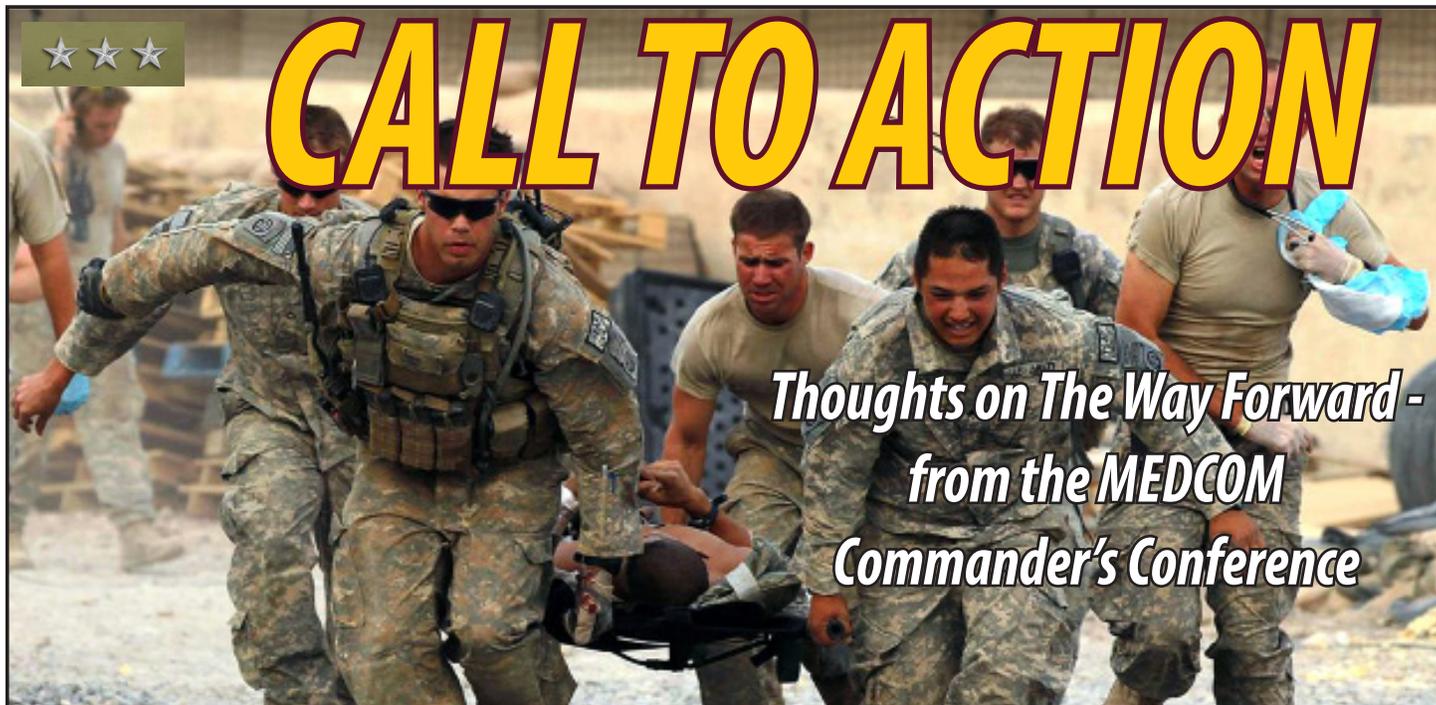




MERCURY

armymedicine.mil



CALL TO ACTION

*Thoughts on The Way Forward -
from the MEDCOM
Commander's Conference*

Army Medicine must develop innovative and effective ways to deliver care in a resource constrained environment while integrating health and wellness into everything we do. The most demanding challenge facing us as we transform will be to balance the need for change while not breaking faith with those principles that have defined us as caregivers for Soldiers and their Families for more than 200 years.

Army Medicine is in full support of the Ready and Resilient Campaign and is advocating a culture shift so that every Professional Soldier develops an internal mindset

that drives them to optimize their own health in order to improve performance and resiliency.

To this end, Army Medicine is develop-

The most demanding challenge facing us will be to balance the need for change while not breaking faith with those principles that have defined us for more than 200 years.

ing a Performance Triad, consisting of Activity, Nutrition, and Sleep, to guide Soldiers and Leaders towards optimal health and resilience. Getting back to the basics of Activ-

ity, Nutrition, and Sleep---as both Leaders and healthcare providers---will be key in optimizing personal and unit performance and resiliency. Physical activity encompasses more than just physical training at the gym, and it can improve health by reducing stress, strengthening the heart and lungs, increasing energy levels, and improving mood. Similarly, quality nutrition and sleep management can serve as key components in promoting health, preventing disease, and achieving or maintaining a healthy body weight.

See **ACTION P23**

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REMEMBERING SENATOR INOUE

To our Army Medicine Family,

A couple of weeks ago, Army Medicine bade a solemn farewell to Senator Daniel Inouye - an authentic American hero in every sense of the word. This courageous man began his distinguished service to this Nation at the age of 17 when he enlisted in the United States Army in the immediate aftermath of the attack on Pearl Harbor on December 7, 1941. He had career aspirations of becoming a surgeon but all that would change on a battlefield in Europe in the Second World War. Daniel Inouye served with 'E' Company of the 442 Regimental Combat Team, a band of brothers consisting entirely of Americans of Japanese ancestry. Senator Inouye gave his arm charging against a series of machine gun volleys on a hill in San Terenzo, Italy in 1945 and his actions during that battle earned him the Medal of Honor. The loss of his limb forced the "would be" surgeon to reconsider his future as he spent the next 20 months in military hospitals recovering from his combat injuries. After graduation from Law School, Dan Inouye ran for public office in his home state of Hawaii and the rest as they say - is history.

For eight decades, Senator Inouye continued his legacy of service to this Nation and his love for his native Hawaii was almost palpable. In the embryonic days of Hawaiian statehood, he championed the development of critical infrastructure that would ensure Hawaii's capacity and capability for successive generations of Americans. He challenged the social and racial inequities of post-war Hawaii, and his world view was shaped by those early experiences. Throughout his career he railed against injustice whenever he found it and he was deeply committed to those principles on which our country was based. Senator Inouye was a friend to Army Medicine and a vocal veteran's advocate. Since 1959- he has served in Washington where he enjoyed the reputation as a bipartisan workhorse and the longest serving senator.

Senator Inouye is survived by his wife, Irene Hirano Inouye, his son Daniel Ken Inouye Jr., Ken's wife Jessica, and granddaughter Maggie and step-daughter Jennifer Hirano. He was preceded in death by his first wife, Maggie Awamura. Army Medicine joins a grieving Nation in the loss of Senator Daniel Inouye. In difficult times like this, I find a modicum of comfort in the words of William Penn - "for death is no more than a turning of us over from time to eternity." Aloha- Senator Inouye.

Respectfully submitted,

Patricia D. Horoho
Lieutenant General, U.S. Army
The Surgeon General & CG, USAMEDCOM

Serving to Heal...Honored to Serve



1st Lt. Daniel Inouye in uniform during World War II (U.S. Army Photo)

TSG SPEAKS

TOBACCO CESSATION

Portions of Lt. Gen. Horoho's Keynote Remarks from the December 2012 Tobacco Cessation Deep-Dive held on Dec. 10, 2012.

Change in Our Military Culture Is Taking Place

For too long military culture has tolerated tobacco use. We know that tobacco use in the deployed environment is used to reduce stress, helps with anger management, and even to reduce boredom.

Tobacco is also used as a tool to help stay awake and to maintain social contacts with battle buddies, or just to relax. However, when our Soldiers come home, they are significantly more likely to be regular smokers than those who have never deployed.

We are seeing a change in our military culture regarding use of tobacco. Change in culture that encourages unsafe decisions—for example, failing to use seat belts or helmets for bicycles or motorcycles—comes slowly.

TOBACCO CESSATION IS AS IMPORTANT AS ACTIVITY, NUTRITION, AND SLEEP

We can begin to change the culture of tobacco use as well. Tobacco is easily available on military installations and low in cost. Smoking breaks are an opportunity for socializing. And there are still many places convenient for smokers to go to take a smoking break.

The promotion of tobacco cessation through behavioral change requires basic health and prevention education, personal interaction with licensed health care personnel in cessation programs, and follow-up. Education and assistance must continue to be along the continuum of care. To this end, we have to continue to support cessation programs to help our men and women in uniform.

See the full Deep-Dive article on P15

HOW WILL YOU IMPACT THIS NEW YEAR OF LIFESPACE TO IMPROVE YOUR HEALTH? "I ASK YOU TO CONSIDER TOBACCO CESSATION AS IMPORTANT AS ACTIVITY, NUTRITION, AND SLEEP."



Lt. Gen. Patricia D. Horoho

AMEDD GLOBAL

Col. Gonzales Presents TSG's Lifespace Message to Seminar Sponsored by the American College of Sports Medicine

Inactivity in America: A Looming Public Health Crisis Forum

Col. Theresa Gonzales, DMD, MS, Director of Communications, Office of The Surgeon General (OTSG), represented OTSG at a planned communications engagement event titled, "Inactivity in America: A Looming Public Health Crisis." On behalf of Lt. Gen. Horoho, Gonzales carried the 43rd Surgeon General's strategic Lifespace message as well as the Performance Triad initiative via live stream to a robust media audience of more than 150 news organizations and forum attendees representing academic and industrial stakeholders from public, private, and nonprofit sectors.

The seminar was sponsored by the American College of Sports Medicine, Center for Media and Public Affairs at George Mason University in Washington, D.C. on Dec. 6, 2012. Col. Gonzales engaged the audience with a detailed presentation regarding the obesity epidemic in America. She followed Dr. Robert Lichter, a Professor of Communication at George Mason University and Dr. James Hill, the Founding Executive Director of the Anschutz Health and Wellness Center at the University of Colorado. They spoke about the pandemic of inactivity in America. They also discussed exercise as nature's medicine for the body and mind. She was followed by Coy Wire, a nine-year Veteran of the National Football League, and Stanford University Graduate. He spoke about his recent book titled, *Change Your Mind: Ten Unconventional Secrets to Retrain your Brain*.



Col. Theresa Gonzales fields several questions during a full panel discussion on inactivity in America. Col. Gonzales also represented OTSG at a second planned communications engagement event titled, "The State of Play and Energy Balance" held Dec. 6, at George Mason University, Washington, D. C.

TSG INITIATIVES

Army Medicine 2020 Strategy

Foreword - Serving to Heal: This strategy is a **call to action** that contains the vision, strategic imperatives and way ahead for Army Medicine from a healthcare system to a system for health. This framework will allow us to be global leaders in healthcare and in health. For more information, visit the Army Medicine home page at:

<http://www.armymedicine.mil/> and scroll down page to "Army Medicine...Hot Topics."

Army Medicine Peer-Reviewed Publications

A monthly list of current research and information collected from peer-reviewed publications of interest to Army Medicine practitioners, providers, and professionals. To download your copy of the latest edition, visit:

<http://www.armymedicine.mil/news/pubs/AMPR.html>

Performance Triad

Army Medicine's operational approach to improve Soldier and Family health and stamina focusing upon Activity, Nutrition, and Sleep Management (ANS). **Read more about the Performance Triad on Page 5.**

Technology & LIFESPACE

Learn about DoD Apps and other online resources at: www.t2health.org

MARTIN LUTHER KING, JR. DAY OBSERVANCES

Martin Luther King Day is a federal holiday held on the third Monday of January. It celebrates the life and achievements of Dr. Martin Luther King Jr. Dr. King was a driving force in the American Civil Rights Movement, and remains an iconic figure in the world today as evidenced by the dedication of his monument so prominently displayed in our nation's capital. Over the years, this federal holiday has transformed into a national day of community service, "A day on, Not a day off." Americans come together on this celebrated day to help one another.

Army leadership has asked the entire Army Family to celebrate Martin Luther King Day as an opportunity to engage in community activities to help others.

As we celebrate the various holidays throughout the year, we remember that this holiday symbolizes America's commitment to the principle of freedom, justice and equality for all people. As our Army works to achieve our vision for diversity to be the national leader in embracing the strengths of diverse people in an inclusive environment, we can also lift up our fellow human beings both at home and around the world to honor Dr. King's memory and reaffirm our common humanity.



Join the conversation and engage. Follow The Surgeon General on Twitter.

PRESIDENTIAL INAUGURATION

Troops at MAPEX Prepare to Support Inauguration

By C. Todd Lopez
Army News Service

As the nation prepares for another presidential inauguration, Jan. 21, military services in the National Capital Region are gearing up to provide support to the event, as they have done every year since George Washington took office.

“Military support to the inauguration is appropriate, traditional and important in my mind in honoring our president and commander-in-chief,” said Maj. Gen. Michael S. Linnington, commander, Joint Task Force-National Capital Region. “It also recognizes our commitment to civilian control of the military.”

At the District of Columbia Armory, a 10,000-seat arena, a 40-by-60-foot map that includes the entire downtown area of the nation’s capitol and also parts of Virginia was laid out on a floor where Marilyn Manson once played and which currently serves as the home for the D.C. Rollergirls, a female roller derby league.

Both military and civilian planners who will be involved in executing support for inauguration events in Washington, D.C., met at the Armory to conduct a “MAPEX,” or map exercise, to coordinate and solidify support actions for the inaugural parade.

“The rehearsal allows different participating units to physically walk on the map as they are speaking though what they are doing,” said Linnington. “As they are walking through the routes, folks along the routes or who have other events taking place can see the effect of what is going on with what their event is. It’s a very good tool for synchronizing events in time and space.”

The map exercise is just one of nearly two-dozen types of exercises and walk-throughs that will help solidify military support during the 10-day period of inauguration events, Jan 16-25.

Military support to the inauguration includes marching bands, musical units, color guards and honor cordons. Service members will also march in the inaugural parade and provide security in certain areas. Some National Guard service members will even be deputized by the Washington, D.C., Police to help with crowd control.

When it’s all over, more than 12,000 service members will be able to say they participated in the inauguration in some way.

While crowds during the 2013 inaugural event are expected

to be significantly smaller than they were in 2009, planners for the event are still preparing the same way they did for President Barack Obama’s first inauguration, said Maj. Gen. Errol R. Schwartz, commander, National Guard, District of Columbia, Joint Forces Headquarters.

“We are still looking at what are the possibilities that may occur in the smaller crowd,” he said.

On the lookout will be some 6,000 National Guard Soldiers and Airmen, who will be on the streets keeping things safe for those who hope to witness the inauguration and attend the parade. Many of those Guardsmen will be pulled from the Army’s military police, or the Air Force’s security forces. “They have a good eye for those kinds of crowd-management issues,” Schwartz said.

One concern for both Linnington and Schwartz is cold weather, which makes things difficult for both those providing logistics to the event and those attending the event.

“As you look at safety and force protection of your ceremonial units, if it’s bitter cold and snowy, it makes life more complicated,” said Linnington. “So weather would be first and foremost on my mind.”

Schwartz said there is also concern for civilians who are attending the event.

“The individuals who are coming to the ceremony will have to understand that it is going to be cold, they will be standing for a long time, they will be walking a long ways,” Schwartz said. “We are concerned about individuals making sure their health considerations are taken care of.”

This year, the Inauguration Day holiday falls on Monday, January 21, 2013, which is also the federal public holiday for the Birthday of Dr. Martin Luther King, Jr.

(See 5 U.S.C. 6103(c).) For Federal employees who work in the District of Columbia, Montgomery or Prince George’s Counties in Maryland, Arlington or Fairfax Counties in Virginia, or the cities of Alexandria or Fairfax in Virginia, Inauguration Day is observed concurrently with the Martin Luther King, Jr., holiday. Federal employees in these areas are not entitled to an in-lieu-of holiday for Inauguration Day.

Commissioning Ceremony

On Nov. 30, Army Surgeon General Lt. Gen. Patricia D. Horoho administered the commissioning oath to 2nd Lt. Darrell Owens into the Army’s Military Intelligence Branch at the Veterans’ Affairs’ Full Committee Room, Cannon House Building, in Washington, D.C. Owens is the military legislative assistant to Representative Glenn “GT” Thompson, (R-PA). Owens was the principal author of the STEP Act. Representative Glen “GT” Thompson on May 11, 2011 introduced the “Service Members Telemedicine & E-Health Portability Act (STEP) (H.R. 1832).” The Act would expand DoD’s state licensure exemption to allow credentialed healthcare professionals to work across state lines without the need to obtain new state licenses. **Pictured (Left to Right): Representative Thompson, Lt. Gen. Horoho, 2nd Lt. Owens, and Sgt. Maj. Olivia S. Warner, legislative assistant to the sergeant major of the Army.** (Army Photo by Sgt. 1st Class Michael Alves)



GLOBAL HEALTH DEFENSE

Performance Triad to Lead Army Medicine to System for Health

By: **Stephanie P. Abdullah**
OTSG Public Affairs

The Office of the Surgeon General/Medical Command hosted its Commander's Conference at the Defense Health Headquarters earlier this month. A major topic that the senior medical leaders discussed was transforming Army Medicine from a healthcare system to a system for health.

According to Brig. Gen. Brian C. Lein, the U.S. Army Medical Command Deputy Commanding General for Operations, the Army's System for Health initiative is a partnership among Soldiers, Families, leaders, health teams and communities to promote Readiness, Resilience, and Responsibility.

The System for Health intends to maintain the Army Family's health through fitness and illness and injury prevention; restore health through patient centered care; and improve health through informed choices in what the Army Surgeon General Lt. Gen. Patricia D. Horoho refers to as the Lifespace-- those more than half a million minutes a year that people spend outside of a doctor's office; i.e. the time they spend living their lives.

Horoho's main strategy for helping Soldiers and the Total Army Family be healthier is through her "**Performance Triad**" of Activity, Nutrition and Sleep.

"It is in these areas that I think we can have the biggest impact to really make sure that we are ready and resilient and able to respond to whatever the future challenges are for our Army," said Horoho.

Lein further explained, "The goal of the **Performance Triad** is to improve individual performance and resilience through improved sleep, activity, and nutrition discipline. Improvements in individual readiness equals improvements for the entire unit," he said. "The reality is that --with sleep for example--you are as dysfunctional if you haven't slept for 24 hours as you are if you were legally drunk. Proper sleep discipline is critical for a fighting force. We really have to face our challenges regarding poor sleep, nutrition, and activity discipline head on," Lein said.

At a recent symposium at Washington,

D.C.'s Newseum called Inactivity in America: A Looming Public Health Crisis, Army Medicine's Col. Theresa Gonzales said, "A growing number of [possible] recruits are quite frankly and regrettably too fat to fight. More than 9 million Americans of prime recruiting age are too heavy to join. One in four between the ages of 17-24 are simply ineligible to serve," she said.

The health of the military and the health of the nation are not separate discussions, Gonzales explained.

"Our nation's Warriors come from our nation's citizens. Therefore, Army Medicine cannot overlook the issues that affect the health of our national population," Gonzales said.

If large numbers of possible recruits are ineligible to serve because they are overweight, then poor activity and nutrition discipline is not just a matter of national health. It is, in fact, a matter of national security. So far in 2012, the Army has discharged more than 1600 Soldiers for not meeting its height and weight standards.

The Surgeon General's/Army Medicine's **Performance Triad** is designed so that Soldiers, leaders and all members of the Army Family are practicing proper sleep, activity, and nutrition discipline because they believe it is the best for them—not just because they are being told to do so. The hope is that with the nation's Warriors leading the way, the rest of the nation will jump on board.

"The [healthier] behaviors must be adopted as a nation," said Gonzales. "It cannot just be a condition of employment."

While the Army may have significant influence in the Lifespace of its full time serving population, the challenges become greater with regard to the Army Reserve and National Guard--the reserve component (RC). They constitute more than a half of the Army's force, but serve part-time unless called to full-time service. In fact, 80 percent of the transportation capability is in the RC, 75 percent of the engineers, and 70 percent of the medical are also in the RC. About two-thirds of the Army's enabling capability is in the RC and the Army has activated more than half a million RC Warriors since 911. Army Medicine leaders



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did not seem clear yet on how they will implement the **Performance Triad** within the reserve component.

"This challenge is high on my priority list," said Horoho. "The reserve component provides strategic depth to our force and they have a valuable connection to the broader U.S. population. And quite frankly, 70 percent of my medical capabilities are within the reserve component. Therefore, in terms of readiness of the force the **Performance Triad** is just as important for the part-time Warriors as it is for those who serve on active-duty full-time," said Horoho.

Army Medicine intends to implement a **Performance Triad** pilot program at three installations: Joint Base Lewis McChord, Wash., Fort Hood, Texas, and Fort Campbell, Ky. They will test the program with one battalion sized element at each location for a total of about 2200 Soldiers for 180 days.

The key indicators for activity will include: Army Physical Fitness Test score, metabolic rate, and abdominal circumference. For nutrition the indicators will include quantity and quality of caloric intake and number and time of day of meals. For sleep the indicators will be duration, quality and psychomotor vigilance test.

In order for the program to be successful, full support is needed at the highest levels.

"It's going to be important for Army leaders to not only be on board with this intellectually, but in practice," said Lein. "We in Army Medicine specifically will have to lead by personal example. I am asking you as Army Medical Department Leaders to adopt this program," Lein appealed to Army Medicine leaders--so that when you are talking to your Soldiers about their sleep, activity, and nutrition behaviors, you can honestly say--"and oh by the way, I'm doing this too," said Lein.

Army Medicine expects to roll out the **Performance Triad** pilot program between March and April of 2013.

GLOBAL HEALTH DEFENSE

Service Excellence and the PEBLO Program Part of Army Medicine Transformation

By Rebecca Shinneman

*Team & Organizational Development
Directorate, Army Medical Command,
Office of the Surgeon General*

“You are important, your job is vital to the success of our Soldiers,” stated Mr. Fred Larson, special assistant to the Army surgeon general and program coordinator for the Begin with the BASICS program to every contact manager he trains within the PEBLO program. Begin with the BASICS is an interpersonal toolkit to use in the delivery of care, service and service recovery and is being incorporated into the PEBLO curriculum across Army Medicine. PEBLO stands for Physical Evaluation Board Liaison Officer.

The acronym BASICS stands for: Break Barriers, Anticipate and Accommodate, Seek Solutions, Initiate and Interact, Communicate, Service. During the training contact managers from the PEBLO program are taught about each component of BASICS. Beginning with Break Barriers; which is to overcome obstacles in order to provide great service. Participants consider resources, processes, procedures, policies and even mindset when they look at how to break barriers. Anticipate & Accommodate is to be aware of what patients, their Families, and coworkers need and to take action. Seek solutions by acknowledging problems and doing everything you can to find a solution. Initiate and interact means always being the one to make contact and offer assistance. It’s always worth it even if you get a negative response. Communication is a two-way process of reaching

mutual understanding and that the majority of our communication is non-verbal and Service which is the essence of trust driven care or an excellent service experience.

A contact manager for the PEBLO program serves as a “liaison between the Soldier and the numerous agencies they have to deal with. They are there to guide the Soldier through the Medical Evaluation Board (MEB) and the Physical Evaluation Board (PEB) process,” explains Ernest Longs, PEBLO supervisor at Joint Base Lewis McChord. He also stated the contact managers serve as the Soldiers resource, serving as their point

Begin
with the **BASICS**

of contact and answering questions.

When asked about the addition of the Begin with the BASICS training Mr. Dwayne Stubblefield, course manager for the PEBLO Course at AMEDD Center and School, reflected upon the fact that “sometimes we are not customer friendly and the BASICS training reiterates the reason we are here and about the way we treat our Soldiers. The PEBLO program is one of our most important jobs.” Stubblefield went on to explain about the importance of taking care of our Soldiers and their Families and doing everything we can. Or as Mr. Nenad Drca, contact manager from Joint Base Lewis McChord, said “it is an honor and privilege to spend my day working with Soldiers. I am a link in a chain

of health.” Drca is a new contact manager but served as linguist in the military previously. He explained that his job is about building relationships through consistency and integrity.

Across Army Medicine Larson and other members of the Team & Organizational Development Directorate are working with the PEBLO program focusing on the care experience and teaching how important it is to communicate using active listening.

During his training sessions Larson often refers to a time in his life that changed his way of being. He was working at a large military medical center and had spent many extra hours that week already. He was tired and heading home again late into the night. He was walking down the hallway past patient’s rooms, passing staff and patients on his way to his car. He came upon a lady in the hallway who looked upset. He goes on to say he decided to stop and asked if he could help instead of just walking by. Turns out the lady was there with her ill husband. She was dreading the long drive home, as she was unable to find lodging close by and had an hour or more to drive home. Larson explains at that moment he decided he needed to help so he took the time and called around and got lodging on post for the night for her. She thanked him and he went on his way home. When he returned the next day and was walking by the husband’s room he noticed the room was empty and the bed was made up. He asked the staff what happened to the gentleman in the room. Turns out he had passed during the night, however, his wife was able to be with him during the final moments since she was staying so close. The time it took him to stop and help was no more than 10 minutes but it made a lifetime of difference.

The principle goal of, Begin with the BASICS is to transform the culture of Army Medicine to embrace our core values and practice them in all our affairs. Every day Army Medicine can make a difference in a Soldier and Family member’s life. We are walking down the hall and stopping and asking questions. The Begin with the BASICS training is part of the transition within Army Medicine and, together with the PEBLO Program, is part of the change that will cause irreversible momentum in Army Medicine.

TSG’S SUGGESTED PROFESSIONAL READING LIST

1. *How to Become a CEO* by Jeffrey Fox
2. *How to Win Any Negotiation* by Robert Mayer
3. *Leadership is an Art* by Max DePree
4. *Leadership Jazz* by Max DePree
5. *Personal Memoirs of U.S. Grant* by Ulysses S. Grant

To download the full reading list go to the Balanced Scorecard (AKO Users) link on the Army Medicine home page. Scroll down to “Commander’s Thoughts/Prof Reading List” and click on the hyperlink to access the listing.

Chief Army Nurse Visits Bagram

By Maj. Charles Patterson
Task Force Medical-Afghanistan
Public Affairs Office

U.S. Army Maj. Gen. Jimmie O. Keenan, the commanding general of U.S. Army Public Health Command, and chief of the Army Nurse Corps, met with medical providers at Bagram Airfield, Afghanistan, Dec. 8.

The visit included updates from critical care nurses attached to Charlie Company, 6th Battalion, 101st Combat Aviation Brigade, plus Airmen from 455th Air Expeditionary Wing at Craig Joint Theater Hospital, and various medical detachments.

The command team also met with chief nurses across theater via teleconference to discuss various issues.

“As the mission draws down, continuing to provide what you call ‘world-record care,’ that’s going to be tough, but I believe you can do it,” said Keenan.

Delivering blood products on the battlefield, mobile medical capability, and Enroute Critical Care Nurses, or ECCNs, are a few advancements in U.S. military healthcare that are helping sustain that high level of care.

“One of the things I think we keep learning is about the importance of blood products on the battlefield,” said Keenan. “We have been giving whole blood transfusions since the Civil War, and we actually haven’t found any other substitutes – we’ve tried other innovations, but really the real thing is the best thing,” she said.

The ECCN program has shown success and is a program that continues to seek performance improvement.

“What we do in Army Medicine is about taking care of America’s sons and daughters. That’s why we exist. And we will do everything in our power to do that,” said Keenan.

Addressing Soldiers of the 791st Preventive Medicine Detach-



Maj. Gen. Jimmie O. Keenan the commanding general of U.S. Army Public Health Command, tours the Craig Joint Theater Hospital at Bagram Airfield, Afghanistan, Dec. 8, 2012. Keenan handed out coins to the Soldiers of 791st Preventive Medicine Detachment, Task Force Medical-Afghanistan to recognize their efforts and hard work. (U.S. Army photo by Spc. Alex Kirk Amen, 115th Mobile Public Affairs Detachment)

ment, Command Sgt. Major Gerald C. Ecker of U.S. Army Public Health Command praised the unit for their work. Ecker described PM as “forward thinking medicine” and “stealth health.” Though often a forgotten science, PM provides mission-essential force health protection and has gained respect across the Army.

“It’s that which we can’t see or understand that is going to get us first,” said Ecker. “You are the reconnaissance and surveillance... if you ask any war-fighter what reconnaissance and surveillance do for you, it gives you greater survivability – and that’s what you do.”

At each unit, the command team took time to express their thanks and dedication to the service members and their Families.

View the full set of photos available for download at <http://www.flickr.com/photos/taskforcemed-afghanistan/>

THE SURGEON GENERAL PRESENTS PURPLE HEARTS

Surgeon General and Commanding General of the United States Army Medical Command, Lt. Gen. Patricia D. Horoho, presents the Purple Heart to Pfc. Ryan S. Hawk and Spc. Michael J. Maki Jr. on Dec. 3, at the Warrior Family Support Center near Brooke Army Medical Center. (From L to R): Command Sgt. Maj. William M. Johnson, Command Sgt. Major Marshall L. Huffman, Lt. Gen. Patricia D. Horoho, Pfc. Ryan S. Hawk, Spc. Michael J. Maki Jr., Maj. Gen. M. Ted Wong. (U.S. Army Photo by Robert Shields)



Army Recruiting Program Fills Healthcare Skills Gap and Fast-tracks Citizenship

For Maj. Marco Ladino Avellaneda, M.D., January 14, 2010 is a day he describes as his “second birth”. It’s the day this Bogota, Colombia native recited the Pledge of Allegiance and became a U.S. citizen. Dr. Ladino Avellaneda had long dreamed of pursuing a medical career in the United States and eventually attaining American citizenship. His version of the American dream is now reality due to his desire to serve the country that he says has blessed him with so many professional and personal opportunities.

Avellaneda attained U.S. citizenship in one month after applying thanks to an Army recruitment program that seeks to bolster the ranks of Soldiers with medical expertise and particular foreign language and cultural skills. The program is called Military Accessions Vital to the National Interest (MAVNI).

“I came to the United States with my wife in 2004 to pursue medical training, and we’ve been building a life here with our two children. I wanted to give back and help those who are protecting our freedoms,” said Avellaneda. “For me, joining as a U.S. Army Reservist through the MAVNI program wasn’t just about becoming a citizen. It was also about service, leadership training and the flexibility to pursue civilian medical job options that were fulfilling to me.”

As a civilian doctor at a Fort Lauderdale, Florida hospital, Avellaneda specializes in nephrology, treating patients with kidney disease. As an Army Reservist, he has deployed to Kosovo and treated Soldiers suffering from ailments such as pneumonia, skin conditions, hypertension, infections and other acute diseases. Avellaneda says since joining the U.S. Army, he’s matured and improved his leadership abilities by serving as an officer and being in charge of other Soldiers.

MAVNI Benefits U.S. Army and Recruits

“While the Army is meeting its overall recruiting goals, shortages in certain critical skill areas continue,” said Medical Recruiting Brigade Commander Col. Karrie Fristoe. “MAVNI is helping us fill those gaps with people who are highly qualified and eager to serve our Nation.”

MAVNI expands military service eligibility to attract legal non-citizens for healthcare positions, including general dentists, oral surgeons, family physicians, internal medicine physicians, licensed clinical social workers and psychiatrists. In return, the recruits can accelerate the process to becoming citizens.

MAVNI officers can serve on active duty or in the Army Reserve and immediately qualify for U.S. citizenship. The military is the only employer that can offer expedited citizenship and eliminate the need to obtain a Green Card.

MAVNI participants also can enhance their work in the military and in civilian practice with opportunities for training and

advanced schooling, experience in trauma settings and leadership experience.

MAVNI Program Criteria

To participate in the MAVNI program, medical personnel applicants must be licensed healthcare professionals in the U.S. and belong to a



Capt. James Mitchell examines a man’s teeth in Baghdad. The Army has identified a shortage of medical specialists in the ranks, and is using the Military Accessions Vital to the National Interest pilot recruiting program to bring in more doctors and other skilled medical professionals from among legal aliens in the United States. (U.S. Army Photo)

specified non-immigrant category or the category of asylee, refugee or Temporary Protected Status (TPS) for at least two years immediately prior to joining. Applicants in the non-immigrant categories must not have been absent from the U.S. for more than 90 days during this two-year period. Individuals are able to move from non-immigrant visa or asylee, refugee and TPS directly to citizenship, bypassing the lengthy Green Card process.

“While the Army is meeting its overall recruiting goals, shortages in certain critical skill areas continue,” said Medical Recruiting Brigade Commander Col. Karrie Fristoe. “MAVNI is helping us fill those gaps with people who are highly qualified and eager to serve our Nation.”

Avellaneda was a J-1 visa holder, which allowed him to come to the U.S. for medical training as part of an educational and cultural exchange program. He learned that he could expedite the citizenship process without needing to meet standard requirements such as returning to his home country for two years or getting a work visa.

“I was planning to become a U.S. citizen in 10 years and was exploring options for obtaining a work visa to allow me to stay in the U.S.,” said Avellaneda. “When I learned about the advantages of MAVNI, I was so excited. I couldn’t believe it and am so grateful for this program.”

Avellaneda says he has no intention of leaving the U.S. Army after his required service time is met. He is proud to be an U.S. Army Reservist and U.S. citizen, and he wants to serve this country for many years to come.

ERMC News

Charlie Company takes Warrior Transition Battalion-Europe Commander's Cup

By Ed Drohan
European Regional Medical Command Public Affairs

After three months of competition in adaptive sports like cycling and archery, it came down to wheelchair basketball and sitting volleyball to determine which of Warrior Transition Battalion-Europe's three companies would take home the Commander's Cup trophy.

(Right): Capt. Brenna Rice, Charlie Company commander, and 1st Sgt. Darrin McDaniel hold the Commander's Cup

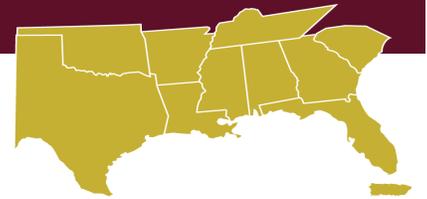
trophy that their teams clinched for the second straight time during the final Warrior Games events at Patton Barracks Dec. 7. The trophy was presented by Warrior Transition Battalion-Europe commander Lt. Col. Douglas Galuszka, left, and Command Sgt. Maj. Eugene Chance, right. The battalions three companies competed in wheelchair basketball and sitting volleyball as part of the final series of adaptive sports events sponsored by the WTB-E that started in October and ended with the Charlie Company from Schweinfurt taking the Commander's Cup trophy for the second straight time.



(U.S. Army Photo by Ed Drohan)

SRMC News

Army of Chile Delegation Visits Southern Regional Medical Command



MAJ. GEN. WONG BRIEFS THE ARMY OF CHILE DELEGATION ON THE WAY AHEAD AND THE FOCUS OF ARMY MEDICINE AS THEY TRANSITION FROM A HEALTHCARE SYSTEM TO A SYSTEM FOR HEALTH.



Maj. Gen. M. Ted Wong, commander of the Southern Regional Medical Command, stands with Brig. Gen. Oscar Enrique Boettiger Bacigalupo, director of Health Services, Headquarters General Staff, Army of Chile, and Command Sgt. Maj. Marshall L. Huffman at the end of a visit to SRMC. (U.S. Army photo by Erin Perez, SRMC Public Affairs)



(Photo Above): Maj. Gen. M. Ted Wong, commander of the Southern Regional Medical Command, briefs Chilean Brig. Gen. Oscar Enrique Boettiger Bacigalupo, director of Health Services, Headquarters General Staff, Army of Chile, and a delegation from the Chilean Army on the way ahead and the focus of Army Medicine as they transition from a healthcare system to a system for health. The Chilean Delegation visited different commands on Fort Sam Houston as part of an exchange on health services management and joint medical operations. (U.S. Army photo by Erin Perez, SRMC Public Affairs)

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NRMC News

Keller Orthopedic Team Earns \$750,000 for Continued ACL Injury Prevention Research

By **Kenneth L. Cameron, PhD.**
Army Medicine

The John A. Feagin Jr. Sports Medicine Fellowship program here received a \$750,000 grant to continue research in preventive medicine; specifically preventing Anterior Cruciate Ligament, or ACL, injuries through the use of biomarker research.

In their initial study, the research team including, Lt. Col. Steven Svoboda MD, Lt. Col. Brett D. Owens, Dr. Travis Harvey, Dr. Patrick Tarwater, Dr. William Brechue, and Dr. Kenneth Cameron, co-authored a research paper pertaining to “The Association Between Serum Biomarkers of Cartilage Turnover and Subsequent Anterior Cruciate Ligament Rupture.” Their work was recognized by the American Orthopaedic Society for Sports Medicine with the 2012 O’Donoghue Sports Injury Research Award.

“If we can identify people predisposed to ACL tears, one day we may be able to prevent injuries before they occur,” said Svoboda, director, John A. Feagin Jr. Sports Medicine Fellowship, and the head physician for the Army football team.

Individuals who tear their ACL are seven to eight times more likely to develop post-traumatic osteoarthritis in their knee following injury. Those who injure their ACL are also substantially more likely to experience osteoarthritis at a much younger age than the general population. One study reported that 51 percent of female soccer players who had torn their ACL developed osteoarthritis in their knee by the age of 31.

Svoboda recognized that a significant challenge in treating patients at risk for post-traumatic osteoarthritis is the ability to identify the initiation and progression of this debilitating condition earlier in its clinical course.

According to Svoboda, “we currently rely on standard x-rays to diagnose osteoarthritis following ACL injury; however, the condition does not generally show up on x-ray until the disease is in its advanced

stages. As a result, a significant window to intervene and potentially alter the clinical course of post-traumatic osteoarthritis is lost.”

To address this problem, Svoboda initiated a series of studies, funded by a research grant from the Orthopaedic Research and Education Foundation, to examine changes in four biomarkers of cartilage turnover and metabolism following ACL injury.

Biomarkers are substances that can be collected and measured in blood and urine. The advantage of most emerging biomarkers for osteoarthritis is that they may be less costly than other methods (e.g., magnetic resonance imaging), and they show potential as being sensitive to early molecular changes in disease.

Additionally, biomarker levels may change with joint injury, indicating an alteration in joint metabolism and possibly the initiation of post-traumatic osteoarthritis.

In their initial study, the research team, examined changes in several biomarkers over time, from pre-injury to the post-injury state, in a group of ACL injured patients and a group of uninjured control patients matched for gender, age, height, and weight. They found that the change over time in three of the four biomarkers studied was significantly different for the ACL injured patients when compared to the control subjects.

According to Cameron, “this suggests that cartilage turnover and metabolism was altered following injury in the ACL injured cases when compared to the uninjured matched controls.”

The results of this study were presented at the 2011 American Orthopaedic



Lt. Col. Chris Roach, Keller Army Community Hospital orthopaedic physician assistant fellow, makes the first incision in U.S. Military Academy Cadet Patrick Bauk’s knee during his anterior cruciate ligament reconstruction surgery, while Lt. Col. Steven Svoboda, USMA sports team physician and KACH orthopaedic surgeon oversees. (Photo by Britney L. Walker, Keller Army Community Hospital Public Affairs Officer).

Society for Sports Medicine, or AOSSM, annual meeting where the research team received the best scientific poster award for the meeting.

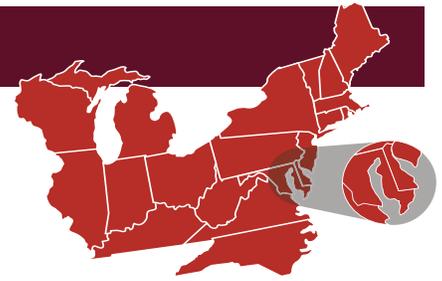
During their initial study the research team observed notable differences between the ACL injured cases and the uninjured control subjects at baseline, prior to ACL injury.

According to Svoboda, “we expected that the two groups (Control and Injury) would be similar at baseline (i.e. pre-injury) but would be divergent at follow-up (post-injury). Surprisingly, we found that the cases and controls differed both in their pre-injury state, as well as, in the change in biomarker levels over time.”

To assess the magnitude of the association between pre-injury biomarker levels and the subsequent likelihood of ACL injury the research team conducted additional analyses and the findings of this work were presented at the 2012 AOSSM annual meeting where the research team received the O’Donoghue Sports Injury Research Award, which is the society’s highest award for clinical research.

“The results of the study suggest

See INJURY P11



INJURY

continued from previous page

that pre-injury concentrations for three of the four biomarkers studied may also be predictive of subsequent ACL injury risk,” Svoboda explained.

This may be due to pre-injury differences in movement patterns (biomechanics) or genetics, but further prospective research is needed to answer these questions.

Leveraging these award winning

preliminary studies, the research team at Keller Army Hospital recently received a research grant from the Congressionally Directed Medical Research Program’s Peer Reviewed Orthopaedic Research Program to continue their work. The grant will provide approximately \$750,000 over a three year period to prospectively study changes in the four original biomarkers studied, as well as additional biomarkers that may be important in identifying acute changes in cartilage metabolism following ACL injury.

Svoboda and the research team hope

that their research will someday allow orthopaedic surgeons to identify individuals who are at high risk for post-traumatic osteoarthritis much earlier following ACL injury so that effective interventions can be developed and implemented to mitigate the impact of this disease on physical function and quality of life.



AMEDDC&S News

We Save Lives

ON AND OFF THE BATTLEFIELD

By Phil Reidinger
AMEDDC&S Public Affairs

While TDY to the Combat Operational Stress Control Course in San Antonio, three behavioral health specialists (68X) assigned to the 85th Medical Detachment, Fort Hood Texas prevented a civilian suicide on the overpass of Loop 410.

Staff Sgt. Jeremy White, Sgt. Arlena Hodges and Sgt. Eliezer Pagan were returning to the AMEDDC Center and School at 8 p.m. on Tuesday Dec. 4. The three Soldiers missed the Harry Wurzbach exit off IH410 and were making a U-turn at Starcrest Avenue when they noticed a vehicle parked on the overpass. They saw two females struggling on the overpass ledge – one inside the railing holding the other outside the railing by the waist.

They stopped their vehicle and Sgt. Hodges called 911 while Staff Sgt. White and Sgt. Pagan went to the aid of the woman trying to prevent the other from jumping onto the highway below. “I pulled our vehicle to the side of the overpass and set up a perimeter to secure the area. I wanted to prevent a traffic accident with approaching vehicles and provide room for emergency vehicles when they arrived,”



Left to Right: Sgt. Arlena Hodges, Staff Sgt. Jeremy White and Sgt. Eliezer Pagan, while TDY to the Combat Operational Stress Control Course in San Antonio, Texas, prevented a civilian suicide on the overpass of Loop 410. Each were awarded an IMPACT Army Achievement Medal by 187th Medical Battalion commander, Lt. Col. Soo Lee Davis for their professional teamwork preventing a suicide.

Hodges said.

White and Pagan went to the aid of the two women. “First we had to establish calm with the two women in the situation and pull the woman threatening to jump inside the railing to safety until police arrived,” White said. White began talking to the young girl, and when they determined the older woman, later identified as the mother of the young girl threatening to jump, did not speak English, Pagan was able to re-assure her in Spanish that they could help and both he and White prevented the potential suicide. “When the police arrived, they took over and we returned to Fort Sam Houston,” White said.

The three NCOs noted that their training provided them with the necessary experience and expertise to intervene. White previously deployed to Iraq twice and Pagan once to Iraq as members of be-

havioral health teams. Hodges credited her clinic rotations and field training exercises with the 21st Combat Support Hospital as important training experiences.

The 85th Medical Detachment attended the Combat Operational Stress Control Course in preparation for their planned deployment to Afghanistan next year. White noted that the course is a good team building training opportunity. He said that the course is a great refresher course for behavioral health specialists who have deployed and provides a foundation for members of the detachment who have not deployed to know what to expect when they go down range.

During the course graduation ceremony the three NCOs were awarded IMPACT Army Achievement Medals by Lieut. Col. Soo Lee Davis, commander of the 187th Medical Battalion.

The Combat and Operational Stress Control Course (COSC) is a 40-hour course designed to update the skills and knowledge of Behavioral Health specialists and Unit Ministry team members. The course discusses the doctrinal tenets of COSC and provides an opportunity to understand and practice some of the skills underlying the COSC functional areas. It is a required course for deploying Army and Air Force Behavioral Health providers and technicians. The curriculum is focused on theater-specific issues faced by US Forces deployed in support of Operation Enduring Freedom, and any other operational deployment including humanitarian relief and peace-keeping missions. The goal is for students to understand the theory and application of COSC so that they can tailor COSC services and interventions to any unique operating environment they may deploy to.

PRMC News

Medical Exchange Gives Japanese Insight on U.S. Medical Operations

By Sgt. Jess Williams
118th Mobile Public Affairs Detachment

While the primary mission for the 94th Combat Support Hospital during Yama Sakura 63 was to provide level-one medical care for the exercise participants, leaders also recognized the opportunity to build personal relationships with their Japanese counterparts. The 94th Combat Support Hospital conducted a medical exchange, giving students of the Japanese Ground Self Defense Force nursing school an insight on U.S. medical operations.

The unit gave a block of instruction on initiating a saline lock and the daily functions of a combat support hospital in a combat environment.

“We want to allow the Japanese to see how we take care of our Soldiers from the moment they are injured all the way through the combat support hospital, but most importantly we want to foster unity between our military and our allies,” said Lt. Col. Jerrold M. Grodin, MD, U.S. Army Medical Corps, 94th Combat Support Hospital.

Because of the up-tempo and the frequent deployment of the 94th CSH, they have a tremendous amount of exposure and experience in a combat environment.

“We want to give the medics of the JGSDF access to what we do. The Japanese haven’t had experience in active fire exercises,” said Col. Brooke Scott MD, U.S. Army Medical Corps, 94th Combat Support Hospital.

One of the significant differences in medical operations between the Japanese and U.S. forces is the way they manage healthcare information.

The Japanese are very sophisticated

in their use of technology. This is something that certainly intrigues their interest in dealing with patient care.

The Japanese were very receptive to learning during the exchange.

“I was watching their medics and nurses throughout the entire presentation,” Grodin said. “You could see the enthusiasm and interest on their faces.”

“Their attention and questions were excellent,” Scott said. “They are very impressed with the level of sophistication and effort we provide in a combat environment, and can only hope to gain from our experience.”

The 94th CSH took advantage of fostering relationships with the Japanese healthcare providers. They took a tour of their hospital facility and ate dinner together.

“The Japanese are very polite, civil, and professional,” Scott said. “They have been exceedingly courteous and interested in what we do. We have been very well treated here at the base whether it be from the janitors or the generals.”

According to Scott, the Japanese have



Spc. John Droll, medical noncommissioned officer, 94th Combat Support Hospital, initiates an I.V. during a medical exchange. A medical exchange was conducted by the 94th CSH in order to give insight to the Japanese on U.S. medical operations. (U.S. Army Photo by Sgt. Jess Williams)

been exceptional hosts both socially and professionally.

“The Japanese took care of our Soldiers who required medical assistance above what we had on the ground,” Scott said. “They took care of them very expeditiously and provided the clinical care they needed.”

The time spent fostering the relationship between the two forces culminated during the presentation.

“We have learned a lot as a military organization through our deployments,” said Scott. “We want to impart that knowledge, wisdom, and lessons learned to the Japanese defense force. We can both learn from each other through this exchange of ideas and culture.”

THE FACE OF RESILIENCY

Four Films Premiere at Tripler Army Medical Center, Promote Resiliency. By Genie Joseph, PRMC Care Provider Support Program. (Photo Right): Indiana Jones, aka Indy, and owner, Liane Otsuka, bring cheer regularly to patients at Triple Army Medical Center in Honolulu, through the Human Animal Bond Program. Indy was recently named American Red Cross Animal Hero of the Year. To help promote resiliency among staff members, the Pacific Regional Medical Command’s Care Provider Support Program premiered “Dogs are Healers,” at Tripler Army Medical Center in December. The short film focuses on the healing effect animals can have not only on patients but health care professionals. Access the full story at:

http://www.army.mil/article/93062/4_films_premiere_at_Tripler_Army_Medical_Center_promote_resiliency/



U.S. Army Pacific Medical Soldiers Receive Prestigious Badge

By Sgt. 1st Class Rodney Jackson
18th Medical Command (DS) Public Affairs

U.S. Army Pacific medical specialists tackled three different combat tactical lanes that included 46 different medical tasks, passed a written test, day and night land navigation, and finished a 12-mile foot march before walking onto the graduation field to earn the prestigious Expert Field Medical Badge on Nov. 8.

After a rough week of long days and nights of training for medical Soldiers from across the Pacific theater and from many different medical military occupational skills, or Army jobs, candidates went through another week of testing to obtain

the badge that, in 2010, had a 17% passing rate by candidates who tested then.

The Surgeon General and Commanding General of the United States Army Medical Command, Lt. Gen. Patricia D. Horoho, and Brig. Gen. Dennis Doyle, commander, Pacific Regional Medical Command and



U.S. Army Pacific medical specialists run onto the parade field, through smoke with battlefield sounds blaring over the speaker system to simulate battlefield conditions, and form-up as a platoon during a badge ceremony for U.S. Army Pacific's Expert Field Medical Badge testing held on (at) Schofield Barracks. (U.S. Army Photo by Sgt. 1st Class Rodney Jackson, 18th MEDCOM (DS) Public Affairs)

Tripler Army Medical Center, visited the Soldiers on one of the training lanes and encouraged them, while observing the

[See BADGE P22](#)

WRMC News

Madigan Snuffs Out Tobacco

By Staff Sgt. David Chapman
5th MPAD

On Jan. 1, 2013, Madigan Healthcare System will implement a no tobacco policy at its main hospital campus, the Madigan Annex, Winder Family Medical Clinic, Okubo Family Medicine Clinic on Lewis-North and McChord Clinic on McChord-Field.

"Army Medicine is really focusing on wellness and affecting all of our patient's health rather than just responding to illness," said Col. Dallas Homas, Madigan commander. "We are trying to reach out and say 'listen it is really important to focus on what it takes to be healthy.' It is an incredibly important initiative that we are undertaking. It's directly in support of the surgeon general's Army Medicine Strategy 2020, and really a potentially huge impact on our patient population and their overall health and wellness."

The exact changes being made to the tobacco policy at Madigan will be simple and easily defined. There will be no tobacco, to include cigarettes, pipes, cigars, dip, chewing tobacco or even electronic cigarettes, allowed in or near the hospital,

said Homas.



Signs scattered across the Madigan Healthcare System inform patients, employees and service members, that the hospital and its outlying clinics will be going tobacco free as part of a new program, Jan. 1, 2013. The tobacco ban will cover Madigan's hospital campus, the Madigan Annex, Winder Family Medical Clinic, Okubo Family Medicine Clinic on Lewis-North and McChord Clinic on McChord-Field.

Homas knew some staff members would not be receptive to the program, but he has been surprised by the welcoming

attitude from the majority.

"We thought we would hear a lot of negativity, a lot of push back on this policy, but that has not been the case," said Homas. "I think that Madigan staff is very excited to take this on and to move forward with it. Long time addicted tobacco users are a tough population and I would tell them this is for their benefit, the benefit of their Family and friends."

The challenge of implementing this program required an agreement that would be accepted by the union representing civilian employees and the Madigan command staff.

Glenn Lampmann, president of the American Federation of Government Employees, local 1502, was key to helping to make sure the policy change offered the most benefit to all those it would impact and to help ease any concerns for those who were not necessarily excited about the change.

"I lost some dues-paying members over this issue, but less than I had expected. But I think some people are taking it as an opportunity to quit smoking," said Lamp-

[See MADIGAN P14](#)

MADIGAN

continued from previous page

mann. “For the most part it has been a positive response. It is something we should do as a healthcare facility.”

The civilian employees were able to come to a special agreement as part of the new policy that will allow them to go to their personal vehicles to smoke on their breaks, no longer at the smoking area closer to the building, explained Homas.

Madigan’s commander sees the new policy as an opportunity to battle illness from a different direction and to become the natural leader in wellness and prevention.

“I think this is a step that has been needed for decades,” said Homas. “We in America have known for a very long time that tobacco use is a significant contributor of many illnesses that afflict Americans across the country. Once we are able to get our patient population and our staff to stop using tobacco products, think of the increase in wellness and decrease in the bouts

of bronchitis, upper respiratory tract infections and head, neck and lung cancers.”

The new policy is very important to non-smokers as well. For them it is more about the image that a healthcare provider must present to their patients on a daily basis.

“I’m a healthcare professional. I feel an obligation to model good healthy behavior that promotes health and well being,” said Col. James Terrio, chief of preventive medicine. “Madigan as an organization that provides healthcare to an entire community also has a similar responsibility and the tobacco-free campus really is a tangible solid step in that direction.”

For those employees of Madigan who see the new policy as an opportunity to quit smoking, the healthcare facility has classes and healthy alternatives to help fight the battle of nicotine addiction.

“We have a lot of programs in place. All of the primary care clinics, family medicine and pulmonary clinic, all have their own tobacco cessation programs,” said Cynthia Hawthorne, Army public health nurse and former smoker. “Staff who

is interested in quitting can contact occupational therapy to sign up for classes through the cessation program there.”

Hawthorne, who has been without cigarettes for the last 24 years, is sympathetic to those who want to take on the challenges of quitting smoking and knows that Madigan will do all they can for those who ask for help.

“I am proud of Team Madigan for doing this. I smoked from a pack, to pack and a half a day for 17 years and I didn’t just quit over night. It took me a good year and a half of several attempts,” said Hawthorne. “Never quit trying to quit. It can take on average eight to ten serious quit attempts. I just kept at it.”

To sign up for smoking cessation classes contact TRICARE at, 1-800-404-4506. For those interested in off post options visit: www.ucequit2.org, or contact Washington State Quit Line at 1-800-QUIT-NOW.

DENCOM News

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DENTAC Spc. Mangongo Receives Commanding General’s Coin of Excellence

Spc. Mangongo (center) and the Fort Campbell DENTAC Command Team (Capt. Nansen, left, and 1st Sgt. Mascarenas, right) pose for a photo in front of the 34-ft repel tower located at the Sabowloski Air Assault School, Fort Campbell, Ky. Spc. Mangongo graduated the Air Assault School and was announced as the foot march champion, with an unbelievable time of 1:40 for the 12-mile forced foot march which culminated the training.

The time it took him to complete the forced foot march distinguishes him as having the 3rd fastest time in Fort Campbell history, Air Assault. He earned the Commanding General’s Coin of Excellence for his accomplishment as well as receiving various gifts. Spc. Mangongo is a 68E, Dental Specialist, assigned to the Fort Campbell DENTAC. He currently serves as an Oral Surgery Assistant at the Hospital Dental Clinic.



From Left: Capt. Nansen, Spc. Mangongo and 1st Sgt. Mascarenas stand in front of the 34-ft repel tower located at the Sabowloski Air Assault School, Fort Campbell, Ky. (U.S. Army Photo)

USAPHC News



Experts Develop Strategies for Combating Tobacco Use in the Military

By Chanel S. Weaver
Public Affairs Office,
U.S. Army Public Health Command

“...TOBACCO USE CAN BE DEADLY, ...WE HAVE A MORAL IMPERATIVE TO SAVE THE LIVES OF OUR SERVICE MEMBERS.

A team of more than 40 medical and military experts from the Department of Defense, supplemented by subject-matter experts from the Centers for Disease Control and Prevention, the American Lung Association, non-profit and private sector organizations, and educational institutions gathered Dec. 2-5 at Aberdeen Proving Ground, Md., united by their motivation and drive to reduce tobacco use in the military.

Sponsored by the Assistant Secretary of Defense for Health Affairs, the “Tobacco Deep-Dive” focused on developing programs that support individual and group behavior change, and a supporting social environment. Reducing tobacco use is a strategic objective of the Military Health System.

The U.S. Army Public Health Command served as the host for the event, and Maj. Gen. Jimmie O. Keenan, USAPHC commander, offered remarks to inspire the group to succeed.

“Smoking has a devastating effect on the health of individuals and on military readiness,” said Keenan. “What you are doing here will help to change the culture of the military.”

The process of changing this culture will not be easy. Research indicates that tobacco is a formidable foe in the military. The 2008 DOD Survey of Health-Related Behaviors indicates that nearly 30 percent of active-duty smokers initiated smoking after joining the military and 40 percent of

deployed service members have smoked.

“Reforming tobacco policy is something that cannot be accomplished overnight,” said USAPHC Command Sgt. Maj. Gerald C. Ecker. “Troops often look to smoking as a way to relieve stress.”

But Keenan and Ecker encouraged the attendees to work hard, and be persistent in their efforts.

After hearing preliminary briefings on the state of tobacco use in popular culture, the attendees brainstormed 13 ideas to combat tobacco use in the military. These ideas were later refined to five innovations that addressed tobacco cessation and prevention from multiple angles.



A mock package of cigarettes was used to stimulate discussion during the “Tobacco Deep-Dive” held Dec. 2-5 at Aberdeen Proving Ground, Md. The 2008 DOD Survey of Health-Related Behaviors indicates that nearly 30 percent of active-duty smokers initiated smoking after joining the military and 40 percent of deployed service members have smoked. (U.S. Army Photo by Graham Snodgrass, U.S. Army Public Health Command)

On the final day of the workshop, the attendees briefed their recommendations to senior military medical advisors.

Some of the innovations that workshop attendees thought would help reduce tobacco prevalence in the military included:

- An initiative aimed at going beyond brochures and traditional “push” com-



Participants in the “Tobacco Deep-Dive” prepare to brief senior military medical advisors on their recommendations to reduce tobacco use in the military. These ideas addressed tobacco cessation and prevention from multiple angles. (U.S. Army Photo by Graham Snodgrass, U.S. Army Public Health Command)

munications by using holographic, three dimensional, life size projections that create the effect of a live person to communicate an engaging tobacco cessation message.

- A stronger warrior initiative that will target and seek to reduce the rate of tobacco use during deployment. The initiative will identify and pair service members who want to quit, or who do not want to use tobacco, and provide tools and support necessary to become, or stay, tobacco-free during deployment.

- An initiative to create a tobacco counter-marketing video competition. This video competition would target and empower military members and members of the community to submit entries, and vote on the most popular video. The winning tobacco prevention video would be broadcast at military communities across the nation.

- An initiative to motivate and inspire individuals to achieve tobacco-free living through competition and incentives.

- An initiative to create a patient registry to facilitate a more comprehensive follow-up for people who want to quit using tobacco.

Dr. Jonathan Woodson, assistant secretary of Defense for Health Affairs and the director of the TRICARE Management Activity, was one of the key leaders who was briefed on the group’s recommendations. In his role, Woodson administers the more-than \$50 billion budget of the Military Health System and serves as the

[See TOBACCO P17](#)

Recognitions

Fort Hood WTB Soldier's Dedication to Disabled Vets Earns National Honors

By Gloria Montgomery
WTB Public Affairs Officer

Staff Sgt. Donald Sistrunk is one of two Army wounded warriors selected for DOD's 2012 Disability Outreach Award and was honored Dec. 4 in the Pentagon's hallowed Hall of Heroes.

Sistrunk is one of two Army wounded warriors, along with 34 Department of Defense employees selected for the award, which honors the outstanding contributions and accomplishments of disabled military members and DOD civilian employees, as well as being recognized as an organization for their efforts in employing people with disabilities.

"Humbling," says Staff Sgt. Donald Sistrunk when meeting the men and women veterans of America's 20th Century wars, amazed at how the old timers in their 80s and 90s can be so happy and go lucky in spite of missing limbs, crippling health and battered bodies.

"Look at what they went through," the 38-year-old disabled vet said of the demoralizing conditions of their wartime service spent in the 'mud and muck,' hoping that he will inherit their positive attitudes when his disabilities catch up to him decades down the road. "I mean, look at what today's Soldiers have in comparison to them. We get hot chow and a place to sleep. They had nothing."

Whether at the Disabled American Veterans (DAV) post he commands or on the geriatrics ward at Temple's Veterans Affairs Medical Center (VA) where he is an Operation Warfighter intern, the Warrior Transition Brigade (WTB) Soldier has made it his mission to help every veteran he meets.

To be nominated, the employee must demonstrate initiative in overcoming a disability, be an inspiration to others and have extensive community involvement assisting handicapped and disadvantaged persons to achieve their full potential.

"He is very deserving of this award because of all his accomplishments during his tenure at Alpha Company," said his former company commander, Capt. Jose DaCunha. "I'm not surprised that he won the award, but I was surprised how competitive it is with only two Soldiers out

of the entire Army selected for the award."

DaCunha said he nominated Sistrunk because of his "hands-on" involvement with veterans in the community, as well as WTB's 1st Battalion Soldiers.

Helping Soldiers Drive Him

"He's doing a lot of great things helping out veterans at the Temple VA. And then in his off time, he's working at the DAV helping veterans secure additional benefits that they should've gotten but they haven't received," DaCunha said, adding that Sistrunk has also been a positive force in A Company. "It's very touching how he affects a lot of Soldiers in a positive way by engaging them in conversation, finding out they didn't apply for a benefit and then helping them with the application."

DaCunha said he recently found out he also was helping Soldiers in WTB's other companies.

"I don't know how he does it," the company commander said on Sistrunk dividing his time between the responsibilities of being a Soldier, a DAV post commander and a VA intern, "but he juggles it all and, ultimately, helps a lot of Soldiers every day."

Sistrunk's former platoon sergeant, Sgt. Todd Middlebrook, said Sistrunk's positive attitude toward combat vets from the Korean and Vietnam Wars has inspired him to want to do more for America's aging veterans.

"We've had lots of talks," Middlebrook said, "Now every time I see a veteran, I thank them for their service, especially the Vietnam vets because they weren't thanked like we have been," adding that singular gesture alone lights up their eyes and generates ear-to-ear grins.

Sistrunk, whose father was a career Sailor, opted to enlist in the Army in 1993 after his dad retired and moved his family to Texas.

"The big joke is I already did 20 years in the Navy, so it was time for a change,"



Staff Sgt. Donald Sistrunk wears his blue polo shirt, the uniform for the day at DAV Post 22 where he serves as post commander. With Sistrunk is John Endrihs, DAVE member and former Navy Seabee. (Photo by Gloria Montgomery, WTB PAO)

the Army mechanic said. "Plus, I get seasick."

Sistrunk spent seven years on active duty with assignments in Germany, Bosnia, Colorado and Korea before ending his service in 2000 primarily because his parents were ill. In 2006, realizing how much he missed the Army and its intrinsic camaraderie, Sistrunk put his uniform back on, but this time as an Army Reservist. The next year, the Nolanville resident's unit was mobilized and was sent 15 miles west to Fort Hood where he switched from mechanic to logistics systems instructor.

He wound up in the WTB March 2011 after tearing up his knee during physical training.

"All the running and rucking took its toll, and one morning during a PT run, I went left and my knee went right," he said.

Eventually, the healing process would deny him an opportunity to finish out his Army career.

"I understand it happens, but I wanted to stay associated with veterans," Sistrunk said on switching his internship from General Services Administration fleet manager with the Army Field Support Battalion to the Temple VA hospital after he realized his Army days were over. "Even though I'm getting out, I wanted to continue to be an active part of the military in some way."

The 2012 Karen Wagner Leadership Award

The 2012 Karen Wagner Leadership Awards ceremony was held on Nov. 30, 2012 during the FY14 Army Medical Department's Fall Human Capital Distribution Plan Conference in Washington, D.C.

Brig. Gen. Dennis Doyle, Commander of the Pacific Regional Command & Army Medical Service Corps Chief was on hand to present the awards. Three Soldiers and two Department of the Army Civilian employees received honors. In addition to their awards, each recipient also received a three-star letter and coin from the Army Surgeon General, Lt. Gen. Patricia Horoho.

General Doyle stated, "To present these awards as a total Army is such an honor. "Thank you very much to each of you," he added.

The recipients of the 2012 Karen Wagner Leadership Award are: Active Army - Maj. Lamisa S. Guy, Northern Regional Medical Command (NRMC); Army Reserve - Capt. Kevin W. Zippi, Headquarters, 807th Medical Command (Deployment Support), Salt Lake City, Utah; National Guard - Maj. Anthony McGinthy, U.S. Army Central National Guard Affairs Office, Arifjan, Kuwait; Civilian HR Specialist - Ms. Shelly Heath, Headquarters Army Medical Command (HQ MEDCOM) Fort Sam Houston, TX; Military HR Specialist - Ms. Lolethia D. Gordon, Army Medical Department Activity, Fort Eustis, VA.

The Karen Wagner Leadership Award was established by Army Medicine in 2004 to honor Lt. Col. Karen Wagner's many contributions to the Army Medical Department (AMEDD) for her



(From L to R): Gregg Stevens, Army Medicine civilian corps chief, Lolethia Gordon, Shelly Heath, Maj. Anthony McGinthy, Capt. Kevin Zippi, Maj. Lamisa Guy, and Brig. Gen. Dennis Doyle

selfless service and for paying the ultimate sacrifice to our nation during the September 2001 terrorist attack on the Pentagon. This annual award recognizes Army Medical Service Corps Human Resource (HR) Managers in the rank of Major and below from each Army component and Department of the Army Civilians in the grade of GS-09 thru GS-14 serving in key civilian and military human resource positions who made significant contributions to the AMEDD mission, performed in an exceptional manner and provided outstanding leadership and inspiration.

TOBACCO continued from P15

principal advisor to the secretary of defense for health issues.

Woodson endorsed each idea, encouraged the team to develop the ideas even further, and urged them to begin the path of implementing those ideas.

"We know that tobacco use can be deadly, so we have a moral imperative to save the lives of our service members," said Woodson. "We must do all we can to preserve the health of the force."

After three intense days of meeting of the minds, the participants appreciated Woodson's endorsement.

"We are excited to have senior leaders on board," said Col. John Oh, chief of health promotion at the Air Force Medical Support Agency. "This endorsement will

re-energize our efforts."

The participants also enjoyed the cooperation that occurred throughout the workshop.

"This experience was a phenomenal

***"SMOKING
HAS A DEVASTATING
EFFECT ON THE HEALTH OF
INDIVIDUALS AND ON
MILITARY READINESS."***

opportunity to engage like-minded individuals who were all united in their commitment to develop innovative strategies for combating tobacco use in service members," said Maj. Lakisha Flagg, an Army

public health nurse at the USAPHC.

They are looking forward to implementing the innovative ideas and seeing positive outcomes from the Tobacco Deep-Dive.

"Participation in this deep-dive was so rewarding because it represents all of our true commitment to helping the military become a tobacco-free force," said Paul Fitzpatrick, program manager for the UCANQUIT2 Tobacco Cessation Program. "We are realizing that tobacco use is not about personal choice, but about readiness. We have an opportunity to lead the way to cultural change across America."



ARMY MEDICINE
Serving To Heal...Honored To Serve

Technology & Research

USAARL: 50 Years of Research for Army Air, Ground Warriors

By Catherine Davis*Public Affairs Specialist**U.S. Army Aeromedical Research Laboratory*

The U.S. reported a decline in the number of aviation mishaps during fiscal year 2011 (October 1, 2010 through September 30, 2011). The decrease in numbers from 237 mishaps in FY10 to 189 mishaps during FY11 may be due in part to the U.S. Army Aeromedical Research Laboratory at Fort Rucker, Ala., staff who helps save lives by testing helicopter equipment for the Army.

Today, many air and ground Warriors are thankful for USAARL's research accomplishments, which aim to provide medical research in the military operations environment to sustain the Warfighter's performance.

The history began in the early 1960s when, then Col. Spurgeon Neel, commander of Lyster Army Hospital at Fort Rucker, shifted the results of wars through his innovation.

Neel recognized that an expanding Army aviation community would need specialized medical and physiological support to help close the gap between Army combat aviation needs and human capabilities, and to protect Aviators from altitude, climate, noise, acceleration, impact, and other stressors in a growing hostile environment.

Therefore, in October 1962, Neel and Maj. Gen. Ernest Esterbrook, then commander of the U.S. Army Aviation Center at Fort Rucker, established the U.S. Army Aeromedical Research Unit with a goal of solving aviation medicine problems.

But, in 1969, as USAARL's involvement in air mobility research grew, the Army re-designated the unit as USAARL, making it a subordinate command under the U.S. Army Medical Research and Development Command.

During the past 50 years, USAARL's research has led to many innovations, such as the development of crushable ear cups, used in flight helmets, to aid in the prevention of basilar skull fractures.

An additional innovation includes the fielding and testing of the communications

ear plugs, which provide Aviators with hearing protection and state-of-the-art communications. By using the ear plugs, the Aviator is able to fly extended missions without compromising hearing, safety, or operational effectiveness.

"Every time an aircrew member retires without a serious hearing disability, he can thank USAARL for giving him the best hearing protection available," said Dr. Dennis Shanahan, former USAARL commander.

In more than 50 years, USAARL has been involved with most medical aspects of vehicular occupancy, airworthiness testing, air safety, occupational hazard exposures, and personal protective equipment. In addition, USAARL has researched topics such as vibration, jet lag and fatigue, tinnitus, spatial disorientation, helmets, visors, night vision goggles, seats and restraints, cockpit air bag systems, and fire protective clothing.

In 2006, USAARL developed the noise-immune stethoscope that enables medical personnel to hear a patient's heart-beat and breath sounds in high-noise environments. In 2012, medics began using the NIS in operational environments. That same year, the lab developed the facial and ocular countermeasure for safety head form to test and evaluate the performance of face and eye protective equipment without using human or animal subjects. FOCUS provides scientific data to improve equipment worn by Soldiers.

Today, USAARL's mission has expanded to cover research preventing and mitigating Aviator and ground Warrior injuries.

"It is USAARL's promise to the Aviator, the airborne Soldier, and ground Warriors to find medical solutions that reduce health hazards, prevent injury, and protect and improve performance," said Col. Dana Renta, commander of USAARL.

USAARL does this by delivering medical research, testing, and evaluation solutions for air and ground Warriors. The lab conducts medical research to develop return-to-duty standards for Soldiers suffering from neurosensory injuries as well as mild traumatic brain injuries. USAARL also conducts research to determine the ef-

fectiveness of life support equipment, and to prevent and mitigate ground crew and aircrew biomechanical injuries.

For example, in 2009, USAARL co-developed the tactile situation awareness system, which uses the sense of touch to provide situation awareness information to pilots. This multifunctional system reduces pilot workload and increases situation awareness allowing pilots to devote more time to weapons delivery systems and other visual attentive tasks. TSAS also treats patients with balance problems due to traumatic brain injury.

"USAARL enhances product development by ensuring the products are optimized to the Warfighter or that they improve Warfighter safety and survivability," said Shanahan.

Therefore, USAARL has a vital role to play in the development of advanced products that enhance a Warfighter's senses, increase his capabilities, and protect him from a hostile environment.

The mission could not be accomplished without USAARL's team of physicians, engineers, scientists, psychologists, pilots, and administrators.

Through the strengths and talents of its personnel, USAARL possesses a unique capability not available in any other Army laboratory.

"USAARL personnel apply their knowledge and skills to make effective and functional systems for the end user – the U.S. Army Warfighter," said Shanahan. "In doing so, the laboratory has had an immeasurable effect in improving Army systems and has helped save countless lives."

In the future, USAARL will continue to pursue its vision of becoming innovators in aeromedical and operational medical research. This vision will be achieved by USAARL's commitment to Aviators and ground Warriors to find medical solutions that reduce health hazards, prevent injury, and protect and improve performance.



Technology & Research

Orthopedic Device Helping Wounded Warriors Return to Run

By Steven Galvan, Public Affairs Officer
U.S. Army Institute of Surgical Research



A new energy-storing orthopedic device along with an extensive rehabilitation program is allowing wounded warriors who previously had difficulties walking or standing due to lower leg injuries to run again. The Intrepid Dynamic Exoskeletal Orthosis (IDEO) was designed by prosthetist Ryan Blanck at the Center for the Intrepid (CFI). It is a custom-fit device made from carbon and fiberglass that supports the foot and ankle and resembles an amputee's running prosthetic.

The ability to run can be the difference whether a wounded Warrior is allowed stay on active duty and to return to their units after having been considered for a medical discharge from the military.

During a mission in Iraq in 2009, a Soldier from with the Army's 4th Brigade Combat Team, 1st Armored Division at Fort Bliss, Texas, was in that situation after injuring his left leg in a roll over. While on patrol, the Mine Resistant Ambush Protected (MRAP) vehicle that combat engineer Staff Sergeant Philip Davis was riding in rolled over and his left leg got wedged under his seat. "It pulverized it," said Davis. "I was given two options—to amputate or to have the foot and ankle fused." Davis chose to have his ankle fused even after his doctor told him that he would never be able to run, jump, or play in any high-energy sporting activities.

"Before the surgery, I told him that the surgery would give him very little flexibility and mobility and that he was probably looking at a medical discharge or that if he stayed in the Army, he would have to look at another job other than being a combat engineer," said Lt. Col. Joseph Hsu, an orthopedic surgeon at the Army's Institute of Surgical Research.

Advances in surgical techniques enables Dr. Hsu to salvage mangled legs once previously destined for amputation. During the healing process, rehabilitation for each wounded warrior is designed to get them back to how they were before their injuries. Johnny Owens, director of Limb Salvage Rehabilitation at the CFI, tailors a rehab program for each warrior according to their injuries. A rehab program aimed at getting wounded Warriors running is called "Return to Run Clinical Pathway." According to Owens, this multidisciplinary program is built around an aggressive rehabilitation plan. "Patients needing support to their lower legs can be fitted with the IDEO," said Owens. "This enables them the ability to return to running, sports, and military deployments.

Some Warriors can rehab for months, even years and may never gain full functional or capabilities. This lack of progress can be so discouraging that some Warriors have requested an amputation. Due to these drastic requests, Owens, Blanck and Hsu came together in a collaborative effort under Hsu's guidance to combine the critical surgical, orthotic design, and rehabilitation into one process. "We came together because we noticed that there were a large number of wounded Warriors who were considering or wanted late amputations," said Owens. "During rehab, most of these young, highly motivated, and physically fit Warriors were getting discouraged

after seeing amputees with prosthetics who are able to run, jump, and participate in sporting activities."

A late amputation is not as simple as a Warrior saying "amputate." It is a lengthy process that involves extensive counseling, but it can be an option for some wounded Warriors.

"That was not an option for me," said Davis. "I wanted to run again when I began rehab. I pushed myself. I was determined to stay in the Army as a combat engineer and join my unit."

After a few months of rehab, Davis was able to walk, but with a severe limp, and he couldn't run or jump. "Then I was told about the IDEO. After being fitted with it and shown how to properly use it, I felt the difference almost instantly," said Davis.

The IDEO is custom-made using a mold from the Warrior's leg. The three piece device fits in shoes and boots. The top piece that is shaped like the top portion of a prosthetic leg is placed just below the knee. Both pieces are held together by a sturdy and flexible support bar. The upper and lower sections are joined by a carbon fiber dynamic response strut system originating from prosthetic technology used with the high-activity amputee population within the Department of Defense.

"The way it works is very much like a runner's prosthetic," said Blanck. "As the Warrior steps on it and moves forward, the energy of the foot piece is transferred to the back of the foot piece with a spring motion."

In order to maximize the full benefits of the IDEO, Warriors go through extensive rehab sessions. During the initial sessions, Warriors are trained on how to step with the device. As they progress through the rehab, they are introduced to more stringent training that involves running and jumping up and down and side to side. Then weights are introduced into the rehab.

"They have to get used it to and learn how it works," said Owens. "Once they feel comfortable with the IDEO, we encourage them to push themselves without overdoing it."

Sixteen months after his injury, Davis was able to return to his unit as a combat engineer and ready to deploy.

"I'm able to move like I did before the injury," he said. "I can run, jump, and play my favorite sport—softball; but most of all, I kept my job as a combat engineer."



IDEO is a custom-made device using a mold from the warrior's leg. The three piece device fits in shoes and boots. The top piece that is shaped like the top portion of a prosthetic leg is placed just below the knee.

See **DEVICE P20**

VETS continued from P16

Learning from Geriatric Ward Vets

Today, the staff sergeant, who is the recipient of four Army Commendation Medals and two Army Achievement Medals, spends his days on the fifth floor at the Temple VA geriatric ward chatting with Soldiers from World War II, Korea and Vietnam while checking them in and educating them on benefits and services that are available to them.

“Just talking to them is very rewarding,” he said. “You always draw from the experiences of other people. They teach me to appreciate what we have.”

Sistrunk, whose only visible military association at the VA is a name tag that says “Wounded Warrior Intern” said many are taken back a bit when they realize he is active duty.

“Even though a lot of them know about the internship program, they are surprised because they expected us to be in uniform,” he said adding that wearing civilian clothes is part of the transitioning process from military to civilian.

After work and military duties, Sistrunk can be found Friday through Monday at Nolanville’s DAV Post 22 where he has served as post commander for the past two years.

Sistrunk said his DAV membership enables him to continue to serve others and to help veterans who aren’t receiving any benefits.

“I’m running across World War II vets who weren’t even aware of entitlements as well as the Vietnam vets who are entitled to health care because of exposure to Agent Orange,” he said.

It’s the ‘nobody told me’ phrase that motivates Sistrunk to preach benefits and entitlements.

“The drive to be active in DAV is because I would want someone to help me if I needed assistance,” he said, add-

ing that helping other veterans energizes that camaraderie tie between people who have served. “That’s what the DAV is designed for because we have service officers go step by step in helping you get your benefits. There’s no guarantee you’ll get them, but service officers definitely have a leg up on it versus you doing it by yourself.”

One vet he has helped is John Endrihs, who started his military career in 1953 with the New Jersey National Guard but closed out his 30-year career with the Navy.

“I never applied for benefits,” the retired Seabee said, “because I didn’t know I could.”

When Endrihs first visited the post a few years ago, it was Sistrunk who greeted him and made him feel welcome.

“Here is this young kid asking me how I am and what can he do for me,” the 76-year-old Endrihs said about Sistrunk and the 38-year age difference between the two.

When Sistrunk found out about Endrihs’ hearing loss largely associated with heavy-equipment operations, he directed him to the Post’s service officer, Stan Williamson, a Vietnam vet who helped Endrihs file a claim, although the VA has yet to assign a rating.

“The Army has come a long way in helping Soldiers receive benefits,” Sistrunk said, “but 20,30 years ago, you had your barracks lawyers telling you that you were entitled to this or that but they never applied for it because they didn’t know how.”

Endrihs is thankful for Sistrunk and said the Disability Outreach Award is fitting for his character and integrity.

“This man has a heart as big as the Atlantic Ocean,” he said. “It doesn’t matter what branch of service someone was in because he’ll do anything for them. We’re all in his heart.”

DEVICE continued from P19

Since its inception, 143 wounded Warriors have been fitted with the IDEO. The majority of its recipients are in combat arms specialty jobs like the Navy SEALs and Army Rangers. The IDEO is allowing these warriors to run, parachute, and perform demanding physical activities required from these Special Forces members. “After a couple of years of using one, I had a Soldier who didn’t need it anymore,” said Owens. “The IDEO helped him regain full use of his leg and he no longer requires it.”

Davis is still using the IDEO. He is amazed at what he can do with it. “I was playing outfield during a softball game. When a ball was hit in my direction, I was able to take off and chase it down,” he said. “I didn’t realize what I had done until after I caught the ball.”

“In another instance, I was playing second base. I was able to turn a double-play. That’s pretty hard for a lefty, but once I hit it again, I was able to do it because of the device—it did what it was supposed to do.”

The IDEO is working for Davis and many other wounded Warriors who want to be physically active, redeploy with their units or just lead a normal life. Spec. Michael Krapels, a member of the Chosen Company, 2nd Battalion, 503rd Infantry Regiment, was told by his doctors at Walter Reed Army Medical Center that he would not redeploy to Iraq or Afghanistan after taking a gunshot to his lower leg. “I was told I was going to lose my leg,” said Krapels. After hearing about the IDEO, he requested temporary orders to Fort Sam Houston to see if the device would work for him and it did. Krapels is now going through some intense physical therapy to prepare for another tour overseas with his unit.

Wounded Warriors like Davis and Krapels are just two examples of Warriors who motivated Blanck to develop the IDEO and join forces with Hsu and Owens to develop the Return to Run Clinical Pathway program.

“They push us to come up with these types of devices and programs and we’re going to support them, no matter what it is,” said Blanck. “Whether it’s going and playing with their kid in the backyard or redeploying to Afghanistan with their Special Forces team, we’re going to do all we can for them.”

MOBILE HEALTH INNOVATION

GOVERNMENT APP CHALLENGES ARE DRIVING INNOVATION IN MOBILE HEALTH, INCLUDING PSYCHOLOGICAL HEALTH, NUTRITION AND PHYSICAL FITNESS. THROUGH WEBSITES LIKE CHALLENGE.GOV, AGENCIES ARE WORKING TOGETHER WITH THE PUBLIC TO ADDRESS PUBLIC HEALTH CONCERNS. TO LEARN MORE ABOUT GOVERNMENT-SPONSORED APP CHALLENGES, CONTRIBUTE IDEAS OR FIND NEW APPS, VISIT THE DEPARTMENT OF VETERANS AFFAIRS INNOVATION CHALLENGE OR THE U.S. SURGEON GENERAL HEALTHY APPS CHALLENGE.

Army Medicine Helps Make a Sick Child's Dream Come True

By OTSG Public Affairs

Army Medicine personnel joined dozens of Soldiers from the 200th MP Command from Ft. Meade, Md., in making a young patient's dream of meeting Soldiers and becoming a Soldier come true. Ten-year-old Baltimore resident Khalil Quarles was diagnosed with an invasive cancer a year-and-a-half ago and has been bravely battling this disease. Ever since he was four years old, Khalil said he dreamed of becoming a Soldier in the U.S. Army.

Not only did dozens of Soldiers show up at Quarles' home, but the 200th MP Command commander Maj. Gen. Sanford Holman performed an "enlistment" ceremony, during which he "enlisted" Quarles into the Army. Additionally, the Soldiers took Quarles for a ride in an up-armored humvee. Soldiers and Department of the Army Civilians took gifts for Quarles and his siblings that will hopefully make their holidays even merrier. Office of the Surgeon General (OTSG) civilian employee Stephanie P. Abdullah is also an Army Reserve Soldier assigned to the Office of the Chief Army Reserve, Ft. Belvoir, Va. On behalf of Army Medicine (Sgt. 1st Class) Abdullah delivered several gifts from OTSG/MEDCOM that included an Army Medical Command coin from Lt. Gen. Patricia Horoho and a vintage GI Joe -Collector's Edition donated by OTSG Public Affairs Officer, Mr. Mike Elliott.

OTSG Deputy Director of Communications Col. Donald Robinson also attended the event.

"It was absolutely amazing to be a part of such a moving experience," said Robinson. "This was an Army Reserve led effort, where a local unit had an opportunity to do something meaningful as well as adopt a citizen from the community they serve into their unit. What a way to show a community that the Army is there and a part of the community and cares," he said.

When Quarles was asked what he thought was the best part about the evening's surprises he said: "The humvee ride was the best. But, it was very loud in there."



Khalil Quarles shows off his Army Medical Command coin delivered by Sgt. 1st Class Stephanie P. Abdullah on behalf of the Surgeon General. Abdullah, an OTSG civilian, is also an Army Reserve Soldier assigned to the Office of the Chief Army Reserve. (Photo courtesy of Army Medicine)

U.S. ARMY MEDCOM TRICARE

*****2013 PREMIUM CHANGES FOR SELECT PREMIUM*****

2013 is here and that means new monthly premium rates for some TRICARE programs became effective January 1, 2013!

-TRICARE Retired Reserve (TRR) 2013 Premiums

Member-Only: \$402.11

Member and Family: \$969.10

-TRICARE Reserve Select (TRS) 2013 Premiums

Member-Only: \$51.62

Member and Family: \$195.81



Reminder: Beginning January 1, 2013, recurring TRS and TRR premium payments can only be made by automatic payment via debit/credit card or electronic funds transfer.

-TRICARE Young Adult (TYA) 2013 Premiums

Prime Option: \$176

Standard Option: \$152

*****BCAC/DCAO INFORMATION UPDATE*****

New TRICARE Dental Program Premiums Effective February 1, 2013

Enrollees are billed the following amounts in January for February coverage. (TRICARE Dental Program is a pay-ahead program)

-Active Duty

Single: \$10.66 per month

Family (more than one family member): \$31.96 per month

-Selected Reserve of the Ready Reserve and Individual Ready Reserve (Mobilization Only)

Sponsor Only: \$10.66

Single (one family member, excluding the sponsor): \$26.64

Family Premium (more than one family member and excluding the sponsor): \$79.91

Sponsor and Family Premium: \$90.57

-Individual Ready Reserve (Non Mobilization)

Sponsor Only: \$26.64

Single (one family member, excluding the sponsor): \$26.64

Family Premium (more than one family member and excluding the sponsor): \$79.91

Sponsor and Family Premium: \$106.55

BADGE continued from P13

course and the training.

Horoho stated, the visit to the EFMB testing at Schofield Barracks was a clear reminder that our medical profession exists, first and foremost, to save lives. Without the quick ability to intervene and provide those initial actions that allow us to bring back the injured as patients not victims – we will fail in our mission.

She went on to explain that the interventions buy time for the injured so that the rest of the Team can offer definitive care to save lives. Further, these interventions are often accomplished in austere and difficult situations and the EFMB confirms these abilities.

Candidates trained for one week with evaluators prior to test week.

During that week the Soldiers and the evaluators started hands-on training early mornings and spent late nights reviewing in study hall.

“It makes you think about what a lot of the line medics are doing in their job specialty,” said Staff Sgt. Vance Maxey, dental technician, Tripler Dental Clinic, from Oceanside, Calif. “Going through this course makes you have an understanding of what they’re doing outside of your military occupational skill.”

Maxey went on to described the training as motivating, making you want to get dirty and learn new, rather than routine, skills.

Many still went home without the EFMB, but they received a certificate for completing the training.

Doyle stated how he was very impressed that all the cadre were very focused on adhering to the standards for the coveted EFMB and that even if Soldiers don’t receive the badge, for whatever reason, they would still be much better medics for all the training received. These are the skills, under combat conditions, that our Soldiers (and their Families) expect us to be proficient in, and the 18th Medical Command (Deployment Support) team has done a magnificent job in training, resourcing and maintaining the standard that the EFMB represents.

MEDCOM 2013

Key Commemorations and Observances

§

- National Patient Recognition Month - February
- Army Nurse Corps Anniversary - February 2
- Enlisted Medical Corps Anniversary - March 1
- Dental Corps Anniversary - March 3
- National Professional Social Workers Month - March
- National Brain Injury Awareness Month - March
- AMEDD Civilian Corps Anniversary - March 26
- Medical Specialist Corps Anniversary - April 16
- National Medical Laboratory Professionals Week - April 22-28
- National Prescription Drug-Turn In - April 29
- National Mental Health Month - May
- Women’s Health Care Month - May
- Veterinary Corps Anniversary - June
- Army Birthday - June 14
- Medical Service Corps Anniversary - June 30
- Medical Corps & AMEDD Anniversary - July 27
- Army Chaplain Corps Anniversary - July 27

- National Immunization Awareness/ Influenza Vaccine Awareness Month - August

- Suicide Prevention Month - September
- 9/11 Anniversary - September 11
- National Depression Awareness Month - October
- MEDCOM Anniversary - October 2
- Breast Cancer Awareness Month - October
- Nuclear Medicine Week - October 7-13
- National Pharmacy Technician Day - October 23
- National Prescription Drug Turn-In - September 27
- Warrior Care Month - November
- National Radiologic Technology Week - November 4-10
- Veterans Day - November 11
- Thanksgiving Day - November 28
- TSG Holiday Message - December 25

U.S. Army Medical Command will promote key commemorations and observances during Calendar Year 2013 in order to increase the awareness and reinforce the Army Medicine strategic theme, “Serving to Heal. Honored to Serve.”

Dates and further details on Key Commemoration and Observances may be found at the following URL:
<https://www.us.army.mil/suite/files/38171249>



ACTION continued from P1

Army Medicine distinguishes itself by its capability to provide comprehensive healthcare in the most challenging environments around the world. We need to harness that ingenuity and bring it back to our garrison environment. Health happens in the choices we make every day. Gone are the days of only providing care in brick and mortar facilities. In order to provide patient-centered care, we need to move capabilities to Soldiers and Families by providing health and wellness services within our primary care platforms. By harnessing technology, research and innovation, we can increase the number of opportunities to influence healthy choices and enhance Soldier performance.

Each day I am impressed by the talent and dedication seen across Army Medicine. We are America's most trusted premier medical team, and our successful mission accomplishment over these past 11 years is testimony to the phenomenal resilience, dedication, and innovative spirit of Soldier Medics, Civilians, and Military Families throughout the world. Soldiers, Airmen, Sailors, Marines, their Families and our Retirees know they are receiving care from highly competent and compassionate professionals who are dedicated to helping them optimize their health.

Excerpts from the "Call to Action" brochure distributed at the recent MEDCOM Commander's Conference.

MEDCOM PARTNER PROFILE

MHS

JANUARY IS HEALTHY LIFESTYLES MONTH

The Military Health System (MHS) is a unique partnership of medical educators, medical researchers, and healthcare providers and their support personnel worldwide. The MHS is prepared to respond anytime, anywhere with comprehensive medical capability to military operations, natural disasters and humanitarian crises around the globe, and to ensure delivery of world-class healthcare to all DoD service members, retirees, and their Families.

The Department of Defense (DoD) is committed to the health and readiness of the defense community. In addition to providing comprehensive healthcare services, DoD joins with America's "National Prevention Strategy" campaign in the prevention of diseases and injuries and in supporting all aspects of healthy living.

The foundation for healthy living is built on three key areas: Health and Safe community Environments, Clinical and Community Preventive Services, and Empowered People.

Operation Live Well is a component of the Department of Defense (DoD) Healthy Living Priorities. These priorities include Active Living, Healthy Eating, Tobacco-



Free Living, and Mental and Emotional Well-Being. For more information the DoD's Healthy Living Priorities, Operation Live Well, and other DoD partner initiatives, visit: http://www.defense.gov/home/features/2012/0812_live-well/

JANUARY is Healthy Lifestyles month. A culture of healthy behaviors is essential to readiness and maintaining a healthy community. Leading a healthy lifestyle, physically, mentally, socially and spiritually, plays an important role in the overall preparedness of our nation's warriors and the Families who support them. In addition to a fit, healthy and protected force the Defense Department is dedicated to the health and resilience of individuals and Families throughout the military community. Start the new year by downloading a monthly computer desktop wallpaper calendar to participate in health awareness campaigns. To download your calendar, visit: http://www.health.mil/News_And_Multimedia/MHScalendar.aspx

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MERCURY

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Editor

AROUND ARMY MEDICINE

1. (From Left) Army Sgt. Edward Beasley, 68X, Behavior Health NCO, and Pfc. Joshua Coffey, also known as "DJ Brew," a 68X, Behavior Health Tech, from 219th Medical Detachment (Combat Operational Stress Control), out of Fort Bliss, Texas, tell service members across Afghanistan about ways to stay connected over the holidays at the Bagram Airfield Armed Forces Network Radio, Dec. 12. Stress is universal and the holidays can be tough, but a road towards resiliency can be strengthened through communication home, staying fit, eating smart, and managing proper rest cycles. (DoD photo by Maj. Charles Patterson, TF MED-A Public Affairs / Released)



2. LANDSTUHL REGIONAL MEDICAL CENTER, Germany – It was a trip to look, listen and give thanks that led Under Secretary of the Army Joseph W. Westphal to Afghanistan and Germany over the Thanksgiving holidays. Joined by Army Vice Chief of Staff General Lloyd J. Austin III, Westphal shared a holiday meal in Afghanistan with Soldiers facing what he said is the critical task of training Afghanistan forces in preparation for the 2014 withdrawal of NATO forces. The transition, he said, is going well. Under Secretary of the Army Joseph W. Westphal and Army Vice Chief of Staff General Lloyd J. Austin III visit Wounded Warriors at Landstuhl Regional Medical Center. (U.S. Army Photo/Phil A. Jones)



3. SEOUL, KOREA – Participants of the 62nd Annual 38th Parallel Medical/Nursing Education Conference held at the Dragon Hill Lodge, Seoul, Korea were greeted by the harmonious sounds of the Eighth Army Woodwind Quintet as they gathered in the Naija Ballroom to prepare for the Opening Ceremony of this year's Conference. The theme for this year's conference was "Military Healthcare on the Korean Peninsula – Katchi Kapshida – We Go Together." The camaraderie between the Korean and American people was evident as physicians, specialty providers, and nurses from both countries gathered together as one to share professional knowledge. (Photo Right): Standing for the Korean & American National Anthems during the opening ceremony of the 2012 38th Parallel Medical Education Conference from the left Col. Kelly Murray, 65th Medical Brigade commander; RADM (R) Michael Baker, conference plenary speaker; Maj. Gen. Philip Volpe commanding general, AMEDD Center & School & keynote speaker; and Maj. Gen. Nam, Taik Seo, commanding general, Republic of Korea Armed Forces Medical Command. (U.S. Army Photo by Cpl. HoJoon Park, 65th Medical Brigade PAO Assistant)



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Recent posts include Lt. Gen. Horoho visits Univ. of Miami Miller School of Medicine; Karen Wagner Award Recipients; Mr. and Mrs. Herb Coley at their Farewell Event on Dec. 6; TSG visits elementary school in Hawaii; TSG presents Purple Heart to Spc. Michael J. Maki Jr.; and there's much more from Around Army Medicine.