



ARMY MEDICINE
Serving To Heal...Honored To Serve



MERCURY

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PATIENTS, THE ***OF ARMY MEDICINE***

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ON THE COVER

National Patient Recognition Week

National Patient Recognition Week is celebrated the first week of February each year with Feb. 3, being National Patient Recognition Day. While the entire month of February has been designated as Patient Recognition Month by Army Medicine, we value our patients throughout the year. The intent is to reinforce our partnership with our Soldiers and other beneficiaries; reaffirm that we appreciate their sacrifices and contributions, and emphasize that we care about their overall well-being by helping them impact their Lifespace to improve their health.

[See the full Article on P6](#)

Go Red Day

Army Medicine joins the nation in celebrating "Go Red Day," the American Heart Association's nationwide movement to raise awareness of heart disease and ensure patients are aware of how to prevent and detect it. Risk factors include high blood pressure, high levels of LDL cholesterol, diabetes, obesity, physical inactivity and smoking. Contact your MTF for a schedule of events.

For resources on how to add Activity to your Lifespace, [See the Article on P4](#)

What is Lifespace?

Lifespace is when we make decisions on Activity, Nutrition and Sleep (ANS).

We estimate that most patients visit a doctor one to five times a year, and each visit is about 20 minutes in length. Those 100 minutes are the most we can impact patient health. The other 525,500 minutes in our lives are when we're at work, or at home with our Families. It's in this Lifespace where the choices we make impact our lives and our health.

In this Lifespace, we want to focus on the triad of factors that our patients can become invested and help to manage their health - Activity, Nutrition and Sleep.

TSG SPEAKS

ARMY MEDICINE, HELPING TO SHAPE THE FUTURE

Excerpts from Lt. Gen. Horoho's article published in the October 2012 edition of AUSA Magazine's Green Book.

For 237 years Army Medicine has served and partnered with Soldiers, Families and Retirees in support of their health, fitness and readiness. As a learning organization we have evolved with the demand of the times and continue to make significant contributions to global healthcare, medical research and training on the heels of supporting almost 11 years of persistent conflict on two major fronts. While the wounds of war have been ours to mend and heal, Army Medicine has not lost sight of the unique opportunity to look toward the future and the establishment of a new course of medicine and health. Our goal is to become a global system for health. We want to engage the Army Family (Soldiers, Retirees, Family Members and Civilians) in conversations about health in support of greater readiness and better living. This goal complements what we execute today – healthcare at home and wherever the Army deploys – and does not change the mission to care for Soldiers, Families and Retirees in traditional healthcare settings. This is a call to action to get to health, and Army Medicine is currently setting the conditions to better understand the Army Family outside of conventional patient care settings. This is the Army Family's "Lifespace" and where we envision the future of military medicine and health to be. As we have so proudly done for the past 237 years, Army Medicine will forge this path of military health on the foundation of its rich legacy of service and caring. The new health destination, "Lifespace," is where we as an Army will create a healthier Army Family and the Army of 2020.



Lt. Gen. Patricia D. Horoho

The Future: Army Health

As we face a time of economic uncertainty, we acknowledge that this is a time of challenges but it is also one of great possibilities. While Soldier care never ends, nor does the mission to provide healthcare, long term success in Army Medicine lies in our ability to effectively impact the "Lifespace". We understand the healthcare encounter to be an average interaction of 20 minutes, approximately five times each year. Therefore, the average annual amount of time with each patient is 100 minutes; this represents a very small fraction of one's life. In between the 100 minutes of appointments is the "Lifespace" which is where we believe health really happens and where we desire a different relationship with Soldiers, Families and Retirees. We want to go beyond the boundaries of our medical treatment facilities – both physically and virtually. By reaching out proactively, we want to impact the "Lifespace". In other words, we want to partner with those entrusted to our care regarding the other 525,500 minutes of the year where people are living their lives and making their health choices. The connection between health and Army readiness is clear. The more we positively influence health, our own and the Army's, the better we are to answer the call to duty. This is a call to action. Be ready! Army Medicine is serving to heal and truly honored to serve.

For the full article visit: <https://mitc.amedd.army.mil/sites/CMIO/STRATCOM/BOO/default.aspx>



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

AMEDD GLOBAL

America's Army - Our Profession

In October 2010, the Secretary of the Army and Chief of Staff, Army directed the Commander, Training and Doctrine Command (TRADOC), to conduct a critical review to assess how protracted years of war impacted members of the Profession of Arms. This Army-wide review took the form of a year-long campaign of learning with focus groups at 5 major installations, 15 symposiums and 2 Army-wide surveys that reached more than 40,000 members of the active and reserve components and the DA Civilian Corps. The results of this assessment led to the development of this program for calendar year 2013.



Command Sgt. Maj. Donna Brock

In January, the Army launched a training program called, "America's Army - Our Profession." This initiative is intended to enhance the education, training and pride of service to our Nation not only for Soldiers, but for our Civilian colleagues as well. This program is the result of the Army Chief of Staff-directed critical review of the Force to assess how the past eleven years of war has impacted members of Active, Reserve Components and Department of the Army Civilians. CSM Donna Brock's video (the first in a four part series) tells you more about this initiative.

This video, and others to follow, help remind us of who we are as a profession and why the Army is one of the most respected organizations in the world.

Links to the video:

For best quality views, visit YouTube: <http://www.youtube.com/watch?v=7FRVdCOWBAU>

The video can also be viewed on MilSuite: <https://www.milsuite.mil/video/watch/video/1942>



CAPE website: <http://cape.army.mil/>

AMEDD PRE-COMMAND COURSE

The Army Surgeon General, Lt. Gen. Patricia D. Horoho, addressed approximately 60 attendees and their spouses at the AMEDD Pre-Command Course in San Antonio, Texas recently. Gen. Horoho provided attendees insight and awareness of the AMEDD 2020 Strategy Campaign Plan and other key initiatives relevant to maintaining combat effectiveness while ensuring the Health of the Force.

Horoho emphasized that Army Medicine is committed to providing responsive and reliable healthcare, enhancing readiness, saving lives and advancing the overall health and wellness of our Soldiers, Families and other beneficiaries. She also reminded the audience that they provide the framework for transforming Army Medicine from a healthcare system to a System for Health.

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 4.**

Technology & LIFESPACE

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



PERFORMANCE TRIAD



ACTIVITY

NUTRITION

SLEEP

THE BENEFITS OF PHYSICAL ACTIVITY TO YOUR LIFESPAN

By **Valecia Dunbar**
MEDCOM Public Affairs

As a partner and beneficiary of the Military Health System (MHS), Army Medicine is focused on encouraging and empowering the Army community to adopt the principles of prevention and healthy living in order to reap the benefits of a long and healthy life.

Living a healthy lifestyle greatly enhances quality of life and overall well-being. The National Prevention Strategy, released in 2011, has developed an integrated national strategy that identifies priorities for improving the health of Americans. In partnership with the National Prevention Strategy, the Department of Defense has launched Operation Live Well, a broad-spectrum campaign aimed at making healthy living an easy choice and a social norm.

Active living is among the top three priorities of MHS. Operation Live Well is designed to educate and inform Service Members and their Families about healthy behaviors, provide readily accessible information and resources to enhance the resiliency of the force, and support overall DoD objectives of moving from healthcare to health. The overall goal of the campaign is to ensure the healthy choice becomes the easy choice and the social norm. Army Medicine's Lifespace is an integral part of this broad initiative.

Active living involves engaging in regular physical activity. It is one of the most important things that people of all ages can do to improve their health. Research shows that physical activity strengthens bones and muscles, reduces stress and depression, and makes it easier to maintain a healthy body weight or to reduce weight if overweight or obese. Even people who do not lose weight get substantial benefits from regular physical activity, including the management of high blood pressure, diabetes and cancer. Healthy physical activity includes aerobic activity, muscle strengthening activities, and activities to increase balance and flexibility.

THE BENEFITS OF PHYSICAL ACTIVITY:

According to the Centers for Disease Control (CDC) and Prevention, regular physical activity is one of the most important things you can do for your health. Physical activity can help:

- Control your weight
- Reduce your risk of cardiovascular disease
- Reduce your risk for type 2 diabetes and metabolic syndrome
- Reduce your risk of some cancers
- Strengthen your bones and muscles
- Improve your mental health and mood
- Improve your ability to do daily activities and prevent falls, if you're an older adult
- Increase your chances of living longer

If you're not sure about becoming active or boosting your level of physical activity because you're afraid of getting hurt, the good news is that moderate-intensity aerobic activity, like brisk walking, is generally safe for most people.

The CDC recommends that individuals start slowly. Cardiac events, such as a heart attack, are rare during physical activity. But the risk does go up when you suddenly become much more active than usual. For example, you can put yourself at risk if you don't usually get much physical activity and then all of a sudden do vigorous-intensity aerobic activity, like shoveling snow. That's why it's important to start slowly and gradually increase your level of activity.

If you have a chronic health condition such as arthritis, diabetes, or heart disease, talk with your doctor to find out if your condition limits, in any way, your ability to be active. Then, work with your doctor to come up with a physical activity plan that matches your abilities. If your condition stops you from meeting the minimum guidelines, try to do as much as you can. What's important is that you avoid being inactive. Even 60 minutes a week of moderate-intensity aerobic activity is good for you. Physical activity is for everyone.

THE CDC RECOMMENDS THAT INDIVIDUALS START SLOWLY AND GRADUALLY INCREASE THEIR LEVEL OF ACTIVITY.

Research on the effects of physical activity on mental health suggests that physical activity and exercise probably alleviate some symptoms associated with mild to moderate depression. According to the National Institutes of Health (NIH) evidence suggests that physical activity and exercise may prove to be a beneficial supplement to alcoholism and substance abuse programs. Additional benefits may include improved self-image, social skills, and cognitive functioning; reduced symptoms of anxiety; and changes in certain behavioral and psychological responses to life stressors.

The bottom line is - the health benefits of physical activity far outweigh the risks of getting hurt. If you want to know more about how physical activity improves your health, the CDC, NIH, MHS and its partners provide the following resources.

RESOURCES FOR INCORPORATING PHYSICAL ACTIVITY INTO YOUR LIFESPAN:

- For strategies and tools to increase physical activity, the CDC offers education and action materials such as sample fitness activity calendars by level of intensity, data and statistics, a list of programs offered by your community, and resources for improving activity for you and your Family, you in your workplace, and for you in the community. Visit the CDC's Division of Nutrition, Physical Activity, and Obesity (DNPAO) website at: <http://www.cdc.gov/physicalactivity/index.html>

- To access the full NIH research study on the relationship between activity and mental health, visit the U.S. National Library of Medicine's Public Health Reports archive of more than 2.6 million free full-text articles at: <http://www.ncbi.nlm.nih.gov/pmc/articles/PMC1424736/>

- For more information on Operation Live Well, the National Prevention Strategy, Comprehensive Soldier Fitness, or to sign up for Healthy Living Updates, visit: http://www.defense.gov/home/features/2012/0812_live-well/

GLOBAL HEALTH DEFENSE

Medevac Crews in Afghanistan Enhance En-route Patient Care

By Capt. Richard Barker
25th Combat Aviation Brigade Public Affairs

“GAINING THIS BLOOD PRODUCT TRANSFUSION CAPABILITY ABOARD MEDEVAC AIRCRAFT WAS A FORCE-MULTIPLIER.”

During the course of the last several months, two Medevac companies in Task Force Hammerhead, Company C, 3rd Battalion, 25th Aviation Regiment, and Company C, 1st Battalion, 169th Aviation Regiment, Army National Guard, have participated in a trial program developed by the 25th Combat Aviation Brigade, or CAB, that enables flight medics to administer blood products to wounded Soldiers during the Soldiers' en-route flight care and movement to a medical facility.

The 3-25th General Support Aviation Battalion, 25th CAB, is the first conventional Medevac unit anywhere in the Army to conduct this mission.

“Specifically we implemented a new blood transfusion process for critically-injured patients on Medevac aircraft,” said Capt. Nathaniel Bastian, a Forward Support Medevac platoon leader of C, 3-25.

As of December 2012, 80 medical patients have received blood products through the program, which is currently operating at five locations in southern Afghanistan.

More than 60 percent of casualties in

Regional Command-South, known as RC-South, are caused by improvised explosive devices, or IEDs, and gunshot wounds. These types of injuries cause patients to lose a large amount of blood. As a result, the patient's chances of survival are increased by an immediate replenishment of blood plasma and red blood cells prior to their arrival at the next level of medical treatment.

“Gaining this blood product transfusion capability aboard Medevac aircraft was a force-multiplier in terms of increasing the probability of patient survivability because it expanded the en-route medical treatment tool kit for our flight medics,” said Bastian.

The trial program went through a rigorous and carefully planned training and implementation process while going from its inception phase to a real world mission.

25th CAB Surgeon Maj. Nicole Powell-Dunford, Capt. John Kurtz, a physician assistant, and Capt. Ren Kinoshita, a flight surgeon, both with 3-25, developed the training modules for the blood program and helped co-author the current standard operating procedures.

“Lessons covered basic blood immuno-



Two Medevac companies in Afghanistan have participated in a trial program to administer blood products to wounded Soldiers during the Soldiers' en-route flight care and movement to a medical facility. Army UH-60 Medevac Black Hawk helicopters, like the ones pictured here, now carry blood products during Medevac missions to give casualties a better chance of survivability due to the expanded en-route medical treatment. (U.S. Army Photo by Sgt. Daniel Schroeder, 25th Combat Aviation Brigade Public Affairs)

histology, blood bank handling/storage procedures, medical complications related to blood transfusion, management of complications, and finally a thorough equipment overview with demonstration,” said Bastian.

Kurtz trained medics at the first trial site, Forward Operating Base, or FOB, Edinburgh in the Helmand Province.

“After thorough classroom training, the medics were assessed with a written examination and two patient care practical examinations in the back of the Medevac aircraft during day and night scenarios,” said Bastian.

Once initial training and validation were completed at Edinburgh, a battle drill and exercise were performed for Robinson to demonstrate the medic's proficiency at using the blood exchange process.

The first ‘Vampire’ mission was completed June 5, 2012, at FOB Edinburgh.

Vampire is the code name used to identify Medevac missions where blood products were administered to patients.

“Captain Kinoshita and I continued to train the flight medics in RC-South in preparation for setting up the next site at FOB Pasab,” said Kurtz.

FOB Pasab was the second location to

MEDEVAC continued on page 15

TSG'S SUGGESTED PROFESSIONAL READING LIST

1. *Silos, Politics and Turf War* by Patrick Lencioni
2. *Speed of Trust* by Stephen Covey
3. *The Art of War* by Sun Tzu
4. *The One Thing You Need to Know...About Great Managing, Great Leading, and Sustained Individual Success* by Marcus Buckingham
5. *The Transparent Leader* by Herb Baur

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.

Patient Recognition Month

"PATIENTS - THE HEART OF ARMY MEDICINE"

By **Valecia Dunbar**
MEDCOM Public Affairs

While Army Medicine values its patients each and every day of the year, the month of February is when we engage in special celebrations to personally demonstrate our appreciation and gratitude to our Soldiers, Family members and other beneficiaries.

National Patient Recognition Week is held during February 1-7, and National Patient Recognition day, is held on February 3. As part of Patient Recognition Month, the special events held during this week present a golden opportunity for Army leaders and Army Medicine providers and staff to honor the patients entrusted to our care - our Soldiers, Retirees, Family members, and all other eligible military health system beneficiaries.

"We are all honored that we get to take care of the best patients in the world," says Col Catherine Shutak, chief nurse executive,

U.S. Army Medical Command. "Each day, our goal is to deliver the Army Medicine Promise, that is to provide the best care, with the best care experience, provided by the most talented and

"CARING AND COMFORT, TECHNICAL COMPETENCY, AND COMMUNICATION ARE THE PHYSICIAN BEHAVIORS MOST STRONGLY ASSOCIATED WITH PATIENT TRUST."

-Thom, D.H., Stanford University School of Medicine

compassionate care providers."

As we honor our patients throughout the month of February, the Army and Army Medicine want our patients to continue to experience and to reap the benefits of our promised commitment to the highest standards in patient-centered health and care, captured by our 2013 theme: "Patients - The Heart of Army Medicine."

Patient Recognition Month affords us opportunities to communicate to our beneficiaries Army Medicine's transition from a healthcare system to a system for health and how we can impact their individual Lifespace. Of the 525,600 minutes in a year, we interact with a healthcare provider an average of 100 minutes. We make the biggest impact on health by helping beneficiaries make better choices in the remaining 525,500 minutes (Lifespace) by educating beneficiaries on the importance of engaging in activity, improving nutrition, and getting quality sleep.

Patient Recognition Month activities include: patient healthcare educational classes, Patient Appreciation posters/artwork displayed throughout the facility from local elementary school children and dining facility table "Thank You" tents.

"During each visit with a provider, it is our goal to show patients the extent of our care. Patient recognition month events give us an opportunity to engage them outside of direct care, to let them know that we are still here to support them in their Lifespace, the other 525,500 minutes when they are engaged in activity, nutrition, and sleep (ANS)," said Col. Shutak.

Patient Recognition Month events and activities will be conducted at all Military Treatment Facilities throughout the Army. Patient Recognition activities include: patient healthcare educational classes, Patient Appreciation posters/artwork displayed throughout the facility from local elementary school children and dining facility table "Thank You" tents. Coordination will be made with local Garrison Public Affairs Offices to publish articles and photographs in installation newspapers.

Our patients deserve the finest healthcare and support available as our most powerful partners for health. We aim to win their highest satisfaction and trust as we hold their health, readiness and Lifespace as our number one priority.



FEBRUARY 2013
PATIENT
RECOGNITION MONTH
Together, we will impact your Lifespace and improve your **Health.**

- Engage in **Activity**
- Improve **Nutrition**
- Get Quality **Sleep**

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ARMY NURSE CORPS CELEBRATES 112 YEARS, FEBRUARY 2, 2013

CONGRATULATIONS

Happy Birthday Army Nurse Corps!

This year, the Army Nurse Corps celebrates 112 years of honored service and dedication to Caring for America's Sons and Daughters.

Throughout its history, the Army Nurse Corps has earned the deep respect, trust and gratitude of the American people because of its commitment to Soldiers, Family members and beneficiaries.

The Army Nurse Corps continues to rise to the challenge and adapt to the needs of a transformational Army, expanding its roles in support of the Nation's healthcare needs.

The Army Nurse Corps mission is to provide responsive, innovative, and evidence based nursing care integrated on the Army Medicine Team to enhance readiness, preserve life and function, and promote health and wellness for all those entrusted to care.

For more information, visit the Army Nurse Corps web page at: <http://armynursecorps.amedd.army.mil/>



*Since
February 1901*
The US Army Nurse Corps

Embrace the Past - Engage the Present - Envision the Future

"Caring for America's Sons and Daughters"



Early Army Nurse Insignia

Fort Bragg SHARP, Building A Strong Network for Victims

By Col. Marilyn Brooks, RN, MSN, CE
Fort Bragg and XVIII Airborne Corps SARC
and SHARP Program Manager

In recent years, DoD issued a directive that will change the way military services see and manage sexual harassment and assault. A major impetus is the expansion of the program that, for the Army, removed active duty harassment cases from the office of equal opportunity (EO) to combine harassment and sexual assault under one banner.

In March 2012, Fort Bragg began a transition program to move Sexual Assault Prevention and Response (SAPR) programs from a garrison-led initiative to a senior commander-led program under the auspices of SHARP (Sexual Harassment/Assault Response and Prevention). Nearly a year later, the XVIII Airborne Corps/Fort Bragg SHARP program is up and running, with a fully functioning sexual assault hotline and a 24/7 sexual assault response coordinator (SARC) on-call system. The public website went live last month. Program leadership has established a SHARP battle rhythm which includes SARC Huddle, Sexual Assault Review Board (SARB), FBNC/Corps SHARP standup, SHARP Mobile Training Team (MTT), course, and bimonthly SHARP Leader Development Program.

Brigades and tenant units are committed to ongoing strategy and diligence about methods to prevent sexual assault and harassment, improve safety, change the culture, and engender trust from their troops. Tremendous progress has been made to strengthen the military/civilian relationship in managing cases of sexual assault in the local community. All aspects of the program collaborate with counterparts in the local area. SHARP's strongest partnerships are with the police department special victims unit and the Fayetteville rape crisis volunteer program.

The XVIII Airborne Corps/Fort Bragg SHARP newsletter is a voice for SHARP specialists, Soldiers, leaders, civilians, chaplains, and Family members to ensure that we are heard and heeded as we bring XVIII Airborne Corps and Fort Bragg Commander Lt. Gen. Daniel Allyn's message to all – sexual harassment and sexual assault have no place in our community. Fort Bragg has put in place a multilayered,

complex, and exceptional program to ensure we keep that pledge.

At Womack Army Medical Center, we have a sexual assault care coordinator to ensure the victims of sexual assault receive all aspects of medical and behavioral health needed. We provide one-on-one counseling, continuing education to develop the expertise of SHARP specialists, and advise commanders and SHARP installation leadership on matters related to the care of victims.

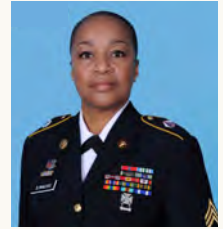
Womack has one of the largest and best teams of Sexual Assault Nurse Examiners (SANE) in the nation, with 20-22 SANE specialists as part of the program, and a hospital commander who firmly supports and assists the program. SANE nurses provide 24-7 sexual assault forensic examination; they do so with compassion, tenderness, and extreme competence. Womack provides a plethora of professional providers and specialists, available for the physical and mental care of victims.

Fort Bragg has a large contingent of CID agents especially trained for the violent crime of sexual assault. We are also fortunate to have a special victims prosecutor, one who is fiercely committed to ensure that prosecutions are fair but strong.

Each unit has SHARP specialists in place – to provide guidance, support, and information to the victim, to train the force on the program, and to advise commanders on program execution. Fort Bragg has about 600 victim advocates in place throughout the installation. Monthly, we facilitate a two-week specialized course of study to produce more victim advocates. This course, the SHARP MTT Course, is provided by Department of the Army.

Possibly the most important aspect of that comprehensive care for the victim is the commander at the company, battalion or brigade. That commander is the one who is accountable to you, me, and his or her own bosses for the program, for the care of victims, the selection of SHARP specialists, training of troops, unit climate, investigation of SH/SA allegations, and follow-thru. He/she is the one we must trust to get this done and to create an environment of intolerance, an environment in which we feel safe, and a culture in which all do more than observe, but who intervene, act, and motivate! For information on SHARP, visit: <http://www.sexualassault.army.mil/>

Who Is My Enemy, My Comrade?



By Sgt. 1st Class Josalette R. Simmons, AMEDD NCO and U.S. Forces Command 2013 Exceptional SARC of the Year

SHARP training focuses on the prevention of sexual harassment and sexual assault. However, in the pursuit of healing, we often forget about the offender. Unfortunately, we serve side by side with perpetrators, but we can't identify them by the way they look, their attire, or their behavior. After all, we wear the same uniform and we are taught to hold ourselves to a high esteem through our Army values.

We are taught that we are Warriors and members of the same team. We stand as a band of brothers and sisters who should protect one another from all danger. We stand ready to deploy, engage, and destroy the enemies of the USA in close combat. We are guardians of freedom and the American way of life. Notwithstanding these truths, recent events remind us that the enemy is within our ranks.

A Soldier asks, How can we stand together to protect one another when you are the one hurting me? How can we engage the enemy when we are not sure who is friendly? I thought we were all a part of one Family and you were supposed to look out for me and protect me.

As a Family, we were taught to not only defend our country, but to never leave a fallen comrade. When you sexually harass and sexually assault me, you leave me behind. I am no longer able to perform to standard. Some say, "This is my fault." This is my fault for trusting and believing that you would protect me from the enemy. I now know that it is difficult for you to protect me when you are the enemy. Do you know that you are a rapist? Are you my enemy or my comrade?



By Phil Reidinger
AMEDDC&S Public Affairs

Several changes made the news in 2012 as the command looks into improving Army Medicine on the battlefield. The command's mission focuses on envisioning, designing, and training the Army's premier medical force.

The Army is adding more than 1,000 behavioral health Soldiers and assigning them to every brigade in the active Army, National Guard and Army Reserve. The intent is to increase access for Soldiers who need help and a greater capability to support the brigades. Each brigade combat team now has an additional behavioral health officer who is a clinical social worker or licensed psychologist and an additional enlisted behavioral health specialist. The change doubles the number of officer and enlisted personnel and one of the enlisted team members will be an NCO. The four person teams will also be assigned to every Army brigade, not just the BCTs.

Combat support hospitals also will get a new look. The redesigned hospitalization capability will be more modular and flexible, have greater trauma care and surgical capacity and will be able to operate in multiple locations. Specialized elements of the new hospital give the medical planner a range of units including a 32-bed Field Hospital, three different augmentation detachments that can be added to the Field Hospital to increase its surgical, medical or ward capabilities. This flexibility will permit the AMEDD to achieve the same high level of clinical outcomes for our patients while reducing the medical footprint and logistical support requirements.

In 2012 the AMEDD announced that seven medical fields would get their own Military Occupational Specialty. The new MOSCs are a result of restructuring the 68W healthcare specialist MOS by splitting off specialties that used 68W additional skill identifiers. The change focuses the 68W MOSC training on specialized trauma care. The new specialties include practice nurse, occupational therapy, physical therapy, orthopedic specialist, nose, throat, and eye specialist and cardiovascular specialist. The Soldiers assigned to the new specialties will no longer be required to

YEAR IN REVIEW *The Army is doubling the number of behavioral health workers to increase access for Soldiers who need help and a greater capability to support the brigades. Redesigned hospitalization capability will be more modular and flexible, have greater trauma care and surgical capacity, and will be able to operate in multiple locations.*

attend the 16 weeks of basic combat medic training. Instead they will attend a four week introduction to medicine program and then attend specialty training.

The Army Medical Department also is adding more, and tougher, training for flight medics. Soldiers who want to be flight medics will now have to complete a nine-month, three phase training program. The training starts with four weeks of flight medic training followed by six months of paramedic emergency medical technician training and eight weeks of critical care flight medical training. The initial flight medic training occurs at Fort Rucker, Al. The AMEDD Center and School contracted with UT Health Sciences Center to send students to their paramedic technician training and the critical care course is conducted at BAMC. The AMEDD Center and School will offer the flight paramedic course three times each year for 30 students per class.

The Army Medical Department Board was busy testing and evaluating systems that will support future battlefields.

The U.S. Army Medical Department Board conducted a customer assessment (CA) of The Force Provider Expeditionary-Medical Systems 84-Bed Hospital Company (CORPS) Chemically Protected Deployable Medical Systems with the 14th Combat Support Hospital 10-24 April 2012. The purpose of this CA was to provide a means for the U.S. Army Medical Department Board to assess the functionality of the Force Provider Expeditionary (FPE)-Medical Systems (MS) in supporting the medical mission. This evaluation used an 84-bed hospital company and a limited chemically protected DEP MEDS to consider a 44-bed early entry hospitalization element and a 40-bed hospitalization augmentation element. A power assessment of the 84-bed hospital company also was conducted. Soldiers from the 14th Combat Support Hospital, Fort Benning, GA supported an assessment of the new air beam

hospital shelter to evaluate the functionality of the system in supporting the medical mission as a potential replacement for the current TEMPER and Alaskan shelters.

The U.S. Army Medical Department Board was tasked by the U.S. Army Medical Materiel Agency (USAMMA) to conduct an assessment of the Burn Resuscitation Decision Support System (BRDSS) in a simulated operational environment. The evaluation took place at the Deployable Medical Systems Equipment and Training site at Camp Bullis, Texas from 15-16 May 2012. The Board test officers evaluated a Burn Resuscitation Decision Support System which is a commercial-off-the-shelf tablet-type device with a dedicated software application that implements acute burn fluid resuscitation. The report will assist USAMMA in determining whether or not the BRDSS device meets the requirements to support Roles II and III and en-route medical care of seriously burned patients.

Another customer assessment conducted by the U.S. Army Medical Department Board test officers evaluated the Environmental Sentinel Biomonitor in an operational environment using typical operators and maintainers. Soldiers also tested the prototype Environmental Sentinel Biomonitor (ESB) system as an acceptable replacement for the currently fielded analyzer. The ESB system will be used to evaluate the toxicity and microbiological quality of water intended for potable use.

The safety of blood products is a critical component of combat casualty care. The U.S. Army Medical Department Board test officers conducted an assessment of the Pathogen Reduction Device (PRD) determining if the equipment is an acceptable device to treat whole blood for transfusion in an operational environment. The PRD is designed to be used to treat whole blood for viruses, bacteria, and protozoans prior to transfusion and to deactivate white blood cells.

ERMC News

Bavaria Clinic Receives Star Strong Safety Flag

By Douglas DeMaio
Medical Department Activity
Public Affairs

Leaders and staff at the Illesheim Health Clinic received recognition for becoming the first U.S. Army Medical Command unit to achieve the Voluntary Protection Program Army Safety Excellence Star at an Army Star Strong Flag Ceremony on Storck Barracks recently.

Director for Safety Mark G. Atkins, Deputy Assistant Secretary of the Army, presented the leadership with a certificate of recognition and a VPP Army Star Strong flag to recognize and commend the staffs' commitment to safety.

"You are the first to achieve it and that is a big deal," Atkins said. "You are ahead of the game and you're doing things other people are going to have to do."

The VPP program is designed to reduce accidents by building a safety-conscious culture in the workplace through the implementation of safety practices and procedures. Achieving star status requires three stages of assessments focused on manage-



Staff at the Illesheim Health Clinic gather for a group photo at an Army Star Strong Flag Ceremony on Storck Barracks recently. The clinic was the first U.S. Army Medical Command unit to achieve the Voluntary Protection Program Star Status. (U.S. Army Photo)

ment leadership and employee involvement, worksite analysis, hazard prevention and control, and safety and health training.

Thirty-six months is the standard duration to complete the three-stage assessment. The staff at Illesheim Health Clinic achieved the star status in 17 months. Illesheim started its VPP assessment in January 2011 and earned the status in June for exemplary occupational health and safety standards.

Two days before the ceremony in Illesheim Atkins visited Livorno Health Clinic, which was the second unit in the



MEDCOM to achieve star status, and presented similar items to its command.

While Atkins was there, he noticed some writing at the clinic that had the unit's motto.

"Their motto is second to none," Atkins told those in attendance at the ceremony in Illesheim. "I said I guess you will have to change that motto and they said 'no, they might have been the first to achieve it, we got recognized first, so we don't have to change anything.'"

Col. Robert Goodman, commander for Bavaria Medical Department Activity, commended the safety efforts of the staff both past and present.

Staffs from Europe Regional Medical Command and BMEDDAC were presented certificates and awards for assisting the units that achieved the star strong status.

Before concluding the ceremony, Goodman highlighted another safety accomplishment; Capt. Jose Ramirez, the clinic's chief nurse and acting commander, accepted a certificate of achievement on behalf of the clinic for its staff going five years without a Driving Under the Influence incident.

ArmyMOVE! Helping LRMC Soldiers Find A Way to Better Fitness

By Chuck Roberts
LRMC Public Affairs

Army MOVE! is well underway at Landstuhl Regional Medical Center. The new Army pilot is a standardized weight management program geared toward Soldiers on the Army Weight Control Program who have not met the body fat standards. Army MOVE! originated with the veterans administration and a version of the program was implemented in 2009 at most MTF's that had a Registered Dietitian.

Landstuhl is among Army sites tasked by the Army Surgeon General to pilot a new iteration of Army MOVE! developed by Public Health Command to better help Soldiers get and stay off of the weight control program. This improved program shares some of the characteristics of other successful weight loss programs including: long term (3 months), group instead of individual, self-monitoring of diet and physical activity, and accountability.

The program consists of six group sessions (90 minutes each) and two individual appointments (15-30 minutes each). At each

session, the Soldier's weight and waist circumference is measured to track whether they are making progress. Soldiers are also required to bring a food and activity diary to every session and appointment. Research has shown that tracking food intake at least 75 percent of the time is key in successful weight loss and weight maintenance.

This pilot program began at LRMC in November where the hospital is just beginning to see participants finishing the program. "Early results indicate the revised program is successful," said 1st Lt. Margaret Wilson, chief of outpatient medical nutrition therapy and an Army MOVE! instructor.

"I am certain this program will provide Soldiers with a better opportunity for weight loss and weight maintenance than a single visit with a dietitian," Wilson said "The information that we collect through this pilot will go to Public Health Command and help to improve the program and make it better for other MTF's and Soldiers. Several Soldiers at LRMC have worked hard and had great success with the program."

Learn more about ArmyMOVE! at:
<https://www.us.army.mil/suite/designer>

NRMC News

Mass. Detachment Assumes Preventive Medicine Duties in Southern Afghanistan

By Sgt. Antonio Namwong
Task Force MED-A

A December ceremony was held at Kandahar Airfield in Afghanistan to commemorate the transfer of authority from the 792nd Preventive Medicine Detachment based out of Lubbock, Texas, to the 794th Preventive Medicine Detachment, based out of Fort Devens, Mass.

The 794th has taken responsibility for providing Preventive Medicine care for more than 78 Forward Operating Bases located throughout Regional Command South and Regional Command West.

Maj. Carrie Monje, commander of the 792nd Med. Det. (PM), and Sgt. 1st Class Antonio Hart, cased their unit's guidon, which remained cased until the unit traveled back to its home station.

Capt. Pratistha Bhandari, commander of the 794th Med. Det. (PM), and Staff Sgt. James Back, uncased their unit's guidon, symbolizing the beginning of their critical preventive medicine mission in support of Operation Enduring Freedom.

"I have the pleasure of commanding one of the most diverse and talented preventive medicine detachments in the Army," Bhandari said. "We will provide all facets of preventive medicine support to include entomological, epidemiological, environmental engineering and occupational health support to minimize disease and non-battle injuries and other health threats to deployed forces in theater."

Col. William Drennon, commander of Task Force 14 Medical,



The 794th Preventive Medicine Detachment pose for their first unit photo after uncasing their colors, Dec. 3, 2012, at Kandahar Airfield, Afghanistan. The 794th has taken responsibility for providing Preventive Medicine care for more than 78 Forward Operating Bases located throughout Regional Command South and Regional Command West. (U.S. Army Photo)

welcomed the 794th Med. Det. (PM) to the team and Afghanistan.

"Welcome, to the 794th PM Detachment, the 'Lava Manus' Team from Fort Devens, Massachusetts," said Drennon. "Captain Bhandari and Staff Sergeant Back, welcome to the 'First to Care' and 'Victory Medics' Team. You have an extremely important mission to accomplish over the next nine months. The 792nd has set the conditions for your success and I am confident that you are up to the task and that your team will excel in all facets."

Fatal Army Accidents Down in First Quarter of 2013, Sustaining Trend From Previous Years

By Julie Shelley

Strategic Communication Directorate,
U.S. Army Combat Readiness/Safety Center

The U.S. Army Combat Readiness/Safety Center recently released accident statistics for the first quarter of fiscal 2013, and the data showed a continued overall decline in both on- and off-duty accidental deaths.

Fiscal 2012 was the Army's safest year since September 11, 2001, and the third-safest year on record. Fatal accidents have remained steady or declined every year since fiscal 2007.

"Our leaders and Soldiers are continuing to do a remarkable job regarding safety," said Brig. Gen. Timothy J. Edens, director of Army Safety and commanding general, U.S. Army Combat Readiness/Safety Center. "This downward trend in accidental fatalities is one of the longest that's ever been sustained in our Army, and it's never been done during ongoing combat operations.

"As our non-deployed population increases with the drawdown in combat deployments, engaged peers and leaders at all levels will be more vitally important than ever."

Off duty, accidental deaths remained stable with last year's first quarter figures. Fatal PMV-4 accidents were down slightly, as were on-duty fatalities resulting from accidents. Aviation saw the largest decrease, with no accidental fatalities recorded during the quarter. Five Soldiers died in aviation accidents during the first quarter of FY12.

Combined, fatal accidents were down 17 percent at quarter's end from the same time frame in fiscal 2012.

The U.S. Army Medical Command (MEDCOM) is also showing improved

[See ACCIDENTS P23](#)

PRMC News

PRMC Leaders Visit Korean Peninsula, Discuss Way-Ahead

Brig. Gen. Dennis Doyle, commander, Pacific Regional Medical Command, and Command Sgt. Maj. William Franklin, senior enlisted advisor, PRMC, toured the Korean peninsula last month meeting with key leaders and Soldiers to discuss the way-ahead for optimal medical support within the Korean peninsula for the peace and war time missions, while also conducting a series of meetings, update briefs, and question and answer sessions with Medical Service Corps officers as Doyle's role as 17th Corps Chief.

Doyle and Franklin met with key leaders and Soldiers from U.S. Army Medical Activity-Korea, the 65th Medical Brigade, U.S. Army Medical Materiel Center-Korea, the 8th Army, the 2nd Infantry Division, and the Republic of Korea Armed Forces Medical Command.



Army Medicine Continues Commitment to World Class Healthcare in Hawaii in '12

The Pacific Regional Medical Command continued to break new ground, provide world class health care and stay on the cutting edge of technology in 2012.

Tripler Army Medical Center rang in the New Year with Hawaii's first baby, Faith Erin Fielden, who was born at 12:02 a.m., Jan. 1, 2012.

Continuing with firsts, also in January, Tripler's Interdisciplinary Pain Management Center completed the first minimally invasive lumbar decompression in Hawaii. The state-of-the-art procedure has a lower risk of bleeding, complications and infections than traditional treatment options, and patients feel better within a few days, reducing recovery times and hospital stays.

In February, Maj. Todd Jackson, clinical nurse officer-in-charge, Acute Care Clinic, U.S. Army Health Clinic-Schofield Barracks, was recognized with the Employer Support of the Guard and Reserve Patriot Award for his unwavering support of Guard and Reserve employees.

In March, the Navy Exchange at Pearl Harbor began accepting handwritten

prescriptions from civilian physicians, and started providing a secure video teleconference service for patients to speak with a pharmacist, making it easier for patients to pick up their prescriptions.



Dr. (Col.) Eric Crawley (left), chief, Pulmonary and Critical Care Medicine, Tripler Army Medical Center, performs a bronchial thermoplasty on Spc. Thomas Richberg, 728th Military Police Battalion, here, April 12, 2012. Richberg, who developed asthma in 2007-2008 during a deployment tour to Iraq, was the first patient in the Department of the Army and the State of Hawaii to receive the therapy that treats severe cases of asthma. (U.S. Army Photo, Tripler Army Medical Center Public Affairs)

Primary care clinics across the Pacific launched a secure messaging system in

April, giving patients the ability to contact their primary care clinic to request prescriptions, receive test and laboratory results, request appointments and referrals, avoid unnecessary office visits and telephone calls, and access valuable health information online.

Also in April, Tripler held a blessing and lei ceremony for the island's and military's first single room Neonatal Intensive Care Unit. The rooms provide the optimal environment for babies' hearing, growth and overall development.

Doctors at Tripler performed the first bronchial thermoplasty within the Army and Hawaii, April 12. The Food and Drug Administration-approved therapy aids in asthma control in severe asthmatics, and may help the Army retain Soldiers who may otherwise be medically discharged.

In May, patients and their Families joined staff from Tripler to participate in the 6th Annual Oncology on Canvas. The art program is one of many therapeutic methods that Tripler uses to help its cancer patients and Families cope. Despite graduation and Mothers Day events, more than

[See HAWAII P16](#)

SRMC News

Patient Centered Medical Homes Enhancing Healthcare for Patients

By Erin Perez and Kirk Frady
SRMC Public Affairs, MEDCOM PAO

In a concerted effort to improve its healthcare delivery system, the U.S. Army Medical Command opened its first Patient Centered Medical Home (PCMH) in 2010. The PCMH is both revolutionary and old-fashioned in that the team of healthcare providers delivers comprehensive, continuous, and coordinated health care. This initiative is part of Army Medicine's effort to shift its focus from a healthcare system to a system for health and support the AMEDD (Army Medical Department) 2020 Strategy.

In the search for a higher quality, more affordable health care system, the patient-centered medical home is rapidly gaining national momentum and attention as an innovative approach to primary care.

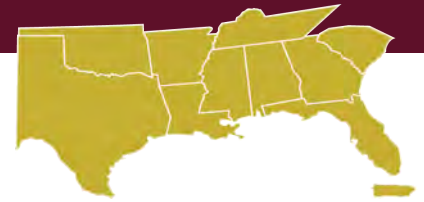
According to Lt. Col. Anthony Portee, Office of the Surgeon General Health Plans Management, during calendar year 2011 and 2012, 57 of the 65 Patient Centered Medical Home practices currently operating received recognition from the National

Qualification Committee for Quality Assurance. NCQA is a private, non-profit organization dedicated to improving health care quality. NCQA accredits and certifies a wide range of health care organizations. It also recognizes clinicians and practices in

DURING CALENDAR YEAR 2011 AND 2012, 57 OF THE 65 PATIENT CENTERED MEDICAL HOME PRACTICES CURRENTLY OPERATING RECEIVED RECOGNITION FROM THE NATIONAL QUALIFICATION COMMITTEE FOR QUALITY ASSURANCE (NCQA).

key areas of performance.

Portee added that the endstate is for all 144 military treatment facilities to be recognized as Patient Centered Medical Homes by 2014. Among primary care physicians and their professional societies, employers and purchasing coalitions, insurers, government agencies and consumer organizations, the patient-centered medical home has emerged as a promising alternative to the nation's costly and fragmented healthcare delivery system.



What is a Patient Centered Medical Home?

A patient-centered medical home is a model of care that strengthens the physician-patient relationship by replacing episodic care with coordinated care and a long-term healing relationship. PCMH also helps to advance the Army Surgeon General's Lifespace initiative by focusing on the time when beneficiaries make decision on Activity, Nutrition and Sleep (ANS).

It's estimated that most patients visit a doctor one to five times a year, and each visit is about 20 minutes in length. Those 100 minutes are the most we can impact patient health. The other 525,500 minutes in our lives are when we're at work or at home with our Families. It's in this Lifespace where the choices we make impact our lives and our health. Lt. Gen. Patricia D. Horoho has said, "It's in this Lifespace, we want to focus on the triad of factors that our patients can become invested and help to manage their health:

[See PCMH P22](#)

Yoga Gives Sense of Balance to Patients

By Katherine Rosario
Lyster Army Health Clinic Public Affairs

Twice a week in a quiet, dimly lit room at Lyster Army Health Clinic, Soldiers and retirees gracefully transition from eagle pose to warrior pose during their hourly yoga session.

Yoga was recently added as a new treatment for patients seen in the Behavioral Health Clinic to give them another way to relax. The one-hour sessions, Monday and Thursday hold up to 12 people and is led by a certified yoga instructor.

"Yoga is a great way to bring about mind and body awareness and when dealing with behavioral health issues is such a key ingredient," said Belinda Jellison, licensed professional counselor at Lyster.

Yoga aims to teach veterans to take control of their fight-or-flight response and

teaches them about body alignment and breathing to aid in calming anxiety.

Yoga can help patients with post-traumatic stress symptoms and traumatic brain injuries by helping them calm their mind and focus on balance and breathing.

Experts believe about 11 to 20 percent of veterans of the Iraq and Afghanistan wars experience PTSD, according to the U.S. Department of Veterans Affairs.

Yoga instructor Christin James takes



Soldiers and retirees practice reverse warrior pose during a lunch-time yoga class at Lyster Army Health Clinic. The newly-created yoga classes are offered to patients seen at Lyster's Behavioral Health Clinic. The yoga instructor and staff members support the yoga students by encouraging them to try new poses and helping them modify yoga moves to accommodate injuries. (U.S. Army Photo by Katherine Rosario, LAHC Public Affairs)

[See YOGA P22](#)

WRMC News

Nurse Case Managers Support WTB Soldiers Along Their Healthcare Journey

By Stacy Neumann

Medical Department Activity Public Affairs

Think of Susan Reynolds as a quarterback on the healthcare field. She's ready to receive any information and can execute a care plan precisely. Such is the nature of her job as a nurse case manager at the Fort Carson Warrior Transition Battalion.

"My goal is to decrease their stress," explained the HHC nurse case manager. "They have a lot of appointments and I help keep the balls in the air for them. Whether it's a physical, a behavioral health visit or something else, I want them to have a good return to duty or transition as a successful veteran."

Since first fielding the position in 2007, the number of nurse case managers embedded in the WTB has grown to 22. Each one works with 10 to 25 Soldiers at any given time. Each of their clients may have multiple medical appointments each week. The nurse case manager is part of the Soldier's Triad of Care and also includes the primary care manager and squad leader.

Maj. Yvette Concina coordinates the WTB managers and said she has found that the position is imperative. "The nurse case manager is the hub of information. That

person is a key liaison between Soldiers, the commander, the doctor and Family members. They consolidate information to help each person make decisions about the best possible resources to help the Soldier transition."

In a typical day, the nurse case manager will see five to seven scheduled Soldiers. They may meet with more if someone is considered high risk or an emergency occurs. Then, once a week, the nurse case manager sits down for an administrative meeting, bringing together the commander, the squad leader, social workers and other professionals dedicated to helping the Soldier heal and transition. Each one of their client's cases is reviewed, ensuring his or her physical, emotional, and spiritual needs are being met. The goal is to be proactive and make sure military leadership and medical providers are communicating clearly.

To prepare, Reynolds noted that they ask the Soldier plenty of questions, like "Do you feel like we are taking care of you? Do we have you at the right providers? Have you gotten your initial VA appointments?"

Beyond simply coordinating medical care, the nurse case managers also talk with troops about their Families, hobbies and



Fort Carson Warrior Transition Battalion Soldier Spc. Victor Gabaldon drops by the WTB headquarters to get some quick advice from WTB Nurse Case Manager Eleanor McKennan. (U.S. Army Photo)

hopes for the future.

"They are challenged when they arrive in our unit. Either figuratively or literally from things like disease, shrapnel and bombs," said Concina. "We help them find a new normal. You have to be aware of the loss they encountered."

In addition, because each case is unique, Concina said they sometimes have to "color outside the lines and be creative with our care" to ensure the Soldier's needs are met. But when these healthcare professionals hear a Soldier talk about strapping on a prosthesis and running three miles, they say any extra work is well worth it.

MUNSON ARMY HEALTH CENTER OPENS NEW PHARMACY

Deputy Commander for Administration Maj. Arthur Mathisen (left) and Supervisory Pharmacist Bernard Heit (center) discuss shelving options while Staff Sgt. Toni Scott unpacks bins that have been delivered to the newly renovated Munson Army Health Center Pharmacy on Jan. 11 at Fort Leavenworth, Kansas. The new Pharmacy opened for business on Jan. 14, after a successful move from a modular annex building it had occupied for close to two years. (U.S. Army Photo by Tisha Entwistle, Munson Army Health Center PAO)

Access the full story at: <http://www.ftleavenworthlamp.com/article/20130117/NEWS/130119100>



USAPHC News

Web-based Courses Save Money, Satisfy Demand



By Chanel S. Weaver
U.S. Army Public Health Command PAO

In an era of decreasing budgets and limited funds for travel, managers have struggled to find ways to ensure they keep a highly-trained and competent workforce.

But experts in the U.S. Army Public Health Command Occupational Health Sciences Portfolio are making it easier for Army workers to maintain credentials through use of an online training system called Blackboard Learn.

The system, employed at various institutions of higher learning across the U.S., is becoming a preferred training tool for many Army industrial hygiene and safety personnel. With this Web technology, subject-matter experts are able to deliver graduate-level training in 15 courses that are focused on core competencies in the Army safety and occupational health career program.

Courses include such topics as noise measurement and assessment; blueprint reading and design review; environmental and indoor air quality; fundamentals of ventilation; and ergonomics, just to name a few.

Each course is based upon competencies defined by the American Board of Industrial Hygiene, and many provide

enrollees with continuing education units required to maintain certification in their respective career fields.

Students can view lectures and upload homework and assignments in Blackboard Learn as well as print materials for study and reference.

"Students no longer receive a large binder to carry home and place on a shelf," said Paula Steven, industrial hygiene training coordinator at the USAPHC.

"Blackboard Learn allows us to upload all materials, and attendees simply print what they personally need."

Steven is responsible for building and maintaining the educational materials posted in Blackboard Learn and enrolling students into courses.

The online training system also provides benefits for the instructors, according to Steven.

"Blackboard Learn keeps track of transcripts, certificates and course survey statistics, making the completion of reports much simpler for the coordinator," said Steven.

Although the majority of instruction is provided online, some course offerings also include blended learning, which offers a portion of the course in the Web-based environment, while the other aspect of

the course includes hands-on training as residency work.

Additionally, the requirements for taking a course are not complex.

"Some of our residency courses have priority seating, but all of our online offerings are available to federal employees who have a 'dot-mil' email address, a DCO (Defense Connect Online) account, and a common access card," said Steven. "If an attendee is taking one of the courses or modules for the first time, there is a simple registration process that takes place in the Army Blackboard Learn to create a profile in the system."

Enrollment in these courses continues to trend upward.

"Our student population has increased from around 400 or 500 individuals to nearly 1,400 individuals since we started offering courses and modules on the Blackboard Learn," said Steven.

Although most of the attendees who take the courses are Army industrial hygiene staff members or safety professionals, the students are becoming more diverse according to Steven.

"We have attendees enrolled in our courses from a wide variety of govern-

[See USAPHC P20](#)

MEDEVAC continued from P5

be validated and approved for Vampire Missions.

Next, the blood program team implemented a method for increasing the speed of care at the Medevac locations that historically have the most severe casualties.

"Though the Medevac standard is for a single medical person in the back of an aircraft with a crew chief, the benefits of a second medical person were observed in RC-Southwest, so we brought the idea to RC-South," said Kurtz.

To find the extra medics that would be needed to implement putting two medics in an aircraft, 3-25 turned to a sister unit.

"We then started the process of training select volunteer ground medics from within the brigade," said Kurtz.

The ground medics came from Task

Force Lobos, led by the 209th Aviation Support Battalion, 25th CAB, and the two medic team concept was implemented at FOB Pasab.

"The idea was that due to the short transport times that averaged 10 minutes and the complexity of the patients that came out of the area, the addition of a second medically trained person would increase the speed and proficiency of the care to our patients," said Kurtz. "By doing this we increased the level of care given prior to the administration of blood products and ensured we could give this superior resuscitative option to as many patients as possible."

The program continued to expand throughout RC-South and RC-Southwest with Kurtz and Kinoshita training and validating Dustoff elements at FOBs Dwyer, Shukvani, Spin Boldak, Wolverine and Multi-National Base Tarin Kowt.

Kurtz and Kinoshita have trained and

validated 25 active duty flight medics, 55 National Guard flight medics, and 10 ground medics in the blood program.

"It has been incredible to be part of the evolution and development of this program because it has truly bolstered our en-route medical capability to help us succeed in completing the Medevac mission," said Bastian.



View the full set of photos available for download at:

<http://www.flickr.com/photos/task-forced-med-afghanistan/>

Or

Engage members of the 25th CAB at:
<https://www.facebook.com/25thCAB>

“BUILT TO HEAL”

438TH MED. DET. OPENS VETERINARY FACILITY

By Sgt. Antonio Namwong
Task Force MED-A Public Affairs

The 438th Medical Detachment (Veterinary Service) from Fort Carson, Colo., officially opened their doors to Afghanistan's first Veterinary Treatment Facility at Kandahar Airfield, Dec. 15.

Task Force Medical-Afghanistan commander Col. Koji Nishimura presided over the event as Joint and Coalition medical command teams assembled to honor the opening ceremony.

For the last three months, 438th Med. Det. (VS), Task Force 14 Medical worked hand-in-hand with the construction company to finalize their facility to help treat both military and contracting working dogs throughout Regional Command-South.

“The working dog is a force multiplier that provides services and protection to our war fighters that is unmatched by any U.S. military equipment,” said Army Capt. Paul Key, executive officer, 438th MDVS. “These dogs do not volunteer to serve like the rest of us, yet they are some of the most faithful, reliable and loving Soldiers out there. With the completion of this building, we will be that much more capable of caring for these amazing dogs.”

Key recognized the hard work of the individuals who helped build and ensure the facility met all of the American building and safety codes, ending his speech with special thanks to them.

“The other, more subtle, but equally significant facet of this



Task Force Medical-Afghanistan commander Army Col. Koji Nishimura pets a working dog at the opening ceremony of the new Role 3 Veterinary Treatment Facility on Kandahar Airfield, Afghanistan, Dec. 15. The facility will serve many functions to include healthcare for both military and contract working dogs in Regional Command-South. (U.S. Army Photo by Sgt. Maj. Anthony Stevens, Task Force Med-A Public Affairs)

building is that it was part of the Afghan-First initiative,” said Key. This meant that overcoming multiple setbacks the tenacity of the workers built the facility to American construction codes with the intent to last. “They were always willing to tackle any tasks you put them to with a smile on their face,” said Key.

The 438th Med. Det. (VS) supports force health protection by providing comprehensive veterinary services to include food safety and defense, animal health care, veterinary preventative medicine and stability operations to combined joint military and inter-agency operations in the Combined Joint Operations Area-Afghanistan.

HAWAII continued from P12

175 people attended.

In June, Tripler hosted its annual Graduate Professional Health Education Commencement ceremony, where 114 healthcare professionals were awarded their diplomas.

Tripler's Medical Simulation Center received its second national recognition when it was awarded the American College of Surgeons accreditation in July. The center is the only one in the Pacific region and the third center in the Department of Defense to have earned the ACS accreditation.

Following suit, Tripler's Sleep Disorders Center earned accreditation from the American Academy of Sleep Medicine in August. The accreditation covers areas such as clinical operations, in-lab sleep studies, and out-of-center sleep testing for a period of five years.

The center is Army Medicine's third medical treatment facility, or MTF, to house an accredited Sleep Disorder Center. Adding to that great achievement, the center

is the first non-fellowship-affiliated Army MTF to meet the national standards.

Wahiawa Elementary School hosted a dedication ceremony of its new school-based behavioral health building, Aug. 22. Tripler Army Medical Center's School Behavioral Health Team partnered with the Hawaii State Department of Education and The Queen's Medical Center to expand behavioral health services available for children in Hawaii.

“GAINING TRIPLER'S SLEEP DISORDERS CENTER EARNED ACCREDITATION FROM THE AMERICAN ACADEMY OF SLEEP MEDICINE IN AUGUST”

Tripler hosted the first behavioral health summit in the Pacific region, Sept. 13-14. At the summit, Air Force, Coast Guard, Marine, Navy, local hospital and university behavioral health providers gathered together to share knowledge and discuss the latest tactics, strategies, technologies, systems, treatments, processes and services for patient care.

Later that month, the Hawaii Psychological Association recognized Tripler as a great place to work with a Psychologically Healthy Workplace Award. Tripler took top honors in the military organization category.

Tripler hosted a Wreath Laying Ceremony and Fallen Comrade Tribute at the National Memorial Cemetery of the Pacific, Oct. 29, in honor of Lt. Col. David Cabrera and Staff Sgt. Christopher Newman, on the one year anniversary of the death of the first two behavioral health specialists to be killed in overseas contingency operations.

Tripler's Junior Officer Council jumped into the holiday season's spirit of giving by sponsoring a hospital-wide Thanksgiving Basket Competition. Clinics, departments and offices donated 25 holiday gift baskets, which were delivered to Families in need around the island in time for the Thanksgiving holiday.

To close out the year, Tripler hosted more than 15 community groups, civic organizations, local business and schools who helped spread holiday cheer by visiting patients staying at Tripler and Families staying at the Fisher House.

Recognitions

Fort Hood WTB Soldier Awarded Purple Heart

By Gloria Montgomery
WTB Public Affairs Officer

A Fort Hood Warrior Transition Brigade Soldier was awarded the Purple Heart medal recently for injuries he sustained Aug. 2, 2011, while on a patrol mission outside of Contingency Operating Site Kalsu, Iraq.

WTB commander, Col. John Kolessar, presented the award to Sgt. Andrew Dauchy, C Company, 1st Battalion, during the WTB's quarterly awards' ceremony, held in the WTB campus courtyard.

The Greenville, S. C., native was attached to 3rd Armored Cavalry Regiment when the blast from a 155-mm pressure plate improvised-explosive-device exploded about 16 feet from the patrol's lead vehicle. The blast slammed Dauchy, who was the lead vehicle's gunner, head-first into the vehicle's gun turret, subsequently knocking him out. The field artillery gunner sustained neck and back trauma, as well as a mild traumatic brain injury from the blast.

Dauchy said he is honored to receive the award and will wear it to honor two of his brothers-in-arms, Staff Sgt. Quadi Hudgins and Staff Sgt. Christian Garcia, who lost their lives during an April 2, 2011, attack on COS Kalsu.

"It kind of goes out to them to show that they didn't die in vain," he said.

The attack happened five days before his unit was redeploying back to the states.

"It's ironic that I spent 27 months during two deployments to Iraq, and this



Col. John Kolessar, WTB commander, presents the Purple Heart medal to Sgt. Andrew Dauchy, C Company, 1st Battalion, during the WTB's quarterly awards' ceremony, held in the WTB campus courtyard. (Photo by Gloria Montgomery)

happened at the very end," said the 38-year old Dauchy who joined the Army in 2006 following a career as a Los Angeles film production assistant on several movies starring the comedian, Adam Sandler, as well as acting credits for the 2003 horror movie, "Darkness Falls."

"I wanted to do something bigger and better," he said about leaving the movie-making business.

On hand during the ceremony was Master Sgt. Edward Huffine from 1st Brigade Combat Team, 1st Cavalry Division, who witnessed the blast on the digital command and control system during the brigade's turnover with 3rd ACR. He was at the ceremony not for Dauchy, but for a former WTB Soldier now assigned to Huffine's unit.

"I heard his name," Huffine said, "and it was like 'wow,' I saw it when it happened. It's pretty awesome to see him receive the award and learn that he's OK."

SURGEON GENERAL PRESENTS MEDICAL CORPS AWARDS

Lt. Gen. Horoho presented The 2012 Surgeon General's Award for Military Academic Excellence (the Lewis Aspey Mologne Award) and The Surgeon General's Physician Recognition Awards during the Army Plenary Session of the Joint Service Graduate Medical Education Selection Board held on Tuesday, Nov. 27, 2012, at the Renaissance Hotel in Washington DC.

The award recipients are as follows:

The Surgeon General's Award for Military Academic Excellence

Col. Leon E. Moores

...

The Surgeon General's Physician Recognition Award

Lt. Col. Scott R. Steele

...

The Surgeon General's Physician Recognition Award

Maj. Shane M. Summers

...

The Surgeon General's Physician Recognition Award

Capt. Joanie M. Baca



Army Medicine has a New Friend on Facebook.

Start your journey toward a healthier, happier 2013 by joining the new Army National Guard Health and Wellness Facebook page today: www.facebook.com/ARNGHealth.

SFC Simmons , AMEDD NCO Named U.S. Forces Command 2013 Exceptional SARC of the Year

By Col. Marilyn H. Brooks, RN, MSN, CE
Fort Bragg and XVIII Airborne Corps SARC
and SHARP Program Manager

The Department of Defense recently announced its 2013 Exceptional Sexual Assault Response Coordinator (SARC) of the Year Program.

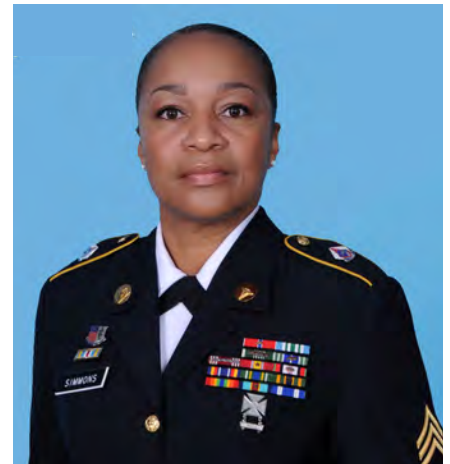
The Department of Defense Sexual Assault Prevention and Response Office (SAPRO) and the Sexual Harassment/Assault Response and Prevention (SHARP) Program Office annually recognize individuals (military or federal civilian) who serve as SARC/SHARP specialists on an installation, in deployed environments, or in a reserve component. This award recognizes individuals whose work has been particularly noteworthy and demonstrates outstanding service in support of our Service members.

Sgt. 1st Class Jacob Rodriguez, 82nd Division, and Sgt. 1st Class Josalette Sim-

mons, Fort Bragg/XVIII Corps SHARP office, were nominated for the Fort Bragg/XVIII Corps Exceptional SARC of the Year/2013. Both are great noncommissioned officers and leaders, who care deeply for their Soldiers and are therefore beyond dedicated to the SHARP program. Neither has rested well while the program transitioned from SAPR to SHARP, while half of the division was deployed, and many of the VA slots were not yet filled. The board had an extremely difficult task, given the quality and contributions of both these nominees. Simmons was selected as the Corps/Fort Bragg nominee.

Simmons' name was submitted to U. S. Army Forces Command for their consideration as the Forces Command nominee to Department of the Army. Their board selected her as the FORSCOM nominee.

Simmons, a proud Combat Medic (68W), has 22 years on active duty, having served in a variety of staff and leader posi-



Sgt. 1st Class Josalette Simmons, U.S. Forces Command 2013 Exceptional SARC of the Year

tions. She deployed twice in support of OEF, first with the 249th General Hospital, Fort Gordon, and then with the 44th MED BDE, Fort Bragg. Upon redeploying, she served as NCOIC of the Fort Bragg/XVIII Airborne Corps Sexual Harassment/Assault Response & Prevention program. The effort put forth by Simmons and her achievements in transitioning this program from SAPR to SHARP has been exceptional. She is truly deserving of this award and more.

Clark Elected to Military Officers Association of America (MOAA) Board of Directors

By Susan Stalder

Military Officers Association of America

Army Lt. Col. Matthew G. Clark, of West Point, N.Y., has been elected to the board of directors of the Military Officers Association of America (MOAA), the nation's largest and most influential officers' association with more than 370,000 members from every branch of service, including active duty, National Guard, Reserve, retired, and former military officers and their Families and survivors.

Clark was elected to the association's 36-member board in October at MOAA's annual meeting in Arlington, Va.

He is originally from Iowa and most recently from Frederick, MD. He earned a bachelor's degree in psychology and a doctorate in behavioral and neural science after beginning his career as an enlisted member of the Army Reserves.

Clark is a certified project management professional. He has commanded medical clinics and worked urgent medical and military science and technology issues at various locations around the world, including in Operation Iraqi Freedom. He has more than 25 refereed publications, book chapters, and professional reports.

He has advised on military, veteran, foreign affairs, medical, and science and technology issues at the strategic and national level, including strategic staff work in the House of Representatives and the Pentagon. He has directed scientific review panels in the areas of neuroscience, psychology, military operational medicine, and advanced technology development.

As a research psychologist, Clark was recognized with the Surgeon General's "A" Proficiency Designator, the U.S. Army's highest recognition for professional excellence, and he is a member of the Army's selective Order of Military Medical Merit.

Currently on active duty, Clark is an assistant professor in the Behavioral Science and Leadership Department at the U.S. Military Academy at West Point, N.Y.

MOAA elects every two years 12 new directors who each serve a total of six years on the board.



Lt. Col. Matthew G. Clark, Board Member, Military Officers Association of America

Technology & Research

SAMMC Unveils Guest Wi-Fi for Patients, Families

By Elaine Sanchez
BAMC Public Affairs

Patients and their Families will soon be able to text, email or just browse the Internet from their commercial, personally-owned wireless devices at San Antonio Military Medical Center, thanks to a new guest wireless pilot program set to launch in late January.

Upon connection, SAMMC will become the first military treatment facility in the Army to offer Wi-Fi capability to its beneficiaries, officials said.

“Many civilian healthcare facilities offer wireless capability, and if they can offer it, why not us?” said Maj. Anthony Bradway, chief technology officer for Brooke Army Medical Center’s Information Management Division. “We don’t want the ability to communicate with loved ones to hinder people from coming here or detract from their quality of care.”

The 180-day pilot program, which will run through mid-July, will enable beneficiaries to connect to Wi-Fi while in the hospital using their tablets, smart phones or any other web-capable wireless device, Bradway explained.

Throughout this time, BAMC Information Management Division will be tracking Wi-Fi use, connection speed and users’ experience to determine if this service is in demand and if there’s a reason to expand. “We believe there will be a desire for this service,” he added.

If the pilot is deemed successful, AMEDD leaders may consider delivering

this service to other Military Treatment Facilities in the Army, said Michele Krause, chief of the Medical Network Operations and Security Center Customer Support Division of U.S. Army Medical Information Technology Center.

The program’s goal, she explained, is to provide beneficiaries with the same Wi-Fi experience, whether at a hospital on Fort Sam Houston or a clinic on Fort Polk. “Patients who have used this service in the public sector have said it improves their morale and happiness,” she said, noting the average American has 1.5 mobile devices. “It gives Family members something to do while waiting, and enables patients to check social media sites, make appointments, or send updates to loved ones. The intent is to improve patient satisfaction overall.”

USAMITC, which is the lead agency for the guest Wi-Fi, chose SAMMC for this pilot program based on the hospital’s proximity and size, Krause explained. Both worked closely with Southern Regional Medical Command Information Assurance Office to ensure they could balance usability with the utmost security of personal health information -- a risk assessment that took over a year.

“When I look back, it’s amazing how



Patti Steward, senior wireless engineer for Brooke Army Medical Center Information Management Division, discusses San Antonio Military Medical Center’s new wireless service for hospital patients with wireless engineers Saul Valdez, Phillip Forister and Rosendo B. Flores. SAMMC’s wireless internet service will become available for patients in late January. (U.S. Army Photo)

far we’ve come,” said Chris Sellards, SRMC senior information assurance manager. “It was truly a great teamwork effort.”

Word of this effort has spread, he added. He’s been fielding calls in recent months from agencies interested in a similar service from across the military and government, including the White House.

A successful Wi-Fi effort today could lead to additional benefits far into the future, Bradway noted. AMEDD is exploring the idea of a “Bring Your Own Device” program that would enable providers to bring their wireless device to work and still access secure clinical systems.

The road to these types of future technological advancements is starting at BAMC with the guest Wi-Fi, Krause said.

“BAMC is helping to shape the future of wireless for the AMEDD,” she said.

WARFIGHTER REFRACTIVE SURGERY PROGRAM - The US Army Warfighter Refractive Eye Surgery Program (WRESP) is a mission readiness program open to all active duty Army personnel. Since centers and surgeons are limited the WRESP sets criteria for who can receive laser surgery, National Guard and Reserve components usually do not remain on active duty status long enough to meet requirements for surgery at this time.

Military personnel perform their duties in a variety of operational environments that are poorly suited to wearing standard spectacle glasses or contact lenses. These include operating complicated sighting systems, wearing protective masks or night vision goggles, working in rain, mud, and sand, among other challenges.

The Department of Defense established WRESP to increase combat readiness. Under this program, eligible active duty service members receive laser refractive eye surgery. The goal is to minimize or eliminate the need to wear corrective eyewear. Surveys from returning Soldiers who had undergone refractive surgery before deployment credit the surgery with increasing their combat effectiveness and overall confidence to perform the mission. For more information and locations where the program is offered, inquire to your provider or visit any one of your regional websites such as the link provided above.

SRMC WRSP Information @ <http://www.srmc.amedd.army.mil/assets/home/clinops.aspx>

Technology & Research

Medical Revolutions Highlighted in 10-Year Supplement

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

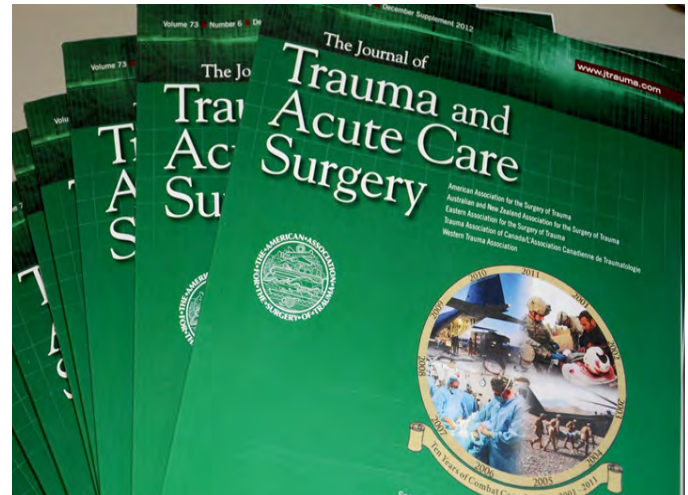
SAN ANTONIO, Texas—The U.S. Army Institute of Surgical Research (ISR) announces the release of a capstone publication in the *Journal of Trauma and Acute Care Surgery* summarizing key medical advances from the war-time experience of the U.S. military. As a subordinate command of the U.S. Army Medical Research and Materiel Command at Fort Detrick, Md., the ISR strives to be the nation's premier joint research organization planning and executing registry-based and translational research providing innovative solutions for burn, trauma, and combat casualty care from the point of injury through rehabilitation.

The publication describes a triad of military medical revolutions in three key areas of military trauma medicine; pre-hospital care, deployed hospital care, and trauma systems and restorative medicine. Together these articles provide an important milestone in military medical care and highlight how the lessons learned in war have translated to improving trauma care delivered in U.S. civilian trauma centers.

"The goals of this supplement are twofold, to document the landmark medical advances from this war and to document the gaps along the continuum of combat casualty care from a historical perspective so that in the future medical personnel can bridge these gaps and save lives," said senior editor of the supplement and former ISR Commander, Col. (Dr.) Lorne H. Blackbourne. "Documenting the revolutionary advances from these wars can help with the translation of military advances to civilian trauma care so that all Americans can benefit in addition to our wounded warriors."

"This supplement documents the extraordinary progress in saving lives on the battlefield that combat casualty care research has affected during the last decade," the Director of ISR Combat Casualty Care Research Directorate, David G. Baer, Ph.D.

In order to ensure the widest distribution possible, the *Journal of Trauma* has made these three articles available on an open-



access basis at <http://journals.lww.com/jtrauma/toc/2012/12005>. These articles are supported by focused reviews of tactical combat casualty care, analysis of the peer-reviewed combat trauma literature, burn care, coagulation monitoring, causes of death on the battlefield, amputations, blood product use, head and neck injuries, trauma training programs, innovations in treatment for pain, and moderate to severe brain injury.

"The best way to optimize and direct research and trauma system efforts for the greatest good is evidence-based information on the burden of injury and capability gaps extrapolated from outcome data—the publications in this supplement provide the data to help guide all future efforts in these areas," said Blackbourne, the current director of the U.S. Army Trauma Training Center in Miami.

Together these articles document extraordinary progress in saving lives on the battlefield, and highlight areas for continued innovation and translation of military medical expertise to saving the lives of civilian trauma victims.

"We're dedicated to optimizing combat casualty care," said ISR Commander, Col. (Dr.) Michael A. Weber. "The research that we are conducting at this Institute is saving lives—on and off the battlefield."

USAPHC continued from P15

mental agencies," said Steven. "We have a population of National Guard safety professionals and Army and National Guard occupational health nurses that regularly attend our offerings. We have even noticed attendees from our sister services, Department of Homeland Security, and Defense Logistics Agency."

The Blackboard Learn courses also provide a benefit for the Army by reducing the amount of time spent traveling for courses as well as ensuring an efficient training process.

"We used to offer a course that required two weeks of residency for 20 students," said Steven. "Now with having one week of the course online, we accommodate 80 students for one week of residency and still end up spending less money. We can accommodate many more students at a much lower price without having to sacrifice the hands-on training."

The success of the Blackboard Learn system has prompted USAPHC personnel to offer additional courses.

"Our subject-matter experts are currently working on implementing approximately 48 new online modules focusing on a variety of instruments, ventilation topics, and different industrial work environ-

ments," said Steven.

In the future, the Blackboard Learn system can be expanded to cover courses to support other training programs.

Steven said the online courses demonstrate "out of the box" thinking for Army personnel.

"Having instructors who are willing to step out of their comfort zone and try something new has helped make Blackboard Learn successful," said Steven.

Public Health Command: <http://phc.amedd.army.mil/Pages/Training.aspx>

Blackboard Learn: <https://amedd.elc.learn.army.mil>

Community Leaders Impressed by Army Medical, Support Facilities

By Jorge Gomez

U.S. Army Recruiting Command

Few community leaders understand how the Army trains physicians, cares for the wounded, feeds Soldiers and sustains a high quality of life for Soldier Families. During pregame activities of the U.S. Army All American Bowl, 50 selected centers of influence from throughout the nation toured Fort Sam Houston Jan. 3.

“The intention was to provide these civilian leaders an opportunity to see the Army as it is,” said Col. L. Wayne Magee Jr., U.S. Army 5th Recruiting Brigade commander. “We didn’t need to talk about the technology we use for training, they were able to handle simulators and perform (virtual) surgical operations themselves. They were able to talk directly with our Wounded Warriors and ask them tough questions.”

During the tour, community leaders visited the Simulation Center of the Brooke Army Medical Center. The simulators are used to train basic medics to cardio fellowships and everything in between. Visitors could practice cutting tissue on a virtual laparoscopic machine while others could see the reaction of dummies groaning when an bronchoscope was inserted.

Anna Gilmore, a premedicine student adviser at Emory Career Center in Atlanta, has seen many simulation laboratories in her career but none compare to BAMC.

“A lot of schools may have one or two but the fact that [BAMC] has a wide range of simulators is impressive,” Gilmore said.

The medical facility also did not correspond to the misperceptions that are sometimes circulated in the public, she said.

“You hear in the news about how run down the medical facilities are for Soldiers and it’s definitely not the case here,” Gilmore said. “It’s one of the nicest hospitals I’ve been in.”

Community leaders visited with Wounded Warriors at the Center for the Intrepid, dedicated to providing the best rehabilitative care. They heard from Soldiers who lost limbs and regained the ability to walk and run with the support of high-tech



Capt. Michael Caspers, who lost his leg from an improvised antipersonnel mine in Afghanistan, talks with a community leader about his experience completing the Army Ten-Miler. (U.S. Army Photo)

prosthetics.

CFI patient Capt. Michael Caspers lost his right leg below the knee after stepping on an improvised explosive device in Afghanistan in August 2011.

“My experience here in BAMC has been fantastic. All my medical care and needs were attended to. I never felt like I was shorted of any care,” Caspers said. “I

“WHAT I’M MOST PLEASED WITH IS THAT THERE’S A SUPPORTIVE NETWORK THAT ALLOWS FOR ANY SOLDIER TO ACHIEVE THE LEVEL OF SUCCESS THAT HE OR SHE DESIRES.”

went from being able to walk with a prosthesis to running in the Army Ten-Miler.”

Joy Thrash, a North Carolina defense business executive, is a three-time runner on the Army’s Ten-Miler. She has only been able to achieve a 12-minute mile and remarked at how Caspers has been able to run a 9-minute mile.

“As I’m running [in the Ten-Miler] these gentlemen and ladies with the prosthetics would pass me. It’s just humbling for them to be doing what they are doing. It’s

hard for you to say you can’t run,” Thrash said.

The civilian leaders were afforded the opportunity to eat lunch alongside Soldiers at an Army dining facility. Even for the senior Army leaders who accompanied the COIs, the dining event demonstrated how the Army has modernized its supporting facilities over the past generations. That served as a launching pad onto an in-depth discussion of how Army installations create a home environment to Soldiers and their Families.

Maj. Gen. John Uberti, Installation Management Command deputy commanding general for support, and Maj. Gen. David Mann, U.S. Army Recruiting Command commanding general, hosted a forum with garrison leaders and Families via video teleconferencing.

The testimony of a Fort Drum Family receiving care through the Exceptional Family Member Program demonstrated that the Army treasures its Family members, said Richard VonAncken, a high school principal in Rio Rancho, N.M.

“In order for a Soldier to be successful he has to feel comfortable that his Family is being attended to,” VonAncken said. “That session (VTC) allowed you to see that the Army has a lot of foresight in preparing for (various) situations.”

Even Minnifield who considered himself familiar with the Army was impressed by how much the Army builds around the Family.

“What I’m most pleased with is that there’s a supportive network that allows for any Soldier to achieve the level of success that he or she desires,” Minnifield said. “So many of our young people have wonderful dreams but don’t know how to connect the dots. The Army gives them (young people) the platform to connect the dots.”

The IMCOM deputy commanding general thanked the community leaders for taking the time to visit the installation and learn how the Army applies mission readiness to all facets of Family life.

“It is your Army,” Uberti said to the community leaders. “Help us find ways for you to connect the Army to America and keep it strong.”

PCMH continued from P13

Activity, Nutrition and Sleep (ANS).”

Under PCMH each patient has an ongoing relationship with a personal physician who leads a team at a single location that takes collective responsibility for patient care, providing for the patient’s healthcare needs and arranging for appropriate care with other qualified clinicians. The medical home is intended to result in more personalized, coordinated, effective and efficient care.

A medical home achieves these goals through a high level of accessibility, providing excellent communication among patients, physicians and staff and taking full advantage of the latest information technology to prescribe, communicate, track test results, obtain clinical support information and monitor performance.

Since Southern Region Medical Command (SRMC) opened its first Medical Home at Fort Campbell, other clinics began striving to exceed patient expectations. To date, 14 patient Centered and Community Based Medical Home clinics within SRMC have received the highest level of recognition (Level 3) from the National Committee for Quality Assurance. In order to meet the highest level of recognition, the military must achieve the same high standards as civilian and private medical treatment facilities and clinics.

“As leadership, we are exceptionally proud that this many clinics have achieved this recognition so rapidly,” Col. Kyle D. Campbell, SRMC Chief of Staff explained. “It is a testament to all the dedicated staff in the Southern Region whose excellence has been recognized as they improve business processes and patient care during the implementation of the full Medical Home model across the Region.”



YOGA continued from P13

into consideration modifications for each pose to make Soldiers feel comfortable and to help those healing from an injury.

“I wanted to help people with traumatic brain injuries and PTSD and felt that I could influence people with yoga and the calming effects that go along with it,” James said. “I wanted to help them find a calm and serene way to deal with their injuries.”

“The yoga practiced at Lyster is not considered strict and there is no meditation, breathing exercises, or chanting involved,” she said.

“You don’t need to be a yoga guru to attend this class. It’s a safe environment that can help relax you and put you on the right path for the rest of the day or week,” James said.

Karen Vanloon, a veteran, takes the class each week as a stress reliever.

“The instructor explains all the moves and can help modify them for you,” she said. “It’s very relaxing. I wish I’d done this while on active duty.”

Patients interested in joining the yoga class can speak with their behavioral health provider or call the clinic for more information.

Like us on Facebook at:

<https://www.facebook.com/LysterArmyHealthClinic>

A CONGRATULATORY NOTE FROM LT. GEN. PATRICIA D. HOROHO ON NCQA RECOGNITION:

*PLEASE OFFER MY THANKS AND APPRECIATION TO YOUR
STAFF WHO ARE MAKING A DIFFERENCE IN THE LIVES
OF OUR PATIENTS EVERY DAY.*

NCQA RECOGNITION OF PATIENT CENTERED MEDICAL HOME CLINICS IS JUST THE BEGINNING OF THIS PATIENT-CENTERED JOURNEY TO BECOME A FORCE TO TRANSFORM ARMY MEDICINE FROM A HEALTH-CARE SYSTEM TO A SYSTEM FOR HEALTH. I AM CONFIDENT THAT YOU WILL NOT STOP UNTIL THE NCQA PRINCIPLES ARE FULLY INTEGRATED INTO YOUR PCMH TO ACCOMPLISH THIS STRATEGIC SHIFT.

525,600 MINUTES =
1 YEAR IN LIFESPACE



IMPACT YOUR LIFESPACE to improve your Health.

Of the 525,600 minutes in a year, we interact with a healthcare provider an average of 100 minutes. We make the biggest impact on our Health by making better choices in our Lifespace.

- Engage in **Activity**
- Improve **Nutrition**
- Get Quality **Sleep**

U.S. ARMY MEDCOM TRICARE

NEW COPAYS FOR TRICARE PHARMACY CUSTOMERS

New copayments for prescription drugs covered by TRICARE will go into effect soon. The Fiscal Year 2013 National Defense Authorization Act requires TRICARE to increase copays on brand name and non-formulary medications that are not filled at military clinics or hospitals. There is no increase to copays for generic medications. Increases will be effective sometime in February, depending on when system changes can be made, and the publication of a required Federal Notice.

TRICARE Pharmacy copays vary based on the class of drug and where beneficiaries choose to fill their prescriptions. The copay for generic medications stays at \$5 when a prescription is filled at a network pharmacy. There is no co-pay when generic prescriptions are filled through TRICARE Home Delivery. The new copay for a 30-day supply of a brand name medication purchased at a retail network pharmacy will be \$17, up from the current \$12. Beneficiaries using TRICARE Home Delivery will pay \$13 for brand name drugs, up from \$9. However, the Home Delivery price is for a 90-day supply.

The greatest change in copays applies to non-formulary medications. The \$25 copay for these drugs increases to \$44 at retail pharmacies and \$43 through Home Delivery. The TRICARE Uniform Formulary is a list of all the medications TRICARE covers.

For fiscal 2014 and beyond, the new law directs that copays increase annually by the same percentage as retiree cost-of-living adjustments. In years when a COLA increase would total less than a dollar, it will be delayed a year and combined with the next adjustment so increases will always be \$1 or more.

Pharmacies at military hospitals and clinics will continue to provide medications with no copays. Visit www.TRICARE.mil/costs for more details.

TRICARE PLANS FOR LONG-DELAYED REDUCTION IN PRIME SERVICE AREAS

October 1, 2013 is the effective date for a long-delayed reduction to areas where the TRICARE Prime option is offered. The reductions in Prime Service Areas (PSAs) do not affect active duty members and Families or activated National Guard and Reserve members.

Approximately 171,000 retirees and their Family members using Prime in the affected PSAs have several options to access TRICARE healthcare benefits to include using the basic TRICARE benefit – TRICARE Standard. Under certain circumstances, those living within 100 miles of a remaining PSA may also take steps to stay in Prime.

TRICARE Prime is an option in which those enrolled are assigned a primary care provider who manages their healthcare. Retirees pay an annual enrollment fee and have lower out of pocket costs. Standard is an open choice option with no monthly premiums and no need for referrals, but there are cost shares and an annual deductible.

The Department of Defense had planned to reduce PSAs in the United States since 2007 when DoD requested bids for the third generation of regional healthcare support contracts (T-3). Since PSAs were created to ensure medical readiness of the active duty force by augmenting Military Treatment Facilities (MTFs), bidders were only required to establish PSAs around and areas affected by Base Realignment and Closure (BRAC) decisions. The PSAs affected are not close to existing MTFs or BRAC sites.

Prolonged contract protests resulted in a staggered transition to T-3 and in early 2011 senior DoD leadership decided to keep all PSAs in place until all three regions were implemented. The West region will be the last to transition on April 1, 2013. Recognizing that beneficiaries need time to plan, PSA reductions will not be finalized until October 1, 2013, coinciding with annual Prime enrollment renewal.

Department of Defense costs for TRICARE Prime are approximately \$600 more per enrollee than with Standard. Reducing the number of PSAs allows TRICARE to control costs while continuing to deliver a high quality healthcare benefit.

TRICARE is committed to keeping affected beneficiaries informed about PSA changes through letters well in advance of October 1, 2013. Additional details, affected locations, and a sign-up for e-mail updates is available at www.tricare.mil/PSA. A web-based tool is in development to help beneficiaries determine if they are affected by the reductions.

ACCIDENTS continued from P11

safety numbers. Compared to the first quarter of FY12, on-duty fatal accident statistics remained unchanged at zero reported. Off-duty fatalities saw a 100% reduction in POV fatal accidents, dropping from two POV fatalities in FY12 to zero in FY13. “This is a trend that is in line with Army safety numbers worldwide,” says John Westfall, MEDCOM safety director.

Although the Army is poised to repeat this success during the second quarter, USACR/Safety Center Command Sgt. Maj. Richard D. Stidley urged all leaders, especially junior NCOs, to stay on top of what

their Soldiers are doing.

“We’re coming into that time of year where Soldiers will be eager to get on the road, whether in their cars or on their motorcycles,” Stidley said. “First-line leaders will have the most influence in making sure their troops are ready, which is especially important for Soldiers who might need a reintroduction to safe riding after the lull of winter.”

The Army Safe Spring Campaign, an annual effort designed to raise awareness of driving hazards and other seasonal safety issues, will be released Feb. 28 at <https://safety.army.mil>.

Army Medicine has a New Friend on Facebook

Need a reason to smile? Start your journey toward a healthier, happier 2013 by visiting the new **DENCOM** Facebook page today at:

<http://www.facebook.com/usadencom>

MEDCOM PROGRAM PROFILE

BizBOWL



THE ROAD TO BEST MTF 2012 WINNER UPDATE

After earning the Best Military Treatment Facility title in the 2012 Army Medical Command Biz Bowl, Blanchfield Army Community Hospital staff members are already working to increase their chances for 2013.

“We really looked hard for ways to improve,” said BACH commander Col. Paul Cordts.

“We must work to increase patient satisfaction in several areas queried by the Army Provider Level Satisfaction Survey (APLSS) and ensure our diabetic patients achieve an LDL less than 100.”

In addition, Cordts said BACH will use some of its Best MTF Competition monetary award to benefit its youngest patients.

“We have a few ideas on the table, one of which could be updating the pediatric waiting room to make it more kid-friendly,” said Cordts.

Since 2011, a multi-disciplinary group of OneStaff professionals has collaborated to create and conduct the MEDCOM Commander’s Business Operations Bowl, including the annual Best Military Treatment Facility (MTF) Competition.

Co-winners of the inaugural AMEDD Wolf Pack Award in 2011, the Business Operations Bowl team is a diverse military and civilian staff team.

The OneStaff Business Operations Bowl team members are dedicated to merging their functional skills and enthusiasm to build the academic and performance challenges that are at the heart of this concept.

Culminating in the Best MTF Competition, the Business Operations Bowl is rapidly becoming the proving ground for MTF business operations knowledge and performance.



Biz Ops Bowl Objectives

The road to every championship begins with enduring performance and dedication. And, the journey to the 2013 Best MTF Championship begins with the monitoring and evaluation of MTF business operations performance. Every month, the performance of our Army MTFs are evaluated against a series of measures. Facility-wide performance of every MTF is ranked, “seeded,” and published monthly. Commanders and staffs closely watched their own performance and that of their peer MTFs. Month to month, the MTF placements change, as each MTF pushes to show the entire Army Medicine team that their high levels of daily performance do indeed reflect in these key measures.

“This competition is serious business. We do this today to help build on best practices and ensure the Soldier and the Army Family can remain ‘ready and resilient’.”

***-- LT. GEN. PATRICIA D. HOROHO AT THE
2012 BEST MTF
CHAMPIONSHIP EVENT***

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MERCURY

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Lt. Gen. Patricia D. Horoho
Commander

Col. Theresa S. Gonzales
Director of Communications

Jaime Cavazos
MEDCOM Public Affairs Officer

Valecia Dunbar
Editor

AROUND ARMY MEDICINE

1. BROOKE ARMY MEDICAL CENTER, Fort Sam Houston, Texas - Governor, Rick Perry, presents Army Corporal Storm Aguliar with the Combat Infantry Badge while visiting San Antonio Military Medical Center on Thursday, Jan. 24th. Governor Perry met with Wounded Warriors and their Families during the visit. Cpl. Aguliar's mother, Kim Simmons, was with her son as the Governor presented the badge. (U.S. Army Photo by Robert Shields) To access more photos, visit: <http://www.facebook.com/BrookeArmyMedicalCenter>



2. BROOKE ARMY MEDICAL CENTER, Fort Sam Houston, Texas - BAMC 'Goes Red' to Raise Awareness of Heart Disease. On Feb. 1, Brooke Army Medical Center will join the nation in celebrating "Go Red Day," the American Heart Association's nationwide movement to raise awareness of heart disease and ensure women like Magruder (photo right) are aware of how to detect and prevent it. Many people may associate heart disease with men, but few may realize it's the No. 1 killer of women in the United States, according to the AHA. One in three women will die of heart disease. Photo: Stacey Dramiga, director of BAMC's cardiac rehabilitation, monitors Gloria Magruder as she exercises as part of her cardiac rehab program. (U.S. Army Photo by Robert Shields) To access the full story visit: <http://www.army.mil/article/94623/>



3. BAYNE JONES ARMY COMMUNITY HOSPITAL, Fort Polk, La. - Capt. Ricky Warren, a physical therapist with the 4th Brigade, 10th Mountain Division, who works in BJACH's Physical Therapy department, spent six-and-a-half days battling the elements of five different ecosystems as he and 13 other adventurous climbers scaled to the top of Mount Kilimanjaro, located in Tanzania, Africa. At 19,300 feet high and known as the world's highest walk-up mountain, the climb provided a unique challenge for Warren. Already an experienced climber, having traversed Pike's Peak and other climbs, this journey allowed him to "get things back in perspective." An avid outdoorsman, Warren trained for two months running up and down the seven flights of stairs in BJACH, with a 50-pound rucksack strapped to his back, 10 times each way. "Being a physical therapist did help me," he said. "But so did the daily trips up and down the stairs that conditioned me for my climb." (Courtesy Photo)



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