

NORTH

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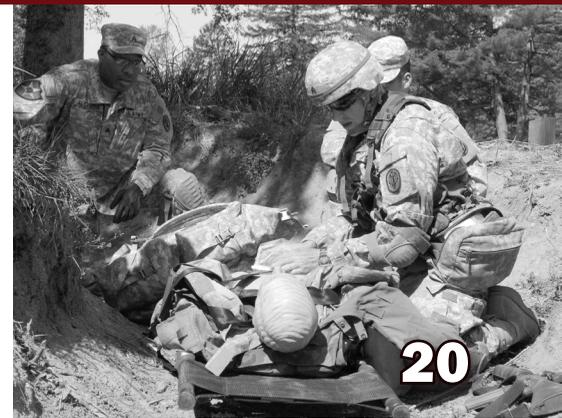


**WHAT IT TAKES
TO EARN THE
EXPERT FIELD
MEDICAL BADGE**

RESILIENCE DEFINED
NRMC Soldiers Excel
at Warrior Games

**KELLER BREAKS GROUND
ON NEW FACILITY**

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ON THE COVER: The Expert Field Medical Badge test is the utmost challenge to the professional competence and physical endurance of the Soldier medic. This skill badge is the most sought after medical peacetime award in Army Medicine.

Photo: Spc. Kelley Oaks, 715th Public Affairs Detachment



NORTH

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A MESSAGE FROM NRMCM LEADERSHIP



Brig. Gen. (Dr.) Joseph Carvalho, Jr.



Command Sgt. Maj. Benjamin Scott

Welcome to the summer edition of North. We started this magazine nearly two years ago with the mission of bringing you stories of the men and women of the Northern Regional Medical Command, with all their diversity, and this issue is another example of that commitment. We focus squarely on our ability to excel as Soldier Medics. Our Soldiers amaze us every day with their dedication to Warrior Care, while displaying their skills as Soldiers and leaders.

We have coverage of the NRMCM Expert Field Medical Badge qualification, held this year at Joint Base McGuire-Dix-Lakehurst, N.J. Additionally, our junior enlisted Soldiers and NCOs competed for the coveted title of Best Warrior, also at JBMDL. Both events showcased our Soldiers' abilities to heal and to fight.

The commitment of our Soldiers-in-Transition (ST) and their cadre are again on display. First, Soldiers of the Fort Knox Warrior Transition Battalion Headquarters and Headquarters Company complete a grueling 30-mile, two-day road march to deliver presents to patients at a local children's hospital. This vital event helped maintain the link of caring between Army Medicine and our surrounding communities, and events like the road march serve to enhance our mutual support.

It was also heartening to see the outpouring of support from the Nation for our STs at the third annual Warrior Games. NRMCM athletes competed well against STs from the other services and Great Britain, who joined the games this year. They all demonstrated that ability trumps disability every time.

Within this magazine you will find stories from all across the region – from Kenner Army Health Clinic at Fort Lee, Va., to Kimbrough Ambulatory Care Clinic at Fort Meade, Md., to Keller Army Community Hospital at West Point, N.Y. – all demonstrating NRMCM's commitment to providing effective healthcare to each and every one of our beneficiaries. Enjoy!

Brig. Gen. (Dr.) Joseph Carvalho, Jr.
Commanding General
Northern Regional Medical Command

Command Sgt. Maj. Benjamin Scott
Command Sergeant Major
Northern Regional Medical Command

UNIT PRACTICE COUNCILS IMPROVE NURSING CARE

Story by Maj. Amy Hadsell, Womack Army Medical Center

FORT BRAGG, N.C.--The Patient Caring Touch System is an Army nursing program designed to improve patient care. One of its major elements includes shared accountability. Staff members are empowered to improve nursing practices at every level—tactical, operational and strategic.

Shared accountability creates a structure to implement practice guidelines, provides a framework for professional accountability and recognizes staff nurses' authority and responsibility to their practice. It promotes nurses' voices in their practice, improves the work environment and the quality of nursing care.

One way to accomplish this is through the use of unit practice councils.

Unit Practice Councils (UPCs) at Womack Army Medical Center are made up of registered nurses, licensed practical nurses, certified nursing assistants, medics and clerks.



The UPC members gather information from other staff, patients and Families, as well as unit performance data to identify opportunities for improvement. Once identified, improvements may be as simple as a talking with another service to develop a policy change or complex research and evidence based practice projects.

Since implementation, UPCs made quick improvements such as changing the type of

eye protection used on newborns receiving light therapy which eliminated skin breakdown, coordinating with the operating room to add an extension tubing to their intravenous lines eliminating more steps for floor nurses and improving patient comfort, implementing hourly rounds, and creating a bereavement support program.

The UPCs also work on more complex projects such as changing the type of scrub sinks outside of the neonatal intensive care unit and modifying nursing documentation forms.

Each month, UPC chairpersons meet at the facility-level nurse practice council. They share their quick wins and their ongoing projects. The nurse practice council decides on recommendations for changes that affect nursing care throughout the organization.

Recently, the Nurse Practice Council developed a standardized white board for hospitalized patients to improve communication between the patient, Family, and healthcare team. The UPCs continue to implement changes to improve patient care.

KAHC LAB CAPTURES COVETED CAP ACCREDITATION

Story by Tereasa Wade, Kenner Army Health Clinic Public Affairs

FORT LEE, Va.-- The College of American Pathologists (CAP) gave its full accreditation stamp of approval to the clinical laboratory services at Kenner Army Health Clinic (KAHC) following an on-site inspection March 13.

During the accreditation process, inspectors examined the laboratory's records and the quality control procedures for the preceding two years. The team also examined the staff's qualifications, the laboratory's equipment, facilities, safety program and overall management of the laboratory.

The inspection program ensures the highest standard of care for all laboratory patients, including those who are served at the troop medical clinics, according to Col. Joseph S. Pina, commander, KAHC.

As the leading organization of board-certified pathologists, CAP serves patients, the medical community and the public by fostering and advocating excellence in the practice of pathology and laboratory medicine worldwide.

Every two years, the KAHC laboratory

undergoes a CAP inspection to maintain accreditation.

"Achieving and maintaining CAP accreditation is an on-going process," said Capt. Vincent L. Duncan, chief, Laboratory Service at Kenner.

"This medical facility is fortunate to have experienced, certified laboratory personnel who are dedicated to upholding the standards and guidelines set by the CAP. Without each team member's dedication, knowledge and experience, we would not have reached this level of accreditation."

KIMBROUGH GROWS, EXPANDS SERVICES



Story by Brandon Bieltz, Fort Meade Stand Off

The projects were completed at a cost of approximately \$4.5 million.

“With a 50-year-old building, it’s important to keep up-to-date for both quality and safety purposes,” Moores said. “We want to make sure we’re able to provide safe care and high-quality care. To do that, we need to make sure our facilities are meeting current standards.”

To meet the needs of all patients, Kimbrough also has increased primary care teams, brought in an internal medicine team and built a new clinic for the pediatric team.

More patients also require more prescription medicine. Two years ago, the Kimbrough pharmacy was averaging 600 to 700 prescriptions per day.

Today, the number is close to 2,000. To handle the heavy volume of prescriptions, the pharmacy was recently upgraded with a new computerized system to dispense the medicine more efficiently.

“This hugely increases the quantity of medicines we can dispense in a day, but also increases the accuracy and safety, which is even more important than volume,” Moores said.

A satellite Kimbrough pharmacy at the Fort Meade Commissary has been approved to help cut down on the wait time at the Kimbrough pharmacy.

With the first wave of renovations complete, another round of upgrades will begin shortly with the opening of four new operating rooms, semipermanent buildings and a Veterans Affairs clinic.

The Fort Meade Community Based Outpatient Clinic will be operated by the Department of Veterans Affairs, but Kimbrough will work closely with the new facility. The 13,200-square-foot facility located behind Kimbrough will provide primary care for veterans, as well as provide evaluations for servicemembers transitioning out of the military, said Sandra Marshall, director of Managed Care at VA Maryland Health Care.

In addition, a surgery suite has been built at Kimbrough to supplement the four existing operating rooms. The new suite offers four state-of-the-art operating rooms, waiting areas and a patient counseling section.

As the facility grows and expands its services to accommodate the high volume of patients, Kimbrough officials say safety and quality of health care are the primary concerns.

“We want to provide the right facility to make it a health care experience,” Soltis said.

Spc. Lauralynn Long, pharmacy tech, fill a prescription. With up to 1,500 patients visiting Kimbrough Ambulatory Care Center per day, the facility is expanding services to accommodate the more patients. Photo: Capt. Andrew Cooper

FORT MEADE, Md. -- In 1996, Kimbrough Army Hospital closed its inpatient services and emergency room following the 1995 Base Closure and Realignment Commission legislature mandate.

Today, Kimbrough Ambulatory Care Center is on the upswing, expanding its walls and services to provide for the thousands of new patients who moved to the area due to the 2005 BRAC.

From a renovated patient service center and medical laboratory to new operating rooms and medical teams, Kimbrough is growing to accommodate the nearly 1,500 patients who use the medical facility daily.

With the addition of several federal agencies that have relocated to Fort Meade, the number of patients who travel to Kimbrough for medical care has increased in recent years, changing the requirements of the facility.

“We increased the number of providers we have here, we’ve increased our enrollment,” said Col. Leon Moores, former commander of the Fort Meade U.S. Army Medical Department. “We’re seeing more patients, we’re delivering more prescriptions and we’re doing more elective surgery because the installation is growing.”

With no current plans for a new facility, Lt. Col. Christopher Soltis, deputy commander for Clinical Services at Fort Meade MEDDAC, said officials have to “be creative with the space you have.”

Recent upgrades to the 50-year-old facility include an \$8 million renovation to the medical laboratory and patient service center. The project, Moores said, included supplying more office space and a redesign.

KELLER BREAKS GROUND ON \$28 MILLION PROJECT

Story by Britney Walker, Keller Army Community Hospital Public Affairs Photo: Tom Gilligan



United States Military Academy, Northern Regional Medical Command and Keller Army Community Hospital leaders join Army Corps of Engineers representatives and community leaders in groundbreaking “first shovel” ceremony to make the building of new medical clinic at West Point.

WEST POINT, N.Y. -- Leaders from West Point and Army Medical Command gathered for a ground breaking ceremony, to officially commence construction additions to— and renovations of—Keller Army Community Hospital Clinic, March 15.

The 53,110 square-foot facility will significantly expand Keller’s mission of providing world-class health care.

“This clinic addition is the Army Medical Department and the Northern Regional Medical Command’s commitment to the United States Military Academy and the West Point community that we are the leaders in your healthcare – our focus is to promote health and we will continue to provide world class medicine 24/7,” said Col. Beverly Land, former commander, Keller Army Community Hospital..

This clinic expansion project has been in the works since the early 2000s; and it is in part due to supporters such as U.S. Rep. Nan Hayworth, state Senator Bill Larkin, West Point leadership, community leaders and others who continue to promote the hospital and the current need for the expansion that we are here today, Land said.

The U.S. Army Corps of Engineers awarded a \$28.5 million contract to build a new clinic, which will improve parking, increase single patient rooms for personal care and privacy, maximize the use of staff and equipment, and centralize hospital medical service

functions to include: primary care, optometry, ophthalmology, rehabilitation and TRICARE.

“In the midst of that very challenging set of responsibilities comes this place of healing for those who suffer wounds in midst of wars in foreign nations,” Hayworth said. “It is an honor to join in celebrating the groundbreaking for the new clinical facility and to work toward ever greater fulfillment of the mission we all share.”

“You all do an exceptional job of taking care of the Cadets and Soldiers here at West Point. I am delighted for the future of this new clinic addition,” said Lt. Gen. David Huntoon, United States Military Academy superintendent.

The project is designed to achieve Leadership in Energy and Environmental Design Silver Certification and is slated to be completed by early 2014, according to Maj. Christopher Kiss, project officer, U.S. Army Health Facility Planning Agency.

The clinic addition is located on the eastern side of the current facility; elongated and oriented along an east-west axis. The orientation of the new building will maximize solar heat gains as well as provide increased day-lighting and views of nature for the occupants.

“Implementing modern design elements in this construction project not only improves the building’s performance, but also enhances the environment for the patients and staff,” Kiss said.

KNOX WTB SOLDIERS MARCH FOR SICK KIDS

Story by Kristen Schabert, Fort Knox MEDDAC Public Affairs

SOLDIERS from the Fort Knox Warrior Transition Battalion participated in a two-day, approximately 30-mile foot march from Fort Knox to Kosair Children's Hospital in downtown Louisville, Ky.

Their goal was simple: deliver stuffed animals, toys and lots of extra smiles to the children in the hospital, and show support and encouragement to their families.

The Soldiers, cadre from Headquarters and Headquarters Company, had been training for almost two months to complete the march. Their uniforms were complete with 40-pound ruck sacks and they had the support of Kentucky State Troopers to follow along and provide safety and security.

"Kosair is such a great organization that does so much for Louisville and for children all over the country," said Capt. Scott Marler, commander of HHC. "It was such a humbling experience to see what these kids are going through, and what all the medical and support staff do to help people, and comfort parents. It's hard as a father to think about what they're going through, but I hope we gave them a happy memory over a difficult time."

The Soldiers' journey began in the drizzle and overcast skies on



Saturday. They marched 22 miles along U.S. 31W, the Dixie Highway, to the Pleasure Ridge Fire Station along their route toward Louisville. There, Family members waited to greet them along with the firefighters, in order to provide a warm welcome and a meal before they settled in to sleep there for the night.

Sunday, the Soldiers marched the remaining eight miles through Louisville before arriving at the hospital. Supporters along the route honked their car horns and waved. At Kosair, Family members were waiting with red wagons full of stuffed animals to be handed out to the children being treated.



Fort Knox Warrior Transition Battalion Soldiers take their 30-mile, two-day foot march to the Kosair Children's Hospital in stride.

"It was a great event," Marler said. "It wouldn't have been possible without all the support we received, from the heroes at Pleasure Ridge Fire District Station 1 that graciously allowed us to bivouac at their station, Trooper Chaffins from the Kentucky State Troopers Post 4 and the Louisville Metro Traffic Division that kept us safe on the road, the Korean Veteran's Association Chapter 1 that donated toys, and of course our Families supporting us with dinner, breakfast and encouragement the whole way."

Sgt. 1st Class Robert Cooper was one of the Soldiers that came up with the concept and himself a father of four boys.

"It's grueling to walk that far, but seeing and hearing the support of people driving by, yelling encouragement, waving and saying they're proud of the Army and of us, it kept us going," he said. "And it made me proud to be part of something affecting so many."

The WTB hopes to continue this tradition and will plan another march for sometime possibly in the fall.

DoD/VA Partnership yields

20 YEARS OF TBI TREATMENT, RESEARCH

Story by Lauren Sucher, Defense and Veterans Brain Injury Center

While traumatic brain injury, or TBI, is receiving much-deserved attention in recent years, in part because of Operations Enduring and Iraqi Freedom, the Department of Defense tuned in long ago to this vital health issue. This year marks 20 years of service for a program now known as the Defense and Veterans Brain Injury Center (DVBIC). DVBIC is a DoD/VA partnership, established in 1991 through a Congressional appropriations bill that has grown into a network of 17 sites that serves servicemembers and veterans who have sustained a traumatic brain injury.

DVBIC's mission is threefold: to treat servicemembers and veterans; to perform research that informs and shapes military health care; and to educate service members, veterans, their families, providers, and educators.

Army Col. Jamie Grimes, a board-certified neurologist and psychiatrist, has served as DVBIC's national director since July 2010. In 2011 she spent six months deployed in Afghanistan monitoring and overseeing patient care at 11 concussion care centers. "It's crucial that we identify TBI in our servicemembers as close to the moment of injury as possible," she said. "Prevention is ideal, but once a service member or veteran has sustained an injury, immediate detection and prompt treatment can make a great impact on a service member's life."

Due in part to increased coordination and standardization of care in-theater, TBI diagnosis and treatment in-theater is state-of-the-art, said Grimes. "Afghanistan is about the size of Texas, and has 11 fully functioning, top-notch concussion care centers," she noted. "I challenge anyone to show me better care anywhere in the U.S. or around the world even than what our servicemembers are getting, and I'm proud of that."

According to DVBIC officials, nearly 84 percent of mild TBIs, or concussions, occur in non-deployment settings. Getting the word out to servicemembers and veterans regardless of location and period of service is a major part of the DVBIC mission.

"We need to educate personnel about symptoms of TBI and encourage servicemembers and veterans who experience symptoms to get checked out. We need to ensure that they know that reporting symptoms won't hurt their career. So, we need to be loud and clear to reach our service members. But once a service member or veteran comes in, we listen as carefully as we can and

DVBIC / BY THE NUMBERS

NUMBER OF STUDIES
DVBIC RESEARCHERS ARE
CONDUCTING



65

PERCENTAGE OF mTBI OC-
CURRING IN NON-DEPLOYED
SETTING



84%

TBIS REPORTED BY DOD FROM
2000 THROUGH 2011



233, 245

DVBIC treatment sites



17

tailor our services to their needs. Each injury is different, and each individual has a different living situation. DVBIC staff members help each person according to his or her situation and needs."

DVBIC care coordinator interim manager Kelly Wood, who works at Fort Bragg's Womack Army Medical Center, explained the challenge in treating those with mild TBI.

"Sometimes a servicemember or veteran who has a mild TBI doesn't seek treatment," said Wood. "This might be a person who has gone from being, say, a 'very, very high functioning' person to a 'very high functioning' person – he or she might have gone down a notch – and the person notices it, but doesn't understand why. Our job is to assist the person to acknowledge he or she is having difficulty, assure him or her that they will get better, and help them locate and make use of the effective resources."

Another group on whom DVBIC focuses special attention is Reserve and National Guard members. "Reserve and Guard members don't have a unit to return to," said Grimes, "so we try to make the most of every opportunity to engage with them. Whether at a Yellow Ribbon event or a National Guard Association conference, we are trying to fulfill the mission of care for all service members and veterans." One online tool that DVBIC offers is BrainLineMilitary.org, which connects service members, veterans and their families to information and help no matter where they are.

With Soldiers coming and staying home from deployments, DVBIC will keep focused on long-term care for service members and veterans who've incurred TBI. "We will have the opportunity to continue to study long-term effects of moderate and severe TBI," said Grimes. "And we can focus more than we've been able to on prevention, as we know most brain injuries occur in garrison."

SOLDIERS LEADERS CIVILIANS FAMILIES

Take 5

for Heat Injury Prevention

- Take it easy with outdoor activities in the heat.
- Many heat injuries are preventable.
- Stay hydrated and use sunscreen.
- Proper clothing is important.
- Monitor the wet bulb globe temperature, and your daily workload/heat exposure.
- Recognize symptoms of heat injury and know what to do.

Take 5 ... then take action.



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WOMACK ARMY MEDICAL CENTER TAKES TOP HONORS AGAIN IN ARMY SUPPLY COMPETITION

Story by Shannon Lynch, Womack Army Medical Center Public Affairs
Shawn Block, Womack Army Medical Center Property Management

FORT BRAGG, N.C.--For the second time in three years Fort Bragg's Womack Army Medical Center Property Management Branch received the Chief of Staff of the Army Supply Excellence Award in Category IIB (TDA with Property Book). Along with



Col. Brian Canfield, former commander, Womack Army Medical Center, Brig. Gen. (Dr.) Joseph Carvalho, Jr., NRMC commanding general, Shawn Block, Womack property book officer, and Lt. Col. Anthony Lopiccolo, Womack's chief of Logistics, at the 2012 Chief of Staff of the Army's Combined Logistics Excellence Awards ceremony June 5.

the Supply Excellence Award the Property Management Branch also won the inaugural "Best of the Best" Award for receiving the highest overall evaluation score within the Supply Excellence Award program. The Army's Supply Excellence Award was created in 1986 to recognize excellence in supply operations. The program is co-sponsored by the Deputy Chief of Staff for Logistics and the National Defense Industrial Association. Since its inception, the program has undergone continual process improvements that have expanded the opportunities for diverse supply units to compete.

"The award is the highest honor that logisticians can receive and

to win a second time was truly humbling," said Shawn Block, chief, property management for Womack.

Block will serve as a consultant for MEDCOM to assist other units prepare for the competition.

In an email to all MEDCOM staff, Army Surgeon General Lt. Gen. Patricia Horoho wrote, "The Womack team also won the inaugural 'Best of the Best' Award for receiving the highest overall evaluation score within the Supply Excellence Award program. The Womack Property Management Team triumphed over seventeen other individual category winners within all three Compos to gain this distinction. Supply discipline is an Army directive and an Army Medicine imperative. Your team's more than 400 years of combined experience in logistics and property management have made you 'legends' in your field. We are so very proud of you."

The 15-member Womack Army Medical Center Property Management Branch manages the full spectrum of property management from request to retirement for non-expendable medical, non-medical, automation, and durable equipment in support of over two hundred primary hand receipt holders. Ninety nine percent of their customers are non-logisticians, so it is imperative they provide numerous training opportunities to ensure customers are both knowledgeable and fully capable of fulfilling their duties as primary hand receipt holders.

Womack property management has many initiatives and stringent requirements that are focused on property accountability that helps them stand apart from other property management branches. They also have incentives in place to recognize hand receipt holders who go above and beyond the call of duty maintaining excellent accountability of the equipment they are responsible for in their sections of this large medical treatment facility.

Their motto says it all "The goal of the branch is to have customer service that is not just the best, but legendary". This is not just a saying; it is a way of life for the team.



Tyler Kurth talks to Fort Drum, N.Y., civilians about the Warrior Transition Unit. Photo: Michelle Kennedy, Fort Drum Mountaineer

Veteran continues service to ‘warriors’

Story by Michelle Kennedy, Fort Drum Mountaineer

For many Soldiers, the desire to serve doesn’t end when they hang up their Army combat uniform for the last time.

Although Capt. Tyler Kurth’s military career ended only five years after he received his commission, he has experienced life-changing events that he will carry with him forever.

During his deployment to Afghanistan with 2nd Battalion, 87th Infantry Regiment, 3rd Brigade Combat Team in 2009, he sustained several combat-related injuries resulting from being in a vehicle that was hit with an improvised explosive device. He was later shot by an Afghan National Police officer who he had known for several months.

“I saw my fair share of combat as an infantryman; I was in over 70 fire fights,” Kurth said.

He and four other Soldiers were shot during a three-day mission in the village of Andar. The first day of the mission was Sept. 30 – his birthday. The unit blocked off the village and moved through it east to west with no issues.

“The people came out and greeted us and were very friendly,” he said.

Kurth, nine of his Soldiers and a couple of Afghan police officers took over a house – or qualat – on the far end of the village. During the next two days, the unit patrolled the village and handed out food and clothing to local residents.

The afternoon of Oct. 2, the last day of the mission, the men had just finished a patrol through the village. Kurth instructed the Soldiers to relax, take off their gear and get something to eat before the next patrol. Some of the Soldiers decided to play cards in one of the open rooms next door to Kurth.

“An Afghan police officer nicknamed ‘Crazy Joe,’ who was on the patrol with us, walked up to them point blank and started firing,” he explained. “I could see it. I could see through the door, and I could see Crazy Joe.”

Kurth was standing in a doorway about four or five feet from Crazy Joe before he heard the shooting.

“I started thinking, ‘what’s going on?’” he said. “Then I heard the screams and the cries from my Soldiers. That’s when it dawned on me what was going on.”

By the time he looked down to reach for his 9 mm pistol, Crazy Joe was facing him.

“Then he started firing on me,” Kurth said. “There was a Soldier behind me, so I stood squared up in front of him because I didn’t want my Soldier to get hit.”

“I stood there for as long as I could take it – it felt like days – hearing the fire and feeling the wood chipping around me,” he continued.

Eventually, Kurth turned away and stood against a wall to get away from the shooter, and the firing stopped.

“I knew instantly that I needed to do something,” he said.

He went to the Soldier in his room to calm him down and make sure he was OK before moving to the next room where the attack originated. The first Soldier he found had been shot four times. As Kurth examined him, he realized that while he needed immediate care, he would probably survive. He instructed a Soldier to start treating him while he moved on.

The next Soldier was so gravely wounded, Kurth couldn’t save him, and the third had already died. The last Soldier survived the attack with a broken leg.

“I found the radio ... called up ... and told them that I had two urgent and two expectant,” Kurth said. “I didn’t call myself up, because at the time, I didn’t know I had been shot. I sat down facing the door ... because I knew if anyone was going to come back, it would be through that door.”

“When I went to sit down, that’s when I looked down and saw blood pouring out of my chest and my leg,” he continued. “It took me a couple of minutes to compose myself, and that’s when help started arriving.”

He pushed the medics off of him and instructed them to start helping his Soldiers. When he approached the medical evacuation helicopter, the crew was expecting only four Soldiers. When the pilot realized how badly Kurth was injured, he threw him in the helicopter before heading to the hospital.



Then 1st Lt. Tyler Kurth on patrol on Afghanistan. (Courtesy Photo)

Two Soldiers died that day – Sgt. Aaron M. Smith, 2-87 Infantry, and Pfc. Brandon A. Owens, a military policeman from Fort Bragg, N.C., who was assigned to Kurth’s unit – and three were wounded. Crazy Joe was never caught.

Within two weeks of being shot, Kurth signed in at 3rd Battalion, 85th Infantry Regiment, or the Warrior Transition Unit. As an infantryman, he admits that he associated the WTU with weakness.

“I was extremely wrong; it’s there for guys who need it,” Kurth explained.

“I didn’t know what to expect,” he continued. “(When I got there), I was already having post traumatic stress symptoms and memory problems as a result of the IED blast.”

Kurth’s wife, Lori, had just given birth to their son, Tyler, when he arrived back at Fort Drum.

“He was 6 weeks old,” Kurth said. “I couldn’t hold my son for the first year; I couldn’t. He would cry, and it would freak me out. It’s a lot to go through.”

For the next three months, Kurth underwent physical therapy. By January, Lori Kurth and WTU cadre noticed Kurth’s increasingly maladaptive behavior. He also refused to go outside



Kurth with wife, Lori, and 2-year-old son, Tyler Jr. (Courtesy photo)

and could only sleep about an hour a night.

“I wasn’t pleasant to be around at all,” he said.

Kurth was admitted to the Freedom Care program at University Behavioral Health of Denton in Texas, which he said is “one of the best facilities for PTSD in the country.”

“They have their own military ward ... and they cater to Soldiers and their needs and special circumstances,” he said. “I was there for three months. I got back and was a little more stable, but I wouldn’t go in public still and I couldn’t wear the uniform.”

Kurth’s road to recovery started slowly, but he began going to formation and interacting with people he knew before the deployment. His weeks were busy with medical, behavioral health and physical therapy appointments.

Since he redeployed, Kurth has had two surgeries and still has three more pending to fix some of the injuries he sustained during the Oct. 2 incident.

“My leg is numb (from the knee down) – I wear a special brace that picks my toes up (to walk),” he explained. “I (was diagnosed with) PTSD (and) a traumatic brain injury, and my right shoulder is messed up from the bullet going through it. Other than that, I’m pretty healthy.”

In 2010, Kurth was nominated for the Medal of Honor for his heroism and selfless acts during the Oct. 2 shooting.

“In my opinion, it is an honor just to be nominated,” Kurth said.

After he retired from the Army last July, Kurth began working at the WTU as an operations and training specialist. Being a part of the WTU as a Soldier and now a civilian is a testament to one of the organization’s missions – to help Soldiers transition to civilian life successfully.

“I believe that the WTU has a very important mission and would like to help them accomplish it,” he said. “It gives me an opportunity to give back to the unit that helped me recover.”

While some Soldiers get to return to the fight, most do not, Kurth added.

“We do everything we can do to help with that from their Family care to re-socialization to physical therapy,” Kurth said.

See VETERAN, page 14

Army Medical Corps celebrates 237 years of service

Army Medical Corps officers are essential team members to Army Medicine in primary, preventive, acute, rehabilitative, and critical care ensuring military medical readiness both on and off the battlefield.



Both the Army Medical Department and the Army Medical Corps trace their origins to 27 July 1775, when the Continental Congress established the first Army Hospital to be headed by a “Director General and Chief Physician.” The language of the Congressional resolution spoke of “a Hospital” which in those days meant a hospital system or medical department. Among the accomplishments of Army surgeons during the years of the Revolution was completion (in 1778, at Lititz, Pennsylvania) of the first pharmacopoeia printed in America. In 1789, the Department of the Hospital was disbanded and a system of “Regimental Surgeons” was established in its place.

- Congress made official the designation “Medical Corps” in 1908, although the term had long been in use informally among the Medical Department’s regular physicians.
- Key, internationally recognized contributions of MC officers include: Medical Education, John Warren and Harvard Medical school, 1780’s to 1813; Clinical Research, William Beaumont,

1820’s to 1830’s; Jonathan Letterman, ambulance evacuation system, echeloned surgical resuscitation and treatment system, a field medical supply system and preventive medicine inspection system – Civil War era; John Shaw Billings, established Index Medicus to catalogue the medical literature, 1879; George Sternberg, America’s first bacteriologist and founder of the Army Medical School (late 1800s); Walter Reed, control of Yellow Fever through the mosquito early 1900s; William Gorgas, Father of Modern Day Preventive Medicine, early 1900s; Albert Glass, Father of modern military Psychiatry (WWII to Viet Nam)

- In 1946, Army residency programs for MC officers were introduced, providing for the first time the full spectrum of graduate medical education to prospective MC officers. Today, these graduate medical education programs are among the best in the nation, exceeding national averages in accreditation length and board certification pass rates.

Currently, the MC consists of over 4,400 active duty physicians representing all medical specialties and subspecialties. They may be assigned to military medical facilities, to combat units or to military medical research and development duties. (Reprint from Army Medical Command Mercury)

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“Because of the population we have ... they have to be treated with care,” he continued. “With PTSD, they can’t control (their mood swings and memory loss), so you have to be very careful with the words you use around them and the way you act.”

Military and civilian cadre members are required to receive special training to teach them how to interact with different types of WTU Soldiers, Kurth explained.

To help in the transition from green suit to business suit, Soldiers are required to have a job, whether it’s in a post physical fitness center or an office.

“We are helping them prepare to (work again),” Kurth said. “Part of the transition for them is to learn to hold a job again so when they transition to civilian life it’s not a shock to them. To get up and have a routine again and socialize with others – that’s one of the benefits.

“My experience (at WTU) was very positive,” he added. “They helped me (and my wife) out tremendously.”

While he was still a WTU Soldier, Kurth began participating in several programs – military and civilian – that accommodate individual needs of wounded warriors. Some of the programs Kurth has participated in offer hunting and fishing trips, and tickets to professional sports games. He continues to stay involved in the organizations as a civilian.

One program in particular, Veterans No Boundaries, is Kurth’s favorite. For the past two winters, he has participated in its adaptive skiing program.

“They cater to your needs completely,” Kurth added. “They teach you how to ski, but it’s not just about skiing. It’s about learning how to re-socialize into society and to do something around your handi-

cap to build your confidence.”

“One thing I suffer (from) is lack of confidence,” he continued. “I went from being an athlete running every day, body building and doing these wonderful things – to not being able to run or even do a pushup. I had to find something else to do to take up my time and still have confidence and the feeling that I was working out and being healthy.”

The WTU also offers trips to help Soldiers get “out of their shells,” Kurth added.

“When you have PTSD – I experienced it for well over a year and a half – I would not go outside,” he said. “I would not go out into public if there was a crowd. I wouldn’t drive because I was scared. A lot of these Soldiers face the same things ... and are afraid to talk about what happened.”

Even being nominated for the nation’s highest military honor doesn’t take away the emotional and physical pain Kurth endures every day. Just talking about the deployment or even watching military or war movies is still painful, but talking about it has helped him.

“I feel great. I’m recovering and I’m feeling better,” Kurth noted. “It’s very interesting how PTSD affects a person. I don’t watch the news and I don’t watch any war movies ... because I start thinking about my Soldiers.”

Although losing his Soldiers is still a painful subject, Kurth has positive memories about what he and his unit accomplished in Afghanistan – handing out food and clothes and helping children.

“I found that the more I talk about it, the better I feel about it,” he said. “(It helps to) put it behind (you) and move forward. Obviously, (some people) have physical ailments that you can never forget, but your life isn’t over. They have a lot of life left (to live) and to do a lot of things.”

THESE NONCOMMISSIONED OFFICERS ARE

THE BEST MEDIC WARRIORS IN NRMC



Sgt. Patrick Butler

*Health Care Specialist
Kenner Army Health Clinic
Fort Lee, Va.*

Sgt. Jonathan Ferrer

*Patient Administration Specialist
Keller Army Community Hospital
West Point, N.Y.*

Sgt. Kevin Garcia

*Medical Logistics Specialist
Walter Reed National Military Medical Center
Bethesda, Md.*

Staff Sgt. Jeffery Hartness

*Nuclear Medicine Specialist
Ireland Army Community Hospital
Fort Knox, Ky.*

Staff Sgt. Rebecca Trepasso

*Practical Nurse
Fort Belvoir Community Hospital
Fort Belvoir, Va.*

Sgt. Sara Williamson

*Health Care Specialist
Troop Medical Clinic 1
Fort Eustis, Va.*



Sgt. Luis Herrera

*Practical Nurse
Northern Regional Medical Command
2012 Best Warrior-NCO
Womack Army Medical Center
Fort Bragg, N.C.*

WHAT IT TAKES TO EARN THE BADGE

Story by David Moore, Army Support Activity-Fort Dix

Photos by Spc. Kelley Oaks, 715th Public Affairs Detachment



A Soldier runs to finish the 12-mile road march April 28, during the Expert Field Medical Badge testing at Joint Base McGuire Dix Lakehurst, N.J.

Soldiers are always training to meet the standard and do their best. They strive to win at the challenge. But when it comes to earning the U.S. Army's Expert Field Medical Badge it's the attention to detail even seconds that can make or break person from earning the Expert Field Medical Badge.

"It's an elite badge, the best of the best medics wear it," said Sgt. Peter King, trainer mentor Combat Lifesaver instructor with the 174th Infantry Brigade, Army Support Activity-Fort Dix. "It's honor, to know you are one of only 20 percent."

After 112 candidates stepped into their first formation April 17 and after the smoke cleared from the medical combat training lanes and a 12-mile ruck march had ended, just 21 remained. These select medics were pinned with the EFMB Sunday, April 29, by Brig. Gen. (Dr.) Joseph Carvalho Jr., commanding general of the U.S. Army's Northern Regional Medical Command headquartered at Fort Belvoir, Va.

"Dix was the logical choice to host this event. The availability of resources and training area made Dix the logical choice because of its one stop shopping approach to host the event here," Carvalho said. "NRMC has found a new home for our EFMB program."

The event was held for the first time at the joint base with daily support from units at ASA-Fort Dix. Overall, 150 military personnel, in addition to the EFMB competitors, were involved with lanes preparation, mentoring, grading, and technical support.

Candidates with high levels of motivation seemed to be the norm for moving up the ladder toward garnering the coveted badge. Army Master Sgt. Richard Malby, who served as the EFMB com-

petition first sergeant from Walter Reed National Military Medical Center, Bethesda, Md., said, that even in the final phases individuals were highly competitive and cadre mentoring remained high for the candidates. He said one of the candidate platoons each day would put camouflage on their faces looking like the rock band Kiss. Each morning they began by singing Kiss's 'Rock and Roll All Night,' he said.

"With the pressure of the event, I see where motivation and humor definitely eases the stress and the Soldiers seem to perform better," said Malby.

One such rock-star medic was Staff Sgt. Benjamin Hansen, a trainer mentor CLS instructor with 174th Inf. Bde. He and King both earned the EFMB.

The EFMB was created by the Army in 1965 and is the non-combat equivalent to the Combat Medical Badge. During the competition, besides the 12-mile combat medic load ruck march, candidates had to put their skills to the test doing simultaneous warrior and medical tasks on three combat lanes, day and night land navigation, and a written test. Despite having a standardization week to walk through the event, candidates began to dwindle during each phase of the competition.

Officers or noncommissioned officers in charge of their respective lanes reported what gets many of the candidates is the level of attention to detail. For example, Sgt. 1st Class Charles Granke, 1st Battalion, 307th Infantry Regiment and noncommissioned officer in charge of day and night land navigation had cautioned the candidates to try to stay off the roads. He cautioned them some roads may be marked as such and no longer exist. Terrain association is important for hitting all the points.



Staff Sgt. Dameno Stevenson, respiratory therapist, 187th Medical Battalion, Fort Sam Houston, Texas, checks the heartbeat of a "patient" during the Expert Field Medical Badge qualification at Joint Base McGuire Dix Lakehurst, N.J., April 28.



Soldier prepares wounded “patient” for further medical treatment during the Northern Regional Medical Command’s Expert Field Medical Badge at Joint Base McGuire Dix Lakehurst, N.J.

“Some of the candidates see the hard top and think they are on the right road, but they’re not,” said Granke. “Knowing how to navigate, especially for medics getting to casualties and collection points, is important.”

Cadre and candidates said the toughest lane was combat lane one--a combination of more than 23 warrior and medical tasks in a combat driven scenario. But inside those tasks, they add up to more than a 100 critical steps to be successful. In a real battle missing one can mean life or death when it comes to tactical combat care.

“Lane one is historically the most challenging since all the combat care medical tasks are on this lane. To get a go on this lane you need to get a go on 11 of the 14 medical tasks,” Sgt. 1st Class John Sample, a seven-time EFMB evaluator from the Medical Department Activity, Fort Drum, N.Y.

The lane actually begins by candidates loading the medic bag before going out on a simulated combat mission. Missing one item, such as a dressing for an abdominal wound, can cause the medic trouble.

First Lt. Walter Peoples, assigned to Public Health Command Region-North at Fort Meade, Md. was the first to cross the finish line after a 12-mile ruck march April 29, in 2 hours, 23 minutes far below the mandated three hour event.

“I had a lot of support getting here, as well as support from the cadre and platoon for this event. While earning the EFMB is an accomplishment equally as important is the camaraderie and friends I have made here,” Peoples said.

During the march in the soft sand, 1st Lt. Margaret Champion, of Womack Medical Center, Fort Bragg, N.C., had a surprise waiting at the six-mile mark. Her husband Capt. Jerry Champion, was waiting to ruck the last six-miles with her after driving 12 miles from Fort Gordon, Ga. She didn’t know he would be here.

Champion said his wife had called the day before the combat-gear loaded ruck march to see if he would be there for the march.



A Soldier crosses the finish line after 12-mile road march, completing Expert Field Medical Badge qualification, April 28.

“I said no way. Why would I want to ruck march,” but he was already in town when he wished her good luck.

“She has worked two years to be here. She wanted to do something outside of the hospital and do it for the Army. I am very proud of her,” he added. Champion joked with her husband and said using a twist on their name. “Am I an expert now and not just a champion,” she said.

Carvalho congratulated all the Soldiers for completing the competition and now bearing the badge that is recognized the world over--the Army Expert Field Medical Badge.

“But the 90-plus individuals who may not be here, they need to be commended for their courage, too. They stepped up to the line and took on the challenge. It may not have been their day but I can assure you that sometime soon they will take on this challenge again and continue to strive for this badge,” Carvalho said.

THESE SOLDIERS ARE

THE BEST MEDIC WARRIORS IN NRMC



Spc. Clint Robinson

Medical Laboratory Specialist
Northern Regional Medical Command
2012 Best Warrior-Soldier
Walson Medical Support Element
Joint Base McGuire-Dix-Lakehurst, N.J.

Spc. Leif Bell

Health Care Specialist
Womack Army Medical Center
Fort Bragg, N.C.

Spc. Andres Cuellar

Radiology Specialist
Ireland Army Community Hospital
Fort Knox, Ky.

Spc. Ryan Dodd

Radiology Specialist
Kenner Army Health Clinic
Fort Lee, Va.

Spc. Kyung-Nam Lee

Medical Logistics Specialist
Fort Belvoir Community Hospital
Fort Belvoir, Va.

Spc. Robert Llewellyn

Biomedical Equipment Specialist
Guthrie Army Health Clinic
Fort Drum, N.Y.

SOLDIERS BATTLE FOR RIGHT TO BE CALLED NRMC BEST WARRIOR

Story & Photos by Spc. Kelley Oaks,
715th Public Affairs Detachment



Soldiers from across the Northern Regional Medical Command represented themselves and their units April 29 - May 2, in the annual NRMC Best Warrior Competition.

Candidates competed individually to be the best in various categories including a medical and evacuation skills lane, weapons firing range, Army combatives training, land navigation and more.

Although only one Soldier and one NCO can be awarded the title of Best Warrior 2012, Brig. Gen. (Dr.) Joseph Carvalho, Jr., NRMC commanding general, made sure all the candidates knew they were winners for just being at the competition.

The week-long competition finished with a board of senior enlisted personal in which the candidates are asked a series of questions that pertain to general Army knowledge, and specific information pertaining to the broad scope of the military medical field.

“It is a competition against others, but it’s a competition against yourself more than anything else,” said Command Sgt. Maj. Benjamin Scott, Command Sergeant Major, NRMC “These competitions are important. It brings the individual to the next level.”

At the end of the exhaustive week, Sgt. Luis Herrera, combat medic, Fort Bragg, N.C., was awarded NRMC NCO of the Year and Spc. Clint Robinson, medical laboratory specialist, Fort Dix, N.J., was awarded NRMC Soldier of the Year

Soldiers were put to the test during the combatives portion of the NRMC Best Warrior competition, May 2, Joint Base McGuire Dix Lakehurst, N.J.



ABOVE--A Soldier competes in an obstacle course during Northern Regional Medical Command’s Best Warrior competition, May 2, Joint Base McGuire Dix Lakehurst, N.J. RIGHT--Under the watchful eyes of two senior noncommissioned officers, a Soldier adjusts his uniform during the NRMC Best Warrior competition.





LEFT: The Army sitting volleyball team, featuring NRMCA athletes Monica Southall, Brian Miller and Bill Longwell. TOP: Sgt. Justin Steele, WTU-Fort Eustis, Va., takes aim as a member of the Army's archery silver-medal winning compound team. ABOVE: Cpl. Brian Miller, CBWTU-Va., was the highest-placed Soldier in the wheelchair track and field events and a gold medalist in sitting volleyball.

RESILIENCE

Soldiers in Transition excel at Warrior Games

DEFINED

Story & Photos by Craig Coleman, NRMCA Public Affairs

COLORADO SPRINGS, Colo.--Soldiers, Sailors, Airmen and Marines, along with their British counterparts, gathered at the U.S. Olympic Training Center and U.S. Air Force Academy to demonstrate the power of ability over disability.

Eleven Soldier-athletes attached to NRMCA Warrior Transition Units helped Team Army earn 63 medals in the third annual Warrior Games. Adaptive sports and reconditioning help many Soldiers in Transition reach their highest possible level of recovery.

David Vendt, Army sitting volleyball coach and nurse case manager at the Fort Eustis, Va. Warrior Transition Unit, credited his team's movement on the floor and to the net for their gold medal-winning performance. However, the captain saw another key to recovery.

"It's adaptive sports," Vendt said. "It's putting play into recovery. It's having Soldiers realize it's not the disability they're dealing with, but a new opportunity on the court and in life."

Reaping Rewards

By Command Sgt. Maj. Benjamin Scott

For every disciplined effort, there are multiple rewards. That's one of life's great arrangements. In fact, it's an extension of the Biblical law that says that if you sow well, you will reap well.

Here's a unique part of the Law of Sowing and Reaping. Not only does it suggest that we'll reap what we've sown, it also suggests that we'll reap much more. Life is full of laws that both govern and explain behaviors, but here is a major law we need to understand: for every disciplined effort, there are multiple rewards.

What a concept! If you render unique service, your reward will be multiplied. If you're fair, honest, and patient with others, your reward will be multiplied. If you give more than you expect to receive, your reward is more than you expect. The key here, as you might well imagine, is discipline.

Everything of value requires care, attention and discipline. Our thoughts require discipline. We must consistently determine our inner boundaries and our codes of conduct, or our thoughts will be confused. And if our thoughts are confused, we will become hopelessly lost in the maze of life. Confused thoughts produce confused behavior and confused results.

Remember the law: "For every disciplined effort, there are multiple rewards." Learn the discipline of writing a card or a letter to a friend. Learn the discipline of paying your bills on time, arriving to appointments on time, or using your time more effectively. Learn the discipline of paying attention or paying your taxes or paying yourself. Learn the discipline of having regular meetings with your associates, your spouse, your child or your parent. Learn the discipline of learning all you can learn, of teaching all you can teach, of reading all you can read.

Even the bad experiences of life provide their own special contribution. But a word of caution here for those who neglect the need for care and attention to life's disciplines: everything has its price. Everything affects everything else. Neglect discipline, and there will be a price to pay. All things of value can be taken for granted with the passing of time.

That's what we call the Law of Familiarity. Without the discipline of paying constant, daily attention, we take things for granted. Be serious. Life's not a practice session.

If you toss your clothes onto the chair rather than hanging them in the closet, be careful; if you fail to make your bed in the morning, be careful. It could suggest a lack of discipline. And remember, a lack of discipline in the small areas of life can cost you heavily in the more important areas of life. You cannot clean up your company until you learn the discipline of cleaning your own garage. You cannot be impatient with your children and be patient with your customers or your co-workers. You cannot inspire others to do the right thing when that goal is inconsistent with your own conduct. You cannot admonish others to read good books when you don't have a library card.

Think about your life at this moment. What areas need attention right now? Perhaps you've had a disagreement with someone you love or someone who loves you, and your anger won't allow you to speak to that person. Wouldn't this be an ideal time to examine your need for a new discipline?

The most valuable form of discipline is the one that you impose upon yourself. Don't wait for things to deteriorate so drastically that someone else must impose discipline in your life. Wouldn't that be tragic?

Your life, my life, the life of each one of us is going to serve as either a warning or an example. A warning of the consequences of neglect, self-pity, lack of direction and ambition... or an example of talent put to use, of discipline self-imposed and of objectives clearly perceived and intensely pursued.

You choose.

ACTION STEPS:

Take seven minutes or less to do the following:

- 1) Write down the area in your life you need the most discipline in.
- 2) Write down three things you can do right away to improve that area.
- 3) NOW, do those three things immediately and consistently!



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When I recognize a threat to my fellow Soldiers, I will have the personal courage to **INTERVENE** and prevent Sexual Assault. I will condemn acts of Sexual Harassment. I will not abide obscene gestures, language or behavior. I am a Warrior and a member of a team. I will **INTERVENE**.

ACT

You are my brother, my sister, my fellow Soldier. It is my duty to stand up for you, no matter the time or place. I will take **ACTION**. I will do what's right. I will prevent Sexual Harassment and Assault. I will not tolerate sexually offensive behavior. I will **ACT**.

MOTIVATE

We are American Soldiers, **MOTIVATED** to keep our fellow Soldiers safe. It is our mission to prevent Sexual Harassment and Assault. We will denounce sexual misconduct. As Soldiers, we are all **MOTIVATED** to take action. We are strongest...together.

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