

# MERCURY

Volume 42, No. 1



A Different Kind of

## COURAGE

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A worldwide publication telling the Army Medicine Story



# MERCURY

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# ARMY MEDICINE PRIORITIES

## COMBAT CASUALTY CARE

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

## READINESS AND HEALTH OF THE FORCE

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

## READY & DEPLOYABLE MEDICAL FORCE

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

## HEALTH OF FAMILIES AND RETIREES

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

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Chief of Staff, US Army

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# The Surgeon General Focuses on Patient Harm During TEDMED Talk

By Ron Wolf, *Army Medicine Public Affairs*

Lt. Gen. Patricia Horoho, Surgeon General of the Army, delivered a live TEDMED talk on Sept. 11. Horoho participated in a session titled, “Don’t you dare talk about this,” that was held in the Kennedy Center in Washington, D.C.

Horoho aimed to refocus national attention and provide insights on the problem of preventable harm in U.S. hospitals.

TEDMED—TED is short for “technology, entertainment, and design”—talks are the medical and health version of the internationally known and highly regarded TED conferences. The short talks bring together the most innovative and forward-thinking minds to share “ideas worth spreading” and have been viewed online more than two billion times.

Horoho compared the consequences of patient harm to Pearl Harbor and the September 11 attacks. More than 2,300 died at Pearl Harbor, and more than 2,900 died on September 11. But those were one-day totals, she said, every day more than 1,100 people die in U.S. hospitals due to preventable harm—more than 400,000 each year.

Preventable harm in our hospitals is much worse, Horoho said, than these acts of war. We expect harm from acts of war, and we can plan and prepare for it. However, we do not plan or even expect preventable harm to happen in our hospitals. As a result, harm is talked about in “metaphors,” such as “near misses, unintended complications, and close calls,” she said.

Preventable harm and death associated with it has been mentioned previously in widely known reports. The Institute of Medicine (IOM) published *To Err is Human: Building a Safer Health System* in 1999 in which the IOM estimated that as many as 98,000 deaths occurred each year



**Lt. Gen. Patricia D. Horoho**

as a result of medical error.

That figure from the IOM falls far short, however, of the number of deaths estimated in 2013, when the Journal of Patient Safety put the number of deaths each year for preventable harm at closer to 400,000.

Horoho made the point that we have done essentially nothing about this problem. Silence on this topic by the medical community is the main cause that allows preventable harm to continue, she said.

Reducing preventable harm is part of the transformation of healthcare that will reduce costs and improve access. Hospital safety and patient confidence in the safety of care they are receiving is a critical part of promoting health and wellness as well, an important part of the transformation of Army Medicine.

“We can eliminate preventable harm,” the surgeon general said. “The problem is not the errors. The problem is that we ignore the errors.”

“But in our U.S. hospitals we talk about harm in hushed tones. We use metaphors; we talk about near misses, unintended complications, and close calls. To err is human.”

Horoho issued a call to action. “As individuals, we need the confidence, the integrity, and the courage to speak up. As leaders we need to listen to our patients, to our families, and to our staff. If we decide our system isn’t working, we can change it.”

“By addressing the errors, we can prevent harm. We can do this, and I believe the time is right,” she said.

The enemy is our silence; our ambivalence, our complacency, our lack of confidence, Horoho said, “Silence kills.”



The Army Surgeon General Lt. Gen. Patricia Horoho tackled the difficult issue of medical harm before a live audience at the John F. Kennedy Center for the Performing Arts in Washington D.C. during the TEDMED Talks on September 11. This year’s TEDMED talks were simulcast via livestreaming from San Francisco and Washington D.C. to over 130 countries.

# AUSA Medical Symposium Tackles “Hot Topics”: High-Reliability Organizations Can Improve Patient Safety

By Ron Wolf, Army Medicine Public Affairs

On September 10, the Association of the United States Army held a medical symposium that discussed military medical needs and concepts for new approaches to care. The symposium—held close to the Pentagon—featured Gen. Daniel B. Allyn, new Vice Chief of Staff, and Lt. Gen. Patricia Horoho, Army surgeon general, as key speakers.

Although the theme for the day was “Strengthening the Health of Our Nation by Improving the Health of Our Army,” Allyn, the opening speaker, provided the focus for the symposium when he said that the reason the group was there was to discuss the Army’s future and prepare for Force 2025 and beyond.

The discussions that followed focused on the future of Army Medicine. Horoho discussed how technology advancements in Army Medicine will be a key part of how our healthcare will continue to improve. At the heart of our pursuit of excellence, she said, is becoming a high-reliability organization (HRO).

HROs meet the standards for their industry by having well-established policies and systems in place that ensure consistency of practice and enable them to reach their goals and avoid errors.

Examples of industries that could not function without being comprised of HROs include nuclear power and air travel. High reliability are critical to operations for these industries—there is no room for failure—and important for consumer trust.

As part of preparing Army Medicine for the future, the issue of becoming

an HRO is directly linked to reducing medical harm. Horoho made it clear that Army Medicine had a commitment to a culture of patient safety and there would be no compromise.



Lt. Gen. Patricia Horoho addresses the audience at the Association of the United States Army medical symposium on “hot topics.” The Surgeon General emphasized the need for Army Medicine to become the leader in “zero harm” just as it endeavors to be a leader in promoting a healthier nation.

Reasons for becoming an HRO are as complex as an HRO itself. HROs exist in complex environments with multi-faceted teams that must coordinate their efforts to ensure patient safety. The safety of a hospitalized patient depends on the effective communication of a number of clinical and technical personnel—from the surgeon to the lab tech. A well-coordinated team is critical for an HRO to ensure patient safety.

Accountability for actions, especially if an error has occurred, is especially

important because errors can result in severe consequences.

Decision-making is critical for an HRO to function well. During a crisis, decision making is deferred to the most knowledgeable person on the team; however, there often is more than one decision maker, and each decision can impact the next. As a result, decision makers must communicate effectively.

Finally, frequent feedback drives changes in an HRO. The continuous adjustments based on feedback allow staff to anticipate and avoid medical errors.

Unfortunately, Horoho said, most evidence indicates that the number of medical errors is not being reduced. In fact, medical errors seem to be increasing in hospitals across the United States.

Nevertheless, she reported that positive changes in attitudes and behaviors are becoming “embedded in the DNA of our Army.” Those improvements, she said, can be seen in our health, resilience, readiness, and performance.

Just as Army Medicine is becoming one of the nation’s leaders in improving the healthcare of its Families, Army Medicine can also become the nation’s leader in creating a culture of safety in medical care, she said.

Our soldiers, our Families, and our retirees will always need excellent healthcare, as does the entire nation, Horoho said. “We must not accept anything other than zero harm.”

# Command Sgt. Major Brock: Army's Longest Serving Enlisted Female Soldier to Retire

*Army Medicine's Command Sgt. Maj. retires after more than 35 years of service*

By Stephanie P. Abdullah, Army Medicine Public Affairs

Command Sgt. Maj. Donna A. Brock is set to retire from the United States Army and transfer responsibility to Command Sgt. Maj. Gerald C. Ecker in a ceremony at the United States Army Medical Command Headquarters (MEDCOM) in San Antonio on Oct. 24, 2014. Brock, who joined the Army in 1979, now holds the honor of being the Army's longest serving enlisted female Soldier still on active duty.

"I love the Army," said Brock from her Falls Church, Va., office at the Defense Health Headquarters. "But, I know there's life after the Army."

Brock became a Combat Medic when she joined the Army more than 35 years ago and has maintained that military occupational specialty throughout her career and rose to the top of her career field in both rank and position.

Brock's final assignment was as the Command Sergeant Major of MEDCOM. She was also dual hatted as the senior enlisted advisor to the Army Surgeon General, Lt. Gen. Patricia Horoho, who also serves as the commanding general of MEDCOM. In their Office of the Surgeon General (OTSG) roles, they are based in the Washington, D.C., area.

"It's kind of like working for a rock star and you're their sidekick," Brock said of her boss who is the Army's first female surgeon general and the first who is a nurse.

"When I travel with her, of course all of the attention is on her (as it should be) and everyone is at their best. But, when it's just me, I have the opportunity to really get in the weeds and really find out what's going on at the lowest levels," said Brock.

Communicating across the enterprise that is Army Medicine is what Brock called her greatest challenge during her tenure.

"I'm not sure that information is getting all the way down to the private," she said. "Sometimes I talk to Soldiers and they don't have a clue about certain things that they should be aware of. That bothered me."



As a result, Brock implemented what she calls the AMEDD (Army Medical Department) update. When she travels to AMEDD/MEDCOM units, she holds town halls where she gives updates on the AMEDD and engages in conversations with Soldiers of all ranks as well as Department of the Army Civilians. In addition, Brock often hosts female to female "meet ups" where she talks to the female Soldiers about issues specific to them.

"Female mentorship for women is extremely important," she said. "I've had some great male mentors throughout the years, but the mentorship of other females is invaluable."

While Brock holds the distinction of being the Army's longest currently serving

enlisted female Soldier of any race, she happens to be black and Mexican, a triple minority. Brock said the Army has a long history in leading the way regarding diversity. Brock said the closest she came to anything that even resembled prejudice was during Basic and Advanced Individual Training when other Hispanic Soldiers explained to her that not all Hispanics are the same.

"I always thought Hispanic was Hispanic. But, other Latino descent Soldiers let me know quickly that there is a difference. But, I can honestly say that I never experienced any real sexism or racism during my time in the Army," said Brock. "I really believe it has



Longest Serving Enlisted Female Retiring

to do with the leadership I encountered. I had great leaders. And I've done my best to be a great leader and mentor," said Brock.

"I especially want the women to step up," she said. It feels weird when they say they look up to me. But, I think I give them hope. And that's okay with me."

When Brock retires there will be no more female command sergeants major at the nominative level for now. She's the last female command sergeant major who will be working at the general officer level.

"They are coming though," she said. "But, there will be a gap. I want the female E-9s to at least compete at this level."

One of the things Brock plans to do after retirement is to mentor and coach leaders.

"I'll do that part-time," she said. "It's another way to be of service. I'm a self-less servant. I know that about myself. I don't know what I will do full-time in the civilian world. But, I've known for years now that I have a calling for the VA (Veteran's Administration). Whenever I walk into one, I just feel like I'm supposed to be there-serving."

Brock parented a son and a daughter while serving and married and divorced twice.

"Being married while in the Army didn't

work out for me," said Brock. "I think because of the goals I had for myself."

"I said if I got married again, it'd be after I got out [of the Army]," she said.

As far as being a mom while serving, Brock said it was difficult being a Soldier and single mom. If there was anything she hated about the Army, it was moving her children all of the time.

"I said I would never leave my children anywhere unless I was deploying. Sometimes our moves were my choice and not the Army forcing me to do it. I've always second-guessed if I was doing the right thing when I've dragged them all over the place," she said.

"I stayed involved as much as I could. I was on PTAs. I baked. I sewed. I was still "Susie Homemaker" while being a Soldier."

Brock is finishing up her Masters in Health Care Management at Trident University. She has held assignments all across the states including Hawaii, as well as Korea and served in Iraq as part of Operations Iraqi and Enduring Freedom in 2003 with the 21st Combat Support Hospital. Although she is a native Californian, said she likely wouldn't go back

there because of the high cost of living.

Her awards and decorations include the Defense Superior Service Medal, Legion of Merit, Bronze Star, Meritorious Service Medal and more.

Brock's retirement from the U.S. Army will include both a luncheon and ceremony in the Washington, D.C., area and a transfer of responsibility, dinner, and private retirement ceremony in San Antonio.

"Command Sgt. Maj. Brock has been the champion of the NCO (Non-Commissioned Officer) Corps," said Lt. Gen. Patricia Horoho, the Army Surgeon General. "The impact that she has had on Army Medicine and the Army as a whole is sure to be felt for years to come. She was a tremendous partner who helped me lead the transformation of Army Medicine. She is a friend and a colleague. I will miss her dearly and wish her all the best," said Horoho.

"I could never thank her enough for her tremendous service to the Army, Army Medicine and the nation."

For more information, please contact Stephanie Abdullah at [Stephanie.p.Abdullah.civ@mail.mil](mailto:Stephanie.p.Abdullah.civ@mail.mil).



Basic Training, Fort Leonard Wood, Mo. in 1979



Hawaii in 1996



Command Team Trip to Fort Bragg. Command Sgt. Maj. Donna Brock and Lt. Gen. Patricia Horoho talk with staff members at the 82nd Sustainment Brigade Dining Facility, Fort Bragg, N.C. (Photo by Joe E. Harlan, the Womack Army Medical Center photographer)

# JTS Team Earns AMEDD Wolf Pack Award

By Steven Galvan, USAISR Public Affairs Officer

The Joint Trauma System (JTS) at the U.S. Army Institute of Surgical Research (USAISR) at Joint Base San Antonio, Fort Sam Houston, Texas, was selected as the winner of the prestigious U.S. Army Medicine (AMEDD) Wolf Pack Award for the fourth quarter of fiscal year 2014.

“As part of a global, Tri-Service organization committed to the health and welfare of combat Wounded Warriors, the JTS Team has reduced morbidity and mortality to the lowest levels in history by collecting trauma-injury data in the Department of Defense Trauma Registry,” U.S. Army Deputy Surgeon General and Acting Commander U.S. Army Medical Command Maj. Gen. Brian C. Lein stated in a message congratulating the JTS team.

“The Joint Trauma System Team used these trauma records as the basis for analyses to drive process improvements, clinical practice guidelines, and education that ultimately saves lives of the combat wounded. The data statistically shows how these improvements changed the combat casualty care during the OIF/OEF (Operation Iraqi Freedom/ Operation Endurance Freedom) conflicts

and led to saved lives and improved care of our Wounded Warriors.”

According to JTS Director Col. (Dr.) Kirby R. Gross, the JTS team is honored to be the Wolf Pack Award winner.

“Being recognized as an organization which displays exceptional teamwork is particularly rewarding as the Joint Trauma System supports the military trauma system which has teamwork as its foundation for success,” he said.

“This is not only a great honor for the organization, but is further evidence of the JTS Team’s substantial contributions to our combat wounded,” added Col. (Dr.) Michael D. Wirt, commander USAISR. “It further highlights the important contributions our Civilian Corps members, contractors, and students make to our joint service military efforts in this critical area.”

The JTS was established in 2006 at the direction of the assistant secretary of defense for health affairs and the service surgeon general to improve trauma care for combat wounded and has collected data from more than 130,000 combat casualty care records from Iraq and Afghanistan. In 2013 the JTS was

designated as a Department of Defense Center of Excellence for Trauma by the Office of the Assistant Secretary of Defense.

“Winning the Wolf Pack Award is a huge accomplishment for the JTS and our staff,” said JTS Administrative Officer Dominique Greydanus, who was instrumental in establishing it. “However, the real reward is knowing that on a daily basis we are helping to improve every service members’ ability to come home. We would not be able to accomplish this without our dedicated staff who all are vested in saving their lives, not only on the battlefield, but wherever they are serving.”

“Congratulations to the Joint Trauma System Team for your efforts that have resulted in a realized vision of Soldiers, Sailors, Airmen, and Marines injured on the battlefield having an optimal chance for survival and improved functional recovery,” stated Lein.

The Wolf Pack Award is a quarterly award which recognizes collaborative team efforts by military and Department of the Army Civilians working together to make a significant impact to Army Medicine.



# Army-Baylor Adds High-Reliability Science to Graduate Program

*Links preparedness to Army surgeon general's vision of 'zero preventable harm'*

By Army Medicine Public Affairs



## U.S. ARMY-BAYLOR UNIVERSITY

The Army-Baylor University Graduate Program in Health and Business Administration, one of the nation's leading programs in graduate health and business administration, is transforming its curriculum with the introduction of high-reliability science into its Graduate Program of Health and Business Administration. The area of study will be a key component of the Program's homeland security, hospital preparedness, quality, and operations management curricula.

"High-reliability healthcare is a key initiative of the Institute of Medicine, the Agency for Health Research and Quality, and The Joint Commission and is gaining momentum nationwide as a viable approach to 'zero preventable harm,'" said Col. Linda Fisher, Ph.D., Army-Baylor Program assistant professor and curriculum committee chair. "Army-Baylor leaders place high reliability within the framework of readiness and its relationship to healthcare administration appropriately rests in the area of hospital preparedness, disaster response, and mitigation."

Army Surgeon General Lt. Gen. Patricia Horoho is championing high reliability healthcare throughout military medicine and the nation's healthcare system. During an address to a cross section of private and public sector, industry, and academia attending the Association of the U.S. Army (AUSA) Hot Topic Medical Symposium held Sept. 10, Horoho espoused her vision of a safety culture achieved through high reliability practices and the pursuit of zero preventable harm.

"Advancements in Army Medicine are an important part of our healthcare

and our ability to continue to improve," said Horoho to the audience of more than 300 leaders from the U.S., Canada, and the United Kingdom. "But, at the heart of our pursuit of excellence is a culture of patient safety and becoming a Highly Reliable Organization (HRO). We must not accept anything other than zero harm, said Horoho. And, to achieve zero harm we will do a deep dive into the principles of high reliability today."

High reliability science is grounded in crisis research and puts forth the argument that catastrophes may be prevented through leadership and cultural practices that seek to achieve zero error. Practitioners argue that human error is unavoidable; however, high reliability organizations are associated with the elimination of foreseeable error through application of five broad concepts: sensitivity to operations, reluctance to simplify, preoccupation with failure, deference to expertise and resilience. High Reliability Organizations require proactive leaders that can develop a collective culture that is sensitive to small changes in the environment and seek to correct them before crisis happens.

Developing the skills and leadership characteristics that can achieve HRO levels of organizational performance has

been a primary focus of the Army-Baylor Program over the past year. Recently, Army-Baylor students engaged in a two-hour introduction and spirited discussion on the principles of high-reliability healthcare Sept. 11 on the anniversary of the attacks on the World Trade Center and the Pentagon. Valecia Dunbar, D.M. (Doctor of Management), and adjunct professor at Army-Baylor introduced the new curriculum. Dr. Dunbar is a subject-matter expert in contemporary organizational crisis. Her evidence-based research explores the applicability of crisis decision making frameworks to 21st century organizational models. Dr. Dunbar's research suggests that the adoption of organizational behaviors associated with high reliability leadership and culture are a plausible approach to optimizing pre-crisis preparation and post-crisis mitigation of 21st century organizational crisis types.

Army Baylor students will continue their development of HRO concepts in the spring as part of the Quality & Operations Management courses taught by Lt. Col. Brad Beauvais, Ph.D., FACHE, and Lt. Col. Jason Richter, Ph.D. Students not only learn the basic concepts of the High Reliability Organization, but are exposed to the

## Army-Baylor Adds Program

skills necessary to transform a poor performing organization. Students learn the application of strategic alignment tools, cultural development strategies as well as process improvement, employee engagement and customer relationship management methodologies. Ultimately, Army-Baylor students will be expected to be the critical thinkers and senior leaders of Military Healthcare System facilities. The ability to synthesize these skills and those developed at their diverse residency locations at UCLA, Kaiser Permanente, the Mayo Clinics, Massachusetts General Hospital, Johns Hopkins and others will help drive higher levels of organizational performance in the future.

The Army-Baylor University Graduate Program in Health and Business Administration was created in 1947 as one of the first formal healthcare administration education programs in the country. Located at Joint-Base Fort Sam Houston in San Antonio, Texas, Army-Baylor University has been the home of executive healthcare leadership development for over six decades. Today, under the leadership of Program Director Lt. Col. Forest Kim, Ph.D., FACHE, Army-Baylor continues to provide high-



(From left): Capt. Erik Wiesehan, Maj. Oscar Ochoa, Lt. Col. John Thomas, and Capt. Jerry Moon prepare for a group discussion on homeland security and hospital preparedness following a course lecture on high reliability healthcare. The group members are part of the 2016 class of military healthcare leaders enrolled in the Army-Baylor University Graduate Program in Health and Business Administration.

value service in the healthcare leadership community. For more information about the Program, please visit <http://www.baylor.edu/graduate/mha/>. The Army-Baylor Master of Health Administration (MHA) program is ranked #11 in the

nation according to the U.S. News and World Report. More than 2,600 Program alumni have honorably and competently served the country as healthcare leaders in both the Federal and private sector.

## Army Medicine Project Management Guide Now Available!

By Susan Davis, AMEDD Transformation Directorate

The Army Medicine Program Management Office (PMO) is proud to announce the release of the Army Medicine Project Management Guide (PMG). This guide was developed to provide project leads, at all levels, a standardized, understandable approach to managing their projects. Its use will reduce variability in project management, promote early identification and resolution of risks and issues, improve project outcomes, and facilitate identification and sharing of leading practices and lessons learned. Army Medicine is transitioning

to an operating company focused on consistency, clarity and accountability across the enterprise. Disciplined program and project management is instrumental to the successful operating company transformation. It ensures due diligence in the project selection, planning, and execution processes and provides senior leadership with a consistent strategic view of Army Medicine programs and projects.

The Army Medicine PMO provides customized project management tools, templates, and processes as well as consultation, coaching, and training for

project leads and teams. Project leads can now access the PMG, download useful project management tools and templates, and view frequently asked questions about managing projects at the SharePoint site.

Army Medicine Program Management Office (PMO): [mitc.amedd.army.mil/sites/Communities/OCMTPMO/Pages/Default.aspx](http://mitc.amedd.army.mil/sites/Communities/OCMTPMO/Pages/Default.aspx)). For questions or information about project management, contact the PMO at (210) 295-5914, (210) 295-5915, or (210) 221-7212.

# The New Face of DOD Immunization Healthcare

By Chris Orose, Armed Forces Immunization Healthcare Center

The Department of Defense has announced the Armed Forces Immunization Healthcare Center (AFIHC), a merger of the Military Vaccine Agency and Vaccine Healthcare Centers Network into a unified joint organization under the Defense Health Agency (DHA). AFIHC serves the immunization-related needs of the entire DOD family, including Active Duty, Reserve, Guard, Family members, Retirees, and other beneficiaries.

Under the Tri-Service leadership of Director Col. Margaret Yacovone, U.S. Army, and Deputies Lt. Col. Jorge Carrillo, U.S. Army, Capt. Christopher Armstrong, U.S. Navy, and Lt. Col. Amy Costello, U.S. Air Force, the AFIHC is committed to the DHA's goal of a stronger, better, and more integrated system of care.

With personnel located throughout the United States and strategic locations overseas, the AFIHC is positioned to serve more than 9 million stakeholders under the consolidation of military healthcare services.

As Col. Yacovone explains, the “organization’s original mission focused on military specific immunization programs such as anthrax and smallpox vaccine programs for service members. When MILVAX and VHCN merged, our mission expanded to include the responsibility for all 9.1 million DOD beneficiaries and their comprehensive immunization healthcare.”

The AFIHC advocates for evidence-based best practice improvements in immunization healthcare, and helps synchronize, integrate and coordinate vaccine policies and information, in addition to being recognized for “providing excellence in immunization standards of practice, quality education and training, and expert clinical consultation,” Yacovone said.

Yacovone, an internist and allergist immunologist, also serves as medical director of the U.S. Army Centralized Allergen Extract laboratory. Armstrong,



The Tri-Service leadership of the Armed Forces Immunization Healthcare Center (formerly MILVAX-VHCN). From left: Navy Capt. Christopher Armstrong, chief of the Clinical Services Section; Army Col. Margaret Yacovone, chief of the Armed Forces Immunization Healthcare Center; Air Force Lt. Col. Amy Costello, chief of the Immunization Healthcare Operations Section; and Army Lt. Col. Jorge Carrillo, chief of staff

a physician, was formerly chief, Public Health and Preventive Medicine for the National Capital Region, and Costello was chief of immunization policy for the Office of the Air Force Surgeon General. Carrillo, a pharmacist, is a former director of the Patient Safety Program and later acting director of MILVAX-VHCN.

“The work we do impacts the entire Department of Defense, not just the Army,” Lt. Col. Carrillo said. “We will continue to perform as we have been, but we will do it as a Shared Service on paper as well as in practice.”

The AFIHC consists of subject-matter experts in clinical immunology and vaccine policy, as well as educators tasked with training personnel to ensure quality and that requirements are met. It also conducts post-licensure safety studies and funds other research through the Medical Infectious Disease Research Program (MIDRP).

“Combined work forces and shared services are the future,” Carrillo said. “The military will always evolve, but our mission requirements of overall health and readiness will not. The actions we take can will ensure that.”

The AFIHC is committed to the DHA’s goal of a stronger, better and more integrated system of care, and realizes this is a starting point and everything going forward will support the pursuit of that goal.

“As part of Public Health shared services in the Healthcare Operations Directorate of the Defense Health Agency, we will have the opportunity to establish consolidated and centralized immunization policy implementation guidance, streamline processes, eliminate redundancy, and promote cost-savings through more efficient and effective operations,” Yacovone said.

# DOD and the NCAA Join Forces in a Grand Alliance to Understand Traumatic Brain Injury

By Stephanie P. Abdullah, Army Medicine Public Affairs

The Army has signed on as the executive agent for the Department of Defense's (DOD) concussion initiative with the National Collegiate Athletic Association (NCAA).

The initiative, known as the Grand Alliance, is a joint venture that will serve to enhance and accelerate research of traumatic injuries and concussive brain injuries, and the development, testing and regulatory approval of screening and diagnostic devices, clinical practice regiments, return to play/return to action protocol, and human prevention strategies, such as resiliency training to prevent such injuries.

Discussions about the Grand Alliance began in March 2013. The talks were prompted by obvious similarities between NCAA student athletes and military personnel - similarities such as youth, athleticism, physical and mental requirements for success as well as vulnerability to traumatic brain injuries (TBI).

"NCAA's student athletes represent the best model system for what happens with concussion in the military," said Col. Dallas Hack, brain health and fitness research coordinator for the U.S. Army Medical Research and Materiel Command. "Also, with the NCAA, we have the opportunity to evaluate the athletes not only when they've been injured, but prior to injury and for a significant period of time after the injury," said Hack.

"The alliance has two main lines of effort," he said. "One is a longitudinal natural history study on the course of concussion titled Concussion Assessment, Research and Education (CARE). It will be funded by the alliance and will be the most comprehensive clinical study of the course of concussion ever conducted, thus making it the landmark study on concussion. A subcomponent of the longitudinal study will be the Advanced Research Core (ARC) which will incorporate additional complex

assessments at a limited number of sites. The other [line of effort] is education designed for athletes, trainers, coaches, and families."

With what they learn through the alliance, the NCAA and DOD hope to establish better concussion prevention, protection, and treatment methods on the field, in garrison and in theater.

"We expect to have a more complete understanding of concussions," said Hack. "We expect to be able to predict what will happen to people after a concussion. With that information, we can establish protocols that could become the standard that all universities as well as the military can put into place."

Hack said that 37,000 student athletes are anticipated to participate in the study. A variety of sports will be represented including football, soccer, field and ice hockey, tennis, and with support from the service academies, possibly even boxing.

Brian Hainline, who is the chief medical officer for the NCAA and also an NCAA-DOD Grand Alliance Executive Committee member, said the results of the study should be the foundation for much more. "Once we understand better the natural history of concussion, we can systematically study treatment interventions that will not only improve outcome, but also improve neurologic function," said Hainline, who is the NCAA's lead for the alliance.

The educational challenge, the Grand Challenge, is the second main line of effort for the alliance. It is being designed by NineSigma and will be open to all who want to participate. Participants will submit technology products that focus on developing and accessing concussion education for athletes, trainers, coaches, and parents. The top submitters will be awarded grant funding to see their products through. Although an exact



Gen. John Campbell, then vice chief of staff of the U.S. Army looks on as U.S. Army Maj. Gen. Joseph Carvalho, commander of the U.S. Army Medical Research and Materiel Command, and Dr. Mark Emmert, president of the National Collegiate Athletic Association, sign the Cooperative Research and Development Agreement (CRADA) for the NCAA-DOD Grand Alliance. The official CRADA signing took place in May 2014 at the Walter Reed National Military Medical Center.

## DOD and NCAA Join Forces

number of potential “winners” is unknown right now, the grant money will be divided among the top participants. Hack will also be on the selection panel the challenge.

Since 2000, more than 300,000 TBIs have been diagnosed within the DOD. More than 175,000 of those are Army specific, with the majority of those taking place in a garrison environment. Most of which are mild traumatic brain injuries (mTBI), also known as concussions.

Concussive events can happen in training, in a combat zone, during sports, driving, or numerous other ways. Because of this, Hack explained, concussion, which is a significant problem for the Army, is here to stay regardless of whether the U.S. is engaged in combat operations. Thus, he said it is critical to have a better understanding of what concussions do to the brain.

The Army is the first of the services to publish mandated TBI guidelines for garrison, represented in the June

2013 Headquarters Department of the Army Guidance for Management of Concussion/Mild Traumatic Brain Injury in the Garrison Setting. The execution order mimics what is already being done in theater and directs any Soldier who is involved in a potentially concussive event to undergo a medical evaluation.

While the Army is the executive agent for the DOD’s alliance with the NCAA, all of the services will be involved as each of the service academies has agreed to participate in the study.

Additionally, the working group for TBI, which Hack chairs, is a joint working group with each of the military branches represented in its membership. It was to that working group that Hack made the pitch about this alliance and they recommended that it be funded. According to Hack, the best practices learned as a result of the alliance will be implemented by all of the services.

The Grand Alliance, which is funded

for at least the next three years, was announced earlier this year at the White House where it became the focal point of the White House Summit on TBI. The launch event for the Grand Challenge is scheduled for late October in Washington, D.C.

“It’s been gratifying to work on this project,” said Hack. He plans to stay in the Army a little longer in order to ensure the alliance is up and running before he retires. “With the NCAA’s focus, initiative, and move to action, they are making this truly a great alliance,” he said.

The Army is also aligned with the National Football League (NFL) in an initiative designed to increase concussion awareness among NFL players and Soldiers and decrease the stigma regarding seeking help for this invisible injury. For more information on TBI, visit [www.army.mil/TBI](http://www.army.mil/TBI) and [dvbic.dcoe.mil](http://dvbic.dcoe.mil).

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# 2014 MSC 9/11 Remembrance Ceremony

By Esther Garcia, AMEDDC&S Public Affairs Office

Members and friends of the Medical Service Corps (MSC) gathered at the Fort Sam Houston National Cemetery on Sept. 11 to attend a wreath ceremony to remember and honor six Medical Service Corps officers who made the ultimate sacrifice defending this nation.

Since the terrorist attack of September 11, the Medical Service Corps have lost six officers in action. The first of the casualties was on the morning of Sept. 11 at the Pentagon, the last was ten years and 18 days later in Kabul, Afghanistan.

Hosted by the Office of the Chief, Medical Service Corps, the 9/11 MSC Remembrance Ceremony included keynote speaker, Col. Scott Drennon, chief, Leader Training Development, U.S. Army Medical Department Center and School, invocation delivered by Chaplain (Maj.) Scott Nichols and the sounds of TAPs by Sgt. 1st Class Luke Jefferson, a member of the 323rd Army Band, Ft. Sam's Own.

“Our purpose is to pause, reflect, honor, and remember those who have sacrificed in defense of freedom over the last 13 years,” said Drennon. “It’s hard to believe sometimes, but it’s been 13 years since that ill-fated day. September 11, 2001 changed our lives forever. The coordinated terrorist suicide attacks on that Tuesday morning upon our nation in New York City and Washington D.C. started when 19 Islamic terrorist from Al-Qaeda hijacked four passenger jets loaded with innocent civilians and flew two of them into the World Trade Center Twin Towers, one into the Pentagon, and the fourth crashed into a field in Shanksville, Pa. In all 3,000 lost their life that day.”

He added, “As we all aware, the sacrifice’s resulting from 9-11 have been profound and extend well beyond the initial 3,000 casualties. In the wars in Iraq and Afghanistan, we’ve lost 6,700 killed

in action and 51,000 wounded-in-action. The Army Medical Department casualties are 205; 24 AMEDD officers and 181 medical enlisted Soldiers.”

Among those 24 AMEDD officers are six Medical Service Corps officers. Lt. Col. Karen Wagner was the first AMEDD casualty of the Global War on Terror. Wagner was one of 184 people killed when American Airlines Flight 77 was hijacked and flown into the south west wall of the Pentagon. Capt. John R. Teal was a Medical Plans and Operations officer serving with 2nd Brigade, 4th Infantry Division out of Fort Hood, Texas. He became the 32nd casualty in Iraq on Oct. 23, 2003, when an improvised explosive device hit his convoy in Baqubah, Iraq.

Maj. Charles R. Soltes, was serving with the 426th Civil Affairs Battalion out of Upland, California, when on Oct. 13, 2004, he was killed by a vehicle-borne explosive device detonated in his convoy near Mosul, Iraq. The Major Charles R. Soltes Jr., O.D. Department of Veterans Affairs Blind Rehabilitation Center in Long Beach California was named in his honor by the 111th Congress H.R. 4360. 2nd Lt. Emily J.T. Perez was a Graduate of the United States Army Military Academy

at West Point where she served as the Cadet Command Sergeant Major. She was killed on Sept. 12, 2006 by an Improvised Explosive Device during operations in Kifl, Iraq.

1st Lt. Ashley White Stumpf was assigned to the 230th Brigade Support Battalion, N. Carolina National Guard, but volunteered as a Cultural Support Team member and deployed to Afghanistan with a Joint Special Operations Task Force in 2011. She was killed in Kandahar Province, Afghanistan, on Oct. 22, 2011. Lt. Col. David E. Cabrera was killed Oct. 29, 2011 in Kabul, Afghanistan, when his vehicle was attacked by insurgents. Cabrera was a licensed clinical social worker and assistant professor of family medicine at the Uniformed Services University of the Health Sciences.

“As we look out over the hallowed ground that surrounds us this morning, over the sea of marble and granite head stones that are the symbol of our fallen heroes and their ultimate sacrifice, I leave you with a short metaphorical quote by Scottish Poet Thomas Campbell in 1836; Campbell stated ‘The patriot’s blood is the seed of Freedom’s tree’,” said Drennon.



Col. Scott Drennon (left), chief, Leader Training Development, U.S. Army Medical Department Center and School, and Col. T. J. Lantz, Corps Specific Branch Proponent Office, Medical Service Corps, present a wreath honoring Medical Service Corps officers at an early morning solemn ceremony held at the Fort Sam Houston National Cemetery, Fort Sam Houston, Texas, on Sept. 11.

## The Soldier Enlisted Mentorship Club Building the Bench for Tomorrow's Enlisted Medical Force

By Sgt. Shanique Nelson

The inspiration behind the creation of the Soldier Enlisted Mentorship Club (SEMC) came from a breakout session at Fort Belvoir with the MEDCOM Sergeant Major, Command Sgt. Maj. Donna Brock. She renewed an inspiration in the Soldiers that effective mentorship could increase the success of individuals and as well as a group.

It can provide and encourage an environment of ongoing interactions, coaching, and role modeling that facilitates progress and upward mobility within our military organization. Mentorship also has the ability to help bridge the gap between theory and practice.

The SEMC's vision statement comes from the Army's Mentorship Handbook. Our main purpose is to build on the benchmark of our Soldiers for the future. The many Soldiers who have served ahead of us have paved the way for those who are serving today and through mentorship, senior leaders can empower and develop junior Soldiers to become tomorrow's leaders. As senior leaders we have gained valuable experiences and knowledge over time. Many Soldiers may never get the opportunity to gain every personal experience. However, that does not dictate they will never be expected to solve Soldiers day-to-day inquiries or complete missions of which they have no firsthand experience. The SEMC hopes to help bridge the gap between today's

leaders and junior Soldiers, and create a higher level of mutual trust and respect.

The SEMC was not developed to reinvent the wheels of mentorship for Soldiers. We are a club designed to incorporate all enlisted Soldiers from E-1 to E-9 and serve as a forum to facilitate greater interaction and access between mentees and potential mentors. We also stand to learn from, and motivate, our fellow comrades to our left and right. The junior Soldiers are our main targets for mentoring and they dictate what the main focal point of each meeting will be. As Soldiers we have annual and quarterly training to keep us abreast of new changes. The SEMC differs from the Non Commissioned Officers Development Program (NCO DP) and the Junior Leadership Development Program (JLDP) because we provide the Soldier with the opportunity to choose their mentors and give them opportunities to connect with senior leaders they otherwise would not have access to.

The SEMC developed an icebreaker concept to give everyone a chance to meet each other. The Club has coined a concept similar to the term "speed dating." It presented a way of making it possible for each individual to interact briefly in order to choose a mentors, they felt were a good match. We held a "Mentor Madness" session where lines of tables were set up with the Senior Enlisted seated on one side and the Junior Enlisted Soldiers on

the other side. The juniors had 90 seconds to interview the Senior Enlisted Soldiers sitting across from him/her. During this brief interchange Soldiers had a chance to create dialogue and decide if they were interested in having that person as a mentor. This one interaction assisted the Soldiers in deciding who they felt would be a mentor for them. Once the Soldiers have selected a mentor, the relationship is then formalized by incorporating the Army Career Tracker (ACT) program, again capitalizing on a resource already provided by the army to build our Soldiers from within. The SEMC will meet twice per month to fellowship with each other. The Inaugural Meeting was held on July 7.

Mentorship is a tool SEMC has borrowed from the NCO toolbox. It enables senior leaders to lead from the front and interact with junior Soldiers and zone in on their goals. As a team, we can help each other grow professionally and personally. It also provides a venue for Soldiers to dialogue about their concerns and receive proficient advice from their colleagues outside of their chain of command. The lasting intent for the SEMC is to become a pillar here at the Fort Belvoir, Va. This club will allow every Soldier an opportunity to fellowship with his or her comrades and become a mentor or protégé.

# UNPLUG ENERGY DRINKS



# Army Medicine Engages Ambassadors

By Mr. Kirk Frady, *Army Medicine*

Army Medicine has taken outreach to a new level. As part of its strategic engagement initiative to tell the Army Medicine, Army Health and Army Readiness story, it is leveraging the use of its Ambassador Program to share information with stakeholders. The program is proving to be a powerful influencer as Army Medicine transforms from a healthcare system to a System for Health.

Army Medicine Ambassador Program Manager, Adrian Morales, said, “Our Army Medicine Ambassadors are a critical link to our non-choir Army Medicine audiences across the world and serve as champions of the great achievements and advancements in military medicine, research, and technology. These individuals engage community leaders and groups on a local, regional, and national level and are critical messengers of Army Medicine’s efforts to support our Soldiers, Family members and Retirees.”

Ambassador opportunities and events include speaking engagements, outreach programs, education programs, seminars and media engagements. Ambassadors consist of personnel from military and dental treatment facilities to include command surgeons, spouses, active and retired military officers/enlisted personnel, and Department of the Army Civilians who are strongly involved with the military health system.

The Army Medicine Ambassador Program is designed to enhance relationships within the rest of the military, business and civic leaders, academia, industry, family readiness groups and foreign dignitaries through positive and informative engagements. It is an important communication tool that informs Soldiers, Family members, and community leaders on the important mission Army Medicine has and the services it provides.

Army Medicine has taken great strides regarding the Ambassador Program. There are now more than 300 Army Medicine Ambassadors who work within their respective commands to share information



John Westfall, MEDCOM safety director, and Maj. Nakia Hall, MEDCOM deputy chief of Operations and Plans Branch, discuss the Army Medicine Ambassador Program.

about Army Medicine with Soldiers, Families, friends, Retirees, community civic groups, and the American public. All MEDCOM commanders and organizations have implemented the Ambassador Program at their level to promote Army Medicine.

As part of the program, the Army Medicine Directorate of Communications provides public affairs related training to the ambassadors. In March 2014, Army Medicine assigned program managers at the regional and local levels to support the Army Medicine Ambassador Program. During the third quarter, the Ambassadors recorded over 250 engagements with military/civilian communities, foreign dignitaries, academia, industry, and local leaders.

Ambassadors will continue to highlight the fact that Army Medicine is America’s

premiere medical team, and share good news about Army Medicine and the service they provide to our Soldiers, their Families and the communities they live in and serve.

As the program moves forward, Army Medicine Ambassadors will continue conducting speaking engagements on a variety of medical/health related topics. To ensure the program’s effectiveness, Army Medicine will ensure the right people with the right skills, knowledge, and credentials are able to deliver relevant health related information to its stakeholders. The vision is that the Ambassador Program can, one day, become an Army-wide program for all Soldiers, Families, DA Civilians and Retirees.

## Four-Service Assault on Suicide at Pentagon Resiliency Health Fair

By Ron Wolf, Army Medicine Public Affairs

September was suicide prevention month. On September 9th, the Department of Defense held The Resiliency Health Fair at the Pentagon to highlight the emphasis on suicide prevention and focus on promoting wellness.

Suicide is possibly the most vexing issue faced by everyone from top brass to military Families. Resources to combat this tragedy are not lacking, though, and programs and organizations have been mobilized across the Department of Defense and the civilian sector.

Eric Hipple, who played quarterback for the Detroit Lions from 1980 to 1989, was the featured speaker at the Resiliency Health Fair. Hipple candidly discussed his own battle with depression and the loss of his 15-year-old son to suicide.

He admitted he did not have the skills to help him cope with the loss of his son and did not know where to go for help. That led to problems with depression and, eventually, a driving under the influence conviction. He spent 58 days in jail.

“When I got out,” Hipple said, “I wanted answers.” He found answers at a depression center where he went to get help.

The Resiliency Health Fair was an all-out four-service assault on suicide. The Army, Navy, Air Force, and Marines staffed booths with outreach materials. In addition, the National Guard, the Department of Veterans Affairs, and

Army Reserves joined in to show their support for promoting awareness of suicide prevention and making sure everyone knows help is available.

Suicide prevention, while the most important topic of the day, was not the only issue highlighted. Wellness as part of a healthy life style was emphasized. DOD organizations such as the Defense and Veterans Brain Injury Center, one of the Defense Centers of Excellence, are fighting to make everyone aware of the consequences of brain injury, as well.

In all, information was available on suicide and wellness at more than two dozen booths. The common goal was to spread awareness about health and wellness, risk reduction, and, especially, the prevention of suicide.

Hipple discussed the effect of his depression on his family. His daughter, in particular, was affected by his mental state. His daughter entered therapy, he said, and she is doing very well. The key, Hipple emphasized, is reaching out and connecting. “We are built to be connected,” he said.

The Army is committed to reducing the number of suicides and challenges every member of the Army Family to reach out—a critical part of the solution—and use available resources. There are dozens of organizations inside and outside the military available to be on the Soldier’s team.

The Military Crisis Line is 1-800-273-



Eric Hipple, former quarterback for the Detroit Lions and current outreach coordinator for the Depression Center at the University of Michigan Health System, talks about his experience with family suicide and depression at the Resiliency Health Fair held at the Pentagon on Sept. 9. Hipple emphasized the importance of reaching out and asking for help.

8255 and can be called anytime.

Service members and Families are encouraged to remember there is no stigma associated with asking for assistance.

Hipple made this point. “A team is not just a bunch of individuals. It’s a bunch of strong individuals. We have to work as a power of one.”

The Army continues to emphasize leader recognition of potential mental health issues, building resilience through health promotion and wellness, and reducing risk—all to prevent suicide.

Promoting suicide prevention and encouraging healthy life choices is getting support from across all four services and the civilian sectors. Outreach efforts continue, and numerous organizations and programs are available. Getting the troubled service member or concerned Family member to reach out is the first and most difficult step.

Together, the Soldier and those who stand ready to help are one team—the power of one.

A promotional banner for the Best Warrior Competition. It features a U.S. Army logo with a star in the top left corner. The text "BEST WARRIOR COMPETITION" is written in large, bold, white letters across the middle. Below the text, there is a photograph of soldiers in camouflage uniforms standing in a line. In the bottom right corner, there is text: "To view the winners this year, please visit: <http://www.army.mil/bestwarrior/> OCT 6 - OCT 9, 2014 | FORT LEE, VIRGINIA".

# Fort Carson set to Take Challenge

By Jeff Troth, U.S. Army Medical Command

The Fort Carson Army Wellness Center is challenging everyone on post – Soldier, Family member and Civilian – to become healthier members of the community. And they have a tool to help you accomplish this.

“The 26-Week Health Challenge is a way to enhance your sleep, activity and nutrition by using tips from Army Medicine’s Performance Triad,” said Maj. Danielle Nichols, the chief of the Fort Carson Army Wellness Center.

The 26-Week Health Challenge is a self-paced, self-guided program that offers practical tips or goals to kick start healthy habits that can last a lifetime. The purpose of the challenge is to increase a person’s performance by concentrating on three areas of their life – sleep, activity and nutrition. Each week there are different goals and tips for a person to try and reach.

For instance, during week two, to help improve sleep the challenge lists common barriers to achieving healthy sleep: changes in bedtime and wake time, stress, and caffeine or nicotine too close to bedtime. In week 23, the tip is not to exercise within three hours of going to sleep.

“Sleep is a very important component to our daily activity,” says Nichols. “Sleep allows us to recoup and allows the body to heal itself and prepare for future missions. If we don’t get enough sleep we won’t perform at our optimum level.”

During week three participants of the challenge are reminded not to overdo it on an activity when starting off. Instead of going out and running five miles, start with a 5-minute walk. The goal for week 15 is to walk 10,000 steps during your daily routine.

“People should ease into an activity routine and seek assistance from their medical providers,” Nichols said. “At the

wellness center we can provide guidance and services regarding body composition, metabolism, fitness counseling, healthy sleeping, and stress management.”

Nutrition is just as important as the other two areas. Week nine’s nutrition goal is to watch what you drink, avoid beverages that contain added sugars and strive for 8-10 cups of water per day. The healthy nutrition goal for week 19 is when the craving for sweets hits. Prepare a dish with fruit as a main ingredient.

“Food is your fuel source and we want to maintain a balance of what our bodies are expending in activity,” the major said. “Our bodies need fuel to perform. So if we are not providing the right amount or type of nutrients we can see an impact on our activities and lifestyle.”

To help participants keep track of their progress during the 26-Week Health Challenge, Army Medicine created a document that not only lists the weekly goals, but also has tracking charts. The charts allow participants to record personal assessments at the beginning of

the challenge as well as at the six-week, midpoint, 18-week and the 26-week end points.

“We ordered a number of the booklets, but I think our supply will be quickly depleted ... so we have a downloadable version on our website (<http://evans.amedd.army.mil/wellness/>),” Nichols said.

The 26-Week Health Challenge is part of Army Medicine’s move from a healthcare system, which focuses on treatment of illnesses and injuries, to a System for Health which focuses on wellness and prevention. A key component of this system for health is the Performance Triad, the Army surgeon general’s initiative to improve stamina, readiness, and health through quality sleep, enhanced activity, and improved nutrition.

“The 26-Week Health Challenge isn’t intended to be a drastic shift that can only be maintained for a limited time,” Nichols added. “It gives individuals information to change some of their habits and increase their overall wellness.”





Dr. Dean Ornish, a leading expert on lifestyle and nutrition, spoke to the Army War College Class about lifestyle changes to prevent chronic illness and promote health.

# Preventive Medicine Expert Suggests Lifestyle Changes for Resilient Leaders

By U.S. Army War College Public Affairs

A leading expert on lifestyle and nutrition spoke to the U.S. Army War College Class (USAWC) Sept. 9 as a component of the Senior Leader Development & Resiliency Program.

“... Eat well, stress less, move more, and love more,” was the overarching message that cardiologist Dr. Dean Ornish presented to the class. He emphasized that looking at underlying causes is key to good health and healing, rather than treating the symptoms which often return.

“Today the context for this is as an extension of the Senior Leader Development and Resiliency Day we had in early August,” said Dr. Tom Williams, director of the USAWC Senior Leader Development and Resiliency Program.

Can lifestyle changes reverse disease?

Studies show that it is possible to reverse or stop the progression of heart disease and improve blood flow to the heart with lifestyle changes, said Ornish. His own study with men diagnosed with prostate cancer showed that healthy choices could slow, stop or even reverse tumor growth.

“The more people changed, the more they improved,” said Ornish.

This prompted Ornish to take the next step and study the mechanisms that might explain these results.

“We looked at their gene expression,” said Ornish. “What we found was that 501 genes were changed. When you change your lifestyle it actually changes your genes.” A healthier lifestyle turns on the genes that protect you and turns off the genes that cause prostate or breast

cancer, he explained. Even meditation can positively affect gene expression. Elite athletes meditate to gain a competitive advantage, and meditation also calms your mind, said Ornish.

“When you can focus your awareness, you gain power. You can perform better on the battlefield, in the [school room] and the boardroom,” said Ornish.

Dr. Ornish is the founder and president of the Preventive Medicine Research Institute and a clinical professor of medicine at the University of California, San Francisco.

Learn what the Army War College officers and civilian leaders learned about healthy lifestyles for those with significant leadership responsibilities. See the video at [www.youtube.com/usarmywarcollege](http://www.youtube.com/usarmywarcollege).

# It's All About Health.



## Mountain Post Birthing Center Offers Drug-Free Experience

Capt. Lynnette Murray, the clinical nurse in charge of the Mountain Post Birthing Center, wheels one of the hospital's 145-gallon water labor tubs into a labor and delivery room at Evans Army Community Hospital. The Mountain Post Birthing Center at Evans Army Community Hospital has a new way to help moms before they deliver their babies without the use of drugs. Starting in July, the hospital began water labor for mothers-to-be who are looking for a drug-free birthing experience. (Photo by Jeff Troth MEDDAC PAO)



## Call the TRICARE Nurse Advice Line During this School Season!

During and after back-to-school season, parents have many 'to-do' items. As you prepare to send your children back to school, or as you ramp up for another year of homeschooling efforts, keep in mind that TRICARE provides several resources to help parents keep their Families healthy.

Aches, pains and fevers can put a damper on the learning experience, and sniffles and sore throats can send your children home from school early. Be sure to contact TRICARE's Nurse Advice Line (NAL) for advice on what to do. The NAL is the

Military Health System's (MHS) newest initiative to improve ready access to safe, high quality care. When you call, the nurse will ask you about your child's illness.

Please make sure that your child is present so you can assess their condition as the nurse asks questions. If your child is over age 13, the nurse may ask to speak to your child directly. Feel free to stay on another line or use a speaker-phone option if that makes you more comfortable. If self-care is recommended, the nurse may provide you with advice on home treatments

and remedies. If your child needs an appointment, the NAL will try to schedule one for you at your local MTF, or will advise you to seek care within the network.

The NAL helps you get access to the right type of care at the right time. To learn more about the services the Nurse Advice Line offers, visit [www.TRICARE.mil/NAL](http://www.TRICARE.mil/NAL). For more information on preparing for the back to school season with TRICARE, visit [www.TRICARE.mil/backtoschool](http://www.TRICARE.mil/backtoschool).

## Maj. Gen. Keenan Participates in a Morning Run

Maj. Gen. Keenan participates in a morning run with Maj. Gen. Hogg, chief Air Force Nurse Corps, and Brig. Gen. Choi, superintendent of the Korean Armed Forces Nursing Academy. The run took place in Daejeon, Korea, during the Asia Pacific Nursing Exchange. From left: Col. Tamara Averett-Brauer, U.S. Air Force; Maj. Elisha Parkhill, U.S. Air Force; Brig. Gen. Choi, Kyung-Hye, superintendent Korean Armed Forces Nursing Academy; Maj. Gen. Dorothy Hogg, chief, U.S. Air Force Nurse Corps; Maj. Gen. Jimmie Keenan, deputy commanding general (Operations)/chief, United States Army Nurse Corps, United States Army Medical Command; and Capt. Angela Samosorn, U.S. Army.





## ●●● Dietary Supplements—Safety Is Still an Issue and Better Options are Available

By Ron Wolf, Army Medicine Public Affairs

Being a Soldier is one of the most physically demanding jobs. As a result, Soldiers are especially conscious of physical training requirements and the need to remain fit and ready.

In recent years, a larger percentage of Soldiers have begun to rely on dietary supplements to help them stay at a peak level of performance.

In a few cases, the use of dietary supplements has led to unwanted and serious consequences. In late 2011, the Department of Defense ordered workout supplements that contained 1,3-dimethylamylamine, better known as DMAA, removed from the shelves of on-post stores while the Army led a safety review, after it was linked to deaths among otherwise healthy Soldiers. In 2012 the Food and Drug Administration (FDA) issued warning letters to companies notifying them that products with DMAA need to be taken off the market or reformulated to remove this substance.

Recently, the use of powdered caffeine as a performance supplement has also drawn attention. Caffeine is readily available in coffee, soft drinks, and other products, and millions ingest these beverages globally. On July 21 of this year the FDA issued a warning about powdered caffeine, which is likely to be 100 percent pure caffeine, with a recommendation to avoid this form of caffeine. Pure caffeine is a powerful stimulant and even very small amounts may lead to an accidental overdose. A single teaspoon of pure caffeine, for example, is roughly equivalent to the amount of caffeine in 25 cups of coffee.

Symptoms of caffeine overdose can

include rapid or dangerously erratic heartbeat, vomiting, stupor, and disorientation. These symptoms are unlikely to be caused by drinking too much coffee or other caffeinated drinks and are more commonly observed when concentrated sources of caffeine are used.



Under no circumstance are supplements a replacement for the triad of proper nutrition, physical activity, and adequate sleep. Hard work remains the safest and most effective way to stay fit and improve stamina, which are needed on the playing field, and the battlefield.

Fitness is indispensable to being a Soldier, and there are safe ways to promote health and fitness over the long run.

For example, proper management of the components of the Performance Triad—sleep, activity, and nutrition—remains the best way for Soldiers and Families to meet their fitness and training requirements.

Seven to eight hours of sleep every 24 hours is critical in achieving optimal physical, mental, and emotional health.

Physical fitness and activity are crucial to ensuring our Soldiers perform as elite athletes. Practicing principles of safe and effective training are vital to maintaining physical readiness, preventing injuries, and improving general health.

Fueling for performance enables top level training, increases energy and endurance, shortens recovery time between activities, and improves focus and concentration.

There is overwhelming proof that optimal sleep, activity, and nutrition, when all are optimally managed, are the best approach to promote peak physical and emotional well-being and ensure rapid and clear decision making under pressure—exactly what is required in the performance of a Professional Soldier Athlete.

In war, a well-focused Soldier is a combat advantage.

It is important to get the facts before using dietary supplements. Soldiers should be knowledgeable of what they are taking and the possible side effects. The FDA continues to examine dietary supplements and reminds users that certain supplements, more specifically weight-loss and bodybuilding supplements have potentially dangerous ingredients. Soldiers and Families should be particularly careful when using these types of supplements.

Under no circumstances are supplements a replacement for the triad of proper nutrition, physical activity, and adequate sleep. Hard work remains the safest and most effective way to stay fit and improve stamina.

# It's All About Health.



## OCTOBER EVENTS

### Mental Illness Awareness Week is October 5-11, 2014

In 1990, the U.S. Congress established the first full week of October as Mental Illness Awareness Week (MIAW) in recognition of NAMI's (National Alliance on Mental Illness) efforts to raise mental illness awareness. Since then, mental health advocates across the country have joined with others in their communities to sponsor activities, large or small, for public education about mental illness. MIAW coincides with the National Day of Prayer for Mental Illness Recovery and Understanding (Oct. 7) and National Depression Screening Day (Oct. 9.)

Why is MIAW important? Each year millions of Americans face the reality of living with a mental health condition. During the first full week of October, NAMI and participants across the country are bringing awareness to mental illness. Each year we fight stigma, provide support, educate the public, and advocate for equal care. Each year, the movement grows stronger. We believe that these issues are important to address year round, but highlighting these issues during Mental Illness Awareness Week provides a time for people to come together and display the passion and strength of those working to improve the lives of the tens of millions of Americans affected by mental illness. For more information, visit: [nami.org/template.cfm?section=mental\\_illness\\_awareness\\_week](http://nami.org/template.cfm?section=mental_illness_awareness_week)

### National PA Week

National PA Week is held every year from Oct. 6–12, and the American Academy of Physician Assistants (AAPA) is committed to helping you recognize the value of PAs. Since 1973, physician assistants (PA) have been an integral component of the Army Health Care Team, fulfilling key roles in all aspects of patient care. Today, Army physician assistants serve as their unit's primary health care provider. They are responsible for everything from prescribing medications to teaching military medics. The PA role has become critical in recent years because Army physicians have come to rely on them more to assist with their ever-increasing patient loads and healthcare responsibilities. We hope you will join us as we celebrate America's more than 100,000 clinically practicing PAs during PA Week 2014. PAs across the country use PA Week to increase awareness of both the PA profession and the importance of a healthy lifestyle. For ways to help promote PA Week visit: [aapa.org/paweek/](http://aapa.org/paweek/)

### Pharmacy Week October 19-25, 2014

Pharmacy Week acknowledges the invaluable contributions that pharmacists and technicians make to patient care in our nation's health care institutions. It is an ideal time for pharmacy departments to acknowledge and celebrate their achievements in ensuring safe and effective medication use in their institutions and to share those accomplishments with patients, other health professionals, and the community. For more information, visit [www.ashp.org/pharmweek](http://www.ashp.org/pharmweek)

### National Pharmacy Technician Day is October 28, 2014

The pharmacy technicians on your staff play a pivotal role in the daily activities of the pharmacy, so make sure that they also have a prominent place in your Pharmacy Week observance and make a point to recognize their work on National Pharmacy Technician Day. For ways to help promote Pharmacy Week visit: [ashp.org/pharmweek](http://ashp.org/pharmweek)

### October Is National Substance Abuse Prevention Month

Substance use, including underage drinking and the non-medical use of prescription and over-the-counter medications, significantly affects the health and well-being of our nation's youth and people of all ages:

- An estimated 10 million people aged 12 to 20 report drinking alcohol during the past month. To put that in perspective, there are more Americans who have engaged in underage drinking than the number of people who live in the state of Michigan
- Approximately 23 million Americans—roughly the population of Australia—are current illicit drug users. Marijuana use and non-medical use of prescription medications are the most common types of drug use in America.
- Almost 18 million Americans are classified with alcohol dependence or abuse.

Heavy alcohol use can cause serious damage to the body and affects the liver, nervous system, muscles, lungs, and heart. Alcohol is a factor in approximately 41 percent of deaths from motor vehicle crashes

Take action during National Substance Abuse Prevention Month to maintain a healthy lifestyle, and encourage family and friends to do the same! Preventing substance abuse in your community starts with you. For resources and a few ideas on how to get started, visit: [samhsa.gov/prevention/nationalpreventionmonth/](http://samhsa.gov/prevention/nationalpreventionmonth/)

It's All About Health.



# October is National Physical Therapy Month

## *Army Physical Therapy – A Proud History and Integral Force in Neuromusculoskeletal Care and Readiness*

By Col. Scott Shaffer, director, Physical Therapy, Graduate Program, Army Medical Department Center and School

The long and proud tradition of physical therapy in the United States was born out of necessity to meet the needs of American service members injured during World War I. The Army Medical Department recognized the need for a formalized physical therapy course of instruction in the early 1920s. This fall, the Army celebrates over 90 years of formal military physical therapy education and rehabilitative care for Department of Defense beneficiaries.

Army physical therapists were commissioned in 1942 and have served in every theater of operation since World War II. The roles and assignments for Army physical therapists have greatly expanded over the past 70 years. In Vietnam, physical therapists served in a physician extender role to assist with the evaluation and treatment of neuromusculoskeletal conditions.

Additionally, Army physical therapists were first assigned to Army Ranger Battalions in 2000, Special Operations Groups in 2003, and more recently with Brigade Combat Teams in 2006. According to a report by Moore, et al. (2013), physical therapists serving in these roles have made significant contributions to operational readiness by providing an integrative approach of direct access, early intervention, and injury prevention and human performance optimization.

Currently, Army Civilians, officers, and enlisted members provide physical therapy



Army Physical Therapist, Capt. Samantha Wood, attends to a civilian as part of Army Physical Therapy Graduate Program training. (Courtesy photo)

care to over 5,000 beneficiaries across the globe and in diverse settings on a daily basis. This care includes evidence-based neuromusculoskeletal evaluation and treatment of acute and chronic injuries, functional and readiness assessment, injury prevention screenings, health promotion activities, and state of the art rehabilitative care for Wounded Warriors. Physical therapy is essential to our current transformation to a System For Health. As we call upon our beneficiaries to increase activity, physical therapy will serve a vital role in maintaining, restoring,

and improving the health of our Service Members and their Families.

If you are interested in a career as a military physical therapist, the U.S. Army-Baylor University Doctoral Program in Physical Therapy is one of the oldest and most recognized programs in the nation. The program is currently ranked 5th in the Nation from over 215 nationally accredited programs. For additional information regarding a career in physical therapy and for information on the program, please visit: <http://www.baylor.edu/graduate/pt/>.



# Breast Cancer Awareness Month

Understanding Breast Cancer Risk, Prevention, and Screening can Save Lives

The desired end state is that Soldiers, Family members, and beneficiaries have a better understanding of breast cancer risk and screening and the preventive measures they can take to reduce the risks of developing breast cancer.

### FACTS YOU SHOULD KNOW:

- Breast cancer is the second most common cancer and the second most common cause of cancer deaths in women in the United States.
- Breast cancer detection and screening involves breast self-examination, breast examination by a clinician, and mammography.
- Mammography can often detect breast cancer at an early stage, when treatment is more effective. Steady declines in breast cancer mortality rates have been attributed to a combination of early detection by mammography

and improved treatments.

- However, it is also important to know that mammography cannot detect all breast cancers. Mammography also results in some over diagnoses and can lead to overtreatment.
- Be proactive in your Lifespace - take charge of your own breast health by understanding recommended screening methods, scheduling regular visits to your healthcare providers, and getting mammograms.
- If you are age 40 or older, begin getting mammograms every year!
- Learn more about the risk factors for breast cancer. Women considered to be at high risk may require annual mammograms starting at an earlier age, as well as breast magnetic resonance imaging (MRI).
- Mammography screening should be done routinely – once is not enough.

- Men are generally at low risk for developing breast cancer, however, approximately 2,000 men in the U.S. are diagnosed with breast cancer each year.
- A healthy nutritious diet, along with regular exercise, both part of the Army's Performance Triad, have been associated with a decreased risk of breast cancer.

### LINKS/RESOURCES:

- <http://www.cancer.org>
- <http://www.nbcam.org>
- <http://www.cancer.gov/cancertopics/types/breast>
- <http://www.nlm.nih.gov/medlineplus/breastcancer.html>
- <http://cdmrp.army.mil/bcrp/default.shtml>

*October is* **Breast Cancer Awareness Month**



# SYSTEM FOR HEALTH.

## Retiring Again ... Third Time is the Charm

By Robert Shields, BAMC Public Affairs

Brooke Army Medical Center (BAMC) is saying goodbye, for now, to one of its longtime volunteer information desk greeters, retired Command Sgt. Maj. Ed O'Boyle. O'Boyle served as BAMC's command sergeant major from 1974 to 1975 and was the command sergeant major for Health and Services Command (now U.S. Army Medical Command),

when he retired in 1978. O'Boyle worked at Bexar County Hospital and for the U.S. Postal Service before finding a civil service job as a base supply officer. He said that after retiring the second time, it was his passion for the military that brought him back to BAMC in 1995, as a volunteer.



## College Interns Introduced to Combat Casualty Care Research

By Steven Galvan, USAISR Public Affairs Officer

While some college students spent their summer relaxing and recharging by the pool or beach, the U.S. Army Institute of Surgical Research (ISR) hosted nine undergraduate college students for internships to conduct combat casualty care research for 10 weeks. "The purpose of this program is to give students exposure to the lab environment and invaluable research experience," said David M. Burmeister,

Ph.D., an ISR staff scientist and lead intern mentor. "Hopefully this not only helps them clarify what their goals and aspirations are for the future, but also facilitates reaching those goals."

The interns were paired up with ISR researchers who served as mentors to work on projects to further the Institute's mission of optimizing combat casualty care.



## Sergeant Major of the Army Presents Purple Heart

Sergeant Major of the Army, Raymond F. Chandler III, presents the Purple Heart Medal to Spc. Christoffer A. Fields during a Purple Heart Ceremony Aug. 19 at the Warrior and Family Support Center. Spc. Fields was wounded in Combat June 25, 2014, when his vehicle struck a pressure plate improvised explosive device while on a mounted patrol in Afghanistan. (U.S. Army photo by Robert Shields)





## New Barracks Building Named Benson Barracks

By Esther Garcia, AMEDDC&S Public Affairs Office

Forty-one years ago, 1st Lt. Elizabeth English Benson was honored here on Fort Sam Houston when barracks Building 1382, constructed in 1973, was named in her honor to recognize her contributions to Army Medicine in the field of deaf education tutoring wounded Soldiers. As a result of post renovations, Building 1382 was demolished and a new building constructed.

On August 19, barracks Building 3312, located on Williams Way, was dedicated in her honor and memory and named Benson Barracks. The original plaque from Building 1382 has been installed on the front face of the new building.

Maj. Gen. Steve Jones, U.S. Army Medical Department Center and School commander and host for the ceremony said, “Today, we honor a great American, Elizabeth English Benson. The Army values has ties to the American people. We trace our roots to the minutemen who fought at Lexington and Concord, and consider ourselves citizen Soldiers. Today, we remember a former comrade who showed us what it means to be a truly citizen soldier.” Jones then spoke about Benson’s contributions.

Elizabeth English Benson, nicknamed “Benny” was born in Frederick, Md in 1904. Benson’s parents were both deaf. Both attended and taught at the Maryland School for the Deaf. Benson’s sister, Mary, was also involved with deaf education and taught for many years at the Maryland School for the Deaf.

Benson followed in their footsteps and was dedicated to the field of deaf education all her life. She taught at Gallaudet University located in Washington D.C. The university was

chartered by Abraham Lincoln and is the world’s only university with programs designed specifically for students who are deaf and hard of hearing.

Benson taught graduate students audiology and lip reading and is considered a pioneer in the field of hearing evaluation.

For 10 years she spent her summer vacations in Virginia at the Hampton Institute where she assisted African

American teachers meet the certification requirements in order to teach deaf studies.

She became frustrated with the legal jargon and procedures when she tried to interpret for deaf clients in the courts so she went to law school to overcome that barrier.

Ready to serve her country during World War II, Benson volunteered



On August 19, Maj. Gen. Steve Jones (right), U.S. Army Medical Department Center and School (AMEDDC&S), and Command Sgt. Maj. Gerald Ecker, AMEDDC&S, unveil a banner with the portrait of 1st Lt. Elizabeth English Benson, dedicating barracks Building 3312 in her honor for her contributions to Army Medicine in the field of deaf education and tutoring wounded Soldiers during World War II.



## New Barracks Building Named

as a driver for the American Women Voluntary Services and in 1943 joined the Women's Army Corps (WAC) as a Private. Recognizing her incredible talents she was assigned to the Borden General Hospital, Chickasha, Okla., teaching sign language and lip reading to servicemen who had been deafened during World War II.

Her work was recognized by the Army surgeon general and was promoted from Private to First Lieutenant. She was the first WAC to receive an appointment under a War Department directive authorizing a direct commission for people having skills needed in the Army's rehabilitation program.

In 1946 she came to Fort Sam Houston to be released from active duty. She then returned to teaching at Gallaudet University, and four years later was named the Dean of Women.

Benson became a well-known skilled signed interpreter. She signed for many prominent people such as President Lyndon B. Johnson, President John F. Kennedy, J. Edgar Hoover, Cardinal Spellman and many other senators,

congressmen, and government officials. Benson retired in 1970 after 44 years in the faculty and 20 years as the Dean of Women at Gallaudet University.

Benson often reflected fondly on her service in the Army and once remarked, "Nothing thrills me more than when my company marches and there is the uniform switch of skirts, the strong inspiring tempo of the band, and the gallant waving our flag on high".

Jones said, "Though today we don't hear the switch of the skirts marching when they march in formation, but her WAC uniform is proudly on display at the University library."

Benson died in 1972 and a year later Building 1382 was named after her.

Jones said, "As we upgrade buildings on Fort Sam Houston it is appropriate that we dedicate this state-of-the-art facility in her honor. Today, Benson Barracks joins Davis Barrack, just across the way from us, and it is one of two facilities that are named for Army Medical Department women heroes. Thank you for helping us honor this great citizen soldier."

Benson Barracks has 600 rooms with 1,200 beds and office and administration space for three Companies, as well as multiple laundry rooms per floor, day rooms, and computer rooms.

Davis Barracks, Building 3314, has the same specifications and was recently dedicated in honor of Staff Sgt. Carletta Davis, an Army medic, who died Nov. 5, 2007 in Tal Al-Dahad, Iraq, when an improvised explosive device detonated near her Humvee during combat operations.

Capt. Eric Mies, 232nd Medical Battalion Operations Officer, said, "They both were built as the Grow the Force Advanced Individual Training Barracks Complex project, and the dedication of Benson Barracks represents the conclusion or culminating event of the transition of all Soldier medics from old buildings to new state-of-the-art housing facilities, ensuring that each Soldier Medic has sufficient sleeping space of at least 90 square feet per Soldier and two Soldiers to each room."

## Borden Institute Wins two Publishing Awards from American Medical Writers Association (AMWA)

The Borden Institute has won two publishing awards from the prestigious AMWA 2014 annual competition. Emergency War Surgery, 4th U.S. Revision won first place, physicians category. Medical Consequences of Radiological and Nuclear Weapons won honorable mention (second place in AMWA competition). Both of these titles are available for online order and in eBook format at <http://www.cs.amedd.army.mil/borden/>. These nationally prominent awards confirm Borden Institute's excellence in capturing military medical lessons learned and the subsequent dissemination of military medical knowledge. The Borden Institute has won a total of sixteen national-level awards and its publications are used in numerous medical residency programs and other advanced medical learning organizations.

# Our Story, Part II: Who We Are

By Jessica Pellegrini, ASBP Staff Writer

In our first installment of the “Our Story” series, Who We Are, we provided a deeper prospective into the history of the Armed Services Blood Program. In this segment, we’ll explain where we are. We’ll answer some of our most common location questions, such as “Where can I donate blood?” But we’ll also take an in-depth look at where your blood donation goes to save lives and how it gets there. This is Part II: Where We Are.

Where is the Armed Services Blood Program located? The answer in its simplest form is worldwide. The ASBP is responsible for providing blood and blood products to deployed service members in the heart of the battlefield, wherever and whenever that may be. Anyone receiving blood or blood products in a combat area will receive blood through the ASBP. Additionally, blood donated to the military blood program also supports ill or injured service members, Veterans and their Families in military hospitals in the U.S. and around the globe.

There are 19 ASBP blood donor centers in the U.S. There is also a blood donor center in Germany, Japan and Guam. Each service — Army, Navy and Air Force — operates multiple blood donor centers. Others, known as Armed Services Blood Bank Centers, are operated with tri-service participation. This means that all three services are present in the center and are part of the center’s operating procedures.

The ASBP doesn’t just collect blood at the blood donor centers, though. According to Martin Ricker, ASBP blood donor recruiter supervisor, many of the blood donor centers “take the show on the road” and conduct mobile blood drives.

One of the most common mobile



The Armed Services Blood Program supports service members, Retirees and their Families worldwide.

blood drives is the annual drive at the United States Military Academy at West Point. Each year, staff members from several ASBP blood donor centers travel to West Point to collect from cadets, cadre and staff members; and each year, the blood drive is a huge success. At the January 2014 blood drive, the ASBP collected more than 1,000 units of blood in just four days. These blood units are used to support our CONUS hospitals as well as missions around the world.

“One of our biggest challenges when it comes to collecting blood is the travel restriction,” Ricker said. “Because much of our donor population is in the military, many of our donors are deployed at various times. Often times, those deployments will cause a donor to be deferred temporarily. This means that we have to rely on other donors to help us fill our needs. This is why the blood drives in the U.S. — whether mobile or at a blood donor center, and collecting at training bases such as the recruit depots, academies, and schools — are so important.”

The ASBP is a proud supporter of

the Department of Defense United States President’s Emergency Plan for AIDS Relief, or PEPFAR, an initiative designed to ensure that the blood supply in several countries is safe and help save lives of those affected or living with HIV/AIDS and prevent the spread of the disease. As part of this program, the ASBP will often travel to other countries to conduct Blood Safety Workshops and assist with designing national blood programs.

The ASBP also coordinates with civilian organizations in the case of natural disasters. For example, after the 2010 earthquake in Haiti, the ASBP was one of many organizations that supported blood needs in the country. ASBP staff members boarded the USNS Comfort to assist in the transfusion of more than 350 units in the days following the earthquake. Additionally, the ASBP sits on the AABB Disaster Task Force and would respond collaboratively with local government, federal government, and civilian agencies to any natural disaster in the U.S.



## International Medical Leaders Meet to Share Information, Ideas

By Ed Drohan, Europe Regional Medical Command Public Affairs

Military medical leaders from across Europe and NATO came together in Mons, Belgium, Sept. 8 and 9 to share information and ideas in the spirit of international partnership.

Military medical personnel from the U.S., Italy, Poland, Netherlands, Greece, Hungary, Turkey, and Canada met at the Supreme Headquarters Allied Powers Europe for the Multinational Military Medical Engagement. The annual event is hosted by the U.S. Army Europe Regional Medical Command (ERMC).

Topics discussed ran the gamut from medical lessons learned during the last 13 years of combat operations in Iraq and Afghanistan, to infectious disease, and eye care issues. Speakers included medical professionals from Landstuhl Regional Medical Center, SHAPE, Hungarian Defense Forces, and a representative from the Tunisian Ministry of Defense who discussed his country's humanitarian response to the Libya crisis.

According to the ERMC commanding general, engagements like this are important for multiple reasons.

"The real value comes not only in sharing information and knowledge but also in networking with military medical professionals from other nations," Brig. Gen. Norvell V. Coots said. "Through a better understanding of commonalities and differences we can enhance the speed of trust and the speed of interoperability. It shows us we also share a common dream to work through medicine to change our world, even just a little bit."

In addition to the formal presentations, event participants had the chance to get together in a less formal setting during a luncheon and dinner, opportunities to get to know their counterparts on a more personal

level, engagement coordinator Mike Sandoval said.

Participants expressed their approval for the engagement and events like it.

"This is a unique medical conference in that it facilitates the communication of medical lessons across cultural and physical borders," Lt. Col (Dr.) Levent Varhelyi, Hungarian Defense Forces.

They also said events such as these are important for their country's military medical community.

"Living and acting in a multinational environment, these engagements are useful and necessary," said Capt. (Dr.) Erini Krassa, a member of the Greek Army. "They help the nations to exchange their experiences, to share their knowledge in many fields. Besides, multinational cooperation is

promoted and enhanced. Finally it is a means to make communication in multinational military medical communities more effective."

For Col. (Dr.) Zoltan Verkerdi, Hungarian Defense Forces and European Force medical advisor, conferences like the MMME are all about cooperation and interoperability.

"Our conferences are focused in their topics and provide a framework for scientific discussions, for sharing best promising operational practices, and for building and maintaining professional and social relationships," Verkerdi said. "All my military achievements have their roots in multinational cooperation activities like MMME. I do my best to support this heritage value activity."



Brig. Gen. Norvell Coots (second from right, bottom row), commanding general of Europe Regional Medical Command hosts the Multinational Military Medical Engagement at Supreme Headquarters Allied Powers Europe in Mons, Belgium, Sept. 8 and 9. Military medical professionals from nine different countries discussed a gamut of medical lessons learned during the last 13 years of combat operations in Iraq and Afghanistan, to infectious disease, and eye care issues, to the Tunisian Ministry of Defense's humanitarian response to the Libya crisis



## U.S., France Armies Join Forces to Expand Freeze-Dried Plasma

By Steven Galvan, USAISR Public Affairs Officer

Since 2012, U.S. Army Special Forces medics have had limited quantities of freeze-dried plasma (FDP) available for use in remote locations through a Food and Drug Administration (FDA) Expanded Access Investigational New Drug protocol. The limited amount could soon change and more U.S. military members could have access to FDP made available through an agreement between the U.S. and French Armies.

“The Army Blood Program, the Armed Services Blood Program Office, the U.S. Army Medical Research and Materiel Command, the U.S. Army Institute of Surgical Research (ISR), and the French army are working on expanding this program,” said Lt. Col. (Dr.) Andrew P. Cap, ISR chief of blood research. “The expansion would be through a joint manufacturing agreement in which FDA-approved plasma collected in the U.S. by the military would be sent to France and manufactured into the freeze-dried plasma product for use by a greater number of U.S. Armed Forces.”

A pilot project was successfully completed in early 2014 to test the possibility of the U.S./France joint manufacturing program. According to Cap, “the product met all standard quality control tests.”

The Army currently receives about 200 units per year from the French



The expansion would be through a joint manufacturing agreement in which FDA-approved plasma collected in the U.S. by the military would be sent to France and manufactured into the freeze-dried plasma product for use by a greater number of U.S. Armed Forces.” Lt. Col. (Dr.) Andrew P. Cap, ISR chief of blood research

Military Medical Service. The FDP is officially called French Lyophilized Plasma (FLyP) and has been used to successfully resuscitate critically injured U.S. Special Forces combat casualties. FLyP is a universal product that is compatible with any blood type.

The U.S. military used FDP during WWII, but due to blood-borne infections like hepatitis, the program was suspended. Now made safe due to infectious disease testing, FDP contains

blood coagulation factors, which helps injured soldiers form blood clots that stop bleeding. Medics can administer the product on the battlefield within minutes and save lives.

“The French military has been making this product, basically since the 1940s with technology they got from the U.S. military and have since modified and improved it. We are now bringing it home,” said Cap.

# MOVE OUT WITH THE PERFORMANCE TRIAD

**Sleep, Activity and Nutrition**

# Military Doctor Fights to Protect Newborns

By Northern Regional Medical Command Public Affairs

The wars are winding down but Army Maj. Ryan Mascio's mission is booming. He and four other pediatricians, along with three neonatal nurses, care for an average of 130 newborns a month at Fort Belvoir Community Hospital in Virginia.

But a new threat looms on the horizon. A tragic condition that once killed thousands of otherwise healthy infants a year is on the rise, apparently because parents are somehow receiving misinformation about the risks and benefits of an effective preventive measure.

The condition, called hemorrhagic disease of the newborn or vitamin K deficient bleeding, can be fatal. More than a dozen sets of parents in recent years have told Mascio they don't want their newborns to receive the vitamin K injection that will prevent the condition. About one baby in 100 will develop vitamin K deficiency bleeding if they don't receive a shot, according to the American Academy of Pediatrics.

"It's not something that happens all the time, but it happens enough that we definitely want to go ahead and protect these infants as much as possible," Mascio said. "There's really no way to predict which baby will have the bleeding, but babies aren't usually born with enough vitamin K." Without it, he said, their blood "won't clot well."

Babies can begin bleeding from vitamin K deficiency at any age from birth to six months. The bleeding can be external (from the belly button or circumcision site) or internal (in the brain, intestines or other organs).

It's sometimes possible to stop the bleeding by administering vitamin K at the hospital. But in the worst cases, babies lose so much blood they need a transfusion and may suffer permanent brain damage, developmental

disabilities or even death.

One in five babies who develops vitamin K deficiency bleeding will die from it, according to the Centers for Disease Control and Prevention in Atlanta.

The issue has created conflicts between parents and the medical community. Due to the increased

Last year, the CDC reported on four newborns with vitamin K deficiency bleeding: three of the infants had bleeding in the brain and the fourth had gastrointestinal bleeding. None had received a vitamin K shot.

"Not giving vitamin K at birth is an emerging trend that can have devastating outcomes for infants and



Judah Dearey receives care for brain hemorrhages at Tampa General Hospital in Florida in August of 2011 after his parents declined a vitamin K shot when he was born. His mother, Krista Dearey, is sharing Judah's story to help warn other parents. (Photo courtesy of the family)

risk that a child will hemorrhage, hospitals may not permit a baby to be circumcised if parents decline the vitamin K injection. Some pediatricians refuse to accept babies whose parents decline the shot as patients.

The problem isn't unique to military hospitals. Two years ago, Vanderbilt University's Monroe Carell Jr. Children's Hospital in Nashville, Tennessee, reported that seven babies between seven and 20 weeks old had been diagnosed with vitamin K deficiency bleeding.

their families," said CDC Director Tom Frieden, M.D., in a statement. "Ensuring that every newborn receives a vitamin K injection at birth is critical to protect infants."

So far, none of Mascio's patients whose parents refused the injection has developed the condition, but he treated infants with it while in training. Until recently, most doctors had never seen a case of vitamin K deficiency bleeding, since shots have been given to virtually every American infant since 1961.



## Military Doctor Fights

Mascio first saw parents decline the injections when he was posted at Fort Campbell in Kentucky in 2009, where he was previously stationed, and now at Fort Belvoir.

“It really started to become an issue. I’d never heard it before,” Mascio said.

Numerous studies have confirmed the effectiveness of vitamin K shots over the past 60 years. Those opposed to the shots often ignore the vast majority of this research in favor of two reports. The first, a small study conducted two decades ago in the United Kingdom that has since been discredited, hinted at a possible link to leukemia.

In the second report released last year, doctors in Turkey said a single infant had a serious allergic reaction to a vitamin K injection. (Minor allergic reactions have also been reported in a handful of cases over the years.) Since 1 billion vitamin K shots are estimated to have been given worldwide – 200 million in the United States alone – the odds of an allergic reaction are

far smaller than the odds that a baby will begin bleeding from vitamin K deficiency, doctors have said.

Parents give a variety of reasons for declining the shot, Mascio said.

“A lot of parents believe it’s an artificial medicine that they don’t want to give their child,” he said. (Vitamin K is produced in a laboratory.) Some cite the outdated leukemia report, but usually change their minds after he explains that newer, larger studies show no link. Still others are concerned that receiving a shot may traumatize the infant.

“I can’t force a parent to do it,” Mascio said. “I try to give the parent enough information to make an informed decision.”

He’s been able to persuade some parents to change their minds after they learn that the best alternative to a shot is a dozen weekly visits to the doctor for oral doses of vitamin K.

Part of the reason parents aren’t well-informed is that they decide against the shot long before their first meeting

with a pediatrician, the doctor who is best informed of its risks and benefits. “We’re trying to be a little more proactive” in sharing information with obstetricians, Mascio said.

Mascio said he works even with parents who refuse his recommendations because his chief goal is to help the child. He tries to educate parents about the problems they create for their children. Just that morning, he said, a mother declined a hepatitis B vaccine for her child, saying his immune system couldn’t handle it.

“I said that’s not true, but I’m not going to make the decision for you. I’ll support you. Your child may have to come in more often for fevers, or get more blood tests, but we’ll work with you,” Mascio reported. “She said she’d talk to her husband about it.”

He’s hoping for the best, since she told him her husband thinks the child should be vaccinated.

**Enhance your health with**  
**sleep,**  
**activity,**  
**and nutrition.**



# 121st Combat Support Hospital Conducts Mass Casualty Exercise

By William D. Wight, 65th Medical Brigade Public Affairs Office

It was a typical day of training at U.S. Army Garrison Camp Humphreys, South Korea. The sun was beaming down and the wind was calm. Soldiers, Airmen, and Republic of Korea Army personnel were conducting routine maneuver and hovering of their helicopters when disaster struck. Rotors hit rotors, metal grinded upon metal and in a matter of seconds, both were on the ground in a fiery mass of mangled metal and smoke. With the thick smoke billowing in the distance, the sounds of pain and agony filled the air. Twelve casualties were evacuated from the crash site towards the nearby tents of the 121st Combat Support Hospital (CSH) for treatment.

Amid the “chaos of war,” the medical personnel immediately began the triage process placing patients in the intensive care unit or operating room depending on their wounds, according to Maj. Alicia Madore, chief of Clinical

Education Division, of Brian Allgood Community Hospital, Yongsan, South Korea.

“This training scenario was designed to be as realistic as possible in order to test the processes of the medical personnel and how well they come together as a cohesive team.”

This mass casualty exercise (MASCAL) put the medical staff through various scenarios on how to respond to patients with multiple types of injuries. Madore stated the scenario was designed from “real-life” situations experienced by both herself and her staff.

“The 121st CSH can conduct their everyday mission of armistice health care, but knowing what to do in time of war and how to step out of the comfort zone and deal with the unexpected, builds trust and ultimately saves lives on the battlefield.”

Though the casualties began

streaming into the 121st Combat Support Hospital with little warning, the medical personnel were quick to evaluate the injured and get the most critical cases into surgery. According to Col. Mark M. Reeves, commander of the 121st CSH, “Our ‘Fight Tonight’ mission was validated in that everyone came together amidst both real-world challenges and exercise scenarios to enhance our ability to apply training and increase performance as an integrated team. The purpose of setting up the CSH was to build on the 121st capability of saving lives during hostilities.”

Throughout the field training exercise, the 121st CSH conducted four MASCAL exercises caring for a total of 48 patients while conducting various other military requirements such as weapons qualification, Chemical Biological Radiological and Nuclear (CBRN) defense, HMMWV Egress Assistance Trainer (HEAT) roll over training and Warrior Tasks and Drills. “This was a really good integrated team effort,” said Reeves, “one of which that refined our level of readiness and ability to handle tasks under pressure.”

The 121st CSH is a critical component of the military response to hostile acts against the Republic of Korea. Madore stated that these exercises really gave the command a chance to test its personnel under a very stressful situation.

“Through our training, we will be ready for anything that might happen in the future. It is important to conduct these training events and to see the enormous amount of commitment and teamwork from everyone involved.”



Pfc. Kim, Jung Hyun from Alpha Company, 121st Combat Support Hospital, receives an initial triage evaluation before admittance.



Col. George N. Appenzeller and Command Sgt. Maj. James Smith attach the Army Superior Unit Award ribbon on the Fort Campbell Warrior Transition Battalion colors Friday, Sept. 5, 2014. The battalion earned this award for their actions in support of the combat operations in Afghanistan from Oct. 1, 2011 through Sept. 30, 2012.

## Fort Campbell Warrior Transition Battalion Receives Army Superior Unit Award

By The Warrior Transition Battalion, Fort Campbell

The Warrior Transition Battalion, Fort Campbell, Ky., received the Army Superior Unit Award Friday, Sept. 5, for their support to over 18,000 warfighters deploying to and from combat operations in Afghanistan from Oct. 1, 2011 to Sept. 30, 2012.

An award that is not easily earned, Fort Campbell's Warrior Transition Battalion (WTB) was awarded the Superior Unit ribbon from the United States Army.

Blanchfield Army Community Hospital Commander Col. George N. Appenzeller addressed the Warrior Transition Battalion Friday, Sept. 5 acknowledging their excellence and challenged WTB soldiers in the battalion today to continue to help watch out for one another and work to exceed the standards that were in place during the time the award was

recommended.

At the time of the award, the Warrior Transition Command recognized the Fort Campbell Warrior Transition Battalion as the best WTB in all 38 inspections over a four-year span. They were recognized for their numerous "Best Practices" and instituted them across the WTC and their units. In addition, the Fort Campbell inspector general recognized the Fort Campbell WTB for being the only commendable rating among the 40 different battalions at Fort Campbell at that time.

Although the current Fort Campbell WTB commander, Lt. Col. Bryan Walrath, was not the commander during the time period the battalion was recognized, he still upholds the same standards to his cadre and Soldiers assigned to the battalion that

were in place leading up to 2012.

Walrath spoke words of appreciation and encouragement to the Soldiers in the formation. "I am honored to serve as your commander today. The Army Superior Unit Award is given to organizations that display outstanding meritorious performance with a difficult and/or challenging mission carried out under extraordinary circumstances. Our unit has been recognized by the efforts of past leaders and many of you still in this formation here today."

"My challenge to you is to continue to sustain practices and past achievements that led to this recognition, while at the same time to never be satisfied that we have accomplished all that we can in support of our mission taking care of Soldiers and their Families," said Walrath.

## ORISE Program Benefits Both Army and Students

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

“There is no other summer internship opportunity quite like it,” said Jacqueline Owens, management analyst and ORISE program coordinator at the U.S. Army Public Health Command, Aberdeen Proving Ground, Maryland. “ORISE provides such a unique experience for a student—one they can’t get anywhere else.”

The Oak Ridge Institute for Science and Education is an educational fellowship program established worldwide in 1992, according to Owens. It helps to meet the needs of the U.S. Army by providing additional workforce and offers job training for college students or post-graduates. Owens says the USAPHC has the greatest number of ORISE participants on APG.

This summer, the USAPHC hosted 34 ORISE students, assigning them to G–staff and Science, Technology, Engineering, and Mathematics, or STEM, fields in which the command’s technical professionals work. Under the guidance of public health experts, the students are exposed to what a worldwide public health organization does.

Many ORISE participants are very familiar with STEM disciplines, Owens said.

At the USAPHC, ORISE participants can work in many different fields. Amanda Rice, whose father works at the USAPHC and alerted her to the ORISE opportunity, works with security and intelligence. Kristina Dziki supported the USAPHC laboratory, and Anthony Bunger worked in the Deployment Environmental Surveillance Program.

Participants have the opportunity to work on diverse tasks that aid the command’s mission. Bunger cross-checked air, soil, water, and waste samples in a Department of Defense

database and assembled sample kits for Soldiers in the field. Dziki operated bio-detection equipment and helped in lab projects in biodefense.

“It’s more than just bench work, though,” said Dziki, “I was able to be involved in the management and organization of the labs, not just the lab itself and collecting data.”

The majority of ORISE participants seem to have common ambitions of extending their knowledge, gaining experience for future employment, interacting with new people, and getting exposed to government careers.

“This job was very good in helping me to get my foot in the door,” said Rice, “And it’s great for me and my government career to build up experience in this field.”



Amanda Rice, Oak Ridge Institute for Science and Education intern, discusses security procedures with Capt. Tamika McKenzie, U.S. Army Public Health Command G-1 officer-in-charge. (U.S. Army Public Health Command photo by Graham Snodgrass)

“What folks know here (at USAPHC) is amazing,” says Owens, “You’re sitting next to Ph.D. scientists and engineers. It’s a remarkable summer internship, and you get paid for it.”

Rice, majoring in intelligence analysis at American University, learned a great deal from online training courses and the security clearance process. Dziki, a

bioengineer major at the University of Maryland, was grateful to have found a job with the unique intersection of health and technology.

And Bunger, who majors in music education, built valuable skills working with scientists.

“Regardless that I’m pursuing music education at Towson,” says Bunger, “I have learned matchless skills like operating government computers and programs. But, I especially love the experience I had with meeting new people and interacting with them in a workplace setting.”

Many participants like Dziki had solid skills to offer as a result of previous training; she contributed two years of engineering school and fast learning capabilities. Bunger said that he and the ORISE students he worked with stayed organized, got projects moving along and done on time.

In return, the Army benefited from the hard work and dedication of these ORISE participants, Owens said.

“We value the young because youth most times comes with an openness; a willingness and yearning to learn ... they bring that with them,” Owens says, “They give us fresh new ideas that we may have not considered, and we are always grateful for their attentive shadowing and hard work.”

More information about the ORISE program is available at [www.orau.org](http://www.orau.org).

The U.S. Army Public Health Command focuses on promoting health and preventing disease, injury and disability in Soldiers and military Retirees, their Families and Army civilian employees. As well, the USAPHC is responsible for effective execution of full-spectrum veterinary services throughout the DOD.

# Evan's Expands its Cardiology Services

By Mr. Jeff L. Troth, *Army Medicine*

A ribbon cutting ceremony at Evans Army Community Hospital marked the expansion of services for the hospital's cardiology clinic. The additional capabilities of the clinic come with the arrival of a military cardiologist.

"We have been building upon what was already here," said Lt. Col. Daniel Carlson, Evans' new cardiologist who recently arrived from Fort Belvoir, Virginia. "Before the hospital had a cardiology/pulmonary section, without a physician. This meant that many patients were sent downtown and the results of the tests done by Evans' technicians were sent to Brooke (Army Medical Center, at Fort Sam Houston) for reading."

Carlson said sending test results to Brooke meant it could take up to two weeks to get the readings back. Having a cardiologist on staff allows for more rapid turnover for the readings.

Services now provided by the clinic include echocardiography, electrocardiography (EKG), exercise stress tests and interventional cardiology to include heart catheterization and coronary stents.

"Fort Carson beneficiaries will experience the benefits of an on-post provider who can follow their care throughout testing and intervention," said Col. Dennis LeMaster, commander of Fort Carson's Medical Department Activity. "This is a valuable addition to the services provided here at Evans. And, the expanded services of our cardiology clinic will benefit everyone in the Colorado Springs market."

Patients won't necessarily have to visit the Evans' cardiology clinic to benefit from the hospital having a cardiologist. Besides doing procedures and tests at the Fort Carson hospital, Carlson will perform cardiac procedures for TRICARE beneficiaries at other local



To mark the expanded services offered at the Evans Army Community Hospital cardiology clinic (from left to right) Col. Dennis LeMaster (commander of Fort Carson's Medical Department Activity), Sergeant Maj. Wesley Beene (acting Evans' command sergeant major), Lt. Col. Daniel Carlson (cardiology clinic officer in charge), and Sgt. First Class Fines Agraft (cardiology clinic non-commissioned officer in charge) cut a ribbon at the clinic. (U.S. Army photo by Jeff Troth)

hospitals and will assist the Air Force Academy clinic staff with their cardiac test results.

"Being stationed at Evans will also allow me to provide direct cardiology consultation to other doctors here," said Carlson. "I will be able to go to the family practice clinics and talk directly with a patient's doctor, which is ultimately better for patients."

Prior to his arrival, Carlson said a "significant number" of Evans' cardiac patients were sent to civilian doctors. Now the cardiology clinic will be able to see the majority of cardiac consults and only refer a small number of patients downtown.

"We are a relatively robust clinic now, but we still won't be able to see everyone," Carlson said. "If we had more providers

we could handle more patients. But, that is down the road a ways.

"For those that are already seeing a cardiologist downtown, there are currently no plans to pull them back to Evans," he said.

Besides Carlson, the clinic is comprised of a noncommissioned officer in charge, three nurses and five technicians. The clinic has a dedicated treadmill/stress echo room, ECG testing room, PFT treadmill and testing room and two exam rooms.

"The cardiology clinic now has a strong staff to support the many services they provide," said LeMaster. "And we look forward to the continued improvements in care that the cardiology clinic and its staff will provide to our beneficiaries in the future."

# Wounded Warriors Compete Nationally and Internationally

By Lauren Fletcher, *Warrior Transition Command Public Affairs*

## Invictus Games

‘Invictus,’ which means ‘unconquered,’ accurately defines the resilient spirit of wounded, ill, and injured Soldiers and Veterans.

Prince Harry’s visit to the 2013 Warrior Games in Colorado inspired him to create a similar event for a global audience. The Invictus Games, held Sept. 10-14, 2014, in London, England, became the first international sporting event for Wounded Warriors.

More than 400 athletes from 13 nations competed in archery, cycling, indoor rowing, powerlifting, sitting volleyball, swimming, track and field, wheelchair basketball and wheelchair rugby.

Twenty-two U.S. Army athletes stood alongside their fellow service members on the U.S. team, and together with their team, they brought home 93 medals: 28 gold, 35 silver and 30 bronze medals.

## Warrior Games

Wounded, ill, and injured athletes from all branches of the U.S. military competed in the 5th annual Warrior Games, held Sept. 28 – Oct. 4 in Colorado Springs, Colorado.

This year, 40 athletes represented the Army team and competed for gold in archery, cycling, shooting, sitting volleyball, swimming, track and field and wheelchair basketball. Thirty-six of these Army athletes recovered, or are recovering, at the Army’s Warrior Transition Units.

Eleven U.S. Army athletes competed at both the Invictus Games and the Warrior Games, including:

- Capt. Michael Phillips (Veteran) sustained multiple injuries, including a traumatic brain injury (TBI) and severe damage to his spinal cord during deployments. “I will not be defined by

limitations that are put on me by other people,” said Phillips. He participated in cycling and shooting.

- 1st Lt. Kelly Elmlinger was diagnosed with synovial sarcoma, a rare form of cancer, in her left lower leg. “This opportunity is not about me, but about remembering the sacrifices so many have made,” said Elmlinger. She competed in track and field and swimming.
- Staff Sgt. Carlton Duncan suffered multiple injuries and sustained a TBI while deployed. Duncan says the games are, “a chance to show fellow service members that are recovering from their sacrifices for freedom that they will not be forgotten and that they too can do the unthinkable.” He represented the Army Team in track and field.
- Staff Sgt. Chanda Gaeth (Veteran) began using a wheelchair in 2003 after sustaining spinal cord injuries. “These games and the people I have met on the way will forever be part of my life,” said Gaeth. She competed in swimming and track and field at Invictus Games and her fourth Warrior Games.

Catch up on results from the Invictus Games and the Warrior Games on [WTC.army.mil](http://WTC.army.mil) and on social media ([facebook.com/ArmyWTC](https://facebook.com/ArmyWTC) and [twitter.com/ArmyWTC](https://twitter.com/ArmyWTC)).



Racing toward the finish line, U.S. Army 1st Lt. Kelly Elmlinger takes home the gold medal in the wheelchair 100 meter sprint at the Invictus Games. (U.S. Air Force photo by Senior Airman Tiffany DeNault)









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