

NORTH

NORTHERN REGIONAL MEDICAL COMMAND

VOLUME TWO WINTER 2011

First Stop: Camp Atterbury

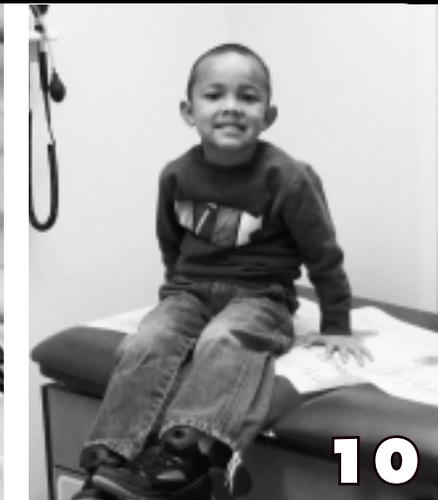
A behind the scenes look at Soldiers' first stop on the way home

Pilot program
helps return Soldiers to
health, duty

**Wounded
Warriors
Swim with
the Sharks:**
Rehab like you've
never seen it before



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ON THE COVER: Spc. BENJAMIN J. ADAMS, Col. JAMES OLDHAM, D.D.S. PHOTOGRAPHED BY SHARON RENEE TAYLOR

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NORTH

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A MESSAGE FROM THE COMMANDING GENERAL



Now is a time of great change in our Army, and in Army Medicine. We at the Northern Regional Medical Command, the thousands of doctors, nurses, medics and support staff, remain dedicated to providing our beneficiaries the best care available anywhere, and the stories in this issue of NORTH, the NRMCM quarterly magazine, illustrate that commitment.

Deploying a strong medical force that supports our Soldiers in the field is vital to our mission, but what happens when the deployment is over? Follow the medical demobilization process at Camp Atterbury, Pa. in our cover story, as NRMCM staffers see to the health of troops returning home.

From Fort Bragg, N.C., we have the story of a partnership between NRMCM and Veterans Affairs Medicine. Womack Army Medical Center and the Fayetteville VA Medical Center are sharing resources, facilities and expertise to improve medical outcomes for active duty Soldiers, veterans and retirees.

Our other partner in the treatment of military beneficiaries, TRICARE, also features in this issue.

McDonald Army Health Clinic at Joint Base Langley-Eustis, Va., is offering enhanced care at its TRICARE pediatric clinic, just in time for flu season!

Listen carefully around many of the Military Treatment Facilities in our region and you will likely to hear the sound of construction. That is because enhancements to many hospitals and clinics are underway, and we have stories that range from the new therapy pool at Guthrie Army Health Clinic at Fort Drum, N.Y., to the recently opened behavioral health floor at Kenner Army Health Clinic at Fort Lee, Va. All will increase patient access to care.

Army Medicine is building a comprehensive model for treating Soldiers classified as Not Ready to Deploy and returning them to duty, and NRMCM is playing a major part. Ireland Army Community Hospital at Fort Knox, Ky., is one of two Army MTFs to participate in a Medical Management Program pilot, and we have the story.

Finally, our highest profile mission is, of course, caring for wounded warriors, both on the battlefield and here in the region. We know the work we do is acknowledged by the American public, but it means so much more when we hear from people within the Army Family. I want to share with you a letter we received from the wife of a wounded warrior stationed at Fort Eustis, Va. She has nothing but the highest praise for the leadership of the Warrior Transition Unit and the doctors, nurses and other caregivers who work with her husband to return him to the best possible recovery. If you work in Army Medicine, it is letters like this one that drive you to continue pushing your talents and abilities to provide all of America's heroes the health care they deserve.

There is much more. As you browse these pages, consider the men and women who perform these missions, and remember the reason they do it: the health of the Army defends the nation.

Medic Strong!

Major General Carla Hawley-Bowland
Commanding General
Northern Regional Medical Command and
Walter Reed Army Medical Center

DONT
WALK

gear UP!

FOR SNOWY WALKS

- Never assume drivers can see you or will stop for you.
- Make eye contact with drivers to ensure they see you.
- Don't take a walk signal, a green light or a driver for granted. Look both ways to be certain.
- Crossing safely is your responsibility.



ARMY STRONG



<https://safety.army.mil>

ARMY SAFE
IS ARMY STRONG



CELEBRATING THE PAST WHILE LOOKING TO THE FUTURE

STORY AND PHOTOS BY KRISTIN ELLIS

Regional medical leadership, Walter Reed staff, and friends of Army medicine gathered in the brisk weather outside of the old hospital (Bldg. 1) to case the colors of the North Atlantic Regional Medical Command (NARMC) and uncase the new Northern Regional Medical Command (NRMC) in a ceremony Tuesday. This change is part of an Army-wide reorganization of assets to better serve wounded warriors, their families, and all other beneficiaries.



Army Surgeon General and Commanding General Army Medical Command Lt. Gen. Eric B. Schoomaker speaks at the NRMC Activation Ceremony.

"I can assure you, it isn't a result of a simple change in the name," said Lt. Gen. Eric B. Schoomaker, commanding general of Army Medical Command and Surgeon General. "I firmly believe it will better support the transformation and changes that are required for this Army in the 21st century... In fact, the chief of staff of the Army said we are continuing the most fundamental and profound series of changes since World War II."

This organizational change realigns six regional medical commands to five, establishes the Public Health Command, Warrior Transition Command, and sets the stage for substantial efficiencies and improving the health system for more than 3.5 million beneficiaries.

"We live in a world where technology and knowledge is constantly changing everything we do, from how we live our lives to how we fight our wars, and, of course what's most relevant to us today, how we heal our wounded, ill, and injured," said Maj. Gen. Carla Hawley-Bowland, commanding general NRMC and Walter Reed Army Medical Center. "Today, our region is in the midst of a transformation, not only in Army medicine, but



Maj. Gen. Carla Hawley-Bowland (left) Northern Regional Medical Command and Walter Reed Army Medical Center commanding general, and NRMC/WRAMC Command Sgt. Maj. Frances Rivera (center) uncasing the NRMC flag during an activation ceremony on the stairs of the old hospital (Bldg. 1).

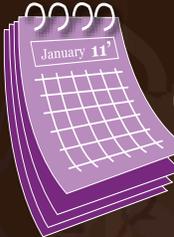
military medicine as we continue to march toward the first two joint medical centers in the military – Walter Reed National Military Medical Center and the Fort Belvoir Community Hospital at Fort Belvoir, Va."

NARMC was a medical organization established July 26, 1996 and covered 20 of the northeastern states and the District of Columbia. It stemmed as a result of a major reorganization of the Army Medical Department from 1993 to 1996.

The NRMC supports 40 Army hospitals and clinics responsible for providing 25 percent of the Army's patient care. NRMC is scheduled to move its new location from WRAMC to Fort Belvoir, Va., in August 2011.

"NRMC, as always, will focus on deploying a healthy force, projecting superb medical personnel, and providing world-class health care for all beneficiaries," said Hawley-Bowland. "As we prepare to leave our beloved home, we acknowledge that the good work we have performed here over the last century is not lost when we leave these stones and bricks behind. They carry on in the lives of the people and the nation we have served here."

Adult Seat Belt Use in the US



6,400

Every day, about 6,400 adults are injured in a crash.

50%



Using seat belts reduces serious injuries and deaths in crashes by about 50%.

7.3M



7.3 million more adults would have worn their seat belts in 2008 if all states had primary enforcement seat belt laws and had 88% use.*

Motor vehicle crashes are the leading cause of death for people age 5-34. Adult seat belt use is the single most effective way to save lives and reduce injuries in crashes. The percentage of adults who always wear seat belts increased from 80% to 85% between 2002 and 2008. Even so, 1 in 7 adults do not wear a seat belt on every trip. Primary enforcement seat belt laws make a big difference in getting more people to buckle up.* In 2010, 19 states—where 1 in 4 adult Americans live—did not have a primary law.

* A primary enforcement seat belt law means a police officer can pull someone over and issue a ticket to the driver just because someone in the vehicle is not wearing a seat belt. A secondary enforcement law allows a police officer to issue a ticket for someone not wearing a seat belt only if the driver has been pulled over for some other offense.

Want to learn more? Visit

[www !\[\]\(51514032c8ca341817228f39f1307b05_img.jpg\) http://www.cdc.gov/vitalsigns](http://www.cdc.gov/vitalsigns)

LIAISON OFFICERS PLAY CRITICAL ROLE IN WARRIOR CARE

STORY AND PHOTOS BY SHARON RENEE TAYLOR

When wounded, ill or injured servicemembers from the battlefield first appear at the doors of Walter Reed Army Medical Center, doctors and nurses aren't the only ones who rush to provide support. One of the injured's own joins them at their side: a liaison officer who wears the same uniform and the same unit patch.

Amidst pain, uncertainty and a sea of strangers, they notice the face of their division — their liaison officer — and camaraderie meets them at the door. "When we go stand out there...put on our berets when the buses come in...that's the first time they see us," explained Sgt. 1st Class Albert Comfort, the senior liaison for the 82nd Division and 18th Airborne Corps, Fort Bragg, N.C.

Comfort is one of nearly 30 liaison officers (LNOs) at Walter Reed from more than a dozen different divisions and units representing the Army, Army National Guard, Air Force, Coast Guard, Navy and Marines.

"You can see it in their eyes when they recognize we're there," Comfort said.

Whether it's the maroon beret of the paratroopers, the screaming eagle on the unit patch of the 101st Airborne at Fort Campbell, Ky., or the crossed swords worn on the left shoulders of the 10th Mountain Division, the symbols make it easy for wounded warriors to identify the noncommissioned officer sent from their division to assist them at Walter Reed, explained Master Sgt. Kevin Layne of the 10th Mountain Division, who serves as the senior liaison officer at WRAMC. They put the Soldiers at ease and find comfort knowing there's someone there for them.

"The doctors are trained to fix you, the physical therapist to rehab you and you've got your mental health guys, but your liaison is your only key back to your unit — to the place you were last 'the normal you,' explained Sgt. 1st Class James Babin of the 25th Infantry Division at Schofield Barracks, Hawaii, who spent time at Walter Reed Army Medical Center as both a patient and liaison officer for the 18th Airborne Corps.

WARRIOR CARE FOCUS

Liaisons like Master Sgt. Anthony Barnes, a liaison officer with the 101st Airborne, begin their work long before the Soldier and loved ones arrive at the hospital, connecting with LNOs in Landstuhl, Germany and division headquarters for family member contact information so they can arrange for flights and accommodations, and provide an update on the servicemember's current condition. "We play so many roles," explained Barnes. "We're counselors, social workers, clergy and ambassadors."

Barnes estimates that he and the other two liaison officers from his division, Staff Sgt. Cameron Daniel and Sgt. 1st Class Scott



Master Sgt. Anthony Barnes, a liaison officer with the 101st Airborne at Fort Campbell, Ky., holds 4-month-old Scarlett Verra as he checks in with another Soldier's family.

Motes, will see all 101st wounded warriors who are inpatients at the hospital and speak with family members at least once a day, sometimes more, in addition to keeping up with the Soldiers living on and off-post, recovering as outpatients or admitted to nearby National Naval Medical Center in Bethesda, Md., or a regional Veterans Administration hospital. As each division suffers downrange casualties, their servicemembers fill the intensive care unit at Walter Reed. Babin recalled when every bed in the WRAMC intensive care unit was occupied by 82nd Airborne Soldiers.

"Warrior care is the main focus for the LNOs," said Layne, who explained that liaison officers take care of any wounded warrior admitted to the military treatment facility, regardless of the division he or she is assigned or attached. Liaison officers also assist the Warrior Transition Brigade (WTB) squad leaders and platoon sergeants with issues like pay concerns and administrative orders, according to Layne. Colonel James Larsen, WTB commander at Walter Reed, said they provide an invaluable communication link to their home units and installations, particularly while their Warriors are inpatients.

"The LNOs are members of the division they represent, yet part of the WTB family," Larsen said. "We deeply value their contributions to their Warriors and the WTB."

Liaison officers may also take a family member without a car to the local department store or pick them up from the airport, like they did for the parents of Pfc. Charles Stewart, also known as CJ, now recovering as an outpatient at the Mologne House. His mom Robin said liaisons have done such a great job providing information to their family that they're able to help families of other injured Soldiers. "They're there to help you in any way. There's no kind of boundaries with them; they can help with

anything, no matter what it is," CJ explained, who said he can always count his LNOs for straight talk. CJ's dad Chuck said the liaison officers have become his son's friends.

"It's genuine — I see it in their eyes. I know they love my son and it makes it easier for me when I have to leave," explained Stewart, more than 900 miles away in Madison, Miss. Their tight-knit family now includes Daniels, Motes along with Barnes and his 4-year-old son, Kenneth.

EYES, EARS OF DIVISION

Unit liaisons are, "absolutely critical for providing the quality care we want to provide our Soldiers," explained Maj. Gen. James C. McConville, chief legislative liaison for the Department of the Army, on a recent visit to the hospital. McConville served as the Deputy Commanding General (Support) for the



Marine Staff Sgt. Victor Castillo helps WRAMC staffers transport an injured Marine arriving at the hospital.

**“THEY’RE ON-CALL
24 HOURS A DAY,
SEVEN DAYS A
WEEK. ”**

101st Airborne Division (Air Assault)/Combined Joint Task Force-101/Regional Command East in Afghanistan during Operation Enduring Freedom from 2008 to 2009.

Division commanders like Maj. Bill Parker of the 2nd Brigade Combat Team Commander (Rear Detachment) at Fort Campbell, located nearly 600 miles away from Walter Reed, count on liaisons to provide an invaluable assessment of how Soldiers are doing in the recovery process. Parker said he had more than two dozen other Soldiers under the watchful eyes of unit liaison officers at other military treatment facilities like Brooke Army Medical Center in San Antonio, Texas, Eisenhower Medical Center in Fort Gordon, Ga., and Landstuhl Medical Center in Germany.

They are our eyes and ears at each medical facility," Parker said. Everyone works together to ensure each Soldier understands, "they are a part of the strike brigade team," he said. "They're still important to us."

Liaisons provide a vital, critical role in taking care of the "total" Soldier and their family, not just certain aspects, explained Maj. Evans Tremmel, deputy chief of the patient administration directorate at Walter Reed.

"They're on-call 24 hours a day, seven days a week. They carry Blackberry's," Tremmel said. "They're extremely responsive and

they understand that is their mission prior to being sent here by their divisions."

Tremmel said most of the liaisons serve at the hospital on temporary duty (TDY) orders, report directly back to their respective divisions and do not function as part of the hospital or the chain of command at WRAMC. The Soldier maintained daily communication with LNOs as a medical regulating officer during his deployment in Takrit, Iraq, and served as the division commander's representation downrange as well as his communication link back to the continental U.S. (CONUS) military treatment facilities (MTFs). Unit liaison officers embedded at MTFs is a wartime initiative enabling division commanders to provide their Soldiers with a familiar face when they arrive at the MTF as well as aid the flow of information, providing updates on Soldiers within the facilities at any time, Tremmel explained.

He said Liaison officers for military services like the Air Force and Marines play a definitively, critical role at WRAMC and do a great job to help their servicemembers work their way through the unfamiliar Army system that may appear daunting at times.

"I will say the one, single thing they're most thankful for is to have us here, period," said Air Force Master Sgt. Greg Ramacciotti, one of two National Capital Region Air Force liaisons who work at Walter Reed.

"A lot of them come off that plane and they come here...they're not expecting to be in an Army facility," said Technical Sgt. Glendon Swick, who explained they're also not expecting to have an Air Force person with them, to help them day-to-day.

"Once they see the Air Force uniform, [the same happens] among all the Army or Navy, they get happy — you can tell. They relax a little," Ramacciotti said.

"[The liaisons] have been lifesavers for us," said Army dad, Chuck Stewart. "We owe them an awful lot."

Pediatric TRICARE Prime Enrollment Open at McDonald Army Health Center (MCAHC)

BY: HOPE KUJAWSKI



MCAHC pediatric patient ready for an appointment.

With winter approaching comes cold and flu season. Time to think about children and their healthcare! TRICARE Prime is the most comprehensive program for healthcare and is free for active duty families.

McDonald Army Health Center (MCAHC), Joint Base Langley-Eustis has expanded space, hired additional providers, and renovated the Pediatric clinic, creating a "child friendly" environment for care. Children will now receive care in a setting appealing to children of all ages, with newly installed exam tables in the shapes of military vehicles, buses, and mini-vans! The expanded waiting area better accommodates children coming in for well-baby exams.

Enrollment in TRICARE Prime is a simple process which can be accomplished by visiting the TRICARE Service Center in the health center (across from elevators in main lobby) or by going on line to www.healthnetfederalservices.com. Completing and submitting an application between the 1st and 21st of the month allows the enrollment to start on the first day of the following month. The application is short and can be completed

by either the sponsor or the spouse. By enrolling, you are securing access to timely appointments for medical care and the flexibility that best meets your schedule. We have expanded hours (to include Saturdays). Appointments are simply made by calling the Hampton Roads Appointment Center at 1-866-645-4584 or by going to www.TRICAREOnline.com and registering to make appointments in the convenience of your home.

To ensure everyone is able to see a provider when needed, it is important that appointments be kept when scheduled, and in the event you cannot keep an appointment, patients are directed to call the Hampton Roads Appointment Center or the clinic directly to cancel the appointment. The appointment you cancel, will allow someone else the opportunity to be seen. "No show" appointments are reported through the Soldiers chain-of-command; they cost the organization dollars in lost man-hours, and will lead to a reduced budget the following year.

MCAHC is committed to providing quality healthcare in a safe and friendly environment. Let our staff of medical professionals take care of you and your family.

Shoulder to Shoulder

I WILL NEVER QUIT ON LIFE



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SHARING RESOURCES HELPS FVAMC, WAMC

BY ED DROHAN, FAYETTEVILLE VA MEDICAL CENTER PUBLIC AFFAIRS



October 14, Col. Brian Canfield, WAMC's Commander and Elizabeth Goolsby, the Fayetteville VA Medical Center's Director, sign a charter formally establishing the Joint Committee for Resource Sharing.

With the stroke of a pen, the Fayetteville VA Medical Center took a big step toward achieving their goal of being good stewards of the taxpayers' resources.

Elizabeth Goolsby, Fayetteville VAMC director, and Col. Brian Canfield, commander of Womack Army Medical Center on Fort Bragg, signed a charter Oct. 14 establishing the Joint Committee for Resource Sharing. The committee, made up of members of both organizations, was established to research and establish opportunities to utilize both facilities to better serve both the active duty military population and area Veterans.

While the committee was officially established with the charter signing, resource sharing has already been actively taking place for some time to the benefit of both organizations.

Respiratory therapists from Fayetteville VAMC have been trained by Army nurse anesthetists on how to properly intubate patients who need breathing assistance. Part of the training involved actually inserting breathing tubes for patients in the operating room under the supervision of Army trainers. Another round of training will be taking place again in the near future, but most have already found it useful.

"They were so knowledgeable, and they were really good with me," said Fayetteville VAMC Registered Respiratory Therapist

Kim Updegrove of her trainers. "If a person goes into pulmonary or cardiac arrest, they need an airway fast. If that person needs intubation, we're better equipped to handle it now."

Since turnabout is fair play, the Fayetteville VAMC has hosted Womack staff members at the VA to learn techniques for dealing with disruptive patients.

Fort Bragg dentists are also getting some unique training through the VA. Several are undergoing a two-year General Dentistry Residency Program that, when completed, will allow them more flexibility in treating their active duty patients. Maj. (Dr.) Eric Danko is halfway through his residency at the Fayetteville VAMC. He's been an Army dentist at Fort Bragg since graduating from dental school five years ago, but said the VA training gives him the chance to work with patients who have drastically different needs than those he usually sees at Fort Bragg.

"The patients here tend to be elderly or have a lot of significant medical issues," Danko said. "You have to watch the type and amount of anesthesia you use. Sometimes they can't lie in a chair for a long time and you have to take multiple breaks, things you don't have to do in the Army with active duty Soldiers."

The Fort Bragg residents practice under the supervision of VA dentists like Dr. Dan Pietz, a retired Army dentist and former Fort Bragg dental director. During the program, residents are exposed to other aspects of dentistry, such as endodontics – root canals – and dentures for example, that they hadn't been exposed to as much before the residency.

Danko feels this training will pay dividends for the Army in the long run.

"When we go back, some Soldiers do have complex issues," Danko said. The average dentist who hasn't gone through the residency program could probably handle some of these issues, "...but they'd have questions. We can go back and try to teach these procedures."

It also helps when it comes to deployments, which are all too common today.

"THESE ARE OUTSTANDING OPPORTUNITIES FOR BOTH THE VA AND THE ARMY"

"When we deploy, we'll send a newer dentist with one of us or they can put us in a remote area with a newer dentists" Danko explained. Since dentists who complete the program can perform procedures dentists without the training can't do, Soldiers who may need more extensive dental work don't need to be medically evacuated for the treatment, helping the local commander as well.

According to Canfield, agreements like these allow active duty military residents educational opportunities they wouldn't otherwise have.

"They receive training in podiatry, family medicine, nurse anesthesia, and soon to be included are optometry and physician assistant," Canfield said. "Of course our Soldiers, family members and retirees are the ultimate benefactors from the medical training that is received through our partnership with the Fayetteville VAMC."

Another example of resource sharing is the offer to accept Army inpatient mental health patients while the Womack mental health ward is closed for several months for renovations. While the Army hasn't needed to use that capability the plan is for Army providers to work alongside VA providers to ensure proper care is received by all of the patients.

Now the resource sharing committee is looking to the future for more extensive joint opportunities. Work is already underway between the VA and the Army on establishing an electronic medical record system that would be compatible with both organizations. This would allow a virtual lifetime electronic record so Soldiers health data could easily be transferred to the VA when necessary – for example when compensation and pension exams are accomplished or when the Soldier leaves the military and transitions to the VA health care system. On a more local level, talks are underway to see if a joint

rehabilitation center can be built in the community. When operational, the center could be used by active duty military members, their dependents and veterans receiving health care through the VA for physical rehabilitation following accidents, injuries or illness.

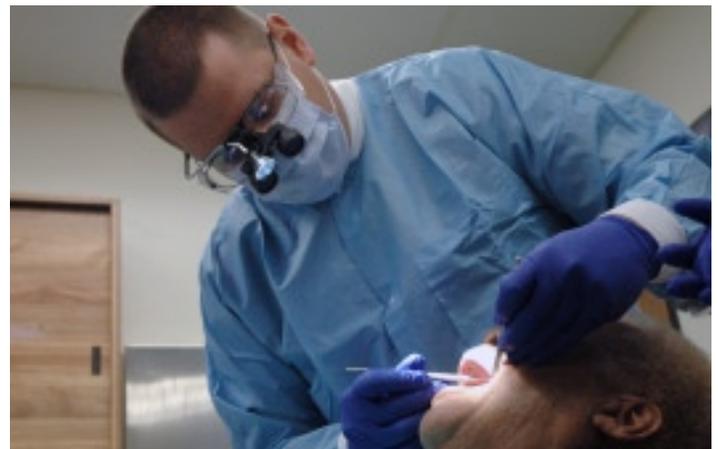
There is also talk of possibly establishing a joint cardiac catheterization lab in the community, and of the VA utilizing Womack's CT scanner after duty hours. Two Fayetteville VAMC nuclear medicine physicians are already being credentialed at Womack so diagnostic care can continue with little or no interruption in service when the Army is short staffed.

The overall goal of the committee is to ensure federal resources are utilized in the best way possible, and to ensure that veterans and Soldiers alike enjoy the best access to the finest medical care available anywhere. And so far, they're off to a good start.

"I envision a growing resource sharing partnership with the Fayetteville VAMC as we explore opportunities in cardiac catheterization, physical therapy, expanded surgical services, and staff training," Canfield said. "Womack AMC looks forward to a continued partnership with the Fayetteville VAMC as part of the solution to economically deliver the best available health care to our beneficiaries."

For Goolsby, the resource sharing taking place between the VA and Womack is a shining example of what can happen when two federal agencies work well together.

"These are outstanding opportunities for both of the VA and the Army," Goolsby said. "Both of us receive benefits from sharing resources, and that makes a lot of sense in today's tight fiscal environment. But more importantly, it's our customers, both the Fort Bragg Soldiers and the Veterans who use the VA for their health care, who win in the end because of the increased access to services that comes with this endeavor. And it's the American people who win as well when we are good stewards of the resources they entrust to us."



Maj. (Dr.) Eric Danko, a Fort Bragg dentist, works with patient William Moore at the Fayetteville VA Medical Center. Danko is halfway through a two-year General Dentistry residency program hosted by the Veterans hospital that allows him to see patients with more complex issues than he'd normally see in the active duty population.

WOUNDED WARRIORS



SWIM WITH SHARKS

BY Sgt. NEIL W. MCCABE, XVIII AIRBORNE CORPS PUBLIC AFFAIRS OFFICE

Donning full scuba gear, 17 wounded warriors from Fort Bragg's Warrior Transition Battalion swam Sunday with sharks and other sea life in Georgia Aquarium's large tank in Atlanta.

"In an event like this, the participants are put in a place where they have to test themselves," said Capt. Tracey C. Hudgins, a chaplain who lead the weekend mission with fellow chaplains Capt. Justin C. Murphy and Capt. Jerry Murphy, and Chaplain Assistant Sgt. Michael Quintana.

"Everyone in the group has some form of physical limitation or disability," said Hudgins. "They have to ask themselves: 'Can I do this? Can I really move forward? Even (if) I have this physical limitation, can I push past this thing?'"

"It was outstanding. I'm glad I did it," explained Spc. Tashara N. Bell, WTU participant.

In addition to crimson snappers, groupers, mantarays, the tank was populated with two 30-foot whale sharks, Alice and Trixie, along with nurse and hammerhead sharks.

The tank itself is a little smaller than a football field with ends at 20-foot and 30-foot depths. The swimmers were lead on a figure-eight path across the tank's surface facedown to the sea life below them.

Spc. Asia C. Ware, said she made sure she was the first one in the water in her group.

Ware said she had to pay attention to the man who led the swimmers in the water, Edward T. Ryan, the aquarium's senior diver.

"I didn't want to get lost or eaten," Ware said.

Despite her best efforts, she said she did make contact with one of the whale sharks.

"It was just a little nibble. It was weird, really weird. I was a little freaked out, but I was OK afterward," she said.

"I was really concerned before not by the whale shark, but the other ones with really sharp teeth," she said.

Ryan, coordinator of the aquarium's "Journey with the Gentle Giants" program, said it is open to all visitors, but there has been a special emphasis on individuals with physical challenges. There is also a companion dive program for certified divers who want to descend from the surface.

All the aquarium's master divers and safety divers are certified by the Handicapped Scuba Association, Ryan said. Since the

program began 18 months ago, 80 wounded warriors from the Eisenhower Medical Center at Fort Gordon, Ga., have braved the tank.

Sgt. Joshua Sutton said afterward, "It was outstanding. I had a great time."

But, before he went in, Sutton was nervous, he said.

"I have a fear of lots of water like that," he said. "But, once I got in there and I was able to control my breathing, I calmed down."

The sergeant said he found peace as he cruised over the aquatic life bustling beneath and around him. "It was like for that 30 to 40 minutes nothing could bother me."

In addition to visiting the aquarium and its exhibits, the Soldiers toured the neighboring CocaCola World and had a group meal at Atlanta's Hard Rock Cafe.

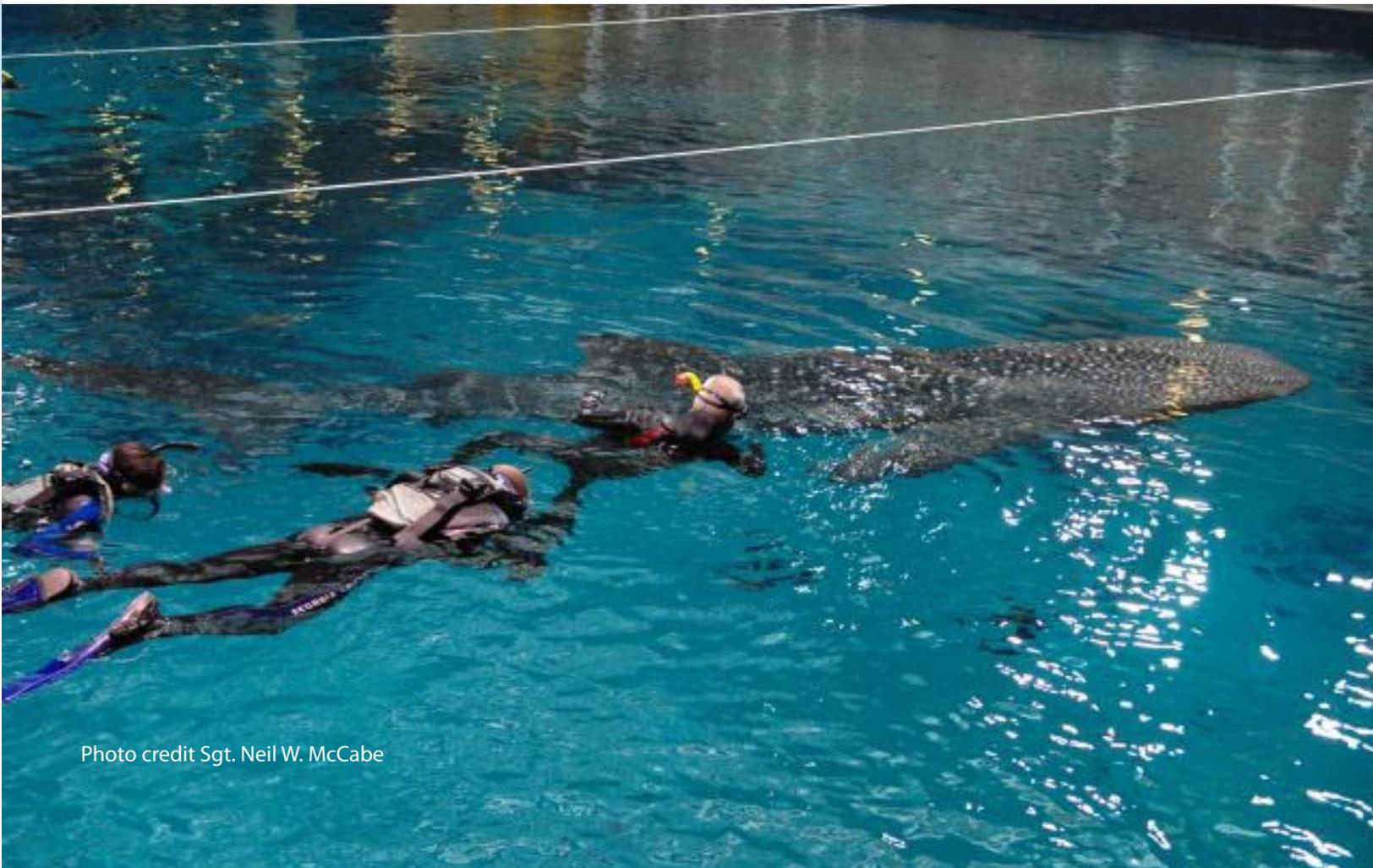


Photo credit Sgt. Neil W. McCabe

PILOT PROGRAM HELPS RETURN SOLDIERS TO HEALTH, DUTY

BY TERRY J. GOODMAN

Ireland Army Community Hospital at Fort Knox, Ky., has been doing its part in helping Soldiers, those who are 'Medically Not Ready,' to return to duty by being one of two medical centers selected for a U.S. Army Medical Command pilot program to establish a Medical Management Center (MMC.)

Ireland's MMC, which is located on the medical center's first floor, began operation Nov. 21, staff with one nurse case manager, one management/administrative staffer and four care coordinators. Physicians are available for consults when necessary.



An Expert Field Medical Badge candidate dresses Spc. Gillespie's mock wound during a combat casualty care event.



Hospital bed in Walter Reed Army Medical Center. Photo: John Chew

Winn Army Community Hospital at Fort Stewart, Ga., also participated in the four-month pilot, which is designed to help unit commanders better manage these Soldiers and return them to good physical condition.

According to Lt. Col. Steven Middlecamp, Ireland's deputy commander for administration, these two medical centers were selected due to the units on their respective installations and also the population they serve.

"Ireland supports a six-state region for both active duty and Reserve component Soldiers and their families. Our patient population with Soldiers in training and those preparing to deploy made us a good pilot site," Middlecamp said. Winn provides support to the 3rd Infantry Division, a FORSCOM unit, which has sent troops to both Afghanistan and Iraq over the last decade.

The pilot program, which began in August 2010, supports the concern by the Vice Chief of Staff of the Army about the number of Soldiers who are medically not ready to perform their duties and the time required to return Soldiers to duty status.

"We have a significant number of Soldiers who have medical issues that prevent them from fully performing their duties in preparation for deployment. We want to manage their care to ensure that they are moving to full health and medical readiness as soon as possible," commented Col. Kelly Wolgast, chief nurse executive for Medical Command.

Clara Torres, Ireland's chief of Managed Care Division and director of the MMC and her managed care team, performed a number of key functions during the pilot phase until staff could be hired, Middlecamp said. "Her team identified a number of challenges with the Medical Protection System, or MEDPROS, which have been submitted as system change proposals."

One of the learning points that both Ireland and Winn realized was that MEDPROS was not being used as a viable force health protection tool. They also collaborated in the development of position descriptions necessary to accomplish the MMC mission – return Soldiers to optimal health and duty.

During the pilot phase, Ireland established a military treatment facility working group that included staff from Managed Care Division, Department of Warrior Care, Patient Administration Division, Business Operations and multi-unit representatives and others to develop business rules, standards of operation and data collection.

Some of the standards include: physician or unit command

referrals to MMC, process flowchart, letter of acceptance to inform commanders, communication mechanisms and points of contact rosters, Torres explained.

Middlecamp said a significant portion of the MMC pilot was determining the definitions for MNR Soldiers. "Soldiers receive temporary profiles on a daily basis from a number of clinical areas," he said. Our pilot effort and implementation of eProfile has assured program success."

"Soldiers who are accepted in the MMC will remain in their units," Middlecamp said. "This (MNR) program provides the Soldiers a support team to ensure a Soldier is given the tools to recovery to their temporary situation. They will remain in



enter Surgical Intensive Care Unit.



Sgt. Jonathan Sweetnan, Bulldog Troop, White Platoon, looks through his rifle scope to scan for insurgents during a reconnaissance patrol near Combat Outpost Delorean, Bala Murghab, Baghdis province, Afghanistan, Jan. 9, 2011. Photo: U.S. Army, Tech. Sgt. Kevin Wallace

WE WANT TO MANAGE (SOLDIERS') CARE TO ENSURE THAT THEY ARE MOVING TO FULL HEALTH AND MEDICAL READINESS AS SOON AS POSSIBLE

command and control of their units until a Medical Retention Determination Point recommends transfer to a Warrior Transition Unit.

The MMCs will track the medical care of MNR Soldiers and assist unit commanders with coordinating their care when needed. U.S. Army Medical Command will use the results of the pilot program to develop a Medical Management Center policy and program to help commanders' throughout the Army better support Soldiers who are on profile and return them to better health and full military duty.

The next phase of the MNR program at Ireland is to include Reserve Soldiers to ensure they receive the care and support to regain their health and be ready to deploy with their unit when needed.



Dear Sirs and Madam:

The past year I have read countless articles regarding how horrible, inefficient and unsuccessful Warrior Transition Units are on U.S. Army bases. Many articles reference Warrior Transition Units are “warehouses” for housing and drugging our service members. Some even refer to the units as drug abuse centers that provide no positive assistance to our heroes. I would like to take a few moments of your time and bring to your attention to my lengthily personal experience of the Fort Eustis Warrior Transition Unit, which is by no means a “warehouse” for our heroes nor is it a drug abuse enabler. Instead, it is the reason my husband is alive and functioning as well as he is today.

My name is Kristy Spurgeon and I am the wife of wounded warrior. Our journey to the Warrior Transition Unit began almost three years ago due to the injuries my husband suffered from his last Iraq deployment. The day our journey began was the day I finally felt hope for the first time in a long time. It was perhaps one of the darkest days of our lives but yet, turned out to be the one day I felt there was optimism.

The Black Abyss: My husband, like many other soldiers, was injured during his Iraq deployment. The physical injuries were numerous and practically affected every part of his body ranging from an ankle injury to back injury to a head injury. Although his physical injuries were serious and affected his every day life, it was his emotional injuries that resulted from the deployment and his injuries with chronic pain that were most damaging. We had been privately seeing a counselor off base for a year due to my husband’s concern with being stigmatized on base and the fear he had of it affecting his career. While the counselor was a great resource, there was a significant divide because of the lack of resources available to the counselor due to the counselor being a civilian and my husband requiring military medical care. It got to the point where we were no longer moving forward due to his physical injuries and military command’s old style philosophy of the soldier “sucking things up”.

The Routine: The day started like so many others. A trip to the Family Health Clinic for my husband’s pain. We made so many trips like this one I knew it by heart ~ Spend 5 minutes with a doctor for the doctor to only prescribe my husband pain pills to cover his pain, sleeping pills so he could sleep, and then pills to help with the effects of his sleeping pills; the actual pain/injury itself would not be addressed to the extent it needed to be; no extensive review of past history would be completed by the doctor and we always ended up waiting a hour just to see the doctor for less than 5 minutes. But this time was different.

Our Angel: We were fortunate enough to see a new face when we went into the exam room. A young man with a white jacket sitting in his chair and shaking our hands when we walked in. He introduced himself as Mark Moller. Then the young man did the unthinkable, he actually examined my husband, reviewed his past history and then discussed with us what we had been going through. The man in the white robe recognized my husband as a wounded warrior in need of urgent care. He then referred us to Mental Health for the WTU program, making sure to call ahead and update the personnel on what was going on. Our visit lasted well over a half of an hour. It was the first time ever a medical personnel actually cared enough to do something to fix the problem instead of cover it up or mask it.

Hope & Relief: We immediately went to Mental Health and spend the remainder of the afternoon with a counselor who was amazing. Once we started talking, all of the pain and suffering we had been carrying around was released. After a lengthily amount of time talking, the counselor recommend my husband for the WTU program and explained what it’s purpose was. It was the first time

I felt hope and relief in a very long time. It also was the first time I actually saw my husband smile in a very long time.

The Reality: There is not a doubt in my mind that if we hadn't met with that young man in the white jacket, I would have buried my husband sometime later that week. Prior to the doctor's appointment and counseling session, my husband was so hopeless from the pain and injuries he was to the point to end his life. Although he never said it, I could see it in his eyes. There was no longer any life left. He was so exhausted from the chronic pain. His command's rationale of "suck it up" and go drinking excessively to forget your problems didn't help the situation at all. Nor did the previous physician's treatments of masking the problems. It was a reactive ideology instead of a proactive one. I can not thank that young man enough. He saved my husband's life.

Our Journey: We then began our journey at the WTU. We met with a nurse case manager Captain Tabatha Waters the first day and she took an extensive history of my husband's injuries and drafted a weekly goal sheet. The goal sheet made me laugh, because since his return from Iraq, we haven't had any goals as we were trying to simply make it through each day. My husband at first was skeptical because of his prior command's ideology. However, we soon learned the WTU command had a whole different way of thinking. They addressed the issues one by one. Every injury. Every pain. Every emotion. Treatments were scheduled. Surgeries were performed. Therapy was completed. And all the while, the proper medication was prescribed and tracked to ensure it was working. In the event a medication did not seem to work, the professionals re-assessed my husband and worked until they found one that did work.

I am not saying it was easy every day and a wonderful time in our lives because it was not. It was a very difficult path to travel. Unless you are a wounded warrior or a loved one of a wounded warrior, you just could not possibly understand the degree of difficulty. Most wounded warrior spouses end up leaving and divorcing the wounded warrior. I, however, could not do that to my husband. I took our marriage vows to heart and stayed by his side through the whole journey. It required us to work hard, addressing every issue my husband needed to be addressed and receiving the care my husband needed. I was his advocate every day, relaying important information needed and providing continual care for him. There were many rocky days, sleepless nights and difficult obstacles. Some physicians or specialists were inefficient or ineffective for the WTU program and the command removed them accordingly. Some medical appointments, procedures and equipment resulted in a battle with Tricare but a battle we fought together with his command and won. Some medication was not as effective for my husband as a physician or specialist thought it would be and it had to be changed. It was a matter of assessing, acting, evaluating and re-assessing. It was an exhausting process but we had constant support from the WTU.

The A+ Team: The Fort Eustis WTU wouldn't be effective without the amazing team we had. LTC Goodwin has the most amazing leadership skills for a military installation administrator I have ever seen. It is through his hard work and dedication that the WTU is as successful as it is today. Under his command, he has established an amazing medical care team. However, over the course of our journey, I must give recognition to five of those team members in particular who deserve more recognition than my words could ever provide. My husband's PCM, Dr. Raj, was a little man but fought hard everyday for my husband's best interests and made sure my husband kept as positive of an attitude as possible. Dr. Roach, my husband's orthopedic physician, did his best to rebuild my husband's body with surgery after surgery. Dr. Howard, the MEB doctor, spent endless hours ensuring my husband's medical evaluation board and discharge went as efficiently and effectively as possible. Pueblo Kathy Giblin assisted and managed my husband's MEB with grace, respect and diligence I have rarely seen before in an administrator. And of course, our devoted nurse case manager and ultimately beloved friend, Captain Tabatha Waters.

We ended up making adjustments in our lives because of my husband's limitations. We attended counseling sessions, educational sessions, finance sessions, therapy sessions, rehab sessions, family sessions ~ all different types of sessions and educational experiences. We also created a network and friendships from other fellow wounded warriors ~ basically expanding our immediate family immensely. I ended up having to end my career so I could provide the 24/7 care he needs each and every day, a decision I would do again in a heart beat if given the chance for the best interests of our family.

Our Unsung Heroes: But all the time, regardless of what obstacle we faced, we knew one thing: the command in the WTU would work through whatever was needed to be worked through and always had my husband's best interests as the number one priority. Captain Waters was an amazing nurse case manager and someone we considered as family. She was there for us day or night. She went above and beyond her regular duties to ensure my husband received the best result for whatever situation he faced. She gave us something that is priceless ~ she gave me my loving, optimistic husband back and taught him how to live his life to the best of his ability despite his limitations.

Unfortunately, she was transferred the last year of journey. I dislike even using the word "unfortunately" though because she was transferred to advance her career due to the amazing accomplishments she completed in the WTU. It was bitter sweet. My husband and I both cried when she left because we felt like we were losing part of our family but at the same time we felt immense pride knowing she was furthering her career and being acknowledged for the amazing soldier she is. To me, she is as much of a hero as my husband and I can not express in words our appreciation for all she has done for us.

In addition to Captain Waters, we were also blessed to have the devoted support and assistance of fellow soldier SSG McKay Rocha. My husband and SSG Rocha first met when my husband was SSG Rocha's first squad leader. During their deployment in Iraq, my husband taught SSG Rocha everything a leader would teach a young PV2 and molded him into a dedicated and responsible soldier. When my husband transferred into the WTU, the student began leading the leader. He was there for my husband when everyone else stigmatized him, providing a friendship that had bonds as strong as brotherhood. He has been there for every surgery and recovery. He comes at all hours and any day of the week to help if needed, even if it means he gets only a few hours of sleep. He is so prominent in our life that our children call him and his wife their uncle and aunt. SSG Rocha does it not because he has to, but because he firmly believe in the "Army Strong" values and ideology. He is always there for his fellow soldiers. SSG Rocha is an prime example of the perfect soldier and a true American hero. I can not put into words all that SSG McKay Rocha and his wife Janet have done for my family. Both SSG McKay Rocha and Captain Waters are our unsung heroes.

It is my hope you understand what McKay Rocha, Captain Waters, LTC Goodwin, Dr. Raj, Dr. Roach, Dr. Howard, Kathy Giblin and the WTU command has done for my family. Mark Moller ~ that young man in that white jacket ~ saved his life that day. The WTU personnel and fellow soldier SSG McKay Rocha taught him how to live it again. I have my husband back. My children have their dad today because of what these people did for us throughout our journey. We have learned how to adjust for his limitations and love life again. We also have an amazing network of friends that provide support and love on a daily basis. We are now living life again ~ not simply existing. I can not thank you enough.

The Purpose: Sadly though, our journey will not be as publicized as the negative articles have been. It seems as though the media only cares about heartache and despair. My heart goes out to those wounded warriors who have experienced a negative journey with a WTU and who were the focus of those articles. I can say, without a doubt, that has not been our experience. I pray those whose journeys were publicized have received the care and support they deserve. I also hope those amazing people involved in our journey are recognized for all of their hard work.

Sincerely yours,

Kristy K. Spurgeon,
Proud wife of wounded warrior



COMPREHENSIVE SOLDIER FITNESS

STRONG MINDS ★ STRONG BODIES

Physical

Emotional

Social

Spiritual

Family



Strengthening a set of **beliefs, principles** or **values** that sustain a person beyond family, institutional, and societal sources of **strength**.



DEMOBILIZATION AT

PHOTOS BY SHARON RENEE TAYLOR AND GAIL CURETON

NRMC HELPS SEND TROOPS HOME

Nearly 3,000 members of the 86th Infantry Combat Brigade Team spent their first few days on U.S. soil at Camp Atterbury Joint Maneuver Training Center in Edinburgh, Ind., after a year in Afghanistan. The largest deployment of the Vermont National Guard since WWII, troops began their return to the Indiana training site Nov. 10 for physical and mental health evaluations along with administrative tasks before the last leg of their journey home - with the support of the Northern Regional Medical Command (NRMC). The command supplies personnel for similar efforts for thousands of troops at Fort Knox, Ky., Fort McCoy, Wis., Fort Drum, N.Y., and Fort Bragg, N.C., and Joint Base McGuire-Dix-Lakehurst, N.J.



BEHAVIORAL HEALTH



CHECK-IN



AUDIOLOGY/VISION

T CAMP ATTERBURY

Spc. Benjamin J. Adams, Col. James Oldham, D.D.S.



PROVIDER



IMMUNIZATIONS

Staff Sgt. Weiland Ross



CHECK-OUT



HOMEBOUND

MCDONALD ARMY HEALTH CENTER TEST SITE FOR VIRTUAL LIFETIME ELECTRONIC RECORD

BY: HOPE KUJAWSKI

The Virtual Lifetime Electronic Record (VLER) is an initiative designed to share servicemembers' and Veterans' electronic health information seamlessly between the Department of Defense (DoD), Department of Veterans Affairs (VA), and private providers in the civilian sector from whom they receive care. McDonald Army Health Center (MCAHC) volunteered to participate in a pilot program which will help evaluate and improve the technology being used to share information.

The initiative was introduced by President Barack Obama to ensure servicemembers, veterans and their families have access to their complete medical information regardless of whether their care has been administered in a Military Treatment Facility, Veterans Hospital, or the civilian sector. Offering a more complete picture of the patient's medical history, removing the burden of carrying paper records, and providing a common access point for patients' electronic records are all benefits of the VLER initiative.

Obama announced the initiative, designed to improve delivery of care and services to service members transitioning from military to civilian life, in 2009.

MCAHC is partnering in the VLER pilot program with Naval Medical Center, Portsmouth, Va., the Veterans Administration, and several facilities in the MEDVA (RICHMOND area) to test the exchange of information through use of the electronic medical record. MCAHC is helping pave the way for the future with exchange of information through VLER.

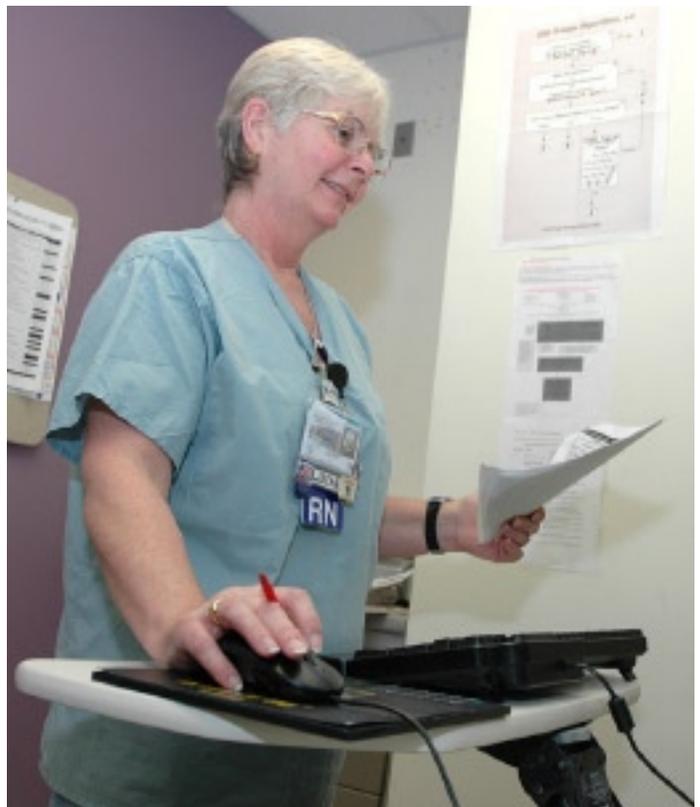


Photo credit: MC4 Army



REHAB DOGS PROVE TO BE 'WARRIORS' BEST FRIENDS'

BY PAULA P. GODES, ARMY PHYSICAL THERAPY

It started first as an observation — an epiphany, if you will. Harvey Naranjo, a certified occupational therapy assistant at Walter Reed Army Medical Center, noticed how barriers were broken between amputee Soldiers and tensions diffused, when a dog was present. The amputees were on a horseback riding trip, but seemed more involved with the barnyard dogs running around.

"Soldiers who wouldn't engage with others or were less-than-enthusiased about participating in an activity, all of a sudden became more interested and outgoing with a dog," he said. This led Naranjo to start the first Specialized Facility Canine Program at Walter Reed, now in its seventh year.

Colonel Paul Brisson, chief of surgery, and a physical therapy team from DeWitt Army Hospital at Fort Belvoir, Va., had an opportunity to witness this remarkable program and meet Naranjo's dog, Deuce, one of the three facility dogs that work in the occupational and physical therapy clinics.

Deuce was raised by a veterinarian who breeds working dogs for the military. Deuce works during the day alongside Naranjo, facilitating occupational and recreational therapy treatments for upper and lower extremity amputees.

Deuce plays several roles: he interacts with patients in the clinic, which facilitates patient participation; he helps during therapy treatments; and acts as a "buffer" between patients and their families.

Naranjo explains how difficult it may be for young family members to see a patient missing an extremity for the first time. But, having a dog present allows the focus to be on the dog instead of the disability. "It is also more fun to grasp and throw a ball to a dog than to a therapist," Naranjo said with a laugh. "Patients are more compliant with therapy because they know they're going to work with Deuce that day, and will even show up early."

As the DeWitt team walked past the windows to the rehab facility, several veterans were present, each with their own service dogs, as well as the rehab dogs in the clinic. All seemed to be having a good time, doing sometimes painful therapy, but with their loyal and helpful partner by their side.

The team proceeded to another room where two women were working with younger dogs. These women were Heidi Bonorato and Carolyn Ford from the Bergin University of Canine Studies, Home of the Assistance Dog Institute based in Santa Rosa, Calif.

They are permanently assigned to Walter Reed and their program, Paws for Purple Hearts, is designed to take young dogs at 3- to 4-weeks old and train them to be a service dog for an amputee. It takes up to two years for the dog to be ready for a veteran with mobility challenges. But, the amazing part of this

program is how the dogs are trained. The dogs are integral to Soldiers' recovery, even while being trained themselves.

While listening to Bonorato and Ford, a young Soldier with a traumatic brain injury, entered the room to take one of the dogs. "Where are they going?," asks Brisson.

Bonorato explained the dog is going with the Soldier to speech therapy — as the Soldier learns to sound words again and speak clearly; he does so in the realm of providing training commands to the dog. The dog gets training while the Soldier rehabs, but in a positive and rewarding experience.

"Isn't it hard for these guys to train the dogs, and then have to give them away?,"

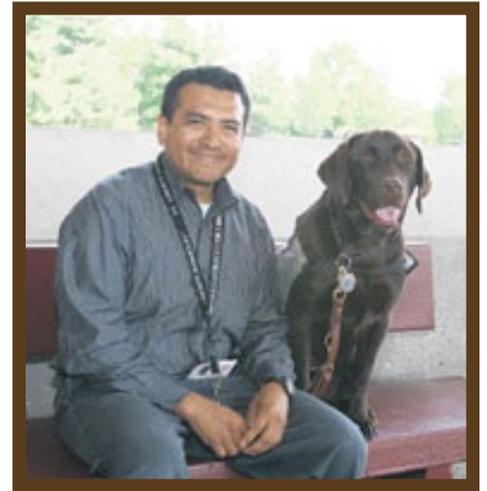
questions Brisson. Quite the contrary, explains Bonorato. "The Soldier finds it very rewarding to work with the dog, train the dog, and know eventually he will be with one of his fellow Soldiers who will benefit from the service of that dog."

In the Army, it's all about taking care of your battle buddy, and it's no different during therapy. The program is only the second pilot study, which started in February 2009. To date, more than 100 Soldiers have participated in training the service dogs.

As the DeWitt team began their journey back home, Brisson is excited about the possibility of bringing facility and service dogs to the new Fort Belvoir Community Hospital.

Brigit Miller, a physical therapist assistant and former veterinary technician, is very excited about the program, too.

"What a wonderful program incorporating the use of a dog with therapy," she said, understanding the presence of animals also has secondary benefits, such as stress reduction. All were quiet on the snowy ride, pondering the use of man's best friend with recovering warriors.



Harvey Naranjo, a certified occupational therapy assistant at Walter Reed Army Medical Center, and Deuce, a facility dog that works in the occupational and physical therapy clinics. (Courtesy photo)

Program tackles pediatric obesity at Fort Eustis

BY: ANN SHOEMAKER

Obesity is one of the biggest health care challenges of this century. Pediatric obesity in all age groups has nearly tripled in prevalence over the past 30 years. Ludwig and his colleagues in a 2007 article in the *New England Journal of Medicine* predict that pediatric obesity may shorten the life-spans of our current generations of children by 2 to 5 years causing the children of today to be the first generation with a shorter life expectancy than their parents. Effective treatment programs are essential to deal with this epidemic. A 2010 review of the literature by the U.S. Preventive Services Task Force concluded that intensive combined-lifestyle treatments can be effective in treating pediatric obesity. Currently, the Army does not have established programs to treat pediatric obesity.



Ann Shoemaker, MS, CPNP (Certified, Pediatric Nurse Practitioner) has been a pediatric nurse for over thirty years. She obtained her BSN (Bachelor of Science in Nursing) from the University of Virginia and a MS (Master of Science) from the Medical College of Virginia becoming a CPNP. Ms. Shoemaker has been employed at the Pediatric Clinic at McDonald Army Health Center (MCAHC) for the past 16 years where she provides primary care to children and adolescents as well as serves as the EFMP (Exceptional Family Member Program) Medical Director. She is currently obtaining a Doctorate of Nursing Practice degree from the University of Virginia with an emphasis on pediatric obesity. Ms. Shoemaker is developing a pediatric obesity treatment program, KIDS MOVE, for MCAHC.



The KIDS MOVE program use a non-diet, family approach to weight management in children ages 6-18. Participants are referred to the program by their Primary Care Manager (PCM). The program's philosophy consists of three parts: behavior modification, nutrition education, and exercise. Children gain insight into food intake and activity levels, while learning concrete skills to help change obesity causing behavior, resulting in a healthier lifestyle. Participants meet twice weekly for exercise and once a week for a nutrition or behavior modification class using the Smart Moves™ Workbook.

The Smart Moves™ program is an evidence-based program developed by Mary Savoye-Desanti, RD, CD-N, CDE and Gina Barbetta, MS, RD, CD-N at Yale University. The program offers a 13 week session including a nutritional tour of the commissary. Parents/guardians are asked to participate in classes that will be facilitated by the nutrition and behavioral health departments of MCAHC. The KIDS MOVE program is a program that other military facilities will be able to adopt to address the childhood obesity epidemic.



COMPREHENSIVE SOLDIER FITNESS

STRONG MINDS ★ STRONG BODIES

Physical

Emotional

Social

Spiritual

Family

PHYSICAL



Performing and excelling in physical activities that require **aerobic fitness, endurance, strength, healthy body composition** and **flexibility** derived through exercise, nutrition and training.



OFFICIALS MARK GRAND OPENING OF PHYSICAL THERAPY POOL

BY KATE AGRESTI

The U.S. Army Medical Department Activity officially opened a new physical therapy pool Jan. 20, 2011 at the Conner Physical Therapy Clinic. Officials commemorated the grand opening with a ribbon-cutting ceremony, but also recognized one woman in particular, whose vision of healing for 10th Mountain Division (LI) and Fort Drum, N.Y. Soldiers became a reality through hard work, dedication and the support of the North Country.

The therapy pool is the result of a donation project led by Watertown resident Sheila Barney-Pullus, whose father suffered a brain injury during a jeep accident in WWII. She recalls the benefits of water-therapy for her dad, Staff Sgt. Wayne Michael Barney, as a young child, and has been interested in aquatic therapy ever since.

The \$90,000 project began in September 2009, when the therapy pool project was coordinated through and accepted by Department of the Army, U.S. Army Medical Command and the Northern Regional Medical Command.

To resource this venture, Barney-Pullus has tirelessly planned and executed numerous fund raisers and awareness events in the community, ranging from motorcycle runs to golf tournaments, a Veterans Day concert to hair extensions for epilepsy, and through Station WBVS's (personal business) sales.

Her efforts on behalf of wounded warriors and all Soldiers on Fort Drum who undergo physical therapy have resulted in numerous private and business donations, as well as those from service organizations and North Country churches.

The ribbon-cutting event included welcome remarks from USA MEDDAC's Maj. Mark Plooster, chief of logistics; an invocation by Chaplain (Capt.) Shannon K. Philio; the national anthem as performed by Staff Sgt. Lakeisha Robinson; and remarks from

Col. Bertram C. Providence, MEDDAC commander.

"Today's ribbon-cutting ceremony demonstrates the outstanding community support that Soldiers and Families of the 10th Mountain Division and Fort Drum receive from North Country residents," Providence said. "I have heard (Maj.) Gen. (James L.) Terry, (10th Mountain Division and Fort Drum commander) often state that in the North Country the winters are cold, but the hearts of the people are warm. This is apropos for why we are here today.

"I thank Ms. Barney-Pullus (and all those) who helped build the pool, for their vision, commitment and dedication to this project.

"It is with deepest gratitude that we accept and incorporate this new therapy pool into our Physical Therapy program on behalf of all the Soldiers in the 10th Mountain Division and on Fort Drum. May we all be inspired by great Americans like Ms. Barney-Pullus who made this pool possible and the great American heroes who will benefit. ... Through their example, let us all respond to life's greatest challenges with self-sacrifice, courage and dignity.

"Winston Churchill often said: 'You make a living by what you get; you make a life by what you give.' And all who have donated to the pool today understand Churchill's meaning."

Following his remarks, Providence presented Barney-Pullus with The Commander's Award for Public Service.

The therapy pool – located in the new Physical Therapy Clinic at the Conner Troop Medical complex – includes a jet system and treadmill. The pool measures 8 feet long, 14 feet wide and 4 feet deep. It is fitted with handrails and a bench, controllable



Touching Lives for 110 Years

U. S. Army Nurse Corps 110th Anniversary Celebration
Arlington, Virginia



Kenner Army Health Clinic Cuts the Ribbon to Its New Behavioral Health Floor

Lt. Cmdr. JULIE A. NIVEN, USN, LICENSED CLINICAL SOCIAL WORKER

Fort Lee's wounded warriors now have another outstanding "specialty" clinic with upgraded services to meet their patients' 'total health and wellness' needs.

Kenner Army Health Clinic held a ribbon-cutting ceremony, October 22, to celebrate the newly-renovated Department of Behavioral Health Clinic, now located on the entire third floor. Maj. Gen. James Hodge, commanding general, U.S. Army Combined Arms Support Command, Sustainment Center of Excellence, was the guest speaker.

Hodge shared his humorous and positive experiences with Kenner Clinic staff and civilians. "I appreciate the Kenner staff because they heal the wounds of war and soothe the pain of conflict. As Fort Lee grows, we expect Kenner to continue to grow while keeping the right people, with the right skills to execute this paramount mission to care for our wounded Soldiers and their families."

"The Behavioral Health Clinic's expansion is in direct response to the huge demands being placed on today's Soldiers, who are serving in harm's way around the globe. It is a testament to the high priority being placed on behavioral health treatment by the top levels of Army leadership and to the support that we receive from the installation," Hutson said.

Col. Robert Stewart, chief of the Department of Behavioral Health (DBH), spoke with absolute pride about the move on 13 September 2010 from a modular building to the third floor of the main building. The DBH has been able to double staffing size, increase access to existing programs and create new initiatives in order to provide comprehensive mental health services. Since the move, DBH offers extensive psychological testing, Family Advocacy Program services, PTSD and anger management group therapy, individual therapy, medical retention evaluation services, and medication management. Also, most recently, DBH added a seven-foot sand table in which soldiers can manipulate models in a 3-D environment to simulate incidents that occurred downrange. DBH has new groups starting up soon to include: a men's issues group, a women's trauma group, a group for marital enrichment, and two coping skills groups for advanced individual training students. DBH has a new Headache Clinic and expanded Tele-behavioral health capacities. Additionally, there is now a full-time suicide prevention specialist working to increase mental health awareness of suicide as well as to decrease suicide gestures and attempts. There is hope that, in the future, there will be staff to work

with traumatic brain injury (TBI) and neurological rehabilitation. DBH is also partnering with Virginia universities to involve Social Work and Psychology interns in the military healthcare at Kenner.

"The new, larger clinic space, along with the future plans to continue increasing services will help to accommodate the increased number of Soldiers being stationed at Fort Lee with the signature disorders for this war... TBI and PTSD," Stewart said. Prior to the new hires coming on board, many service members presenting with mental health needs were referred to the local economy instead of being seen at Kenner. KAHC command and DBH leadership knew Kenner could do better and knew that the best place to serve Fort Lee Active Duty, Reserve, and AIT Service members was right here at Kenner.

Col. Vivian T. Hutson, commander, Kenner Army Health Clinic, agreed, and said the new DBH clinic will help increase Kenner's ability to meet the needs of Soldiers and will provide our Fort Lee Soldiers with outstanding care while returning them to duty or training as quickly as possible.



Maj. Gen. James Hodge, commanding general, U.S. Army Combined Arms Support Command, Sustainment Center of Excellence, cuts the ribbon to the new Behavioral Health Clinic at Kenner with Col. Vivian T. Hutson, commander, and other senior leadership.

CDC Vitalsigns™

Cancer Screening

Colorectal Cancer
Breast Cancer



22M

22 million adults aged 50–75 need to be screened for colorectal cancer, and 7 million women aged 50–74 need to be screened for breast cancer.



36%

Only 36% of uninsured adults aged 50–75 are up-to-date with colorectal cancer screening.

56%

Only 56% of uninsured women aged 50–74 are up-to-date with mammography screening.



Most adults are getting recommended breast and colorectal cancer screenings. Yet a new CDC report says more than 22 million adults have not had screening tests for colorectal cancer, and more than 7 million women have not had a recent mammogram to screen for breast cancer as recommended. This CDC report also points out why more people need to get tested for colorectal and breast cancer and what can be done to increase screening.

Want to learn more? Visit—

www <http://www.cdc.gov/mmwr>

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WALTER REED PARTICIPATES IN KIDNEY SWAP

STORY AND PHOTOS BY SHARON RENEE TAYLOR

Surgeons from Walter Reed Army Medical Center (WRAMC) participated in the first-ever transplant involved in a kidney swap chain for a U.S. military treatment facility.

The landmark, living-donor surgery was the last in a series of inter-connected kidney transplant surgeries at hospitals within the National Capital Region that began November 5 involving Walter Reed and three civilian hospitals: Georgetown University Hospital and Washington Hospital Center, both in Washington, D.C., and Inova Fairfax Hospital in Virginia.

Two Walter Reed patients, more than 24 others at the participating civilian hospitals, along with a host of medical professionals, from surgeons and pharmacists to immunogeneticists and nephrologists, took part in the series of transplants. The Nov. 17 history-making surgery at Walter Reed means greater opportunity for military transplant patients.

"I think this represents a close collaboration with the community, integrating all of the health medical centers, cooperating together for the benefit of our recipients," said Lt. Col. (Dr.) Edward Falta, chief of the Walter Reed Organ Transplant Service.



Joe and Yolanda Pinkowski speak with Col. (Dr.) G. Bennett Stackhouse, her doctor, prior to surgery.

Military transplant patients can join both the transplant list at Walter Reed and another at their local civilian hospital. "It's like two lottery tickets instead of one," Falta said.

He called the WRAMC Transplant Service the "center of gravity" for patients who may move to another area, or have a permanent change of station but remain on the WRAMC list, regardless.

Falta transplanted a kidney from a donor at Washington Hospital Center into Walter Reed patient Joseph Pinkowski, 46, a retired Marine gunnery sergeant. Earlier the same day, a Walter Reed urologist recovered a kidney from Pinkowski's wife Yolanda, 48, for transplant in a patient at Georgetown University Hospital.

Diagnosed with renal insufficiency in 1996, Walter Reed doctors placed Pinkowski on a transplant list more than a year ago. As his kidney function continued to decline to less than 13 percent, he faced dialysis waiting for a donor.

Pinkowski's options seemed slim when his wife was unable to donate a kidney to him, so the Walter Reed staff went to work to find an alternative — a collaborative effort with civilian hospitals to link transplant patients with compatible living donors at health care facilities within in the National Capital Region. The Alexandria, Va., couple joined more than two dozen patients participating in a complex kidney swap chain.

In a kidney swap, a transplant patient with a willing donor, unable to share their kidney with the patient because of incompatibility with the immune system, is paired with another incompatible patient-donor pair, swapping donors so each transplant patient can receive a compatible kidney.

As the number of participants increase, forming a kidney chain, the greater the opportunity to help more patients.

"The concept of doing kidney paired exchange (KPD), also called a daisy chain, was developed and pioneered at Johns Hopkins Hospital, where they performed one of the first KPD transplants in 2001," explained Dr. Nancy Dipatuan, living donor coordinator for the Organ Transplant Service at Walter Reid Army Medical Center.

Joe and Yolanda Pinkowski speak with Col. (Dr.) G. Bennett Stackhouse, her doctor, prior surgery.

Multi-hospital, transcontinental kidney swaps followed.

Georgetown University Hospital orchestrated a 14-pair chain in June. Reports indicate the world's largest kidney swap involved 16 patients in multiple medical centers across the United States.

"When you do a single family [to single] family [transplant], you only get two kidney transplants out of that, but when you have a group, you can have it multiple ways and benefit a lot more families," Falta explained. "It becomes more of a mathematical solution."

Walter Reed Army Medical Center is the only U.S. military treatment facility that performs organ transplants, averaging nine kidney transplants a year. More than a hundred patients currently wait on the hospital's transplant list for a kidney. National statistics report more than 87,000 candidates are waiting for a kidney. For some, dialysis is the only option as they wait.

Studies show dialysis is an expensive life-saving procedure shown to decrease a patient's lifespan five to eight years,

Falta said. He explained the quality of life difference between a kidney transplant and dialysis.

"God gave you a kidney that works instantaneously," he said. "People are usually exhausted after dialysis." Falta explained that with dialysis, "Your life is more peaks and valleys as opposed to the steady state you get with your natural kidneys."

Prior to the transplant, Falta said Pinkowski took more than 10 different medications each day. Over the course of the next

year, the number should reduce significantly.

Although doctors expect to release his wife from the hospital in a few days, Pinkowski will remain at Walter Reed a little longer. Falta said patient education is a very important part of the transplant program at Walter Reed.

Pinkowski and his wife will join other donors and recipients involved in the chain, slated to meet for the first time in-person, at a press conference at Georgetown University Hospital.



Joe Pinkowski and his wife Yolanda discuss life after he was diagnosed with renal insufficiency in 1996. he received a kidney from a civilian hospital donor and doctors recovered a kidney from his wife for a patient at another hospital.

ARMY'S TELE-HEALTH PROGRAMS PROVIDE CONTINUITY OF CARE

STORY AND PHOTOS BY JOSHUA L. WICK

The Tele-Health programs offered by the U.S. Army's Northern Regional Medical Command and Walter Reed Army Medical Center are using a novel, yet high-quality, approach to outpatient care. Reinventing the good old house call with the use of electronic communications to underserved areas, all while maintaining a continuity of care, is an adaptive and innovative approach to enhancing behavioral health and resiliency.

In this complex joint network of Tele-Health programs in which WRAMC acts as the hub spans across approximately 31 military installations. The system is managed by a team organized with cross-level assets from behavioral health, traumatic brain injury, neurosurgery and psychology, to new adaptive tele-initiatives for dermatology, nephrology, diabetic retinopathy, pain management, pediatrics, cognitive rehabilitation, headache clinics even forensics.

Initially designed for beneficiaries then adapted for active, reserve and Guard personnel, this program is also accessible to retirees.

The Tele-Health program was organized in 1996 with the establishment of the telemedicine directorate at Walter Reed. This virtual hospital model "was more of a research oriented activity, like Telemedicine and Advanced Technology Research Center (TATRC) is now," said Dr. Michael Lynch, chief of WRAMC Tele-Health Services, Department of Psychiatry.

In 2008, U.S. Army Medical Command took over the program. Despite the program being Army funded, they did not sever ties with any facility they served, like Marine Corps Base Quantico, Va., and Patuxent River Naval Air Station, Md.

"[Shortly after,] we started increasing our numbers, our demand was very high, [and] then we got approval to hire another group of people [practitioners]. At the same time that was happening the Tele-TBI requirement came out [as a MEDCOM tasking]," Lynch said. This directive focused on how to address Soldiers with mild TBI through the use of Tele-Health.

As one of the only established military regional Tele-Health programs, when the operation-order came out it was easy for NRMC's Tele-Behavioral Health to stand this program up because they already had it. "We already had our system built [so] we reached out to the Defense and Veterans Brain Injury Center (DVBIC) and said, 'Do you want to partner with this?'" Lynch said.

"Since we had this big infrastructure already, as this began to roll out, we identified what we needed... We didn't ask for start-up personnel, or a couple of cells, or a regional clinical operations to try to do this; we said, 'give us providers and let us go to work,'" Lynch said.

Currently, they're determining how the program could be set up to provide tele-services to the operational theater as well as inter-theater. One such application is mobile Conex containers fitted for three VTC stationed at various contingency operating and/or forward operating bases.

"Because of the time zones and such, we would reach out to Europe Regional Medical Command, and Landstuhl Army Medical Center, in Germany," Lynch said. Depending upon the time, the program would establish rolling shifts with other medical centers or regions and/or case managers, he added. This would be a booster session versus an acute care session in its application, and if necessary, they could refer a Soldier to a practitioner in theater.

This pre-existing Tele-Health joint integration will also allow for a smoother transition of the programs with the transition to the Walter Reed National Military Medical Center in Bethesda, Md., and Fort Belvoir Community Hospital (Va.), next year because of the 2005 Base Realignment and Closure Law.

"From an outsider standpoint, I think it's going to be harder to integrate at the level of the main hub, wherever we end up," said Katie Ambrose, Tele-TBI, DVBIC program manager. The smaller sites have already bought off on the idea, she added.

"As we're expanding through DVBIC with therapy services, if we have therapy services tomorrow, they have patients to give us. So they are wanting and needing those services at the smaller sites," Ambrose said.

"We try to integrate our services as much as possible within the Tele-Health realm. At Fort Knox, Ky., we did a headache clinic. We used a physician assistant from Tele-Neurosurgery, DVBIC neurologist and our staff and infrastructure to run a headache clinic, so we took everybody and put a product out," Lynch said.

Their cross coordination has been successful, but that takes time energy and effort, added the doctor. There is a lot of administrating and management delays related to this program; from addressing stigmas, then creating buy-in, managing contracts, to managing remote personal and even getting the proper credentials, these ever present evolving hurdles.

"We have the flexibility to manage a virtual system, and that saves on a provider having to go on temporary duty for a month, which saves money, and gives us the ability to add, mold, surge," he said. "We are able to shift gears as needed, so if tomorrow they needed us at Fort Bliss, Texas, we could do this at Fort Bliss," Lynch said.

This level of access-to-care is what allows NRMC's Tele-Health programs to see between 1,400 to 1,700 patients appointments a month.



Dr. Michael Lynch, chief, WRAMC Tele-Health Services Department of Psychiatry, “dials in” from his office at Walter Reed to demonstrate the ease of access of the video teleconference (VTC) set up with the assistance of Sgt. Shawn Branson, non-commissioned officer-in-charge of the Behavioral Health Clinic located at Kirk U.S. Army Health Clinic, Aberdeen Proving Grounds, Md.

While her husband was attending the U.S. Army War College, at Carlisle Barracks, Pa., Dr. Dawn Porter, a child and adolescent psychiatrist, WRAMC Tele-Health Services Department of Psychiatry, was brought on board to assist in providing on-site services. Porter’s husband then took a command at Fort Irwin, Calif. “We just put a video teleconference (VTC) on her desk and she maintained her patients in Pennsylvania, plus picked up patients in California,” Lynch said. Now that Porter has moved to the National Capital Region, she will continue to see those residual patients in California, Pennsylvania, and pick up missions here.

“So we aren’t changing providers,” Lynch said. The service-members and beneficiaries don’t have to tell their story all over again, and in turn this timely service can be an important value added awareness and prevention tool for the success and application of compressive Soldier fitness along with their resiliency.

“It’s the same service, just delivered in a different way. It’s not the technology, said Wendy Baynard, WRAMC Tele-Health Services program manager.

“Technology can enhance it,” Lynch said.

According to Baynard, it’s simply the patient-provider relationship.

“The geriatrics patients we see love it, kids love it, [because] your 18 to 24 [year-olds] grew-up with it,” Lynch said. People surprisingly are very comfortable with the VTC set up. He added that, “They will disclose stuff on VTC that they would never

say in-person.” They’re less intimidated by this setup; it adds a dynamic, like a safety barrier which allows the practitioners to find out more information.

Ambrose said, the TBI clinic, numbers speak for themselves.

“Quantico and West Point, N.Y., were sending patients two, three, and four hours away for neuropsychological testing, and having a high no-show rate,” and, “now both have 100 percent show rates for the Tele-TBI clinics.

Working to establish a school-based program for children and adolescents, providers [psychologist and/or social worker] were going to school rather than kids coming to them. This sparked a pilot program with the public schools at Fort Meade, Md. Not able to plug into the county school communication lines, they were able to find a simple solution — using an air card and a high definition laptop which can be deployed so that a provider can see the patient and not have to worry about the connectivity issue.

This adaptive technology can support and enhance mental health care and resiliency even when a Soldier or servicemember is deployed or re-deploying.

“If you’re deployed for a year and you have been getting a certain amount of care and you wanted to see your provider again, why can’t you see your provider?” asked Lynch. “We are looking at sending applications to the theater.”

“We could start it tomorrow, if there was a unit on the other side. If you do this now you have providers all through VTC, so it’s like the good old house call approach,” Lynch said.



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