The Point

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A newsletter for and about the people of the U.S. Army Medical Research and Materiel Command

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MRMC leads regenerative medicine institute

The U.S. Army Medical Research and Materiel Command is leading a cooperative effort to leverage cutting-edge medical technology to develop new ways to assist service members who've suffered severe, disfiguring wounds.

The newly established Armed Forces Institute of Regenerative Medicine, known as AFIRM, will be a virtual collaboration between the top scientists in the field guided by MRMC's Institute of Surgical Research in San Antonio.

The regenerative institute fielding was pushed by Col. Bob Vandre, director of Combat Casualty Care, who was amazed by the breakthroughs in regenerative science and how it could be applied to benefit Wounded Warriors.

With the advancements of battlefield medical care many more wounded service members are making it home than any other war in the nation's history, said Vandre.

"We've gotten really good at keeping people alive," Vandre said. "We want to move to the next step. Now that they're alive, can we fix them?"

About 900 U.S. service members have undergone amputations of some kind due to injuries suffered in wartime service in Afghanistan or Iraq. Other troops have been badly burned or suffered spinal cord injuries or significant vision loss.

Riding on the forefront of science, AFIRM is expected to harness stem cell research and technology in finding innovative ways to use a patient's natural cellular structure to reconstruct new skin, muscles and tendons, and even ears, noses and fingers.

"The cells that we're talking about actually exist in our bodies today," said the Army's Surgeon General Lt. Gen. Eric Schoomaker at a Pentagon press briefing in April. "We, even as adults, possess in our bodies small quantities of cells which have the potential, under the right kind of stimulation, to become any one of a number of different kinds of cells.

For example, Schoomaker said, the human body routinely regenerates bone marrow or liver cells.

AFIRM will have an overall budget of about $250 million for the initial five-year period, of which about $80 million will be provided by the Defense Department, Schoomaker said. Other program funding will be provided by the National Institutes of Health, in Bethesda, Md., the Department of Veterans Affairs, and local public and private matching funding.

Rutgers University, in N.J., Wake Forest University, in N.C., and 18 other universities will make up the consortia initiatives.

Dr. Anthony Atala, a surgeon and director of the Institute for Regenerative Medicine at Wake Forest, will be one of the lead scientists working with AFIRM. Atala's current research concentrates on growing new human cells and tissue.

"All the parts of your body, tissues and organs, have a natural repository of cells that are ready to replicate when an injury occurs," Atala told reporters.

Medical technicians now can select cells from human donors and, through a series of scientific processes, can "regrow" new tissue.

"Then, you can plant that (regenerated tissue) back into the same patient, thus

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Soldier introduced to his baby by robot

A robot normally used by doctors to perform work remotely allowed a U.S. Army Institute of Surgical Research Soldier deployed in Baghdad to virtually interact with his newborn son in Texas for the first time.

Displayed on the screen of a laptop computer in Baghdad, baby Blake Lloyd, on Fort Sam Houston, Texas, "meets" his dad for the first time.

An RP-7 Remote Presence Robotic System, wireless, mobile, remote-presence robot that allows a doctor to be in two places at once, allowed Army Staff Sgt. Erik Lloyd to meet his 7-day-old boy Blake on April 10.

The RP-7 can move untethered, allowing a remote physician seated at a control station to freely interact with patients, family members and hospital staff from anywhere, anytime.

In this case, the robot gave Lloyd the opportunity to interact with Blake and with his wife, Kristie. Because of his deployment, Lloyd had missed Blake's April 4 birth.

Although assigned to ISR, Lloyd is currently serving with the Deployed Combat Casualty Research Team, located with 86th Combat Support Hospital in Baghdad.

While Lloyd looked through a computer screen in Iraq, his wife Kristi and members of the institute's staff gathered around an RP-7 in a conference room at Brooke Army Medical Center here, to introduce the Soldier to his baby boy.

"So, who do we have here?" said Lloyd from Baghdad, panning the monitor of the robot around to see everyone gathered around the five-and-a-half-foot tall robot.

Lloyd used a joystick connected to a laptop to control the robot's advanced digital camera to zoom in and focus on his son. The camera's high resolution, which normally allows a physician at the control station to read monitor screens or printouts, allowed Lloyd to clearly focus on his son's features.

"Hey! Is he asleep? Poke him to wake him up. Hold his head so we can get a picture from our end," said Lloyd playing with the controls and making the most of the robot's capabilities.

Between the "ooohs" and "aaahs" over the infant, Lloyd kept a grin on

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new muscles and tendons, Atala observed, or for the repair/replacement of damaged or missing extremities such as noses, ears and fingers.

Continued advancement in regenerative medicine would greatly benefit those service members and veterans who've been severely scarred by war, Schoomaker said.

The three-star general cited animals like salamanders that can regrow lost tails or limbs. "Why can't a mammal do the same thing?" he asked.

AFIRM is expected to start producing regenerative products within five years and is the largest concentration of scientific research in the field.

Liberty Bike Visits USAARL

U.S. Army Aeromedical Research Laboratory Commander Col. James S. McGhee poses on the Liberty Bike with other members of his staff.
The bike is hand-crafted from aluminum and plated with copper from the Statue of Liberty. During its 55,000 miles of traveling throughout schools and military installations to promote liberty and freedom, the chopper made a stop at USAARL on its tour of Fort Rucker, Ala.

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his face and eyes on his son. He asked Kristie questions about his son and conducted conversations with other members of the group in the room while using the robot's controls to look at people around the room.

"He'll be walking and potty trained by the time I get back, right?" joked Lloyd, who is due to return home in six months.

Lloyd said he was delighted to have the opportunity to see his son in a way that allowed him to have control over the interaction.

"It was such a wonderful experience to be able to actively interact with my wife while she was able to show me our son for the first time," Lloyd said. "I was able to control the robot and actually move around the room a bit to get a different perspective than what a conventional video camera would have allowed."

Lloyd said he was grateful to his leadership and his units for allowing him to have this experience.

"I am far from the first father in this conflict who has missed the birth of their child. … However, with this technology I was in a small way allowed to feel more like I was part of a family than I had been … since he was born," Lloyd said.

Kristie said she was also impressed with the robot's capabilities and what it allowed her husband to experience.

"I talk to him every day, and he demands pictures all the time. We use a Webcam but the connection isn't good," Kristie Lloyd said. "But this was great. Erik was playing with the controls and trying to figure out how to use the robot."

Unlike Lloyd, Army Maj. Kevin Chung, medical director for the burn intensive care unit at Brooke, is an expert on using the robot. So much so, in fact, members of the staff have nicknamed the robot "Chungbot." Chung uses it from home, while on leave, temporary duty assignments, or while at conferences from outside of the state in order to have access to the Intensive Care Unit. When outside the ICU, Chung is available to the ICU via the robot.

Chung said Lloyd was "amazed at the technology and the clarity of the video link" and really benefitted from the experience.

"The interaction they had was amplified by his ability to move the robot around and zoom in and out with the camera. He was able to see his son close up. Granted nothing is better than being there in person, but given the circumstances with him being half a world away, this technology allowed him to be 'remotely' present with his newly expanded family."

Chung added that "the entire session was very emotional for all those who had the opportunity to witness the remote interaction."

—Cheryl Harrison from the Fort Sam Houston Public Information Office.

Veterans benefit from medical recording

Staff Sgt. Matthew Sims saw it coming. Before Iraqi insurgents' gunfire reached the patrolling M1A1 tanks, Sims radioed back to his commander. This move gave heed to his rear comrades, but it also earned Sims three injuries. A 7.62-mm AK47 round to the helmet propelled Sims backward into the turret of the tank.

Multiple injuries put Sims in the Balad Air Force Hospital. As a senior line medic for the 270th Armored Battalion, Sims had seen his share of explosions. An improvised explosive device scattered shrapnel to Sims' left side and face, puncturing his left lung, while the blast ruptured his ear drum. Two weeks after recovering, he revisited the facility after taking the brunt of a nearby mortar landing, leaving his lower left leg filled with shrapnel.

After logging this third visit to the emergency room in the past 12 months, Sims would don his third Purple Heart, and to his chagrin, a deployment home to continue recovery. At home, his bad luck continued. Sims soon sought treatment for other medical issues at Brooke Army Medical Center in San Antonio, Texas. Fortunately, Sims' litany of injuries had been kept up to date electronically, allowing physicians at home to see the whole picture.

"Every time you come back, you see a different doctor," Sims said. "Having medical records on hand electronically allows them to see what has happened while you were deployed."

Because of the technological advancements in medical recording brought by the Medical Communications for Combat Casualty Care, his doctors were able to easily access his medical history making it easier to give him more effective treatment.

"I've been deployed to Saudi Arabia and twice before to Iraq and in a lot of cases, important medical record information did not make it back from deployment," Sims said. "A lot of paper medical records from deployments often get lost in the excitement of returning from deployment. But having my medical records available electronically has helped doctors track and follow my treatment that I have received at all of the different facilities."

Staff Sgt. Matthew Sims with his helmet that stopped a round fired from a AK-47.

Master Sgt. Wynton Hodges has also experienced first hand the benefit of electronic medical records during his deployment to Mosul and Baghdad, Iraq. Hodges, a medical platoon sergeant in a Stryker-equipped infantry battalion, fractured his ankle in 2006 during a counterinsurgency mission and was medevaced to a nearby combat support hospital where X-rays confirmed an avulsion fracture.

During the next six weeks, he received medical treatment at the CSH and care at two other medical facilities.

"All of the medical care was entered into the MC4 computer system, at all the different medical treatment levels (in Mosul, Iraq) and was easily available for providers and physical therapists at all the different facilities," said Hodges

Like Sims, Hodges returned home from his tour of duty only to find himself back under the microscope at the Fort Sam Houston Troop Medical

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Institute improves customer service

As the Army Medical Department continues embracing technology to improve the quality of health care available to Soldiers and their families, dependable, timely and accurate information technology service management becomes crucial. More and more mission essential programs and systems are connected to the network, so when something goes wrong, it's more than just an inconvenience; the mission is impacted and quality patient care is threatened.

The U.S. Army Medical Information Technology Center is taking customer service to a new level by expanding its service desks. The improved service will be accompanying a transformation with service management built on a foundation of high technology standards.

Consequently, IT service support may be the first step toward optimal service delivery and a proactive, streamlined IT service desk is essential to providing and maintaining high quality health care to all beneficiaries. To meet that need, the Medical Research and Materiel Command's U.S. Army Medical Information Technology Center, located at Fort Sam Houston, Texas, expanded the role of their enterprise service desk and transformed their IT service management processes, with a foundation built on the information technology infrastructure library, or ITIL, standards.

USAMITC provides information management and information technology products and services to support the Army Medical Department, the military health system, the Department of Defense, and other government clients worldwide. Improving their processes means better, faster and cheaper service for their customers and their users, which ultimately benefit Soldiers and their families who rely on high-quality health care.

ITIL is a set of industry best practices for IT management emphasizing a service desk's role and enabling USAMITC to become the single-point-of contact for their customers to provide continual quality improvement, according to Terry Hessler, USAMITC configuration manager.

"ITIL is the most widely accepted approach to IT Service Management in the world," he said, adding that it

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Clinic. The visit revealed an underlying problem with his leg, possibly related to his ankle injury. The doctors were not sure if the two ailments were related and required additional information on Hodges' past.

"All of my deployment medical records were available electronically and provided a clear picture of all treatment received," Hodges said. "Without the digital medical records, X-rays and treatment plans, they [providers] would have to count on my memory. After hundreds of missions and 16 months of continuous combat operations, my memory of the facts had changed."

Instead of relying on a shaky memory, Hodges' doctors tapped into the DoD's central data repository where deployment patient records are stored.

"They were able to access my past medical treatments, review all X-Rays and determine what kinds of treatment I had received," Hodges said. "

Benefiting from continuity of care throughout his travels, Sims echoed Hodges' sentiments. "Using MC4 in theater allows pertinent medical information to be reviewed by doctors, who have access, from anywhere in the world," Sims said. "I feel that this system in the near future will replace all paper medical records."

—Ray Steen, Medical Communications for Combat Casualty Care Public Affairs

Dog walker supports homeland security

Like many foster parents, Peggy Fisher, with The United States Army Medical Information Technology Center human resources branch, in San Antonio, Texas, is responsible for providing a well-rounded, socialized and nurturing environment.

Unlike many foster parents, however, Peggy is providing that environment for a cute, six-month old Labrador puppy.

Fisher is a volunteer Puppy Walker with the Transportation Security Administration Puppy Program.

For the past four months, she's been raising Quill, a 6-month old Labrador bred to become a future explosives-detection dog.

"We take care of Quill's everyday needs," Fisher said. "We're also responsible for teaching him certain commands like sit and stay."

The Puppy Program breeds, raises and prepares puppies for the Department of Homeland Security National Explosive Detection Canine Team Program, said Diane Thomas, TSA puppy program resource coordinator.

After they successfully complete the program, the puppies will be looking for explosive devices in the nation's airports and mass transit systems.

Volunteer families foster the puppies in their homes from approximately nine weeks until 12 months of age to help them get used to being around people.

Fisher said they are encouraged to take Quill into public places as a training opportunity so he'll learn how to be around people and commotion without getting distracted.

Peggy Fisher, U.S. Army Medical Information Technology Center, plays with Quill, a 6-month-old Labrador who was bred to become a future explosives detection dog.

"The more the better," she said. "He has to learn to not get distracted and stay on task." She added that it's amazing how well he does with that.

"We take him to a lot of parks and stores that allow pets," Fisher said. The one place they can't take Quill is the airport, because that will be his main environment once he is in training.

Fisher went through a two-hour orientation to learn her responsibilities and was given a puppy-raising guidebook before she took Quill home. And aside from buying a toy or two, Fisher said she has had no out-of-pocket expenses. The program provides everything the foster family might need.

The puppies are returned to the program for approximately one week each month for medical and behavioral evaluation.

When Quill is one year old, he will be returned to the program for 30 to 60 days of preparatory training, Thomas said.

If a puppy makes it through the preparatory training, it is paired up with a handler and the team completes a rigorous 10-week course to learn how work as a team while locating and identifying explosive materials.

Thomas said foster families are kept well informed of their puppy's progress throughout each step of training and will even be invited to come to their graduation. For Fisher, that's good news.

"He's like our child," she said, "and we're going to miss him. But it's rewarding to think that this is our small part to help the security of the nation."

—Shannon Carabajal, U.S. Army Medical Information Technology Center.

MRMC technology center brings family together

When little Mikaela Serai Kopakowski was born in June 2007, she didn't know she made Army history. All she knew is that both of her parents welcomed her into the world. Her mother was warm and close to her while her father, Spc. Michael Kopakowski, watched from thousands of miles away deployed in Iraq.

Little Mikaela entered the world at Madigan Army Medical Center at Fort Lewis, Wash. Two hours later she and her mother, Veronica Kopakowski, made their appearance before a small computer screen in the office hospital. Looking wan but happy, Veronica spoke to her husband through the lens of a video camera.

"She has your eyes," Veronica said quietly. "She looks so much like you."

"She's as beautiful as her mother," Kopakowski said with the pride new parents exhibit.

While these tender moments may not be considered out of the ordinary in any given labor and delivery room, the very fact that they were able to take place from half a world away is something unique. The video teleconference was put through from Iraq to Madigan via the Video Network Center at the U.S. Army Medical Information Technology Center on Fort Sam Houston, Texas.

USAMITC provides video and audio teleconferencing throughout the Army Medical Department and other DoD agencies, according to Arlan Arabe, operations manager. More than 1,500 customer sites depend on USAMITC, and they handled more than 4,000 video conference calls in 2006.

But this VTC was different. This one connected one of today's Warfighters who, due to a deployment extension, would have missed the birth of his first child. "It's amazing that it's possible for me to see this," was a phrase Kopakowski used often during the VTC, each more fervent than the last.

According to Veronica, Kopakowski recorded a tape of himself reading a book and sent it home to Fort Lewis, where she played it for the child growing inside her.

"I used to play it with the speakers right up to my belly," she said, "I think she recognized his voice." Before the VTC, little Mikaela was fussy, but, according to Veronica, quieted down as soon as Kopakowski began speaking.

"I'm so thankful that everything came into play," Veronica said, "that everyone was just so helpful, and I can't say thank you enough.

"The Soldiers make a lot of sacrifices for their families," she continued, "and people can be cruel and say, 'Well, they signed up for it,' but they're still human. This has been such a boost in morale for my husband."

Kopakowski said he was proud of what he and his wife created.

"It is my first child, so it was a big deal. Not being able to be there was heartbreaking," he said.

"Considering the circumstances I couldn't have asked for anything better," he added.

—Erin Perez with contributions from Capt. Angela K. Johnson, Task Force Rainier

"Soldiers make a lot of sacrifices for their families ... People can be cruel and say 'Well they signed up for it,' but they're still human. This has been such a morale boost for my husband."

—Said new mother Veronica Kopakowski about her deployed husband meeting their baby through a video teleconference.

Members of the U.S. Army Medical Research Institute of Infectious Diseases' Aeromedical Isolation Team train in the fall of 2007 for their important mission of deploying and picking up someone who is exposed to biological agents.

Aeromedical team stays honed on life-saving skills

Although they may not be carrying rifles in combat, Soldiers of the U.S. Army Medical Research Institute of Infectious Diseases' Aeromedical Isolation Team serve a vital role in protecting the nation and world.

About 10 of the 20 members of the elite AIT trained in October to stay honed for their highly specialized mission of deploying and picking up someone who has been exposed to natural and man-made biological agents. With varied medical backgrounds, these Soldiers can be asked to respond to a mission anywhere on earth under many different circumstances. They're one of only a handful of rapid-response teams in the world tasked with the critical duty.

"We have a huge responsibility," said Capt. Rhett Robinson, AIT commander.

"What happens if someone's sick? How are we going to contain them?"

His team members did their best to answer these questions during their week-long training that culminated in a scenario-based, full-fledged mock deployment complete with a live "volunteer" patient.

Two four-member teams were challenged to don their personal protective equipment, deploy to pick up an infected person, and transport them safely back to USAMRIID headquarters using an air evacuation helicopter. While the actual deployment operation may be a trial in itself, AIT members must also provide onsite medical care while properly isolating the patient and keeping themselves safe from exposure.

The goal of the team is to get the patient back to USAMRIID as safely as possible so they can receive medical care while being isolated from spreading the disease. USAMRIID has a self-contained isolation care unit – the Slammer. When a patient is in it physicians and other medical professionals from Walter Reed Army Medical Center take on the 24-hour care and the Slammer becomes Ward 200 of Walter Reed.

"Training like this is really critical," said

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People in the News

Soldiers, NCOs vie for top titles

MRMC Soldiers compete for the command's Soldier and Noncommissioned Officer of the Year title in March at Fort Detrick. The three-day competition started with a physical fitness test in the freezing weather and went on to other Soldier tasks. Sgt. George Watlington and Spc. Momodoclamin Drammeh both from the Walter Reed Army Institute of Research took the top titles. They went on to the Medical Command's competition held at Fort Sam Houston, Texas, in April.

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aims to reduce costs and improve the efficiency, quality and reliability of IT service management. USAMITC embraced ITIL to better manage enterprise processes and provide better value to their customers.

Like business improvement methodologies such as Lean Six Sigma, the ITIL framework promotes process improvements through standardization, common language and "common sense" changes, Hessler said.

ITIL gives organizations a customizable framework for IT management to support growth and achieve their service goals cost effectively, he added.

USAMITC developed the framework for the Medical Command process foundation including several interconnected processes.

The expanded USAMITC enterprise service desk handles incident management and promotes a smarter, more efficient way of doing things through improved processes and shared knowledge, according to Joe Nystel, ESD operations manager. An incident is any event causing an interruption or reducing the quality of service.

Effective incident management resolves incidents quickly, minimizing the impact on AMEDD's mission.

"We can get users up and running as fast as possible by either fixing the problem or providing a work around so they can get back to doing their job and taking care of patients," Nystel said.

Beginning this April with the Southeast Regional Medical Command, USAMITC is deploying the ESD—a consolidated, standard, stable and secure service desk—throughout the entire Army Medical Command infrastructure, a move that will reduce redundancies and achieve significant efficiency improvements and cost savings for the command. The ESD deployment is scheduled for completion by March 2010.

When users, from the health care provider in the hospital to the medical logistician in theater, are impacted by an IT problem, the ESD will be the single point of contact for anyone needing assistance, Nystel said.

"If they have an IT issue, they're going to call one number or send an e-mail to one address, and they're going to get the same level of service no matter where they are," he said.

Technicians assist users with a broad range of issues including desktop support, connectivity and configuration problems, mailbox configurations, and distributing software and tracking licenses for the enterprise.

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People in the News

Soldiers recognized for superior fitness

Three U.S. Army Aeromedical Research Laboratory Army professionals earned the gold German Armed Forces Badge for Military Proficiency. Sgt. Phillip Naas, Spc. Nekkeya Glover, and Staff Sgt. Bryon Pieper were recognized for superior fitness when they completed the requirements necessary to earn the gold badge.

The German Armed Forces Badge was introduced to the U.S. military in 1972 to provide U.S. Soldiers perspective on the rigorous physical training of the German forces.

The badge, awarded in gold, silver, and bronze, is based on a Soldier's military, sports and job performance, as well as overall aptitude.

The three USAARL professionals who earned the award are among 14 Fort Rucker Soldiers who were recognized for their military proficiency in the 2007 spring. Nass received his first gold badge, Glover her second, and Pieper earned his fifth gold award. After completing the rigorous physical training and assessments an impressive five times, the German Armed Forces Badge has a numeral five on the bottom of the badge.

Sgt. Phillip Naas completes a 30 kilometer road march before earning his German Armed Forces Badge.

Scientist recognized by US Jr. Chamber

Dr. Lisa Hensley, a civilian microbiologist at the U.S. Army Medical Research Institute of Infectious Diseases, was selected as one of this year's Ten Outstanding Young Americans by the United States Junior Chamber, better known as the Jaycees.

Dr. Lisa Hensley

She was presented the award at their 69th annual black-tie awards ceremony was Sept. 22 in Omaha, Neb. According to the organization's Web site, the TOYA project is designed to recognize and honor ten Americans each year who exemplify the best attributes of the nation's young people, aged 18 through 40. Hensley joined an elite group of more than 600 Americans so honored, including John F. Kennedy, Gale Sayers and Elvis Presley.

She emerged as one of the premier scientists in the discovery of the pathogenesis of several of the world's most dangerous infectious diseases, including Ebola hemorrhagic fever, Severe Acute Respiratory Syndrome, or SARS, and smallpox.

She and her colleagues identified critical mechanisms involved in the disease process of highly fatal hemorrhagic fever viruses. They have also discovered that a particular protein signal within the normal coagulation system is overly expressed in the infected host; this protein is a key molecule to target for a therapeutic intervention.

People in the News

Re-elected to Medical Board

Dr. John S. Crowley, Science Program director at the U.S. Army Aeromedical Research Laboratory, was recently re-elected as a member and trustee of the American Board of Preventive Medicine.

Crowley was also elected vice chairman of Aerospace Medicine and supervises the process of screening, testing and certifying physicians in the United States who are seeking board certification in aerospace medicine.

Dr. John Crowley

The ABPM is a nonprofit organization that certifies medical doctors in the specialty areas of occupational, preventive and aerospace medicine.

It's one of the 24 boards that make up the American Board of Medical Specialties, the certifying agency for physicians who work in specialties such as pediatrics, psychiatry, neurology, obstetrics and gynecology, plastic surgery and internal medicine, among others.

"Military medicine and our research program at USAARL are all part of prevention," said Crowley, "so it's a very nice fit for MRMC and the Army to have a voice in the certification of preventive medicine specialists."

Elected as Fellow

Dr. William A. Ahroon of the U.S. Army Aeromedical Research Laboratory at Fort Rucker was elected as a Fellow in the Acoustical Society of America during its 153rd meeting in Salt Lake City, Utah.

Dr. William Ahroon

About 7,000 acoustics professionals working in the United States and internationally belong to the organization.

Fellows are nominated by society members and further elected by a committee based on proven and significant contributions to the field of acoustics.

Before starting work at USAARL in 1999, Ahroon was published on topics dealing with noise-induced hearing loss, auditory physiology and psychoacoustics.

During the past year, three of his inventions were awarded U.S. patents.

In addition to his intellectual contributions to the field, Ahroon's efforts to convert acoustical knowledge into safer and more effective equipment for Soldiers have made great contributions to improving communication in hostile acoustic environments.

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"With a shared knowledge database, a technician who finds a fix for an incident can share that knowledge by putting it in the global database," Nystel explained. If someone at another site is having that same issue, a technician can go in the knowledge base, find the best solution and quickly resolve the incident.

Nystel added that all Army medical treatment facilities will be working together and will have access to that shared knowledge database. And with technicians always looking for new fixes and better ways to do things, efficiency stands to continually increase.

As the ESD deployment continues and the ITIL processes are perfected, Lt. Col. Joseph Bentley, USAMITC commander, expects great things from the quality of the IT service support USAMITC provides and the impact that will have on health care providers, patients and the warfighter. "We have the best people implementing the best processes," he said, "and they're always looking for ways to improve."

"Our Soldiers and the rest of our military family deserve the best health care available," Bentley said. "As an organization, we are committed to using technology, perfecting our processes and delivering excellent worldwide IT support so they get nothing less than they deserve."

People in the News

Chemical defense agency receives new commander

The U.S. Army Medical Research Institute of Chemical Defense welcomed back Col. Timothy K. Adams in July 2007 as he assumed command of the laboratory from Col. Brian J. Lukey.

Col. Timothy Adams assumes command of the U.S. Army Medical Research Institute of Chemical Defense in July 2007.

From late 2005 to the middle of 2006 Adams briefly served as MRICD's deputy commander and returned to the institute after graduating from the National War College.

Lukey, who took command of MRICD in January 2006, returned to Fort Detrick, Md., where on July 27 he assumed command of the U.S. Army Medical Materiel Development Activity.

Col. Jonathan J. Jaffin, then acting commander of the U.S. Army Medical Research and Materiel Command presided over the event.

Jaffin called Adams a "worthy successor," noting in addition to his long history with MRICD and the MRMC as a Soldier, veterinarian, and leader, his earlier Army career as a field Soldier and Special Forces instructor more than prepared him to succeed.

"Build on the work Brian has done," Jaffin said to Adams, "and keep ICD the premier chemical defense lab in world."

Adams took the opportunity to start his command by recognizing the professionalism of his new staff.

"The dedicated commitment and quality of work which is produced within this lab is absolutely remarkable, and ICD is not only a research icon, but also an organization which is admired, respected, and recognized on both a national and international scale."

"The bar has been set high, so our work, ICD, is cut out for us as we adapt to new challenges and continue to provide the very best to our warfighters around the world and to our homeland security," he added.

Students learn from chem defense scientists

Last fall scientists at the U.S. Army Medical Research Institute of Chemical Defense, at Aberdeen Proving Ground, Md., welcomed some of Harford County's brightest high school science students from the Aberdeen Science and Math Academy.

USAMRICD supports and encourages the scientific development of the nation's youth through various internship and employment programs, providing research experience and training to college and high school students.

The institute partnered with the Harford County Public Schools to provide even more opportunities to develop the scientific knowledge and skills of promising high school students.

In an agreement signed in June 2007, the USAMRICD promotes the Aberdeen Science and Mathematics Academy curriculum by sharing knowledge of science and professional careers available with students and teachers.

Scientists at the institute will mentor ASMA students not only in their senior capstone science projects, but also through summer employment programs.

This school year five SMA students are doing their capstone projects at the USAMRICD.

People in the News

All-Army Team.
The U.S. Army Research Institute of Environmental Medicine's Capt. Trisha Stavinoha (front row, second from the right) competed with the All-Army Triathlon Team in July 2007.
The Olympic distance event is made up of a 1,500-meter swim, a 40-kilometer bike ride and a 10-kilometer run.

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Robinson. "If we can identify any issues now, it's better than out in the field."

The training is even more important because only some of the members work full-time on the AIT. Others are Soldiers who work at USAMRIID as medical technicians, veterinarians, laboratory researcher among other jobs.

Robinson said he and his operations noncommissioned officer, Staff Sgt. Keith Kittle, worked for months on preparing the right scenario to effectively test their team's abilities and previous training. It was the first time they were pushed to such a degree and also the first time they were in the four-Soldier teams.

Even with these obstacles to conquer, the training still didn't cut the members any slack. To produce the most realistic exercise, the medical Soldiers were not told what was happening until it actually did.

"I wanted to throw everything at them," said Robinson. "We threw them off the cliff to see if they could fly."

Although there were a few spots of turbulence, Spc. Jerry Potter, AIT member, said he came away from the exercise feeling confident they could handle the mission.

"I learned our (everyday) training is actually very good," said Potter. "But the most important thing was -- in everything you do is teamwork and trusting others."

When patients are picked up, they are moved into isolators, which resemble hospital gurneys covered in plastic with a round, tube-like hole at the end for the patient to move through. Teams must ensure when the patient is moved from a smaller one to a larger transport isolator that the seal isn't broken and the patient is not hurt. According to Kittle this maneuver can be tricky for the Soldiers since it requires knowledge of their equipment and problem solving together.

"We got a good idea of what it was like to pick up a patient," said Potter. "There was a lot of stuff we've never seen before, like flying in the helicopter with someone in the isolator."

The live patient was played by Sgt. Richard Nichols, an experience AIT member, who "volunteered" himself to be stuck with IVs and transported in the isolators.

He gave the team a personal perspective they never would have gotten from using a static dummy. Using his own experience, he helped guide the Soldiers while also challenging them.

"A lot of the people who were out there hadn't had much experience handling a patient like that. I told them 'hey this is hurting me' when they did something," said Nichols. "But, overall as a patient, I think they did really well."

People in the News

Aviation Award

The U.S. Army Aeromedical Research Laboratory's Chief Warrant Officer D. Perry Wilds was awarded the Army Association of America's Order of Saint Michael Medallion during a retirement ceremony at Fort Rucker in July 2007.

During his long career, Wilds earned numerous accolades and made great contributions to the field of Army aviation.

Chief Warrant Officer D. Perry Wilds is awarded for his aviation contributions.

National Chair Appointment

As a scientist at the U.S. Army Medical Research Institute of Chemical Defense, Dr. John Petrali recently received another honor to add to his in his long career.

Petrali was appointed chairman of the National Certification Board of Electron Microscopy Technologists, which functions under the charter the Microscopy Society of America.

The appointment was finalized during the recent international meeting of the Microscopy Society of America and the Microanalysis Society, which was held in Fort Lauderdale, Fla., in early August 2007. This distinction recognizes Petrali's many contributions to the field of electron microscopy.

In addition, Petrali has been re-appointed visiting professor in the Department of Dermatology and Dermatopathology at the University of Maryland School of Medicine.

His appointment requires input to the theoretical and practical ultrastructural and immunohistochemical concepts of skin disease. Petrali's participation will be limited to that which complements the MRICD mission.

A member of MRICD's Comparative Pathology Branch, Petrali designed and conducted primary research to detect the mechanisms of chemical threat agents and to identify those that may be predictive or diagnostic.

His work led to a number of breakthrough discoveries, including the effects of nerve agents on the blood-brain barrier as being convulsive-dependent and the sequential pathogenesis of sulfur mustard-induced blister formations in exposed skin.

His discoveries have led to the development of specific immunodiagnostic tests and to new treatment regimens following exposure.

Petrali is author of more than 120 peer-reviewed scholarly articles, eight book chapters, and 31 technical reports.

Iraq Deployment

Maj. Melba Stetz, from Fort Rucker's U.S. Army Aeromedical Research Laboratory, was selected to be the second research psychologist deploying to Iraq as part of the Research, Development, and Engineering Command, Field Assistance in Science and Technology Team, or FAST.

Maj. Melba Stetz

She's serving as the medical operations officer from January 2008 to July 2008.

Stetz works alongside three other FAST Team members to learn what equipment and knowledge medical units need in the field.

Her mission involves interviewing Soldiers on the battlefield in order to learn more about their experiences, concerns, and suggestions for improvement.

The findings will be reported to the U.S. Army Medical Research and Material Command. Her mission will help USAMRMC to not only anticipate the ever changing needs of Soldiers in the field but also better meet Soldiers' needs following deployment.

People in the News

Lean Six Sigma

The Medical Research and Materiel Command is using the Lean Six Sigma Program's detailed data analysis to cut waste and streamline bureaucratic processes, which will ultimately save the government time and money.

Members of the command are qualified at various levels of the program. Black Belts have more training and experience to oversee the projects and Green Belts deal with the details of most projects. The following MRMC employees are LSS trained or are being trained:

Black Belts

◆Michael Blount, U.S. Army Medical Research Acquisition Activity, is a Black Belt candidate working on a project of streamlining USAMRAA's Simplified Acquisition Procedures to obtain his Army certification.

◆Capt. Troy Chinevere, with the U.S. Army Research Institute of Environmental Medicine, was recently selected as the first non-contract and only military LSS certified Black Belt. He's joining only nine others in the entire U.S. Army Medical Command with the same level of expertise. His team's project is to improve the human-use protocol review process for his organization.

Green Belt Candidates

◆Betty Lehman, U.S. Army Medical Information Technology Center

◆Beverly Fogtman, U.S. Army Medical Research Institute of Infectious Diseases

◆Carolyn Mentzer, U.S. Army Medical Research Institute of Infectious Diseases

◆Jutta Herold, U.S. Army Medical Materiel Center-Europe

◆William Tharion, U.S. Army Research Institute of Environmental Medicine

◆Dr. Marielena McGuire, Congressionally Directed Medical Research Programs

◆Capt. Kevin Ridderhoff, U.S. Army Medical Materiel Center-Europe

◆Lt. Col. Timothy Hower, U.S. Army Healt Facility Planning Agency

◆Mark Zangara, U.S. Army Garrison, Fort Detrick

Green Belt Certified:

◆Kimberly Murphy, U.S. Army Garrison

Promotions

◆ Sgt. Phillip Naas of the U.S. Army Aeromedical Research Laboratory was promoted in August 2007.

Re-enlistments

◆ Staff Sgt. Amy Harvey, a flight medic with the Aeromedical Research Laboratory at Fort Rucker re-enlisted.

Awards

◆ Spc. Lance Sumner and Spc. Nekkeya Glover were awarded the Army Good Conduct Medal in August 2007. The Soldiers received it for their exemplary conduct, efficiency and fidelity during their last three years' of service.

◆ Spc. William Schober and Spc. Nekkya Glover were both awarded the Army Achievement Medal for their "outstanding achievement or meritorious service in a noncombat area."