserve, previously worked as a blood donor recruiter for the ASBP at Fort Benning, Ga. While there, he helped provide lifesaving blood products to service members and their Families during Operations Enduring Freedom and Iraqi Freedom.

"I have a special place in my heart for the ASBP," Tongret said.

Fort Gordon's team was happy to reestablish a relationship with Fort Stewart and hopes to return regularly. Prior to their last blood drive in 2009, the deployment schedule of the 3rd

Infantry Division, a large portion of the population there, made scheduling drives difficult due to restrictions on blood donations from those deployed to Iraq or Afghanistan within 12 months.

MarmolejoMunyak hopes a decrease in those deployments will make it possible to host more ASBP drives. Her enthusiasm for helping Soldiers in need paved the way for that opportunity.

Army Capt. Gerald Bredlau, the officer-in-charge of the Kendrick Memorial Blood Center, thanked MarmolejoMunyak for her efforts and presented her with a coin while she was donating blood herself.

"We absolutely couldn't have done this without you," said Bredlau.



Col. David Richardson, Commander, Bavaria Health Command, and Command Sgt. Maj. Christopher Earle, salute the colors with Brig. Gen. Norvell Coots, Regional Health Command Europe Commander, at the BHC Activation Ceremony in Vilseck, Sept. 25. (U.S. Army photo by Kristen Schabert)

Bavaria Health Command activated in Vilseck

By Kristen Schabert, Bavaria Health Command Public Affairs

VILSECK, Germany – The Bavaria Health Command (BHC) was officially activated in a ceremony on Dragoon Field, Rose Barracks, Sept. 25.

BHC replaces the former United States Army Medical Department Activity Bavaria, better known as BMEDDAC. The activation is part of a larger MEDCOM reorganization to achieve a balanced, agile and integrated organization better aligned to enhance the Health Readiness for the Army Force 2025 and beyond.

BHC has mission command responsibilities for six clinics and approximately 40,000 beneficiaries throughout six communities in Germany; five in Bavaria (Vilseck, Grafenwoehr, Hohenfels, Katterbach, Illesheim) and one in Baden-Wuerttemberg (Stuttgart).

Col. David Richardson, commander

of the BHC, spoke during the ceremony about the legacy and history of the unit. As far back as 1943, as the 33rd Field Hospital in California, the unit moved through Morocco, Algiers and Italy, before reactivating in France, and then finally reactivating again in Wuerzburg, Germany, in 1965, he said.

The Wuerzburg Hospital served medical units and patients across Germany in the 1960s and 70s, until it reflagged as the Wuerzburg MEDDAC in 1975. In June 2007, the USAMEDDAC Wuerzburg was officially renamed USAMEDDAC Bavaria, and the mission command headquarters was moved to the present location on Rose Barracks, Vilseck, in 2008.

“A part of this organization’s history is still with us today as 24 Local National employees, who worked at the former

Wuerzburg Hospital, relocated with USAMEDDAC Bavaria during the move in 2008 and are still actively working for us as we transition to the Bavaria Health Command,” Richardson said.

“Providing care for approximately 40,000 beneficiaries, the BMEDDAC name has represented the highest quality in patient care for the past seven years,” he said. “Although the locations of some of our clinics have changed, staff have come and gone, and buildings have changed, our everlasting commitment and dedication to serving our beneficiaries has not, and will not, ever change. I am proud to be the Commander of this outstanding organization, could not be more proud of the hard work our staff does each and every day, and look forward to continuing the legacy of the 33rd Field Hospital as the Bavaria Health Command.”



Soldiers assigned to the 264th Medical Battalion, US Army Medical Department Center and School, US Army Health Readiness Center of Excellence, improve Soldier and Cadre readiness through the use of the Performance Triad, developing programs that focus on sleep, activity and nutrition. (U.S. Army photo)

264th Medical Battalion improves Soldier readiness through the Performance Triad

By 1st Lt. Michael Wong, 264th Medical Battalion

FORT SAM HOUSTON, Texas –The Performance Triad Action Counsel of the 264th Medical Battalion, U.S. Army Medical Department Center and School, U.S. Army Health Readiness Center of Excellence, has been developing programs to enhance Soldier and cadre readiness for the last year on Fort Sam Houston to help facilitate the Army Surgeon General’s vision. The Counsel began last year to dive into what other aspects of the Performance Triad the 264th Medical Battalion could use to make trainees and cadre more successful.

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

Performance Triad is getting enough sleep, engaging in activity and improving nutrition - key actions that support the Army Surgeon General’s vision to make better choices in our “Lifespace,” time that isn’t spent with a healthcare provider.

Each company developed programs within their formations to further explore the potential of the Performance Triad and have found positive results noting increases in performance during the Army physical fitness test and reduced sick-call numbers. The programs are tailored around the performance triad - activity, nutrition, and sleep, and involve functional fitness classes, yoga, lectures, group activities, individual projects, and many other ways to develop

healthy living. These programs laid the groundwork for a battalion policy change and have resulted in 264th Medical Battalion creating weekly and monthly events which Soldiers are invited to attend.

The battalion’s efforts have been recognized by the Office of the Surgeon General and have since started bringing in guest lecturers to the events. The next major event will be a tennis event where professional trainers from the U.S. Tennis Association will give group instruction to students who participate.

For information about the Performance Triad see <http://armymedicine.mil/Pages/performance-triad.aspx>.



Performance Triad can help children stay focused, improve performance, live healthier

By Maj. Vanessa Bonner, Andrew Radar U.S. Army Health Clinic

FORT MYER, Va – Learn how activity, sleep, and nutrition can positively influence a child’s academics, physical performance and behavior.

Academics: Parents and children both benefit when a child does well in school.

Did you know that children who are more active score better on tests and get better grades? Start by helping your children choose some fun activities where they have to be active for at least 60-minutes every day. Getting about 11,000 to 13,000 steps a day can improve their grades. Children who get the right amount of sleep for their age, tend to do better academically. Their moods, balance and coordination are generally better. They think more clearly and remember things better. Providing your children with good nutrition supports their ability to think and learn. The USDA’s “MyPlate” is a great resource to easily understand how to achieve this goal.

Physical Health and Performance: Developing an active lifestyle when we are young has lifelong benefits.

Children who are active from a very early age have lower rates of injury, better bone health, and are less likely to become overweight or obese as adults. Putting your children to bed at night so they get enough sleep benefits everyone. You get a little more time to yourself and they get more sleep with positive benefits to their mental, emotional, growth and development. Sleep-deprived children are at higher risk for being overweight or obese. Without enough sleep, it is harder for children to produce enough of the hormones they need to promote normal growth. It takes longer for those cuts and bruises to heal. A well-balanced diet reduces a child’s risk of being overweight or obese. It strengthens their muscles and bones, and it improves their overall energy levels.

Behavior: Promote less anxiety, stress, and encourage focused attention.

Encourage your child to get 60 minutes or more of play and activity during the day. This reduces stress and anxiety. Children who are well rested are just more fun to be around. They tend to cooperate more, have better control over their emotions and are typically more motivated throughout the day. Sleep contributes to a child’s ability to pay attention and do better in school. Take the time to help kick-start your child’s day with a healthy breakfast. A good breakfast can improve mood and attitude while helping them to stay focused in class longer.

Every parent has had some concern for how well their child may do in the upcoming school year.

Focusing on sleep, activity, and nutrition will start a child on the right foot for success.

Family Health and Wellness: Key Part of Army Readiness

By Ronald Wolf, *Army Medicine*

The health and wellness of Army Families and civilians is just as important as fitness and resilience is to active duty military personnel. That was one of the messages delivered during the Family forums at the Association of the U.S. Army annual meeting that was held on Oct. 12 to 14 in Washington, D.C.

A Family forum panel stressed the importance of the healthy and resilient Family as a key part of the readiness of the entire Army. The panel consisted of Capt. Kimberly Elenberg (U.S. Public Health Service), Col. Deydre Teyhen (Office of the Army Surgeon General), Maj. (P) Derek Mydlarz (Army National Guard), and Amy Cowell (Army Public Health Center, Provisional).

The panel emphasized the importance of health and wellness and pointed to a number of programs aimed at promoting health. Programs or initiatives discussed included the DOD's "Operation Live Well", the Army's "Performance Triad", and National Guard's "Guard Your Health".

DOD's Operation Live Well program supports the National Prevention Strategy of the Surgeon General of the Public Health Service for improving health and well-being using a prevention-oriented approach.

The Performance Triad, within the Army's Ready and Resilient Campaign, promotes healthy choices in sleep, activity, and nutrition. These three components, when properly managed, improve health and performance. The Performance Triad is an Army-wide initiative to ensure Soldiers and their Families are provided tools and information to lead a healthier lifestyle and ultimately healthier lives.

Teyhen pointed out that healthy lifestyle changes do not happen all at

once and do not require drastic changes. "Little changes can make a big difference," she said. "We have to do the fundamentals right."

The things that matter for health also matter for performance, said Teyhen. Sleep, activity, and nutrition increase potential and capability.

The Army National Guard maintains the Guard Your Health website that provides health tools and topics for discussion. It also has information on benefits and resources that will help men and women of the Guard find answers and direction when seeking information on healthcare.

One topic that had extended discussion was obesity. The U.S. Army is not immune to the U.S. obesity epidemic. Demographic characteristics associated with being overweight or obese should be considered when developing military-sponsored weight management programs for new Soldiers.

About 70-percent of young people would fail to qualify for military service with weight issues as the chief reason.

We can make the biggest difference in our health when we are young, said Teyhen. This applies not only to physical fitness but also cognitive fitness, she said.

Teyhen emphasized the need for eight servings of fruit and vegetables per day. Data show the average Soldier is getting only one serving about every three days.

Secretary of the Army John McHugh, during his keynote remarks earlier during



Col. Deydre Teyhen (Office of the Army Surgeon General), spoke as part of a panel that emphasized the health and wellness of Army Families and civilians is just as important as fitness and resilience of active duty military personnel. Army Medicine and other services have a number of programs to help promote health and wellness among military Families. The Performance Triad, within the Army's Ready and Resilient Campaign, promotes healthy choices in sleep, activity, and nutrition. The Performance Triad is an Army-wide initiative to ensure Soldiers and their Families are provided tools and information to lead a healthier lifestyle and ultimately healthier lives. These three components, when properly managed, improve health and performance.(U.S. Army photo)

the conference, stated why health and wellness of Families is a readiness issue. "We can't give Soldiers anything else to worry about when they are deployed," he said. "They need to know their Families are taken care of, including their health." He called it a "moral obligation."

Smart choices in sleep, activity, and nutrition along with lifestyle changes made in small steps can improve health and improve the fitness of the entire Nation. Total force fitness and well-being, including Families, is the goal.

"We want to invest in you," Teyhen said. "We want to invest in you, your Soldier, and your children so you can get the most out of life. You can't get the most out of life unless you do the fundamentals right."



Prepping for flu season

By Velvie Bennett, Registered Nurse, Kenner Army Health Clinic

FORT LEE, Va. – Influenza is a contagious respiratory illness caused by viruses that infect the nose, throat and lungs. The flu can cause mild to severe illness and, at times, result in death during extreme cases.

Over a period of 30 years, between 1976 and 2006, the Centers for Disease Control and Prevention (CDCP) estimates flu-associated deaths in the United States ranged from a

low of about 3,000 to a high of about 49,000 people. As of July 19, 2014, 105 flu-related deaths in children were reported to CDCP from 30 states.

“Flu season” in the U.S. can begin as early as October and last as late as May. Symptoms include the following:

- fever or feeling feverish/chills
- cough
- sore throat
- runny or stuffy nose

- muscle or body aches
- headaches
- fatigue

It’s important to note not everyone with flu will have a fever. Some people may have vomiting and diarrhea, though this is more common in children than adults.

Certain people are at greater risk

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for serious complications if they get the flu. The CDCP reports those at higher risk include older people, pregnant women, young children and individuals with certain health conditions (such as asthma, diabetes or heart disease).

It is important to note not everyone should take an influenza vaccine. It is not approved for children younger than 6-months of age. People who have had a severe allergic reaction to influenza vaccine should generally not be vaccinated. There are some people who should not get a flu vaccine without first consulting a physician. These individuals include:

- People who have a moderate-to-severe illness with or without a fever (they should wait until they recover to get vaccinated)
- People with a history of Guillain Barré Syndrome (a severe paralytic illness) that occurred after receiving a influenza vaccine and who are not at risk for severe illness from influenza.

The single best way to prevent the flu is to get vaccinated each fall. When more people get vaccinated, less flu can spread through that community. In addition to the influenza vaccine, National Institutes of Health suggest avoiding close contact with people who are sick; staying home from work, school and errands when you are sick; covering your mouth and nose with a tissue when coughing or sneezing; washing your hands often; and avoiding touching your eyes, nose or mouth.

According to the CDCP, yearly vaccination should begin soon after flu vaccine is available, ideally by October.

While seasonal outbreaks can happen as early as October, influenza activity usually peaks in January or later. It takes about two weeks after vaccination for antibodies to develop in the body. Antibodies protect individuals against influenza virus infection. It is best to get vaccinated before influenza begins spreading in the community.

The 2015-16 influenza vaccines include an influenza A (H1N1) virus, an influenza A (H3N2) virus, and one or two influenza B viruses, depending on the vaccine. Influenza vaccines may be given by injection-intramuscular/intradermal or by nasal spray. It is important to note the shot cannot cause the flu, as it is a dead virus.

CDCP has not expressed a preference for which flu vaccine people should get this season. In 2014-15, CDCP recommended use of the nasal spray vaccine in healthy children 2 to 8 years of age when it is immediately available and if the child has no contraindications or precautions to that vaccine. However, on Feb. 26, the Advisory Committee on Immunization Practices did not renew this preferential recommendation for the upcoming flu season.

In most healthy people, the flu will go away in 5-7 days, but can last as long as 10-days. The worst symptoms usually last 3-4 days. Home treatment to ease symptoms and prevent complications is usually all that is needed. In the meantime, take these steps to feel better:

- Get extra rest. Sleep can help people feel better. It also will help avoid spreading the virus to other people.

• Drink plenty of fluids to replace those lost from fever. Fluids also ease a scratchy throat and keep nasal mucus thin. Water, soup, fruit juice and hot tea with lemon are all good choices.

• If fever is uncomfortable, sponge the body with lukewarm water to reduce temperature. Do not use cold water, ice or rubbing alcohol. Lowering the fever will not make symptoms go away faster, but it may make individuals more comfortable. People may also take acetaminophen or ibuprofen to lower fever. Follow all instructions on the label. If giving medicine to children, follow your pediatrician's advice about what amount to give. Do not give aspirin to anyone younger than 20 because of the risk of Reye syndrome (a rare but potentially fatal disease of the brain and liver).

Antiviral drugs like Tamiflu and Relenza can lessen symptoms and shorten the time people are sick by 1 or 2 days. They also can prevent serious flu complications like pneumonia. Studies show that flu antiviral drugs work best for treatment when they are started within 48 hours of getting sick.

Antivirals are usually prescribed for 5 days, although people hospitalized with the flu may need the medicine for longer than 5-days. Some influenza viruses develop resistance to the antiviral medicines, limiting the effectiveness of treatment. The World Health Organization monitors antiviral susceptibility among circulating viruses to provide timely guidance for antiviral use in clinical management.



Weight loss success- Couple loses weight together

By Tereasa Wade, Public Affairs Officer, Kenner Army Health Clinic

FORT LEE, Va – Tackling weight loss together is the name of the game for Connie and Marvin Johnson. The couple has lost a combined 119 pounds since beginning their joint effort of dieting and exercising just over a year ago. Connie has lost 61 pounds and Marvin is down 58 pounds.

I started out eating around 1,200-1400 calories a day and I am now eating around 1,400-1600 calories a day to maintain my weight loss,” said Connie.

Tackling weight loss together, exercising has become a huge part of their lives. Marvin quickly got onboard with the weight loss, “I liked what I saw,” said Marvin. “Connie looks amazing,” he said.

Connie spends an hour to an hour a half in the gym five days a week. They try to spend time in the gym together as often as possible.

In August last year, Marvin began meeting with Kathleen Viau, Kenner Dietitian. Tackling weight loss together is the key to their success. Medical issues made Marvin realize that losing weight was a “must.” Knowing how much knee pain he was suffering from helped him stay motivated to make healthy choices until the habits became second nature.

“One and a half years ago, I had all sorts of pain, especially in my knees, before losing my weight,” said Marvin. “After dropping the weight, I no longer suffer from knee pain and I have more energy,” he said.

The Johnsons have been married 28 years. Their relationship revolved around their eating habits. They would go out to



Connie and Marvin Johnson talk with Kathleen Viau, Kenner Army Health Clinic dietitian. (Photo by Tereasa Wade)

eat and indulge in one unhealthy meal after another.

They knew that in order to get healthy, they needed someone to steer them in the right direction. So they sought help from Kenner’s dietitian, Kathleen Viau.

Ms. Viau began first with Connie. “Connie came to see me almost two years ago, having tried everything from supplements to extreme dieting to lose weight and keep it off,” said Ms. Viau. “We started with small changes, such as simply increasing her awareness of her food choices. I wanted Connie to realize that those food products she was eating would never really satisfy her nutrient needs or her hunger, but would just drive her to eat more and more calories.”

“I started eating a whole lot more fruits and vegetables, instead of sweets and processed snacks,” said Connie. “But I

wasn’t really tracking calories the first few months and I had a lot of lose a few, gain a few weeks, even though I was making healthier choices overall and exercising. It wasn’t until I really started tracking calories that I saw the weight steadily come off. Plus, I was seeing Kathy every week for accountability, encouragement and advice for managing difficult food environments or situations. After five months I had lost 31 pounds and there was no stopping me after that,” she said.

The couple started using a smartphone app, “My Fitness Pal” to track the calories they consumed. In the beginning, they ate at restaurants only on special occasions and prepared all meals at home.

Connie found recipes for healthier versions of the foods they loved. Their diet primarily consists of lean meats with lots of fruits and vegetables. Even today,

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everything they eat goes into a food journal.

The weight came off quickly for Marvin during the first month alone. Connie has maintained her weight loss and then some for almost 1 year.

They tried to keep the weight loss steady after that, knowing they couldn't expect to see such a big number month after month without being disappointed. Weekly meetings with the dietitian helped keep them on track.

"Marvin was the perfect patient, commented Ms. Viau. He was highly motivated and once he saw that it was a matter of knowingly eating fewer calories, he started tracking from day one."

"We use the app to help determine if we should partake in that cheat or opt out for a healthy snack," Marvin said. And going to the Dietitian was fun! The first meeting she asked what I ate and I told her Dove. 'Like the bird?' she said. "Yes," I told her, I hunt."

"I remember that," said Ms. Viau. "The next visit they showed up bearing a gift wrapped in foil and told me since I had

never eaten Dove; they wanted me to try it. I was really hesitant to open up the package, but, well, I needed to be polite. I was very pleasantly surprised and relieved to find two bags of Dove chocolates! Working with Marvin and Connie over the past two years and being witness to their transformation has been such a great experience. They are a testimony to changing lifestyle habits to feel better, be healthier, can- be-done.

As they begin to move into the maintenance phase of their diet, the couple has allowed themselves to indulge and Marvin's birthday is one time they plan to treat themselves.

"August 31, Marvin's birthday, we will treat ourselves to all you can eat crab legs," Connie said.

They still give in to cravings from time to time. Connie says she has a sweet tooth, but she controls cravings by distracting herself with activities such as walks or opting for a healthy alternative, like strawberries with cool whip. "Typically, we do not have starches very often and do not keep breads in the house."

What keeps her on track is understanding that "No matter how many times you slipped or messed up, you just make your very next choice a healthier one, and eventually you'll get there," she said. "You have to stay positive and remind yourself that you're human and nobody is perfect."

Even though they've managed to lose a substantial amount of weight the couple still face daily struggles, that's where their weekly meetings with Viau helps them stay focused.

"I don't see myself as quite as small as what Marvin tells me I look," said Connie.

Through both the struggles and triumphs they have found support in each other. They say that doing this as a team has brought them closer together, and they feel like they are almost newlyweds again.

"We are a lot more adventurous and outgoing now that we have dropped weight. Our outlook has changed almost completely thanks to the guidance and support from Ms. Viau and our own perseverance" said the couple.

COMMEMORATIONS

Lung Cancer Awareness Month

Diabetes Month

Tobacco Cessation Month

Veterans Day, 11 November

Great American Smokeout, 19 November

Security enterprise helps train Armenian medics

By U.S. Army Security Assistance Command Public Affairs

U.S. Soldiers made history this summer by bringing the Army's Health Care Specialist School and Army Basic Instructor Course (ABIC) to the Armenian armed forces.

Mobile Training Teams (MTT) from the U.S. Army Security Assistance Training Management Organization (SATMO) at Fort Bragg, North Carolina, and the Army Medical Department Center and School out of Fort Sam Houston, Texas, deployed to Yerevan, Armenia's capital, Jun. 2 to Sept. 2.

"The overall goal was to establish a combat medic school within the Armenian military," Capt. Chris Hudson, the MTT officer in charge, said. "We taught the entire 68Whiskey Advanced Individual Training course -- day one through graduation -- to the Armenian medics."

Hudson said AMEDD instructors provided Armenian soldiers the same level of training U.S. troops receive to become qualified health care specialists. The Armenian students, who are expected to stand up their military's first combat medic school in January, learned to administer emergency medical treatment to battlefield casualties; prepare patients for evacuation to next level of care, manage equipment and supplies for patient care; and many other skills that has made the U.S. military a leader in saving lives on the battlefield.

"This enables the 12 Armenian instructors to develop their own program of instruction for medic training that will best suit their needs in the future and will be a great force multiplier for generations to come," said Master Sgt. Efre Dicochea, AMEDD's Advanced Training Branch chief instructor who served as the

MTT NCO-in-charge.

Helping a partner nation build a program as complex as a combat medic school from the ground up meant teaching in phases. After AMEDD successfully completed Phase One of the training, a four-man SATMO MTT arrived to teach Phase Two -- the modified ABIC. Upon completion of ABIC, students become qualified Army instructors.

According to Hudson, being an expert combat medic is one thing; being an instructor and teaching others how to be a medic is a different story.

"It was the train-the-trainer methodology," Hudson said. "The Armenians will now be trainers and subject matter experts, able to establish their school and have the capacity to train 50-60 medics at a time."

ABIC Instructor Sgt. 1st Class Romeo Santos said he benefited greatly from the experience, learning as much from the students as he instructed.

"We've definitely made lasting friendships with the students," Santos said. "They gave us their time and patience, and the cultural gap really didn't exist after the first day."

Fellow ABIC instructor Sgt. 1st Class Johnny Gonzales agreed, and said everyone benefits on the battlefield from shared knowledge.

"It's the continuity of care," Gonzales said. "Whoever gets injured, or whatever medic comes upon them -- either Armenian or U.S. Soldier -- that person would receive quality care right on point of injury."

Hudson, an Engagement Branch team leader with SATMO, accompanied both training teams to Armenia.



Sgt. 1st Class Victor Miranda, from the 232nd Medical Battalion at Fort Sam Houston, trains Armenian students on the Sked Basic Rescue System. Miranda and four other medic instructors traveled to Armenia to provide U.S. Army's 68W, Health Care Specialist, training to 12 Armenian medics. (Photo by Capt. Chris Hudson)

Having conducted five previous MTT deployments, Hudson provided the transitional expertise and continuity.

Phase Three of the training, slated for 2016, will deploy U.S. observer/controllers to evaluate the first class of Armenian medics at their new school.

"These troops will probably be a part of NATO peacekeeping forces and in order to deploy units for NATO missions, they must train to NATO standards, so they'll have a corps of medics that are NATO qualified," Hudson said.

The benefit to the U.S. Army is an increased interoperability that is the trademark of security assistance operations. For SATMO, deploying MTTs like this showcase their motto: "Training the World, one Soldier at a Time."

SATMO is a subordinate organization to the U.S. Army Security Assistance Command, headquartered at Redstone Arsenal, Ala.

USAMMA's Precision Fielding Saves Money, Time and Effort

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

FORT DETRICK, Md – The U.S. Army Medical Research and Materiel Command's U.S. Army Medical Materiel Agency (USAMMA) is a unique, multifaceted organization whose central purpose is to execute medical logistics programs that directly support Army readiness, while building and enabling health readiness. The organization has found a way to fulfill its mission and ensure that the American Warfighter has the medical equipment they need, when they need it and at the same time save the Army money, time and effort by using a new process called precision fielding.

Headquartered at Fort Detrick, Maryland, the USAMMA performs materiel acquisition, project management and sustainment in support of strategic level missions and transformation goals of the U.S. Army and the Military Health System.

In a process known as reset, the USAMMA continuously repairs, rebuilds and replaces equipment that is worn out or destroyed in theater. In the past, during times of high operational tempo, the USAMMA would reset by fielding complete sets of equipment each time a unit was deployed. Around the time of the 2013 government sequestration, the USAMMA, like all other Army organizations, began to evaluate ways to save money and time. One of the solutions was precision fielding.

"One of the issues was how can we reduce costs and still modernize our force," said Maj. Mark S. Norton, chief of the USAMMA's Materiel Fielding Division. "By using precision fielding, the USAMMA saves time and effort, but still maintains unit readiness by reducing

excess that would normally be provided each time a unit deploys. This reduces the burden on the incoming unit to redistribute, turn in or find somewhere to store the excess of fielding full sets."

The Materiel Fielding Division is conducting select unit assessments that will include a 100 percent inventory of high cost items. In August 2014, a team traveled to Fort Bragg, North Carolina, and assessed the 274th Forward Surgical Team's on-hand inventory. The USAMMA team then used this formation to build a modernization package for fielding that was delivered to the Forward Surgical Team in November. The USAMMA team's work provided a \$742,000 in net savings and cost avoidance.

"These detailed assessments not only allow us to see where we can streamline the fielding of items, but it also allows us to engage directly with the units," said Rick Bower, Materiel Fielding Division Southern/Caribbean regional manager. "The perfect end state for us is to fix what's broken, replace what's old and train the units to manage their inventories."

During each assessment, team members trained the unit on how to evaluate their inventory, procedures for replacing only the items that have been upgraded and the process to send their equipment into one of the USAMMA's maintenance depots to be repaired. The USAMMA has three maintenance depots located across the U.S. located at Hill Air Force Base, Utah; Tobyhanna, Pennsylvania; and Tracy, California. During an assessment of the 550th Area Support Medical Company (ASMC) in Fort Bragg, North Carolina, in May, the USAMMA had



The 550th Area Support Medical Company in Fort Bragg, North Carolina, lays out their medical equipment sets in preparation of reset. (Photo by Rick Bower)

previously scheduled the unit to receive 121 pieces of medical equipment. After the assessment, the USAMMA provided the unit with 28 pieces of needed medical equipment.

"The USAMMA Materiel Fielding Division team was extremely helpful and offered insight into upcoming changes in the medical sets, including reclassification of equipment categories and new refit parameters," said 1st Lt. Skye Kolb of the 550th ASMC's assessment. "The team provided insight into the USAMMA's initiative to streamline the fielding process and how it will benefit individual units and the Army as a whole."

The net savings/cost avoidance for 550th ASMC's assessment was an astounding \$1.1 million.

"This method of fielding will now be used to outfit medical units to Army National Guard, Army Reserve and Army units throughout the world," said Norton. "The cost savings and cost avoidance will be in the millions."

WTB troops bike from Knox to Campbell on road to recovery

By Blanchfield Army Community Hospital Public Affairs

FORT CAMPBELL, Ky. – Wounded, injured and ill Soldiers from Forts Campbell and Knox pedaled through the hills of Kentucky and the plains of Middle Tennessee in the 3rd Annual Bluegrass Rendezvous Bike Ride Sept. 16-18.

Fifty-two Soldiers assigned to the Warrior Transition Units, cadre and supporters within the Bluegrass State completed the challenging but therapeutic 167-mile ride between the two military installations Friday, Sept. 18.

The annual bike ride is one of many adaptive reconditioning outreach opportunities for Soldiers to get involved, outside of their routine adaptive reconditioning workouts while assigned to the Warrior Transition Units. Soldiers in a Warrior Transition Unit are going through the recovery and transition process, working to return back to active duty or transition to civilian life.

“The Bluegrass Rendezvous Bike Ride has become an annual event our Fort Campbell Soldiers look forward to,” said Warrior Transition Battalion (WTB) commander Lt. Col. Chip Finley. “They are riding with many of their leaders and supporters right beside them. It is focused on the physical and emotional healing of our Soldiers - instilling the confidence that they can succeed through adaptive physical fitness, regardless of their medical conditions.”

The Fort Campbell group, consisting of WTB Soldiers, cadre, and staff, met a group of Fort Knox Soldiers and their support team at Fort Knox Sept. 16 for a team-building dinner. Starting early morning Sept. 17, the group of approximately 50 riders rode the first 101 miles to Bowling Green, Ky., where

they spent the night. On Sept. 18, the riders biked the remaining 66 miles to Fort Campbell, where Fort Campbell middle school students and their staff, WTB staff, Soldiers and Fort Campbell’s leadership welcomed the returning riders coming inside the main access gate at Fort Campbell, passing by the 101st Division

Headquarters and the finish line. Soldiers rode standard bicycles, hand cycles, recumbent, and tandem bikes, accommodating each unique Soldier and emphasizing the Soldiers’ abilities.

According to Fort Campbell WTB outreach coordinator Capt. Brian Caston, cycling can be adapted for anyone, regardless of physical ability. “That’s why this program is so applicable for our population of Soldiers who have varying medical conditions,” he said. “Bicycle riding offers more benefits to our Soldiers besides just the physical fitness aspect. As they work through their healing process, Soldiers can experience positive social interaction with other riders as well as relieve stress.”

Riders from both Army posts have been training with their respective WTB Adaptive Physical Therapy leaders to ensure they were prepared to take on the physical and mental challenges of a 167-mile bike ride. This event was a milestone for many Soldiers and culminates a transition goal for some.

“They were pedaling together towards a common goal, the finish



After completing the 3rd Annual 167-mile Bluegrass Rendezvous Bike Ride from Fort Knox to Fort Campbell, Warrior Transition Soldiers and support teams from each Army post join at the finish line. (Photo by David Gillespie)

line,” said Sgt. 1st Class Rutledge, Fort Campbell’s Adaptive Reconditioning non-commissioned officer in charge. “It’s hard to describe the satisfaction I feel as I’m able to witness Soldiers participating in adaptive reconditioning and are now able to achieve new goals that they didn’t realize would be possible after an injury or illness.”

Rutledge says that his role within the WTB allows him to witness Soldiers overcome their challenges. “The Rendezvous Bike Ride is a fantastic way for Fort Campbell and Fort Knox Soldiers to work together for a common goal while enjoying the great outdoors. Riding beside others who may be experiencing a similar medical challenge and observing how others are overcoming their challenges to meet their goal is therapeutic.”

The community members held signs and cheered along the route as they rode the last leg of the 167-mile bike ride Friday, Sept. 18. The bikers were met by the Clarksville Police Department escorting them in Tennessee/Kentucky from Tylertown Road to Fort Campbell’s Gate 4 where Military Police escorted them to the finish line.

Triage, Treatment and Teddy Bears: Ft. Irwin MEDDAC Open House

By Michael K. Beaton, Weed Army Community Hospital Public Affairs

FORT IRWIN, Calif. – In an effort to expand its outreach efforts to the local community, officials from the Weed Army Community Hospital (WACH) Dr. Mary E. Walker Center (MEWC) hosted a festive open house on Wednesday, 30 September in building 170 across from the hospital main facility on Fort Irwin.

More than 600 guests to the Open House met with hospital staff and caregivers as well as the command of the WACH to learn about hospital services, facilities and procedures.

Community members were able to speak face to face with hospital healthcare and WACH administrative experts as well as directly to WACH Commander Col. Jason Wieman, in an informal, festive setting in order to get answers to specific questions and information about WACH and MEDDAC patient care policies.

Each facet of hospital patient care was represented by subject matter experts at booths and tables with plenty of take-away materials such as cards, flyers and informational brochures covering all aspects of healthcare available on Fort Irwin, including emergency medical services, environmental health and physical therapy, mental health and resiliency, pediatrics, dental services, nutrition, out-patient referrals, and other services provided to Soldiers and military Family members by the WACH.

On hand at the open house to meet the public were representatives from TRICARE, Secure Medical Messaging (Relay Health) and United Concordia Dental insurance enrollment as well as representatives from the WACH pharmacy, medical and lab services, preventive medicine, nutritional care as

well as community health support services available through MWR and local wellness programs and resources available through the WACH.

This year the WACH teamed up with the non-profit organization “Operation Gratitude”, to encourage Families with young children to attend by providing free stuffed animal bears to every child who came into the center. Not an idle gift, the bears acted as “surrogate patients” during the children’s hospital tour, as they took the animals through the hospital for procedures and mock appointments, medical exams, immunizations, check-ups and certifications.

“The taking of the bears around the facility to health care providers helps introduce and familiarize the children with hospital procedures and personnel,” said WACH event organizer Kristie Blackman. “The bears help to allay any fears a young visitor may have upon a first visit to the Weed Army Community Hospital as they see the bears being treated,” Blackman said.

The children also carried their bear’s “medical folder” throughout stations of the hospital during the event to learn the processes and importance of both immediate and preventive medicine as well as good health habits such as healthy eating and avoiding infection.

The bears were provided by Operation Gratitude free of charge. A non-profit, the charter of the organization is based on support to Soldiers and to the military Families they leave behind when they deploy to serve their country.

The USO and the Fort Irwin Exchange (previously AAFES) also provided prizes and donated gift cards given away at the event.



Command and staff of the Weed Army Community Hospital hosted an Open House at the Dr. Mary E. Walker Center (MEWC) Wednesday, 30 September. More than 600 Fort Irwin Soldiers and Family members turned out for the event. This year the WACH teamed up with the non-profit organization “Operation Gratitude”, to encourage Families with young children to attend by providing free stuffed animal bears to every child who came into the center. Not an idle gift, the bears acted as “surrogate patients” during the children’s hospital tour, as they took the animals through the hospital for procedures and mock appointments, medical exams, immunizations, check-ups and certifications. (Photo by Michael Beaton)

“From my point of view as the hospital commander and specifically as a doctor, one of the worst things about our profession is that we usually only get to see our patients when they are sick or hurt. It’s my desire that my team will also get involved in the lives of patients while they’re healthy and doing well,” said Wieman.

“We want to be involved in the daily lives of the Ft. Irwin Family and we want to do everything we can to keep everyone healthy, prevent illnesses and injuries before they happen. There is a lot more to the Weed Army Community Hospital than treating illness or injury!”

Leaving a Legacy: Wounded Warrior Retiring After Years of Inspiring Others

By Ed Drohan, Regional Health Command Europe (P) Public Affairs

LANDSTUHL REGIONAL MEDICAL CENTER, Germany – The first thing people notice about Staff Sgt. Joshua Forbess are the scars that cover his head and face, a visible reminder of a horrific helicopter crash in Iraq in 2003 that killed 17 Soldiers and left him fighting for his life.

For the people he's worked with, though, the most memorable thing about Forbess is the inspiration he's brought to hundreds of Wounded Warriors and those who care for them at Landstuhl Regional Medical Center. That, and his readiness to crack a joke to lighten the mood and bring a smile to those around him, especially those who sometimes need a little levity during what is usually a dark period in their lives.

Forbess left Landstuhl for the last time Oct. 15 and headed to Tennessee to retire after 20 years in the Army. For the last four years he's worked in "Wounded Warrior resiliency," listening to Soldiers, Sailors, Airmen and Marines medically evacuated from combat in Afghanistan as they express their feelings and frustrations, and sharing his own experiences as a Wounded Warrior with them and their Families.

Nov. 15, 2003

Forbess, an artilleryman, was part of a quick-reaction force on board a UH-60 Blackhawk helicopter responding to a shooting incident in Mosul, Iraq. Another helicopter in the area was hit by a rocket-propelled grenade and collided with his aircraft, causing both to go down.



Staff Sgt. Joshua Forbess shares a laugh with LPMC Fisher House Manager Vivian Wilson and Army Fisher House Manager John Ost. After a 2003 Blackhawk helicopter crash in Iraq, Forbess and his wife benefited from the Fisher House mission of supporting Families and patients receiving medical care at military hospitals. Since then, they have volunteered hundreds of hours providing that same care for others. (Photo by Ed Drohan)

Of

the 22 people on board the two helicopters, 17 were killed and Forbess was left severely burned. His hands were broken and he'd lost an ear and most of his nose. Medically evacuated to Brooke Army Medical Center in San Antonio, he was kept in a medically induced coma for two months and spent several more recuperating from his injuries.

Despite qualifying for a medical retirement, Forbess requested, and was eventually granted, a waiver that allowed him to continue on active duty. He maintained his artilleryman military occupational specialty and rejoined his unit at Fort Campbell, Ky., but his injuries meant he had to remain behind while his unit deployed.

It was during this time that he started talking with other Wounded Warriors, listening as they vented their frustrations with the system, in particular the medical evacuation system.

"I could see the frustration on their faces," Forbess said. "They'd get bumped off flights. They were supposed to leave on Tuesday, then it would be Thursday, then Friday. Because they were frustrated they didn't want to concentrate on their healing."

Listening for a living

After working with wounded Soldiers for a few years at Campbell while also volunteering to help with the local Fisher House, Forbess decided he might be of even more use at Landstuhl Regional Medical Center, usually the first stop for wounded/injured military members evacuated from Afghanistan.

"I thought if I could get here where

the rubber meets the road, I could get the bug planted early and help them start their healing," Forbess explained. Eventually he was recruited by Command Sgt. Maj. William O'Neal, then the LPMC CSM and now the Regional Health Command Europe CSM.

Technically assigned to the Medical Transient Detachment at Landstuhl, Forbess spends most of his time in hospital rooms with Wounded Warriors, often hours at a time.

"I try to be there and help them get focused, whether that starts that day or three months down the road," he said, with his visible injuries sometimes acting as an icebreaker. "They're struggling and then they see me. First they'll look and see the combat patch and then they see the [U.S. Army Medical Command] patch. I'll tell them some jokes. It's all about gaining their trust."

Sharing his experiences has helped Family members as well. Vivian Wilson, who manages the Landstuhl Fisher House where Families of ill or injured service members can stay while their loved one is undergoing treatment at the hospital, has worked closely with Forbess and his wife both here and at Fort Campbell and has seen many of those interactions firsthand.

"He jokes around with them, and they see somebody like him who was survived a heinous and critical injury and came back," Wilson said. "It gives them a sense of comfort, a sense of hope. He's leaving a legacy behind him. The Soldiers who make it will pay it forward. They say if Staff Sgt. Forbess

can do this, I can too."

Navy Chief Petty Officer Victor Flores has worked closely with Forbess over the last few years in his duties as a Navy patient liaison officer at the medical center and agreed that the Soldier's experiences bring a lot to the table.

"The patient has been medevaced and needs somebody to talk to," Flores said. "Forbess knows where they are and what they're going through. He can provide that moral support for a patient who is at their lowest point. He can relate to them from the perspective of 'been there, done that.'"

Forbess will be missed when he leaves this month for retirement, Flores said.

"We all talk about caring for our own, but he lives it day in and day out," Flores said. "I think he thrives on it. He enjoys being able to give that back."

The soon-to-be retired Soldier loves cooking -- he frequently cooks for the residents at the Fisher House -- and said he hopes to eventually open a small diner in Tennessee similar to one he used to frequent before coming to Germany. The thing he loved most about that diner was the camaraderie among the 'regulars' -- they became like Family to him. It's an atmosphere he hopes to create in his own eatery someday and also the biggest thing he will miss about his days in the Army.

Always ready with a joke, Forbess summed up his decision to return to Tennessee, succinctly.

"I miss my sweet tea."

Tripler's Orthotic and Prosthetic Facility serves beneficiaries using state-of-art-technology

By Emily Yeh, Tripler Army Medical Center Public Affairs

HONOLULU, Hi. – Tripler Army Medical Center's Orthotic and Prosthetic Facility (OPF), often referred to as the "Brace Shop", provides Soldiers and beneficiaries custom made orthotic and prosthetic devices. The OPF, part of Tripler's Orthopedic Department, treats patients through their out-patient clinic and fabricates devices in the machine shop which is located in the same space.

Tripler's OPF serves beneficiaries throughout the Pacific region and provides quality care using advanced technology to ensure patients are provided with the most sophisticated prosthetics. The medical facilities and treatment programs at Tripler, including the OPF, are in-line with industry standards and are competitive with private medical facilities.

OPF uses state-of-the-art equipment to fabricate and fit prosthetic devices for all parts of the human body. However, the creation of these "works of art" still requires the skills and knowledge of an orthotist.

Elton Bacon, Orthotist, TAMC OPF, has been helping patients since the early 1970s. He began his career as a Soldier and is now TAMC's resident artist.

"I have seen the changes and advancements over the years as the field has transitioned from molding silastic and leather devices to vacuum forming thermoset and thermo-formable materials," stated Bacon. "Other cutting edge materials typically used to form prosthetics include graphite, kevlar, thermoplastic resins and even stainless steel," added Bacon.

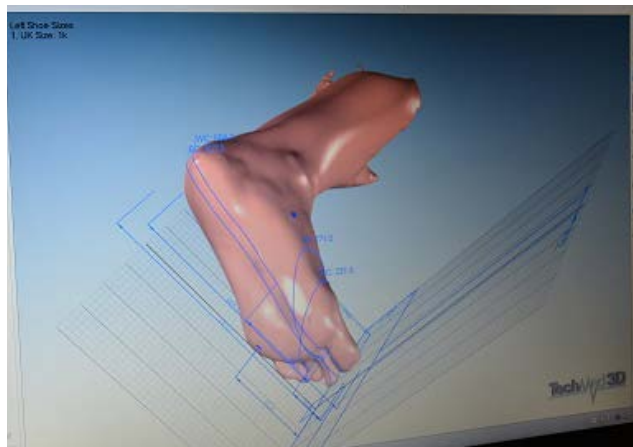
Bacon now uses computer aided design-computer aided milling (CAD-CAM) technology along with advancements in software to create his works of art. The days of using plaster and molding are in the past.

"These advancements in technology enhance patient satisfaction and can greatly improve the quality of life for a Soldier, or a Soldier-athlete who often requires special custom molded arch supports, or an adolescent who requires a spinal brace for scoliosis or a retiree who needs a foot prostheses or post-amputation leg," states Dr. Craig Bottoni, Chief, TAMC Orthopedic Department.

Advancements in technology have also allowed masters of their craft, people like Bacon, a way to produce a cleaner and more accurate prosthetic in a shorter amount of time. The patients not only benefit from a better fit, but with a lighter product.

Using three dimensional technology orthotists can modify and adjust live scans of various body sections of patients. The scans are then sent to the CAD-CAM machine to create the cast of a custom fit prosthetic for the patient.

Patient privacy is also preserved.



A computer generated 3-D model of a lower prosthetic is crafted using state-of-the-art technology. This method allows orthotists to adjust live scans to provide a better fit for patients. (Photo by Emily Yeh)



Once a 3-D computer model of a prosthetic is made, it is carved using the computer aided carver. (Photo by Emily Yeh)

The information used to produce an individual's cast is stored in a computer, with encrypted files, which eliminates the need to store a physical model for future use.

Tripler is continually working to broaden its services-looking for new ways to make prosthetics even more efficient and dynamic to ensure all beneficiaries get the best care possible.

USAMRMC Employees Receive Army Office of Small Business Awards

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

FORT DETRICK, Md. – Two U.S. Army Medical Research and Materiel Command employees were presented with Army Office of Small Business Awards during a Sept. 16 awards ceremony for their outstanding support of the Department of Defense Small Business Programs.

Brian E. Martin, U.S. Army Medical Research Acquisition Activity director of contracting and USAMRMC principal assistant responsible for contracting, and Prasanthi Tipparaju, an acquisition management liaison officer at the Walter Reed Army Institute of Research (WRAIR), were presented their awards by Maj. Gen. Brian C. Lein, commander of the USAMRMC and Fort Detrick.

Martin received the 2014 Army Contracting Professional of the Year Award for his leadership and collaboration with the Office of Small Business Programs.

“The award was presented to me; however, the award would not have been possible without the outstanding efforts of the USAMRAA staff going above and beyond to seek small business opportunities,” said Martin of his award. “Also, another huge contributing factor that led to this award was the outstanding coordination between the USAMRAA staff and the USAMRMC/U.S. Army Medical Command Office of Small Business Programs.”

Tipparaju was awarded the Program Manager of the Year Award. In fiscal year 2014, 34 new awards totaling \$16.7 million were made to small business firms in support of the WRAIR.

"It is a great honor to receive this



Prasanthi Tipparaju, an acquisition management liaison officer at the Walter Reed Army Institute of Research, receives an award for being the Program Manager of the Year from Maj. Gen. Brian C. Lein, commander of the U.S. Army Medical Research and Materiel Command and Fort Detrick. (Photo by USAMRMC Visual Information)

award,” said Tipparaju. “I would like to thank my co-workers at the WRAIR, the USAMRAA and the Office of Small Business Programs. With their support, I am positive that we will exceed 2014’s success.”

Martin and Tipparaju were originally recognized in July during the 2015 Department of Defense Small Business Innovations training week in Phoenix, Arizona. Jerome Maultsby, USAMRMC/U.S Army Medical Command assistant director of the Office of Small Business Programs, who attended the conference, accepted

the award on their behalf.

“These prestigious Department of Army awards reflect the diligent efforts within the USAMRMC acquisition workforce, which translate into maximizing opportunities for small business firms whose relevant products, services and business solutions coincide with our mission requirements,” said Maultsby. “The USAMRMC remains committed to supporting the Army Small Business Program and recognizing team members for their extraordinary accomplishments.”



Army Surgeon General Lt. Gen. Patricia Horoho (center) and Gregg Stevens (back row, center), chief, Army Medical Department Civilian Corps, pose with CRDAMC Commander Col. Mark Thompson and members of a multi-disciplinary team after presenting them with Army Medicine's coveted 2015 Wolf Pack Award here September 30. (Photo by Patricia Deal)

CRDAMC earns Army Medicine's 2015 Wolf Pack Award for improvements to MRI referral process

By **Patricia Deal**, Carl R. Darnall Army Medical Center Public Affairs

FORT HOOD, Tx. – A Carl R. Darnall Army Medical Center multi-disciplinary team earned Army Medicine's coveted 2015 Wolf Pack Award for their successes in improving the MRI referral process.

CRDAMC had received the fourth quarter Wolf Pack Award as well just two weeks ago, and competed with teams from Eisenhower Army Medical Center, Western Regional Medical Command and Evans Army Community Hospital for the annual award.

The Wolf Pack Award recognizes an integrated team of military and civilian members whose accomplishments demonstrate excellence and effective teamwork resulting in significant products or services with the potential

for broad impact in support of Army Medicine.

The Army Surgeon General, Lt. Gen. Patricia Horoho, presented the annual award in a ceremony here Sept. 30 and congratulated the team for the significant impact they made on patient quality of care and safety. In just 10 months, the team's efforts resulted in a savings of \$847,000; a 34-percent decrease in the total of MRI referrals; a 90 percent decrease in referrals deferred to the network and a 69 percent increase in referrals with complete narrative information.

“When we make system changes, it’s not just done for efficiency or resources. Everything we do has a direct relation to the quality of care and safety of our

patients. You could have easily kept your routine, but instead, you pulled together to look at how to improve the system and to bring that care back into your facility,” Horoho said. “Not only did you have an efficiency piece, you had a huge resource implication which allowed you to expand your capabilities. By implementing and sharing your successes, you have driven great change that will make the entire command stronger.

“While we’re proud of the money you saved, and that you did this as a multidisciplinary team, I am more proud that you changed the lives of individuals. We may not be able to quantify it, but I have no doubt in my mind that you improved

Horoho added.

the system causing long wait times.

appropriate time.

advanced imaging is ordered. At the end

patient's treatment," Courtines explained.

critical role in the project's success.

ordering an MRI.

misconceptions and expectations about

care."

appropriate referrals.

the quagmire of referrals for MRIs.

best possible outcome for them.”

Fink named Army's 'Best Warrior'



(U.S. Army photo by Marlon J. Martin)

Competition NCO of the Year.

(Deployment Support), as a platoon sergeant.

Convention Center, Washington, D.C.

assigned to the 3d Squadron, 2d Cavalry Regiment, U.S. Army Europe.

Eisenhower Army Medical Center recognized for high quality in eight surgical areas

By **David White**, *Eisenhower Army Medical Center Public Affairs*

FORT GORDON, Ga. – Eisenhower Army Medical Center has been recognized by the American College of Surgeons' National Surgical Quality Improvement Program (ASC NSQIP) for its safety initiatives and quality of care in announcement during the ACS' Clinical Congress, Oct. 4-8 in Chicago, Ill.

The ACS NSQIP program recognized 52 of 445 participating hospitals for achieving meritorious outcomes for surgical patient care in 2014. Other hospitals selected for recognition include Johns Hopkins in Baltimore; the Mayo Clinic in Jacksonville, Florida; George Washington University Hospital in Washington, D.C.; and New York's Mount Sinai Hospital. EAMC is the only Department of Defense hospital to be recognized.

The hospital closest to EAMC also selected is Bon Secours St. Francis Hospital in Charleston, South Carolina. The most distant from EAMC is King Abdulaziz Hospital-Eastern Region in Al Asha, Saudi Arabia.

“To be recognized among the best ... not just among military hospitals, not just among public or private civilian hospitals, but among all hospitals ... is an honor for the entire EAMC staff, said Col. Michael A. Weber, EAMC commander. “It speaks of our dedication to delivering to our service members and beneficiaries high-quality care from a high-reliability health care organization. We do this day in and day out, year after year, so the recognition also speaks to EAMC’s readiness to serve those who serve the United States.”

Participating hospitals are required to track the outcomes of inpatient and outpatient surgical procedures and then analyze their results. These results will direct patient safety initiatives within the hospital and impact the quality of surgical

care.

“This recognition is really for the hard work people here at Eisenhower have put in for years, establishing a culture of quality and care,” said Col. James D. Frizzi, M.D., EAMC chief of surgery. “It’s nice for an international organization of medical professionals to shine a light on what we do every day. And for the beneficiaries who receive care in the Central Savannah River Area, they can be assured they’re getting the best care right here at home, not in Atlanta and not in Columbia, South Carolina.”

The ACS NSQIP recognition program commends a select group of hospitals for achieving meritorious composite score. That composite score was determined through a weighted formula combining eight outcomes. The outcome performances related to patient management were in the following clinical areas: Mortality, Cardiac incidents (cardiac arrest and myocardial infarction); pneumonia, unplanned intubation, ventilator>48 hours, renal failure, SSI (surgical site infections-superficial and deep incisional and organ-space SSIs); or urinary tract infection.

The 52 hospitals commended achieved the distinction based on their outstanding composite quality score.

ACS NSQIP is the only nationally validated quality improvement program

that measures and enhances the care of surgical patients. This program measures the actual surgical results 30 days postoperatively as well as risk adjusts patient characteristics to compensate for differences among patient populations and acuity levels. The goal of ACS NSQIP is to reduce surgical morbidity (infection or illness related to a surgical procedure) and surgical mortality (death related to a surgical procedure) and to provide a firm foundation for surgeons to apply what is known as the “best scientific evidence” to the practice of surgery. Furthermore, when adverse effects from surgical procedures are reduced and/or eliminated, a reduction in health care costs follows. ACS NSQIP is a major program of the American College of Surgeons and is currently used in more than 560 hospitals.



Serving To Heal...Honored To Serve