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Learn more on Page 6
Our Army is undergoing a transformation. Secretary of the Army Mark T. Esper recently discussed how by 2028, the Army will be fully ready to deploy, fight and win decisively against any adversary, anytime and anywhere in a joint, multi-domain, high-intensity conflict. While doing those things, the Army will also be able to simultaneously deter the aggression of adversaries and conduct irregular warfare.

As the Army continues to evolve to fight in a complex environment, so too, does Army Medicine. Our focus will continue to be on the readiness of the force. It is what I emphasize when it comes to understanding the strategic environment in which we operate. Our responsibility is to focus on the strategic implications of medical readiness of the force and understanding how every one of us plays an integral part when our Nation calls.

A few years ago, I worked with an Air Force colonel who said something during her promotion ceremony that resonated with me. She spoke about why she served so long in the Air Force and that was because she knew and understood how she, and her job, fit in the bigger picture. When she was a brand new second lieutenant newly arrived to her first unit, her supervisor took her over to a large white board. The supervisor showed her where she was within her unit and how it fit into the overall National Security Strategy.

This story is amazing to me, as I believe that we in Army Medicine all need to know and understand how what we do every day plays a role in the overall success of our Army and our Nation. If you are the one responsible for working in a medical treatment facility (MTF) taking someone’s vital signs, your job is important. It is your job to explain to the Soldier what those vital signs mean, and relay that information regarding his or her overall health. Maybe you are taking the vital signs of a family member. That family member provides care and support to their deployed Soldier. Your professionalism in the MTF and helping that family member understand his or her overall health will bring peace of mind to the deployed Soldier so that he or she can focus on the mission.

Our Army is changing and modernizing and Army Medicine is changing and evolving as well. The Army Medicine vision is nested in the Army’s vision and it will remain synchronized. We are the premier military medical force. We will strive for excellence in everything we do, but we must also be agile and expeditionary. We need to be ready at a moment’s notice to do things we might not have done before. We need to be resilient, both mentally and professionally, in order to remain responsive and to do what we are asked to do.

As Army Medicine professionals, we are more than just medically trained professionals, we also understand the environment in which we operate. We are quiet professionals. We exist to enable the warfighter and to provide medical support in a forward deployed combat environment. We must not lose sight of that. We must remain steadfast in our professionalism and remain focused on supporting the ever-growing needs of the future of our Army and joint forces.

One Team, One Purpose...Conserving the fighting strength since 1775!

Lt. Gen. Nadja Y. West
The Surgeon General and Commanding General
U.S. Army Medical Command

One Team, One Purpose...Conserving the fighting strength since 1775!
I’ve spent the last several weeks traveling the Army Medicine footprint, meeting with all of our great Soldiers responsible for the care of our operational forces and their families. First and foremost, thank you to each and every one of you who contribute to the Army Medicine Team. Your hard work and dedication allows us to continue to conserve the fighting strength.

What I love most about traveling to each of the different commands is meeting and speaking with the Soldiers about pertinent topics within the Army Medicine Department and Enterprise. There have been many spirited conversations about the DHA transition and possible changes to 68 CMF MOS breakdown.

One of my biggest take-aways from all of these interactions has been what we’re doing to lead our NCOs and junior enlisted to the next level in their careers. If you’re a Soldier looking to progress in your career field, one of my answers to you is this: impressions matter and it’s time to step up your game.

Your first job, the one that’s required to uphold the oath of enlistment you swore to, is being a Soldier. Remember, you are a Soldier first, who happens to be medically trained. Maintaining your Soldier skills and taking pride in yourself, your unit and your Army is what’s required of you every day.

Every Soldier, from the sergeants major down to the brand new private, needs to understand that each and every one of you plays an important role in our Army. With each of those roles comes a large responsibility. You are responsible for staying up-to-date on all of your qualifications and training. Those requirements are there to ensure you and your fellow Soldiers are ready when the nation calls you to the fight.

As Soldiers of Army Medicine, I cannot stress enough the importance of remembering and living up to the legacy of Army Medicine. Your professional development and commitment to service is what makes our Army better. When someone requires our assistance, care or listening ear, your professionalism, duty, and selfless service will determine their thoughts. Your impression on them will determine how they view all of Army Medicine. Your everyday interactions is what allows Army Medicine to lead the way as the pinnacle of military medicine.

This is your Army, and your enterprise. It’s up to you to step up, take the lead, and move Army Medicine to the next level. Your professional development will have an unparalleled impact and contribution to the future of Army Medicine and the Enlisted Medical Corps.

As you are celebrating America this 4th of July remember that our Freedom is not free and it demands the most of us and our commitment to preserve it. Happy Birthday America!

One Team, One Purpose...Conserving the fighting strength since 1775!
The Association of the United States Army’s 2018 Annual Meeting is the largest land power exposition and professional development forum in North America. For more than 30 years, the power of this proven show provides military and industry with access to essential professional development, connection building, and the opportunity to touch and see a large concentration of machinery, tools and technologies up close on the show floor. Within the exhibit hall, you’ll find leading manufacturers, solution providers and suppliers to help you discover new resources and gather important insights on the latest equipment, products and materials for your needs.

The 2018 AUSA Annual Meeting, designed to deliver the Army’s message by highlighting the capabilities of Army organizations and presenting a wide range of industry products and services. In addition to the expansive show floor filled with 700+ exhibitors attendees have access to:

- informative and relevant presentations on the state of the Army
- panel discussions and seminars on pertinent military and national security subjects
- a variety of valuable networking events including ticketed dinners and receptions
- a hands-on opportunity to specify and see the latest technology in action

AUSA’s Annual Meeting includes the total Army – regular Army, guard, reserve, civilians, and family members. It is one of the three key communication platforms employed by the Army to educate and inform government, academic, civic, and veteran advocates and leadership on Army priorities and issues impacting today’s Army.

ARMY MEDICAL SYMPOSIUM & EXPOSITION
June 26-27, 2018
Henry B. Gonzalez Convention Center - San Antonio, TX

This symposium will provide a venue for collaborative discussion and education on key topics by identifying leading practices and innovations from Joint, Interagency, Intergovernmental, and Multinational (JIIM) organizations and industry partners that will better enable Army Medicine to prepare for future challenges in support of our Army and the Joint Force.

AUSA ANNUAL MEETING & EXPOSITION
October 8-10, 2018
Walter E. Washington Convention Center, Washington, D.C.

The Association of the United States Army’s 2018 Annual Meeting is the largest land power exposition and professional development forum in North America. For more than 30 years, the power of this proven show provides military and industry with access to essential professional development, connection building, and the opportunity to touch and see a large concentration of machinery, tools and technologies up close on the show floor. Within the exhibit hall, you’ll find leading manufacturers, solution providers and suppliers to help you discover new resources and gather important insights on the latest equipment, products and materials for your needs.

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Your recommendations may be published in a future edition of this publication.
While many have reached for the stars, a physician who calls Brooke Army Medical Center home is aiming to be the first Army doctor in space.

NASA announced last week that Lt. Col. (Dr.) Andrew Morgan, a NASA astronaut and emergency physician credentialed at BAMC, has been assigned to Expedition 60/61, which is set to launch to the International Space Station in July 2019.

"Joint Base San Antonio and the San Antonio community have been part of my life since childhood," Morgan said. "When I fly in space, I'll be taking Army history, military medicine and this supportive community with me. I'm hugely honored to represent all of that."

Morgan became the first Army Medical Corps officer selected as an astronaut after an arduous selection process in 2013. After five years of training, the officer will make his first voyage to the space station next year on a Russian Soyuz rocket and spacecraft alongside an Italian astronaut and a Russian cosmonaut. Once on board the ISS, he'll join American astronaut Christina Koch and her Russian cosmonaut crewmate who will launch to the ISS in April 2019.

While Morgan is excited about the opportunity to conduct experiments and explore the station, "I'm most looking forward to gazing down at the Earth and doing a few spacewalks," he said.

Morgan's upcoming journey to Earth's orbit is a path paved in his childhood, when a love for science, history and military aviation sparked an interest in space exploration. He recalls living in San Antonio in the mid-1980s when his father was a dental resident at Lackland Air Force Base, Texas.

"I was in third and fourth grade at Braun Station Elementary School at the height of the space shuttle program," he said. "When the space shuttle flew piggyback on a 747 between Florida and California, it occasionally stopped in San Antonio while en route, and from our home near Leon Valley, we could often see this incredible sight as it made its final approach into Kelly AFB. I remember it distinctly and it made a lasting impression on me."

While inspired by space, Morgan's exposure to the military as an Air Force "brat" tipped him in a different direction. He decided to pursue an Army career and earned his bachelor's degree in environmental engineering at the U.S. Military Academy at West Point, followed by a doctorate of medicine from the Uniformed Services University of Health Sciences. His career circled back periodically to San Antonio, whether for courses or clinical rotations at BAMC as a medical student.

Morgan served in the Joint Special Operations Command at Fort Bragg, and went on to become the battalion surgeon for the 1st Battalion, 3rd Special Forces Group. He then embarked on a special operations assignment in Washington, D.C., before completing his sports medicine fellowship.

In 2011, Morgan saw an announcement that NASA was selecting another astronaut class. "I had always been interested in space exploration, but figured I didn't have the right background," he explained. "But I decided to give it a shot anyway."

The selection process took more than 18 months and involved extensive interviews, medical testing and language aptitude testing. With an initial 120 interviewees, NASA eventually narrowed the group to eight astronaut candidates.

Morgan vividly recalls when he received the good news from former astronaut and chair of the selection board, Dr. Janet Kavandi.

"Her first question in the phone call was, 'We wanted to know if you'd like to come to Houston and join our team?'" Morgan recalled in a 2013 Army.mil article. "I couldn't believe it; the thought that I had been chosen choked me up. It was surreal."

The selection involved a relocation to Johnson Space Center in Houston where Morgan was slated to start the two-year astronaut candidate training program in July 2013. Once his wife and four children were settled in, the Army officer began to search for a hospital where he could maintain his medical credentials. BAMC immediately came to mind.

"They welcomed me to the staff," he said. "It was incredibly important to me that I maintain my credentials and my military readiness. It's a huge treat for me to make periodic visits to BAMC and interact with residents, service members, patients, military retirees and combat veterans. Fort Sam Houston is the home of military medicine, so it feels like home to me."

Over the two years following his selection, Morgan's training transported him from physician to astronaut. Candidate training included flight training, Russian language proficiency, extra-vehicular activity (space walking), robotics and space station systems and maintenance. "Everybody gets trained to do everything, no matter what your professional background might be," he explained.

After candidate training, Morgan focused his attention on spacesuit development and researching injuries caused by spacesuits.

Army Lt. Col. (Dr.) Andrew Morgan, a NASA astronaut and emergency physician credentialed at Brooke Army Medical Center, has been assigned to Expedition 60/61, which is set to launch to the International Space Station in July 2019. (Photo credit: NASA photo)

Now assigned to a flight, he'll undergo in-depth refresher training over the next year to prep him for his upcoming trip.

Morgan cites his military experience and training as keys to his success. "At the core, I was selected as an astronaut because they saw a unique set of skills. Everything I brought to the table was given to me by the Army -- my undergraduate and graduate education, residency, and operational experiences."

Army Col. Bret Ackermann, BAMC's deputy commander for surgical services, has served alongside Morgan in past assignments for more than a decade. "We are all very proud of Drew and his well-earned success," he said.

BAMC Commanding General Brig. Gen. (Dr.) George N. Appenzeller, a fellow emergency medicine physician, is also aware of Morgan's stellar reputation. "Drew's service and leadership is always about the team...... his patients, colleagues, and their families. We are looking forward to his leadership from space next year."

Zika VIRUS
Know How to Protect Yourself
With proper precautions, Zika is not expected to pose a health risk to troops. Due to a potential connection with birth defects, pregnant women should avoid exposure.

What is Zika virus?
Zika virus (Zika) is one of several infections transmitted by the Aedes mosquito, which also transmits Dengue and Chikungunya. It is also possible to spread Zika through blood transfusions and sexual contact. The best way to prevent Zika is to prevent mosquito bites. No vaccine or specific treatments are available to prevent or treat Zika.

The American Red Cross is asking people to avoid donating blood if they traveled to Latin America or the Caribbean in the past 28 days. Women who are pregnant (in any trimester) should consider postponing travel to any area where Zika virus transmission is ongoing. If you must travel to one of these areas, talk to your healthcare provider to discuss the risk of infection with Zika.

Where is it found?
Zika is common in areas of Africa and Asia. Most recently, it has been rapidly spreading in South and Central America. The virus is expected to spread to nearly all countries in the Americas.

What can you do to protect yourself?
The best way to prevent Zika is to prevent mosquito bites. No vaccine or specific treatments are available to prevent or treat Zika.

CIVILIANS AND OFF DUTY SOLDIERS:
• Minimize time outside when mosquitoes are active.
• Empty water from containers such as garbage cans, wading pools and flower pots.
• Control mosquitoes around the home by eliminating standing water where mosquitoes breed.
• Wear long-sleeved shirts and long pants.
• Stay indoors with air conditioning or use screens that keep mosquitoes out.
• Use DEET or picaridin insect repellent on exposed skin.
• Wear clothing and gear with permethrin or buy treated items.

SOLDIERS SHOULD USE THE DOD INSECT REPELLENT SYSTEM
- Picaridin repellent
- DEET repellent
- Permethrin repellent
- Suggested application rates:
  • Picaridin: 20% for skin application
  • DEET: 30% for skin application
  • Permethrin: 50% for clothing application

Properly wear your uniform:
• Wear a factory-treated Army Combat Uniform (ACU) and/or Physical Fitness Uniform (APFU) as directed by your unit.
• The ACU with permethrin is safe to wear; however, if you are pregnant, nursing, or trying to conceive, you may choose not to wear an ACU with permethrin. If your uniform is not treated with permethrin (maternity or untreated ACU) and you and your healthcare provider decide that wearing an ACU with permethrin is the best choice, you can use permethrin-treated items.
• Tuck trousers into boots.
• Properly fasten down and snugly tuck trousers into boots.
• Properly wear your uniform:
  • Wear sleeves and undershirt into trousers, and wear sleeves fastened down and snugly into trousers.
  • Sleep inside a bed net.
  • Control mosquitoes around the home by eliminating standing water where mosquitoes breed.

Pregnant women:
Pregnant, nursing, or trying to get pregnant?
Women who are pregnant (in any trimester) should consider postponing travel to any area where Zika virus transmission is ongoing. If you must travel to one of these areas, talk to your doctor and strictly follow steps to prevent mosquito bites during your trip.

• Use of approved insect repellents is safe during pregnancy.
• Speak with your healthcare provider to discuss the risk of infection with Zika.
• The ACU with permethrin is safe to wear; however, if you are pregnant, nursing, or trying to get pregnant you are authorized to temporarily wear an ACU without permethrin. If your uniform is not treated with permethrin (maternity or untreated ACU), you and your healthcare provider decide that wearing an ACU with permethrin is the best choice, you can use permethrin-treated items.

More information
http://go.usa.gov/cymwB
http://go.usa.gov/cmqvT

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Tips if your child has a fever
By Dr. Grace Chen O’Neil, Tripler Army Medical Center Department of Emergency Medicine

F
evers can be a concerning symptom for parents. Your child may not act like their normal self when they have a fever. They may be more fussy and irritable. They may be more tired than usual, have a poor appetite, and they may experience other symptoms associated with an infection that they are fighting such as a sore throat, stuffy nose, cough, vomiting, diarrhea, or ear pain.

A fever stops the growth of dangerous bacteria and viruses and is usually not dangerous; it is often a symptom of another problem. Most fevers are of short duration and actually protect the child from infection. It is usually the body's reaction to an infection or other illness. The brain will raise the body's temperature to combat the illness. The fever itself often does not cause long-term brain damage.

Everyone has their own regular body temperature, which is usually around 98.6 degrees Fahrenheit, plus or minus one degree. Most people have some change in their body temperature during the day. It is generally lower in the morning and higher at night. It can also increase when children run around and exercise.

Smaller infants can get fevers if they are in a hot environment or wearing too much clothing because their temperature regulation is not well developed yet. Children can also get a fever after getting immunizations, and teething might cause a slight rise in body temperature but likely is not the cause of a temperature higher than 100 degrees Fahrenheit.

A rectal temperature of 100.4 degrees Fahrenheit or more is a fever.

The most important things to do if your child has a fever is to improve your child's comfort by doing several things:

Most people feel better when a fever is treated with medications that reduce the temperature, such as Tylenol or Motrin. (Motrin should only be given to children older than six months of age. Please read instructions on the bottle or ask your doctor for dosing.)

Children will feel the effects of the medication in about 30-60 minutes after administration. Motrin and Tylenol can be given at the same time since they are different types of medications.

More children maintain more relief when both medications are given rather than when one medication is given alone. Motrin is given every six to eight hours, and Tylenol is given every four to six hours. However, there is no need to wake your child up from sleep to administer medication for fever if your child is comfortable sleeping.

Children with a fever usually have a faster than average heart rate and breathe faster than normal. So make sure your child is well-hydrated and getting plenty of fluids to avoid dehydration because a fever will cause more fluid loss.

Reasons to see the doctor right away include:
1. Your child has been in a hot place such as a closed car in the summer.
2. Your child has a sunken soft spot on their head, cannot tolerate fluids, has not made a wet diaper for a long time, or has other symptoms of dehydration.
3. Your child looks very ill, is inconsolable, or unusually sleepy.
4. Your child is taking steroids or has an illness that compromises the immune system such as sickle cell disease or cancer.
5. Your child is younger than three months.
6. Your child has a severe headache and stiff neck, cannot swallow or has a rash.
7. Your child has a seizure.
8. Your child is having difficulty breathing.

Please make an appointment with your child's doctor if your child seems to be getting worse despite the fever being brought down, or if the fever persists more than 24 hours in a child younger than two years old, or persists more than three days in a child older than two years old.

There are multiple ways to schedule an appointment for your child if needed, at your convenience. You can schedule a variety of appointments at any time online by visiting the TRICARE Online Patient Portal at www.tricareonline.com, or call your local appointment line to schedule an appointment. To reduce unnecessary appointments and stress you can communicate virtually and directly with your health care team by accessing the RelayHealth Patient Portal at https://mil.relayhealth.com.
Plastic surgeons at William Beaumont Army Medical Center successfully transplanted a new ear on a Soldier who lost her left ear due to a single-vehicle accident.

The total ear reconstruction, the first of its kind in the Army, involved harvesting cartilage from the Soldier's ribs to carve a new ear out of the cartilage, which was then placed under the skin of the forearm to allow the ear to grow.

"The whole goal is by the time she's done with all this, it looks good, it's sensate, and in five years if somebody doesn't know her they won't notice," said Lt. Col. Owen Johnson III, chief, Plastic and Reconstructive Surgery, WBAMC. "As a young active-duty Soldier, they deserve the best reconstruction they can get."

The revolutionary surgery has been over a year in the making for Clarksdale, Mississippi native, Pvt. Shamika Burrage, a supply clerk with 1st Battalion, 35th Armored Regiment, 2nd Brigade Combat Team, 1st Armored Division.

In 2016, while returning to Fort Bliss, Texas, after visiting family in Mississippi, a tire blowout changed Burrage's life in an instant.

"I was coming back from leave and we were around Odessa, Texas," said Burrage, who was traveling with her cousin. "We were driving and my front tire blew, which sent the car off road and I hit the brake. I remember looking at my cousin who was in the passenger seat, I looked back at the road as I hit the brakes. I just remember the first flip and that was it."

The vehicle skidded for 700 feet before flipping several times and ejecting the Soldier. Burrage's cousin, who was eight months pregnant at the time, managed to only suffer minor injuries while Burrage herself suffered head injuries, compression fractures in the spine, road rash and the total loss of her left ear.

"I was on the ground, I just looked up and (her cousin) was right there. Then I remember people walking up to us, asking if we were okay and then I blacked out," said Burrage, whose next memory was waking up in a hospital.

She was later told by doctors that if she would not have received medical attention for 30 more minutes, she would have bled to death. After several months of rehabilitation, Burrage began to seek counseling due to emotions caused by the accident and its effects on her appearance.

"I didn't feel comfortable with the way I looked so the provider referred me to plastic surgery," said Burrage.

"She was 19 and healthy and had her whole life ahead of her," said Johnson. "Why should she have to deal with having an artificial ear for the rest of her life?"

When explained her options for reconstruction, Burrage was shocked and initially resistant to go through with the total ear reconstruction.

"I didn't want to do (the reconstruction) but gave it some thought and came to the conclusion that it could be a good thing. I was going to go with the prosthetic, to avoid more scarring but I wanted a real ear," said Burrage, whose left ear canal had closed up due to the severity of the trauma.

"The whole field of plastic surgery has its roots in battlefield trauma," said Johnson. "Every major advance in plastic surgery has happened with war. This was trauma related."

With only two more surgeries left, Burrage states she is feeling more optimistic and excited to finish the reconstruction.

"It's been a long process for everything, but I'm back," said Burrage.
THREE RHC-P MEMBERS INDUCTED INTO ORDER OF MILITARY MEDICAL MERIT

By Amy Parr, Regional Health Command Pacific

 Brig. Gen. Bertram Providence, Regional Health Command-Pacific Commanding General, inducted three new members into military medicine’s prestigious Order of the Military Medical Merit, or O2M3, during a ceremony at Tripler Army Medical Center April 26, 2018.

The O2M3 recognizes people who have served in an Army Medical Department for at least 10 years, and through selflessness, have made a sustained contribution to the betterment of Army Medicine. These individuals demonstrate high standards of integrity, moral character and professional competence. The O2M3, founded in 1982 by the U.S. Army Health Service Command commanding general, recognized excellence and promotes fellowship and esprit de corps among Army Medicine members.

According to Providence, an O2M3 ceremony is a time of reflection and a ceremony he really enjoys. "I remember who inducted me into the order. It was a dear friend who died in Iraq," he said speaking of Col. Brian Allgood, who has an Army hospital named in his honor in Korea. "It was such a special moment for me, having him do it. We were partners together. We were both orthopedic surgeons. We worked together at Fort Bragg (North Carolina) and the ability to serve with him in Korea has always been a very special time for me." Providence said he was honored to be part of an O2M3 ceremony and "induct some very special people into our order."

Col. Andrew Leiendecker, RHC-P assistant chief of staff for operations, demonstrated professional excellence, national prominence and exceptionally meritorious service throughout his 26-year career. He’s described as an exemplary Soldier and professional whose innovative and extraordinary contributions will have a lasting impact on Army Medicine. In addition, as the first medical operations officer at the NATO Special Operations Headquarters in Mons, Belgium, Leiendecker established NATO doctrine that defined NATO special operations forces medical standards for all NATO allied and partner nations. He created and resourced medical courses on subjects such as medical planning, prolonged field care, combat medical simulation training and medical partnering and engagements. He also designed a $1.5 million SOF allied center for medication education, the first of its kind in direct support of NATO.

Sgt. 1st Class Erron Alor, RHC-P equal opportunity advisor, is described as helping shape the Army Medical Department. His legacy of hundreds of well-developed leaders coupled with leading three major programs and initiatives have changed the way organizations do business across the Army. While assigned to 18th MEDCOM in Korea, Alor spearheaded the relocation of two MEDEVAC companies to Fort Campbell, Kentucky, improving the ability to evacuate patients in the Global War on Terrorism. This was the largest movement of air medical assets since World War II. Additionally, he served as the U.S. Army Central lead on nine medical theater security cooperation engagements, improving partner nation medical capabilities, significantly contributing to Army Medicine by enhanced relationships with 375 key leaders and improving medical capabilities of partner countries.

Sgt. 1st Class Fulton Winder, RHC-P operations noncommissioned officer, has a track record of superior performance through his 13-year career in Army Medicine. Early in his career during the Iraqi surge, while assigned as a line medic supporting Charlie Company 5-73rd RECON (ABN), also known as Task Force 300, Winder coordinated the training and certification of 30 Soldiers in the Combat Lifesaver course. His ability to forecast healthcare needs played an instrumental role in keeping his unit medically ready during their 15-month deployment. More than half of the Soldiers in his platoon and more than 40 percent of the Task Force received Purple Hearts. Due to Winder’s efforts, they were able to remain in the fight and continue their mission. In all, he participated in 13 named combat operations and numerous combat patrols treating hundreds of real world casualties while under fire.

"It's a great week for the region," said Sgt. Maj. Larry Reyes congratulating the inductees. "That ribbon that all three of you are wearing and that medallion, it represents what you've contributed to the AMEDD and the outstanding things that you've done. You've made major impacts ... and continued to improve the medical corps daily. You are an incredible team to work with."
CHICKENPOX
CHICKENPOX CAN BE SERIOUS IN HEALTHY BABIES, ADULTS, AND PEOPLE WITH WEAKENED IMMUNE SYSTEMS.

ABOUT 9 OUT OF 10 CHILDREN WHO GET 2 DOSES OF THE VACCINE WILL BE COMPLETELY PROTECTED FROM CHICKENPOX.

Protect your children by getting them vaccinated against Chickenpox, by 2 years old.

HEPATITIS A
HEPATITIS A IS A VERY CONTAGIOUS LIVER DISEASE. IT SPREADS THROUGH CONTACT WITH OBJECTS, FOOD, OR DRINKS CONTAMINATED BY THE FECES OF AN INFECTED PERSON.

CHILDREN UNDER 6 YEARS OLD OFTEN HAVE NO SYMPTOMS, BUT THEY CAN PASS THE DISEASE TO OLDER CHILDREN AND ADULTS.

Protect your children by getting them vaccinated against Hepatitis A by 2 years old.

HEPATITIS B
HEPATITIS B CAN CAUSE LIVER DAMAGE & CANCER. MOTHERS CANUNKNOWINGLY PASS THE DISEASE TO THEIR BABIES AT BIRTH.

9 OUT OF 10 INFANTS WHO GET HEPATITIS B FROM THEIR MOTHERS DEVELOP LONG-TERM INFECTIONS.

Learn more about vaccine preventable diseases.

INFLUENZA (FLU)
FLU IS A RESPIRATORY DISEASE THAT INFECTS THE NASAL PASSAGES, THROAT, AND LUNGS. IT IS MORE SERIOUS THAN A COLD.

FLU CAUSES 20,000 CHILDREN YOUNGER THAN 5 TO BE HOSPITALIZED IN THE UNITED STATES EACH YEAR.

Pregnant women and children 6 months and older should receive a flu shot.

DIPHTHERIA
DIPHTHERIA IS A SERIOUS DISEASE THAT CAUSES A THICK COATING TO FORM IN THE BACK OF THE NOSE OR THROAT. THIS MAKES IT HARD TO BREATHE OR SWALLOW.

DIPHTHERIA CAN BE DEADLY, ESPECIALLY FOR CHILDREN YOUNGER THAN 5 YEARS OLD.

Protect your children by getting them vaccinated against Diphtheria, by 2 years old.

POLIO
POLIO IS A CRIPPLING VIRUS THAT CAN INVADE THE BRAIN AND SPINAL CORD, PARALYZING OR EVEN KILLING CHILDREN.

POLIO STILL EXISTS IN THE WORLD. IT MOST OFTEN SICKENS CHILDREN YOUNGER THAN 5 YEARS OLD.

Protect your children by getting them vaccinated against Polio, by 2 years old.

Hib DISEASE
Hib MOST OFTEN SICKENS BABIES AND CHILDREN UNDER 5 YEARS OLD.

Hib IS A SERIOUS DISEASE CAUSED BY BACTERIA THAT CAN LEAD TO MENINGITIS, PNEUMONIA, & SEVERE THROAT INFECTIONS. IT CAN CAUSE LIFELONG DISABILITY.

Protect your children by getting them vaccinated against Hib disease, by 2 years old.

PNEUMOCOCCAL DISEASE
PNEUMOCOCCAL DISEASE IS CAUSED BY BACTERIA THAT CAN RESULT IN SEVERE SINUS INFECTIONS, MENINGITIS, PNEUMONIA, & BLOOD INFECTIONS.

THESE BACTERIA CAUSE UP TO HALF OF MIDDLE EAR INFECTIONS CHILDREN UNDER 2 YEARS OLD ARE AMONG THOSE MOST AT RISK FOR PNEUMOCOCCAL DISEASE.

Protect your children by getting them vaccinated against Pneumococcal by 2 years old.

ROTAVIRUS
ROTAVIRUS IS A VERY CONTAGIOUS DISEASE THAT MOST OFTEN SICKENS INFANTS AND YOUNG CHILDREN.

ROTAVIRUS CAUSES SEVERE DIARRHEA AND VOMITING. THIS CAN LEAD TO DEHYDRATION, HOSPITALIZATION, AND EVEN DEATH.

Protect your children by getting them vaccinated against Rotavirus by 2 years old.

RUBELLA
RUBELLA IS A DANGEROUS DISEASE THAT CAN CAUSE MISCARRIAGES AND BIRTH DEFECTS. IT IS RARE IN THE UNITED STATES BUT CAN BE BROUGHT TO THE U.S. BY TRAVELERS.

IF YOU ARE PLANNING TO GET PREGNANT, MAKE SURE YOU ARE UP-TO-DATE ON YOUR MMR VACCINES.

Protect your children by getting them vaccinated against Rubella.

TETANUS
TETANUS (LOCKJAW) IS A SERIOUS DISEASE THAT CAN CAUSE MUSCLE PROBLEMS, MUSCLE SPASMS, AND PARALYSIS.

UNLIKE OTHER VACCINE PREVENTABLE DISEASES, TETANUS DOES NOT SPREAD FROM PERSON TO PERSON. IT ENTERS THE BODY THROUGH CUTS OR PUNCTURE WOUNDS.

Protect your children by getting them vaccinated against Tetanus, by 2 years old.

VACCINATION IS ONE OF THE BEST WAYS PARENTS CAN PROTECT INFANTS, CHILDREN AND TEENS FROM 16 POTENTIALLY HARMFUL DISEASES.

VACCINE-PREVENTABLE DISEASES CAN BE VERY SERIOUS, MAY REQUIRE HOSPITALIZATION, OR EVEN BE DEADLY - ESPECIALLY IN INFANTS AND YOUNG CHILDREN.

Source: www.cdc.gov
Breastfeeding has been shown to have numerous benefits for both the infant and mother. Infants receive active immunoglobulins, also known as antibodies, through breastmilk. Babies who are breast-fed have fewer respiratory infections, gastrointestinal infections and ear infections.

Although breastfeeding may not be for all new mothers, the doctors and nurses at Eisenhower Army Medical Center work diligently to encourage and support breastfeeding families.

In June 2017, EAMC began delivering its infants at Doctor's Hospital of Augusta. Doctor's Hospital is the first hospital in the Central Savannah River Area to have the prestigious accreditation as a Baby-Friendly birthing center. This important designation recognizes hospitals and birthing centers that offer an optimal level of care for infant breastfeeding and mother/baby bonding. From the start, families are offered breastfeeding information, confidence and skills needed to successfully initiate and continue breastfeeding their babies.

Breastfeeding decreases the incidence of childhood allergies, eczema and even certain forms of leukemia. Mothers who breast-feed lose their pregnancy weight more quickly and have a decreased incidence of both ovarian and breast cancer. Breastfeeding also strengthens maternal-infant bonding and decreases the incidence of postpartum depression. The American Academy of Pediatrics recommends breastfeeding exclusively for the first six months and continued breastfeeding until at least the first year of life.

In EAMC’s clinics, the staff continues to be strong breastfeeding advocates and educators. Many nurses attended a lactation training course this past fall. There are now nine lactation counselors/consultants at EAMC, more than any pediatric practice in the CSRA.

New mothers are offered lactation consultations at each visit and EAMC also has walk-in hours available for lactation help. The physicians in both the Family Medicine Clinic and the Community Care Clinic have also received extensive training on breastfeeding support and education.

Last February EAMC sponsored a daylong breastfeeding seminar for physicians, hosted by the Georgia American Academy of Pediatrics. Ninety percent of the staff that cares for newborns attended. Physicians also receive continued lactation education through the lactation program at Doctor’s Hospital.

Eisenhower fully supports Georgia state law, Ga. Code An. § 31-1-9, that supports a mother’s right to breastfeed her baby wherever she and her baby are legally authorized to be. (See the sidebar for details.) Additionally, EAMC offers two breastfeeding and pumping rooms — one in the FMC clinic on the second floor, and one on the 10th floor — and an additional room is always available in the CCC, if mothers would prefer this space.

EAMC also has adapter kits for mothers to hook up to hospital-grade pumps if they desire or, preferably, the staff can work with mothers with their own pumps so they can increase their comfort.

Tricare will pay for a breast pump with a prescription filled out by the mother’s obstetrician.

Some mothers are unable to breastfeed for a variety of reasons including inadequate supply, the need to be on a medicine unsafe for breastfeeding, need for radiation therapy, or infant with digestion difficulties or any other medical condition incompatible with breastfeeding. The Eisenhower care team understands that exclusive breastfeeding is not always the best option for all mothers and will work extensively with each family to come up with the feeding plan that is best for the infant and the mom in all situations.

The most important goal is for the mother to take care of herself medically and physically so she can enjoy and care for her beautiful new baby.

Check with your local military treatment facility for breastfeeding resources available.

Editor’s note: Dr. Mary Lewis Black is a board-certified fellow of the American Academy of Pediatrics and is the chief of Pediatrics for Eisenhower Army Medical Center. She also is the mother of two boys who she successfully breastfed for the first year of their lives.

Breastfeeding allowed anywhere at EAMC including two dedicated areas

By Mary Lewis Black, M.D., Chief of Pediatrics, Eisenhower Army Medical Center
The Accreditation Council of the UHMS has a new set of objective criteria that must be met for a hyperbaric facility to be accredited "with distinction." For a hyperbaric facility to be accredited WD, the facility must achieve a minimum score of 6 out of the available 10.5 points.

"I'm very proud of the work my folks have done," Richards said. "We have a tradition of earning accreditation with distinction, but this survey was extra special since we had the challenge of moving to a new facility and the criteria for achieving the 'with distinction' designation are more stringent."

The clinic houses a multi-person chamber to accommodate up to six patients at one time. It is pressurized with air and patients breathe oxygen underneath a hood or with a mask. Generally, a treatment plan will consist of 90 minutes of hyperbaric oxygen daily for six weeks or more. While in the chamber, patients can recline in a comfortable chair and watch TV or read.

A single chamber is also available for an individual patient to receive treatment. The facility was built so that an additional multi-person can be added if needed in the future.

According UHMS, hyperbaric oxygen is an intervention in which an individual breathes nearly 100 percent oxygen while inside a hyperbaric chamber that is pressurized to greater than sea level pressure.

"While hyperbaric chambers have been around for a few hundred years, hyperbaric oxygen is a more recent treatment," Richards explained. "Initially, patients were simply treated in pressurized rooms, but they just breathed air. In the 1800s, we knew that breathing oxygen under pressure could be toxic, so we avoided it. In the 1930s, some investigators began looking into using oxygen under pressure and developed safe protocols for its use."

The hyperbaric mission moved from Wilford Hall Ambulatory Surgical Center to BAMC in June 2017.

Richards credits the support of BAMC staff and leadership. "We couldn't have done this without BAMC support," he said.
With the 2018 election season in full swing, people are getting involved in political activities and supporting their favorite party or candidate. However, federal employees need to be aware of legal restrictions on their political activity set forth in the Hatch Act.

The Hatch Act governs the political activity of employees in the executive branch, which includes all Department of Defense employees. Specifically, the Hatch Act forbids activity directed at the success or failure of a political party, a partisan political candidate or a partisan political group while the employee is on duty or in a federal building.

The purpose of the Act is to protect employees from coercion about how they vote and to assure the public that the government is being run in a nonpartisan manner. Thus, there are many political activities employees may engage in while off-duty and on their personal time.

In general, all DoD employees may vote, express personal opinions about candidates or issues, make monetary contributions to a political campaign or candidate, display a political bumper sticker on a personal vehicle, attend political events and participate in nonpartisan activities not specifically identified with a political party. Political discussions among coworkers are also permitted as long as the discussions are casual and do not include any person trying to convince others to adopt partisan political ideas or support a certain candidate or party.

However, DoD employees may not participate in any political activity while on duty or in a federal building; use the insignia of a government office while participating in political activities; solicit, accept or receive political contributions; display campaign photos, posters, bumper stickers, or other campaign material in a federal building; engage in political activity while using a government vehicle; host a fundraiser for a partisan candidate; or run for public office in a partisan election.

Most General Schedule employees are not restricted by additional guidelines, and therefore may participate in a variety of other activities, such as volunteering with a partisan campaign while off duty, attending political rallies and meetings, and volunteering at the polls on Election Day. However, individuals appointed by the president and confirmed by the Senate, career and non-career members of the Senior Executive Service, contract appeals board members and all employees of the National Security Agency, the Defense Intelligence Agency and the National Geospatial-Intelligence Agency are further restricted and may not participate in any partisan campaign activities.

As social media has become a major mode of communication, employees should also be aware of the Hatch Act as it applies to political activities conducted on social media. Employees may not:

1) tweet, retweet, share or like a post or content that solicits political contributions;
2) like or follow the social media page of a candidate or partisan group while on duty or in the workplace; or
3) use their social media account while in their official capacity to engage in political activity.

Finally, employees should understand that they may not engage in political activity via social media (e-mail, blog, tweet, post) while on duty even if using a personal device or email account. This means that employees may not like, follow, tweet, retweet or share a post while “teleworking,” even if the employee is using his or her own personal device or email account in their own home.

Active-duty service members have restrictions not applicable to civilians. Military rules on partisan activities are outlined in DoD Directive 1344.10, Political Activities by Members of the Armed Forces.

The penalties for violating the Hatch Act are severe, and employees should seek advice before participating in any questionable activities. Employees should contact their local Office of General Counsel with specific questions.


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Hatch Act

What you need to know

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MERCURY 15
Residents get ready for operational medicine
By Kirstin Grace-Simons, Madigan Army Medical Center

Many Army doctors may spend a fair amount of their careers practicing medicine in a large MTF (military treatment facility). But, what they must always be ready for is rendering life-saving care in the most austere of environments -- of caring for the Soldier down range. For all the care they give in garrison, the Soldier on the battlefield is their ultimate priority.

"You may be an excellent provider or physician within your MTF, but when you go into operational medicine, that's a whole different area of practice," said Lt. Col. Thomas Bryant, Interservice Physician Assistant Program Phase II coordinator and deputy director of operational medicine at Madigan Army Medical Center.

Over the last eight years, Madigan's Graduate Medical Education and the Andersen Simulation Center (Sim Center) have been staging and expanding a culminating event, known simply as "Capstone," that ends with a field training exercise (FTX). This year's event, which spanned April 23 through 27, provided graduating residents at Madigan a chance to understand what operational medicine performed in a tactical setting is like.

This year's FTX involved units across Joint Base Lewis-McChord to include the 1st Special Forces Group (1SFG), 62nd Medical Brigade (62nd MED BDE), 7th Infantry Division, the 66th Theater Aviation Command (TAC) with the Washington Army National Guard (WAANG), and the U.S. Air Force's 446th Aeromedical Evacuation Squadron.

"The entire experience was extremely humbling and eye-opening. I've been in the Army for nearly 18 years now, and I've never really experienced that specific aspect of it. Trying to do the job the medics do -- it's not an easy job. It just gave me even more appreciation for what the medics do to get that patient to me so I can cut them open and fix them," said Capt. (Dr.) George Black, a surgical resident following a week of professional, simulation and field training that culminated in the FTX.

A substantial development over previous events -- the inclusion of 1SFG -- resulted from feedback from last year's exercise that expressed a need for more weapons familiarity and tactical exposure. The 1SFG also enabled the use of JBLM's premier training site -- Leschi Town.

Prior to the field exercise, residents participated in classroom and simulation training that reviewed the M.A.R.C.H. algorithm -- massive hemorrhaging, airway, respiration, circulation and head injury/hypothermia -- used for assessing a patient in a trauma situation.

Maj. (Dr.) Jeffrey Burket, a family medicine physician at Madigan who was involved as faculty for the FTX, stressed that the residents need to rely on that algorithm because, "Nobody gets smarter in an emergency."

The mission for the residents was complex. In configurations of eight teams of four to five residents and a nurse, they collected and prepared their equipment, received a mission brief and rolled out.

At Leschi Town, the teams worked along one of two lanes that lead them through the continuum of care from point of injury to a combat support hospital or MTF.

With the 1SFG Soldiers, they performed a care under fire tactical field care urban patrol, administering tactical combat casualty care (TCCC) throughout, moving through the different levels and roles they are likely to find in a deployed situation -- a casualty collection point (CCP), battalion aid station (BAS) and forward surgical team (FST). In addition to the care on the ground, they loaded, unloaded and performed medical interventions on casualties with various aircraft to include a UH-60 Blackhawk, a CH-47 Chinook and walking through a C-17 Globemaster III, a critical care air transport craft. They also treated their patients in a Stryker ambulance.

In assessing the exercise once complete, residents and faculty agreed it displayed how vital teamwork and communication are.

Staff Sgt. Virgil, an "18 Delta" or Special Forces medical sergeant with 1SFG, said the exercise showed, "How much you have to rely on people that you go to support."

Maj. (Dr.) Michael Braun, flight surgeon with the WAANG's 66th TAC, explained, "When we're deployed, we're all the same unit."

While a two-day exercise could never prepare a doctor for an operational situation, it did give a realistic view of what a day downrange could be for them. They dealt with equipment breakdown, running out of supplies and a need to improvise.

Speaking to all those points, Braun said, "The training was more realistic than you guys would imagine."

Throughout the week, the field exercise and the eight months it took to plan the event, relationships were established and strengthened. Relationships that will be relied upon for years to come.

"That's how the Army works -- you could call one of us five years from now and we'll say, 'Yeah, what do you need?'" said Braun, the main link to all the units involved.

At JBLM since 2008, Braun has been assigned to 1SFG, Madigan and brought his current unit, the 66th TAC, their Blackhawks, Chinooks and expert aviators to the exercise.

Lt. Col. (Dr.) Christine Vaccaro, Sim Center director, was one of a number of facilitators for the event to point out its training capacity. "This event is very unique, no other (medical center) has this. It's a benefit for our residents and the other units as well. Mutually beneficial is our watchword," she said.

As Braun and Col. (Dr.) Imad Haque, surgeon and deputy director of the Sim Center, both added, all units were accomplishing their own training objectives within this exercise.

Haque offered the example of the 62nd MED [Continued on page 17]
exposure to other units and their personnel's roles. "That entire concept is one of the main reasons this is such a big deal to us as an organization," explained Virgil.

1SFG brought the concept to life, infusing it with more realism than it had in previous iterations. "We took Col. Haque and Lt. Col. Vacca-ro's concept and did the (noncommissioned officer) job of actually putting it down on a piece of paper step-by-step to validate the feasibility of actually doing those concepts," explained Virgil.

Braun would like to see this become a launching pad for future training efforts. "We hope to model it for other states and other MTFs," he said.

As Madigan's graduating residents leave the well-stocked hospital as they are assigned to other locations, some operational and austere, they will have a greater appreciation of all these other assets that play a role in Army Medicine. They will also now have a sense of what downrange medicine will include.

Editor's note: Due to the mission of Special Forces Soldiers, some members of the 1st Special Forces Group (Airborne) do not release their full names.
Participants in the 2018 Annual Military Veterinary Research and Development Short Course completed another successful year by wrapping up their course in Silver Spring, Maryland, April 9-13.

Sponsored by the U.S. Army Medical Research and Materiel Command, the five-day course provides 40 total hours of education, training and exposure related to Department of Defense research and development mission requirements. Participants came from across the U.S. and included those that are stationed outside of the U.S. as well.

Part of the course serves as the principal recruiting tool geared towards Veterinary Corps Officers. The course exposes participants to research and development specialization offered via the U.S. Army Long Term Health Education and Training program, providing a unique glimpse into the career opportunities available and giving attendees the exclusive opportunity to really see what a day would be like in the life of a lab animal veterinarian, a pathology veterinarian, or a scientific researcher in comparative medicine.

"The large segment of the Veterinary Corps involved in Medical Research and Development missions contribute immeasurably to the overall military effort," said Lt. Col. Sarah Bro, executive officer for the Animal Care and Use Review Office, part of the USAMRMC Office of Research Protections. "Vaccine, antitoxin, and antidote development, directed toward the protection of military personnel, has been and will continue to be, heavily reliant on military veterinary expertise."

The course participants visited six different U.S. Army institutes where they were able to have hands-on animal interactions and facility tours. Seeing the different Army Medicine research facilities where Veterinary Corps Service Members work is always a highlight for the participants.

"It was fantastic getting to tour all of the research facilities and being able to hear about their missions," shared one student. "I plan on applying for one of the programs in 2020."

A 2017 participant added, "Hearing from the principal investigators was fantastic. It was great to see how vets and the principal investigators work together and what the research accomplishes."

Participants visited the Uniformed Services University of the Health Sciences, the Armed Forces Radiobiology Research Institute, the U.S. Army Medical Research Institute of Infectious Diseases, the U.S. Army Medical Research Institute of Chemical Defense, the Joint Pathology Center and the Walter Reed Army Institute of Research.

"This course is a very successful recruiting tool for the Army," said Bro. "In 2017, 14 out of 15 attendees reported by survey they would apply to an R&D program. In 2018, eight of nine attendees committed to applying to an R&D specialty. By having educational courses such as the Veterinary Research and Development Short course, the Army ensures that the Veterinary Corps will be able to continue its broad functions of food safety and security, animal care, veterinary public health, and research and development."
Each year on July 27th, we honor and celebrate the Army Medical Department's birthday. The Army Medicine team has been supporting our nation's warfighters since 1775. Soldier-medics have served in every American conflict dating back to the Revolutionary War. In those 243 years, we have evolved, leveraging innovation and technology. Today, we serve more than 3 million Soldiers, Families and beneficiaries around the world. Your dedication and professionalism is what makes the Army great. Thank you for all that you do. Happy Birthday Army Medicine!
Pain is treatable with other alternatives such as:

Yoga
Occupational Therapy
Interventional Therapy
Acupuncture
Rehabilitative Medicine
Physical Therapy
Kinesiology

Check out your nearest Army Interdisciplinary Pain Management Center or Primary Care Pain Champions to provide state-of-the-art rehabilitative, integrative and interventional pain care.
Can you imagine moving a whole hospital from one continent to the next with little or no notice?

In the military, troops have to be ready for rapid deployments -- and supporting medical teams have to be just as fast and agile.

Instead of always shipping large quantities of equipment and supplies to distant locations, units may leverage Army Prepositioned Stocks. The APS program strategically stores equipment and supplies on land and at sea all around the world. APS allows units to mobilize quickly and efficiently, knowing the equipment and supplies they need will meet them in a deployed setting.

The current APS program began in 1992 when the Chief of Staff of the Army directed a reduction in War Reserve and operational project stocks, and transferred management and accountability responsibilities to the U.S. Army Materiel Command -- all except for medical materiel (i.e., Class VIII). The Army's APS medical materiel falls under the responsibility of the Army Surgeon General, who delegated central management to the U.S. Army Medical Materiel Agency, a subordinate organization of the U.S. Army Medical Research and Materiel Command.

While many Soldiers may be somewhat familiar with the concept of APS, the lesser known part of this program is how these complex medical sets of equipment and supplies are transferred quickly and efficiently to units. That essential function is completed by a team of specialized experts -- the USAMMA Medical Logistics Support Team.

The MLST is an essential part of the USAMMA's worldwide medical logistics support mission. MLST members include a mix of military, civilians and contractors with specialty skills ranging from logistics, to medical maintenance and repair, to support services such as resource management and information technology.

Once the Department of the Army approves the release of APS to a unit, the USAMMA activates a MLST to meet that unit and rapidly transition the Army's centrally managed pre-positioned medical stock, while also ensuring that all of the equipment the unit receives is fully mission ready. But handing off the APS is only part of the mission for the MLST. Some team members, such as those with medical maintenance expertise, may stay with the unit and continue to provide assistance.

"The MLST are some of the top 'All Star' players of USAMMA," said USAMMA's Chief of Materiel Fielding Maj. Daniel O'Neill. "We send our best because we want to do everything necessary to get the receiving unit equipped, and then sustain them until the ground forces establish long-term medical logistics supply and support."

According to O'Neill, an MLST configuration is flexible and can come in all shapes and sizes, depending on the scope of the mission. For example, handing off several sets, kits and outfits of medical equipment and supplies to a smaller detachment may take about 14 team members. However, more than 25 members may be needed to field the amount of equipment and supplies needed to equip a full Combat Support Hospital.

Almost a quarter of the USAMMA's employees -- or nearly 100 people -- are assigned to positions that could deploy in support of the MLST missions. If necessary, the USAMMA can deploy more than one MLST at a time or split an MLST on ground to support dual-based operations.

"The goal is to keep a steady supply of MLST members who are ready to deploy very quickly," said O'Neill.

In the past five years, USAMMA MLSTs have deployed six times to field APS, including training exercises. MLSTs have also deployed to support fieldings and upgrades involving Army Medicine contingency programs, such as the Medical Materiel Readiness Program. The MMRP, which is centrally managed by the USAMMA in Herlong, California, consists of four fully maintained Role 3 hospital configurations, including three 248-bed CSHs and one 240-bed Hospital Center of Class VIII medical materiel.

Cpt. Bryan Pamintuan, an MLST member who will deploy soon on his first MLST mission, said team members must keep their Army readiness status "green" and their medical logistics skills sharp.

"MLST training is really built in the day-to-day operations at USAMMA," said Pamintuan. "The only thing that changes is our location."

MERCURY 21
The top enlisted leaders of U.S. Army Medical Command gathered for a two-day summit focused on the future of enlisted talent management with the Army Medical Department.

Hosted by MEDCOM's command sergeant major, more than 30 sergeants majors discussed developmental and operational overviews along with best practices to ensure the Enlisted Medical Corps stays relevant, adaptive and responsive to the Army's need for medical care.

"We are here to move Army Medicine forward," said Command Sgt. Maj. Michael Gragg, MEDCOM command sergeant major. "We need to drive our people back to our Soldier skills."

"We've done a great job of collaborating and building understanding. We want to develop individual Soldiers as we move them up into the system."

Hot topics of discussion included the upcoming changes to the Expert Field Medic Badge, which will consist of a refocusing on weapons qualifications, PT test scores and overall training requirements.

"The discussions are focused on how we improve the mission. One of the things we talked about is the EFMB," said Command Sgt. Maj. David Rogers. "Back when I came into the Army in the 80's, if you didn't have it, people looked at you and wondered if you really were a medic. Could you really do your job? We went away from that, and we're bringing our focus back to it. We think it's important because it builds skills, builds confidence and shows people we're going the extra mile to develop our medics and all the 68 series MOS."

These changes and discussions are designed to create a seamless career path for the Army Medicine Soldiers currently enlisted and those who will join the force in the future, said Gragg.

"For the young PFC, this is seamless to you. What this does is secure a future for you to be able to grow and be a future leader in Army Medicine, without you having to try and put in the effort to find the right job," said Gragg. "The right career path will be designed for you. All you have to do is perform your mission phenomenally and you will be rewarded with exceptional leadership along the way."

"This is all based off our experience, the current picture, and what we see Army Medicine doing in the future," said Regional Health Command-Atlantic Command Sgt. Maj. Matthew Brady. "We understand as we make these decisions and recommendations now they will likely change in the future one way or another or could become a hybrid of what we're looking at now."

"It's important for all Soldiers at all levels to communicate up the chain how they see things and their recommendations," said Brady. "We should always be improving and a part of that is for them to voice their recommendations for change."

"We are going to put the Soldier back in Army Medicine and Soldier-medics," said Gragg. "Our job is to ensure they're Soldiers first and Soldiers who are medically trained."
university of Hawaii cadets, across the Pacific region took part in the German Armed Forces Proficiency Badge competition and were tested over the course of three days with a 100 meter swim while wearing the Army Combat Uniform, basic fitness test encompassing a sprint, flex arm hang (chin-up test) and a 1,000 meter run. Competitors also had to pass a pistol qualification, which included firing an M9 in a prone position, kneeling position and standing position. The three-day competition took place April 30 through May 4, 2018, as part of the German Armed Forces Proficiency Badge competition hosted by Regional Health Command-Pacific (RHC-P) with the assistance of the Schofield Barracks 303D Ordnance Battalion (Explosive Ordnance Disposal). (U.S. Army photo by SFC Luisito Brooks, 18th MEDCOM (DS))

Service members from across Hawaii vied for the honor to wear a decoration of the German Armed Forces. The competition, hosted by Regional Health Command-Pacific (RHC-P) with the assistance of the Schofield Barracks 303D Ordnance Battalion (Explosive Ordnance Disposal), took place April 30 through May 4, 2018.

The German Armed Forces Proficiency Badge (GAFPB), or as referred to in German as Abzeichen für Leistungen im Truppendienst, is a decoration of the German Armed Forces, authorized for wear by the U.S. military, and awarded to Soldiers of all ranks. The GAFPB is one of the few approved foreign awards, and according to program leads, is one of the most sought after awards to achieve.

During the three-day event, 567 Soldiers, Marines, Sailors, Airmen, Coast Guardsmen, and university of Hawaii cadets, across the Pacific region took part in the German Armed Forces Proficiency Badge competition and were tested over the course of three days with a 100 meter swim while wearing the Army Combat Uniform, basic fitness test encompassing a sprint, flex arm hang (chin-up test) and a 1,000 meter run. Competitors also had to pass a pistol qualification, which included firing an M9 in a prone position, kneeling position and standing position, as well as enduring a ruck march, carrying a 33 pound ruck sack, in order to earn gold, silver or bronze badges.

As the final tally came in, a total of 326 service members met the rigorous challenge, thus earning the badge, with a medal count of 15 bronze, 210 silver and 101 gold. "The service members who competed for the GAFPB are a shining example of the strength of our nation," stated Sgt. Maj. Larry Reyes, acting senior enlisted advisor, RHC-P. "I am especially proud of the team of RHC-P Soldiers and support staff who put forth their very best in the competition and to host this event, as they carry on the tradition of Army excellence, representing the Army's number one priority, readiness."

The competition is also a time to partner together with German allies, who travel across the country in support of the event.

"Any time we can come shoulder to shoulder with our international partners, we not only strengthen our longstanding alliance, but enhance our Soldier skills," said Reyes. "Both of those are a win, no matter how many participants walk away with a badge."

Reyes also added that this year's competition is the largest held to date.
SEPTEMBER 2018

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Ensure your children maintain a healthy weight to prevent health problems like Type 2 Diabetes.

Learn all the facts at: cdc.gov/features/childhoodobesity

armymedicine.health.mil
The Mediterranean diet is based on the traditional diets and lifestyles of people from countries surrounding the Mediterranean Sea, such as Italy and Greece. Since the early 1960s, researchers have noted that these people are exceptionally healthy compared to Americans and have a low risk of many chronic diseases, such as heart disease and diabetes.

Numerous studies over the years have shown the Mediterranean diet helps prevent heart attacks and strokes, protects against cancer, helps with weight loss and even helps people live longer.

There is no one right or wrong way to follow a Mediterranean diet. Remember: there are many countries around the Mediterranean Sea and the people living there don't all eat the same things. Consider this a general guideline, not something written in stone. The foods and ingredients can be modified to fit individual needs and preferences. It's even great for children.

The Mediterranean diet includes a variety of fruits, vegetables, whole grains, beans, fish and healthy fats. Nutrients from these foods help support optimal growth and development while also promoting a healthy weight. If you'd like for you and your family to enjoy the healthful benefits of the Mediterranean Diet, these easy steps can help you get started:

**Build a strong base**
Fruits, vegetables and whole grains are the foundation of the Mediterranean diet, delivering a wide variety of vitamins and minerals, carbohydrates for energy and fiber for smooth digestion. Instead of making meat the main event, use plant-based foods as the foundation for hearty meals such as pasta with vegetables, minestrone soup or stir-fried veggies over brown rice.

**Learn to love beans**
You won’t find much red meat or even chicken in this diet, but there are plenty of beans — also called legumes — and lentils. Beans are naturally low in fat and loaded with protein, fiber and healthy carbohydrates. Beans are also high in potassium, magnesium and iron. Add a variety of beans to your diet by tossing chickpeas, soy or kidney beans into salads; add peas or lentils to cooked rice; or mash seasoned pinto beans into a cheesy quesadilla.

**Look toward the sea**
Fish and seafood plays a starring role in the Mediterranean diet. They are a top source of brain- and heart-healthy omega-3 fatty acids, plus they’re packed with protein. Seafood cooks fast, making it perfect for quick meals such as grilled shrimp tossed into pasta marinara, or tuna stirred into whole-wheat couscous.

**Stop fearing fat**
Monounsaturated fats from olive oil, nuts and seeds are an important part of the Mediterranean diet. In addition to making olive oil your go-to cooking oil, toss pine nuts or sliced almonds into sautéed green beans, spinach or asparagus. Make your own trail mix using dried fruits, whole-grain cereals, nuts and seeds ... a great activity for children.

**Dip it**
Children (and adults) love to eat foods they can dip. Dunking veggies into Mediterranean-inspired spreads such as hummus, tzatziki — a creamy yogurt dip — or baba ghanoush, made from sesame and eggplant, sneaks in a serving of vegetables and keeps the wee ones happy.

**Live it**
Finally, the Mediterranean lifestyle is almost as important as the diet if you want to gain all of the protective health benefits. This includes regular physical activity, getting plenty of sleep, sharing your meals with friends and family, and enjoying life.
Army Surgeon General's Contingency Programs Provide Rapid Medical Readiness
By Ellen Crown, U.S. Army Medical Materiel Agency Public Affairs

Today's Army faces complex, worldwide threats that set the conditions for varied missions in numerous environments -- all under continuing budget reform. Being able to medically support Soldiers anywhere in the world at any given time demands a commitment to readiness -- all the time. Readiness determines the Army's ability to fight and win our Nation's wars; it is the capability of forces to conduct the full range of military operations to defeat all enemies regardless of the threats they pose.

To ensure the highest level of readiness, Army Medicine created several medical materiel contingency programs, including the Medical Materiel Readiness Program; the Centrally Managed Medical Potency and Dated Materiel Program with Unit Deployment Packages; and the Medical Chemical Defense Materiel contingency stock. These programs are operationally managed by staff at the U.S. Army Medical Materiel Agency, a subordinate organization of the U.S. Army Medical Research and Materiel Command.

Each of these Army Medicine contingency programs offer specific medical capabilities that can be leveraged individually or combined to support a variety of operational requirements, affording today's Army with greater logistical flexibility and medical materiel readiness.

Medical Materiel Readiness Program (MMRP)
Combat Support Hospitals (CSHs) provide unmatched Role 3 combat health support with a 98 percent survivability rate over the past decade--the highest in the history of American warfare. To ensure CSH capability in a contingency, Army Medicine developed the MMRP in 2007. While this program was originally developed as a result of the Reserve Component Hospital Decrement program, none of the assets within the MMRP are earmarked to a specific unit. Rather, MMRP focuses on making sure that four centrally-managed, fully modernized CSHs are maintained at a maximum state of readiness for any approved medical unit -- active or reserve. A team of biomedical equipment specialists service the MMRP maintenance-significant equipment year-round at Sierra Army Depot in Herlong, California. They complete one hospital per quarter, so that three CSHs are ready at all times.

What's included: The current program consists of four Role 3 hospital configurations, including three 248-bed CSHs and one 240-bed Hospital Center of Class VIII medical materiel. Typically, units request smaller "slices," such as specific medical sets, of an MMRP CSH or field hospital/ detachment as a component of a hospital center, based on approved requirements.

What's not included: The MMRP does not include potency and dated materiel with a shelf life of 60 months and less.

How to request it: OTSG is the release authority. Supply Bulletin 8-75-S7 provides a template (Appendix C) that units can complete and then route through their higher headquarters. Once OTSG has advised USAMMA of approved release, USAMMA will deploy a Medical Logistics Support Team (MLST). The MLST will conduct a thorough quality assurance check required to prepare the approved bed configuration for inventory and ship to the gaining unit.

Unit Deployment Packages (UDP)
Potency and dated (P&D) items create unique logistical challenges for units. These items can be costly and have a limited shelf life. While units are expected to maintain their unit basic load of medical P&D materiel, lessons learned from previous conflicts indicate that many units may have P&D shortages. To ensure units have the medical resources they need when called to support a contingency, the Office of the Surgeon General and USAMMA developed the Centrally Managed Medical P&D Materiel Program. The term "unit deployment package" is used within the program to describe a unit's basic load of medical P&D materiel with a shelf life of 60 months and less. This program can provide early deploying Echelon Above Brigade medical units, that are deploying from state-side home stations, with their basic load of medical P&D materiel with a shelf life of 60 months and less. Strategies for providing this materiel include acquiring and positioning medical materiel at various state-side and overseas locations, or using multiple prime vendors.

What's included: A UDP consists of medical and non-medical potency and dated materiel with Medical Unit Assemblage Group Codes (MUAG) 1, 4-9, A, B, D, E, G-I, and N and a shelf life code (SLC) of 60 months and less (Type I NSNs SLC A-H, J-N, P-S and Type II NSNs SLC 1-9). Active Component, Reserve Component

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Medical Chemical Defense Materiel (MCDM)

To protect our Soldiers from deadly threats, Army Medicine sustains an initial issue inventory of consumable medical countermeasures against a variety of Chemical, Biological, Radiological and Nuclear (CBRN) warfare agents. These assets are maintained for Soldiers and military working dogs that deploy in support of geographic combatant theater-strategic and operational requirements. Additionally, Army Medicine sustains the initial issue of potency and dated CBRN items for the Medical Equipment Set (MES) Chemical Agent, Patient Treatment (Line Item Number (LIN) M23673). These CBRN warfare agents provide deploying medical units with the capability to treat and protect themselves and other chemical casualties.

What's included: Initial issue MCDM for Soldiers, military working dogs, and the MES, Chemical Agent Patient Treatment (LIN M23673)

• DH1 - Initial issue MCDM for Deployable Force Packages
• DH5 - Potency and Dated MCDM for the MES, Chemical Agent Patient Treatment (LIN M23673)

• Y3R1 - Initial issue MCDM for Defense CBRN Response Force

For a full description of what is available in each project, read Supply Bulletin 8-75-S7, chapter 5.

What's not included: Non-potency and dated materiel, such as equipment, are not included.

How to request it: OTSG is the release authority. Supply Bulletin 8-75-S7 provides a template (Appendix B) that units can complete and then route through their higher headquarters. Pending OTSG approval, USAMMA will coordinate procurement and shipment.

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and National Guard early deployments in Echelon Above Brigade units will receive Type I and II medical and non-medical UDP items (MUAG 1) with a shelf 60 months and less based on the initial 31-day declared contingency Time Phased Force Deployment List (TPFDL) requirement and available funding. While the Centrally Managed Medical P&D Materiel Program will provide materiel to those Echelon Above Brigade medical units deploying on or before day 31 of a declared contingency, units must keep in mind that the TPFDL is a flexible and fluctuating schedule. Should a unit with an initial deployment date sooner than day 31 suddenly find itself deploying beyond day 31, that unit will be deleted from OTSG's list of units scheduled to receive a UDP. Therefore, units must plan appropriately.

What's not included: Non-potency and dated materiel, such as equipment, are not included.

How to request it: OTSG is the release authority. Supply Bulletin 8-75-S7 provides a template (Appendix B) that units can complete and then route through their higher headquarters. Pending OTSG approval, USAMMA will coordinate procurement and shipment.

SOLDIERS HELPING SOLDIERS
ARMY MEDICAL COMMAND BLOOD DRIVE
16 MAY 2018

MEDCOM Soldiers and Civilians participated in a blood drive May 16, 2018 at the AMEDD Center and School on Joint Base San Antonio. Forty donors were screened for a collection of 35 units all donated to the Brooke Army Medical Center. Some of the plasma will be stored and shipped overseas to CENTCOM/AFRICOM. This blood donation resulted in $14,000 worth of potential cost avoidance. To find a Armed Forces Blood Program blood drive near you, visit: http://www.militaryblood.dod.mil. (U.S. Army photos by Staff Sgt. Amy Klugg)
Years of hard work, leadership, focus, and discipline led to a career milestone for five Fort Campbell non-commissioned officers recently with their induction to the Sergeant Audie Murphy Club, May 10.

Blanchfield Army Community Hospital NCOs, Sgt. 1st Class Ivan Tanna, Staff Sgt. Shaneka Brown, Staff Sgt. Cory Hudson, Staff Sgt. Eric Serrano, and the 101st Airborne Division Artillery Brigade’s Staff Sgt. Tamika Wilcox from 3rd Battalion, 320th Field Artillery Regiment, 101st Airborne Division Artillery Brigade – “Red Knights” were inducted into the SAMC, a professional organization of NCOs who exemplify Army leadership, during a ceremony on post.

The motto of the club is, “You will lead from the front.” During his remarks, fellow SAMC member and guest speaker Command Sgt. Maj. Christopher Earle, Blanchfield’s senior enlisted leader, shared the meaning of the club motto and how he saw the NCOs induce exemplify the motto.

“It means that NCOs who are part of this club accept challenges, because we all know if something does not challenge you, it does not change you. Leading from the front also means willing to do what many won’t do or can’t do and it also means moving outside your perceived comfort zone and inspiring others to follow in your footsteps,” said Earle.

The command sergeant major used Staff Sgt. Brown as an example. Brown, who passed her SAMC board late last year, was the first NCO at Blanchfield in a number of years to be selected for membership. Under Earle’s guidance and with the support of other SAMC members, Brown did the leg work to have an opportunity to go before a SAMC board. It was a rigorous process and involved a lot of coordination.

Candidates endure a lengthy four-part selection board process where board members look at the number of Soldiers the NCO supervises and accomplishments under the NCO’s leadership, military and civilian education, community service and the NCOs contribution to Army combat readiness.

“Other NCOs took notice as Brown went through the board process and were inspired in the subsequent quarters to follow her lead, resulting in the induction of five NCOs to the SAMC, today. Inspirational leadership is contagious. These five NCOs have inspired others to step outside the box by their proven example. The NCOs before you join an elite club of NCOs who represent only 10 percent of the NCOs in our Army. The values of our club are loyalty, caring, discipline and professionalism. Each of these NCOs represent these values on a daily basis,” said Earle.

Brown said she is immensely proud and honored to join the organization named for one of America’s most decorated combat Soldiers.

“Selection to the Sergeant Audie Murphy Club is an overwhelming feeling of joy, accomplishment. (Continued on page 29)
Blanchfield Army Community Hospital Soldiers Sgt. Cory Hudson and Sgt. 1st Class Ivan Tanna, 101st Airborne Division Artillery Brigade Soldier Staff Sgt. Tamika Wilcox, Blanchfield’s Command Sgt. Maj. Christopher Earle, Staff Sgt. Eric Serrano, and Staff Sgt. Shaneka Brown prepare to slice a celebratory cake after Earle and Blanchfield Commander Col. Anthony McQueen inducted the non-commissioned officers into the Sergeant Audie Murphy Club. Named for Medal of Honor recipient Audie Murphy, SAMC is a professional organization of NCOs who exemplify Army leadership. (U.S. Army photo by Maria Yager).

Members conduct charity work for the homeless, help the elderly, assist the handicapped, and work to provide a better life for everyone in the community. The club recognizes NCOs who significantly contribute to the development of a professional NCO Corps and a combat ready Army. Awardees exemplify leadership, characterized by personal concern for the needs, training, development and welfare of Soldiers as well as concern for the families of Soldiers. Members are selected based on demonstrated leadership, professionalism and overall general military knowledge.

During the induction ceremony, Soldiers who served under these NCOs gave testimonials of their NCO’s leadership, support and guidance. “Sgt. 1st Class Tanna was my first NCO in the Army. He has taught me a lot about self-discipline and ways to become a leader in the future,” said Blanchfield Soldier Spc. Shane Sheffield. Under Tanna’s guidance, Sheffield performed his job and assumed greater responsibility and experience resulting in the Soldier’s promotion before his peers. Sheffield said Tanna’s actions inspired him and set the example of what leadership is in the Army.

Club guidance states that each sergeant is responsible for the training and welfare of their Soldiers, constantly displaying a positive attitude at work and is an upstanding citizen. NCOs seeking to join the Sergeant Audie Murphy Club must serve as leaders of character, competence and commitment and be an example for subordinates, peers and superiors alike. The board also evaluates how the NCO may have handled disciplining of Soldiers in adverse cases such as Absent Without Leave, Driving While Intoxicated and Uniform Code of Military Justice violations.

In the final phase of the selection board, candidates must complete a written exam, essay, and oral board. U.S. Army Medical Command Soldiers can learn more about the SAMC in MEDCOM Regulation 215-2.

[Continued from page 28]
Medical providers from the 449th Combat Aviation Brigade facilitated a 10-day aeromedical evacuation training course with Iraqi nurses April 22 - May 3 at Camp Taji, Iraq.

The concept of the program was to use the train-the-trainer model, where the 449th CAB medical staff provided information on medical evacuation principles and tactical combat casualty care to the Iraqi nurses so they are able to self-sustain and teach courses in the future.

"Battlefield trauma research shows that uncontrolled blood loss is the leading cause of death in 90 percent of the potential survivable battlefield cases, which makes this training necessary," said the 449th CAB Aeromedical physician assistant, Capt. Jonathan Campbell.

The primary instructors, Campbell and the brigade surgeon, Lt. Col. Wes Hite, began the course by assessing the medical knowledge of the students with a written exam. Co-written with an Iraqi flight surgeon, the test gave the instructors a starting point for teaching the class and guided which lessons needed to go more in depth.

"A lot of their knowledge was from a nursing standpoint or hospital-based care," said Hite. "We have been able to provide them a different way of looking at point-of-injury care, that additional minutes to hours that take place with battlefield trauma."

Hite and Campbell presented the majority of the material to the students in the class and stressed the basics. Their teaching techniques were designed to address the most likely injuries that will result in battlefield death in the appropriate order.

"The biggest key points emphasized throughout the course was the M.A.R.C.H. algorithm, which is a technique used to treat for massive hemorrhage, airway, respiratory trauma, circulation and hypothermia," said Campbell.

The United Kingdom Training Team 1, Armored Medical Regiment medic instructor Staff Sgt. Natalie Jackson, helped support the course and stressed the importance of understanding anatomy and physiology and the ability to recognize normal and abnormal signs with casualties.

"It was important to deliver the course at the right level across a range of trade qualifications, ensuring the basic principles and treatment techniques were fully understood," said Jackson. "Practical sessions allow for the students to practice skills in developing life-saving treatment techniques."

This additional medical knowledge further allows the Iraqi medical staff to join in the fight against ISIS by enhancing their effectiveness on the battlefield.

"[MARCH] spans their capability to push out into battlefield operations when they know their ability to care for the wounded is elevated to a level that aeromedical evacuation can do," said Hite. "They have the capability and training to point-of-injury care to evacuate Soldiers from there back to a hospital setting in a short amount of time."

The course came with its challenges to include language barriers and the slight differences between U.S. and U.K. treatment and assessment methods. However, learning different methods can be beneficial and enhance preferred techniques, according to Jackson. These techniques were tested during the student's final training event.

The culminating training exercise was comprised of a scenario where students provided point-of-injury care and medevac care while flying on the Eurocopter to a multi-trauma casualty mannequin under stress inoculation.

"Students should be able to perform basic functions the same regardless of the environment they are in," said Campbell.

Seven Iraqi students assigned to the Iraqi army aviation graduated from phase one of the aeromedical evacuation course May 3, with hopes of continuing the additional phases in the near future.
Don’t let your child go down the summer slide!

Children who don’t read during the summer can lose up to two months of learning by the time they return to school in the fall.

Reading Takes You Everywhere
Summer Reading 2018 at DoD-MWR libraries

In partnership with iREAD Summer Reading, library programs will include activities, graphics, crafts, reading lists, incentives, and much more for children, teens, and adults. The benefits of summer reading are clear. National research finds that students who participate in library summer reading programs scored higher on reading achievement tests at the beginning of the next school year than those who did not participate. Our mission at DoD-MWR Libraries is to provide the resources and experiences to bridge this summer gap, while inspiring literacy and life-long learning.

Learn more at www ila org/dodsumeread or contact your installation library or email us at:
Army: usarmy.mwr.library@mail.mil  Navy: NGLP@navy.mil  Air Force: libraries@myairforc-life.com  Marine Corps: usmclibraries@usmc.mil

MyPlate Crossword Puzzle

Use the words from MyPlate to help you complete this puzzle.

Across
1. Use the My ________ as a guide.
2. Apples, oranges, and bananas fit into this food group.
3. This sweet, smooth food comes in many different flavors and is a great way to get calcium for your bones.
4. ________ are an orange vegetable.
5. Try fat-free or low ________ foods when you can.
6. Use whole-grain ________ for your sandwiches.
7. Cheddar, swiss, mozzarella, monterey jack are examples.
8. Fits into the grains group of MyPlate. Goes great with stir-fry.
9. MyPlate is a ________ to help you eat a variety of foods for a healthy body.
10. Spaghetti is a type of ________.

Down
1. Chicken and turkey are examples of ________.
2. Eat a variety of ________ from all of the groups.
3. Broccoli and green beans are examples of a ________.
4. These are a great source of protein and can be mixed with cereal and dried fruit for an "on-the-go" snack.
5. Pinto, kidney, black, refried – there are lots of different kinds and they can be eaten lots of different ways.
6. Vegetable or olive ________ are often used for cooking and are part of a healthful diet.
7. This makes a quick and easy "ready-to-eat" breakfast with fruit and milk.
8. You can hard-boil, scramble, fry, or poach these, or eat them as an omelet. How do you like your ________?
9. Salmon and trout are examples of ________.
10. Lean ________ is an excellent source of protein, iron, and zinc.

Find answers at: www.raisinghealthykidz.org/nutrition/answer-key-to-the-myplate-crossword-puzzle