



Navy and Marine Corps Medical News

A Public Affairs Publication of the Bureau of Medicine and Surgery

Issue 11
November 13, 2009

Inside this Issue:

Admiral's Call by the Surgeon General of the U.S. Navy Vice Admiral Adam M. Robinson, Jr.	2
Mobile Care Team Supports Mental Health in Afghanistan	3
Corpsmen Providing Humanitarian Aid in Afghanistan	4
NHB Commander Navy Senior Pharmacist Of The Year	5
Like Body Armor, H1N1 Flu Vaccine Aims to Protect Troops	5
Leaders Urged to Promote Resilience in Troops	7
Military Health System to Convene Annual Conference in 2010	8

Did you Know...

TRICARE is testing a new video counseling service to help military members and families see "eye-to-eye" with their problems. The TRICARE Assistance Program (TRIAP) is just one of several ways to get convenient, confidential help through a licensed behavioral health counselor to assist with issues from deployment worries, to strained relationships, to dealing with a tragedy. For more information, go to: <http://www.tricare.mil/TRIAP>.

Service Members, Families Reconnect at Returning Warrior Workshop

By Chief Mass Communication Specialist Brian Brannon, Naval Surface Forces Public Affairs

PALM SPRINGS, Calif. — More than 75 Sailors and Marines, who recently demobilized after serving in Iraq, Afghanistan, Kuwait, the Horn of Africa and other locations around the world, reconnected with their loved ones Oct. 24-25 at the Returning Warrior Workshop in Indian Wells, Calif.

Held at the Renaissance Esmeralda Resort, Navy Region Southwest hosted the two-day event to thank the individual augmentees and their families for their dedication and sacrifice, to discuss the changes that can occur during mobilization and to introduce participants to a wide range of available programs.

"Your service is deeply valued and made a difference. And we are deeply grateful to you," Capt. Terry Pletkovich, a Navy chaplain announced as the workshop began. "You'll be hearing that a lot this weekend."

Currently, 5,299 Reservists and 5,247 active duty Sailors are serving as "boots on the ground" in support of Operation Enduring Freedom and Operation Iraqi Freedom.

Retired SEAL Capt. Bob Schoultz put such service in context by discussing warrior traditions that stretch back tens of thousands of years. He compared the sacrifices currently made both at home and abroad to those of Odysseus and his family as chronicled in "The

See WARRIOR, Page 3



HELMAND PROVINCE, Afghanistan - Hospital Corpsman 3rd Class Eric Nobriga, assigned to Combined Anti-Armor Team 2 (CAAT 2), hands candy to Afghan children during a patrol in Nawa District, Helmand Province, Afghanistan, Oct. 29, 2009. 1st Battalion, 5th Marine Regiment is one of the ground combat elements deployed with Regimental Combat Team 7. (U.S Marine Corps photo by Lance Cpl. James Purschwitz/Released)

Admiral's Call by the Surgeon General of the U.S. Navy Vice Admiral Adam M. Robinson, Jr.

November is Warrior Care Month

November marks the Department of Navy's second observance of Warrior Care Month. Caring for our Wounded Warriors is a vital priority and a solemn obligation. November is a fitting time for this special recognition of our heroes. We honor all who have served in the Armed Forces on Veteran's Day and celebrate the birthday of those with whom we serve in harms way, the United States Marines Corps. We also reflect on the blessings we've enjoyed over the past year as our Nation celebrates this Thanksgiving holiday. We honor our Wounded Warriors and are blessed to have the privilege to care for them and their families.

It is especially appropriate for us in Navy Medicine to reflect on the contributions of our wounded Sailors and Marines. We have the privilege of supporting them by providing outstanding healthcare from injury to recovery, rehabilitation and reintegration. I know many of you are familiar with my message regarding service, but I believe it's so important that I will repeat it: *When our Warriors go into harms' way, we in Navy Medicine go with them. There is a trust and fidelity earned over years*

of service and sacrifice together. Make no mistake; today that bond is stronger than ever. Our mission is to care for wounded, ill and injured, as well as their family members. It is what we do and why we exist. It is our duty – it is our honor – it is our privilege.

Caring for others is our profession and our passion. It's both our vocation and avocation. It is why most of us chose military medicine and it's why we are driven to maintain or restore the health of those entrusted to our care. We are with our Wounded Warriors throughout the entire continuum of care

“Our mission is to care for wounded, ill and injured, as well as their family members. It is what we do and why we exist. It is our duty – it is our honor – it is our privilege.”

delivering world-class care, anywhere, anytime.

I just returned from a site visit to the CENTCOM AOR to again see firsthand the outstanding work being done in support of our

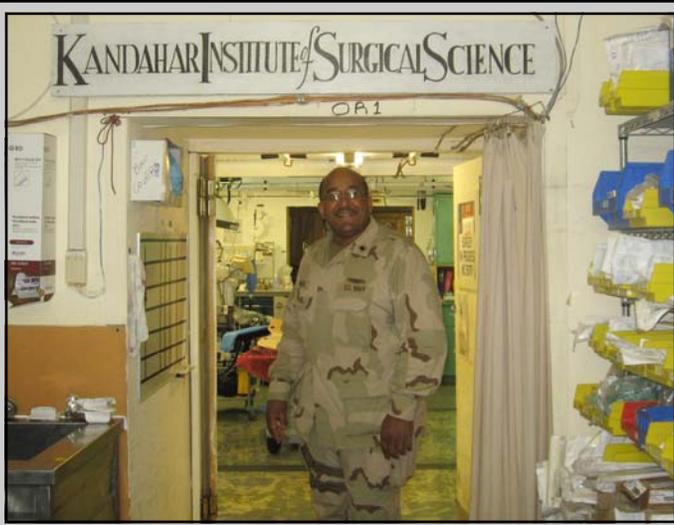


warfighters. What I saw late last month simply reaffirmed what I had witnessed during my previous trips: You are doing outstanding work and are earning high praise from our leaders on the ground in Afghanistan. Our Wounded Warriors are getting the best care we can provide under challenging and dangerous conditions. From all my discussions with our Wounded Warriors both in theatre and at our facilities here in CONUS, they are most grateful.

We are making significant progress in support of Wounded Warriors and their families. For all of us, however, it's a journey that requires our focus, compassion and innovation. We are seeing our programs mature and our collaborative efforts at all levels strengthen. We are redoubling our efforts in support of mental health and working hard to apply the best research and implement cutting edge technologies in support of our injured Sailors and Marines. My priority is to build sustainable programs designed for the long-haul – programs will work for our heroes now and in the future. We must provide the best services that will allow healing in body, mind and spirit. I want to highlight several initiatives supporting

(See SURGEON GENERAL, Page 4)

WASHINGTON — Vice Adm. Adam Robinson on his trip to the CENTCOM AOR last month. (Photo by FORCM (FMF) Laura Martinez/ Released)



Navy Mobile Care Team Supports Mental Health in Afghanistan

By Bureau of Medicine and Surgery
Public Affairs

WASHINGTON – Using a unique blend of psychological assessment and behavioral science, two members of the Bureau of Medicine and Surgery's deployment health department will join the Navy Mobile Care Team (MCT) deploying to Afghanistan in December for three months to support the individual Sailor and Navy unit leadership.

"This is the first time Navy behavioral health clinicians and scientists have joined together to form an operational mental health care team that operates in-country and whose primary 'customers' are Navy individual augmentees (IAs)," said Lt. Justin Campbell, Bureau of Medicine and Surgery, Senior Analyst, Deployment Health.

Capt. Robert Koffman, MC, USN, Combat Stress Control Coordinator is the Officer-In-Charge and developer of the MCT; Lt. Justin Campbell, Ph.D, MSC, USN, is the Operations Officer and analyst.

The MCT will conduct behavior health surveys and focus groups from multiple Navy units while in

Afghanistan. The data will be analyzed on site at the unit, as opposed to the individual level and will provide an overall mental health snapshot for the unit's leadership to help mitigate the stressors of a combat deployment.



WASHINGTON — CAPT Robert Koffman, MC, (right) and LT Justin Campbell, MSC, (left) prepare for their upcoming deployment to Afghanistan next month as members of the Mobile Care Team. (Photo by Valerie Kremer, BUMED Public Affairs/ Released).

The MCT will act as a leadership consultation program allowing individual Sailors to voice their mental health needs and concerns.

While mental health support is intuitive when tragedy strikes a unit in the event of a suicide or

mass casualty, there are other mental health challenges Sailors face while deployed.

"The cumulative effects of fatigue, being separated from family and friends and those things a Sailor uses to cope with stress back home, combined with the often unstated but ever-present threat of an attack can, just as easily, as a casualty, erode the mental health resilience of a Sailor and expose underlying vulnerabilities that otherwise would never have been expressed," Campbell added.

One of the reasons for the existence of the MCT is to find ways to sustain resilience to cumulative stress given the limited coping options.

"When the data are viewed in the aggregate, we hope to identify policy/process changes that will improve conditions for Sailors deploying to Afghanistan in the future," Campbell said.

By bringing combat and operational stress control to the units in theater, the MCT lives up to the Navy Medicine ethos of "World Class Care, Anytime, Anywhere."

WARRIOR

From Page 1

Iliad" and "The Odyssey," composed by Homer in 11th century B.C.

"I challenge you to think of your own service as a hero's journey," Schoultz said.

Though weapon systems have substantially evolved since the time of Odysseus, the code of the warrior still remains - respecting other cultures, recognizing basic human dignity and serving with integrity.

"Honorably doing your duty the best that you can, that is the essence of the code of the warrior," Schoultz said.

Likewise, the hardships such service places on those at home also remain; when Odysseus went to war, his wife Penelope managed the home and raised their young son.

"She wasn't on the front, but she was taking care of the farm back in Troy," Schoultz said. "A lot of you know what I'm talking about."

Resources available at the workshop ranged from counseling and chaplain services to representatives from Tricare, Military One Source, Employer Support of the Guard and Reserve and other organizations.

Capt. Paul Hammer, a Marine expeditionary force psychiatrist who deployed twice to Iraq, spoke on operational stress and the fact that it's okay to seek help.

"The thing I really want to drive home with all of you is not to be a victim: Take action, talk to someone, seek guidance," said Hammer.

Rear Adm. Mike Shatynski, vice commander of Naval Surface Forces, was the key speaker at a banquet of honor to recognize the veterans and their family members.

Despite the call for civilian dress at the event, Shatynski said he wore his uniform to speak for the Navy and the nation to thank the Sailors, Marines and family members for their devotion and dedication.

"It is the spouses that sacrifice the most — you are patriots in a quiet, strong way, and you make all the difference," said Shatynski.

"You support us, even though we work long hours that often interrupt your plans. When we are away, you hold our families together. When we get tired, you remind us how important our jobs are. When we receive recognition, you stand in the background."

Returning Warrior Workshops are the premiere reintegration program among the services and are regularly held across the nation to welcome service members back from mobilization and help them reintegrate into life at home.

Corpsmen Providing Humanitarian Aid in Afghanistan

BREMERTON, Wash.— Hospital Corpsman Chief Anthony Geron, one Individual Augmentee assignment from Naval Hospital Bremerton with 3d Battalion, 4th Marines out of Marine Corps Air Ground Combat Center 29 Palms, and HM3 (FMF) Matthew Novak, IA from Robert E. Bush Naval Hospital 29 Palms, render emergency life-saving trauma care to a severely injured young Afghani male in the Gulistan district of Farah Province.

"We saved his life that day," said Geron. "He was suffering from massive head trauma, hemo-pneumothorax, liver contusion, kidney contusion, peritoneal bleed and the culprits of the hemo-pneumo are the 6/7 broken ribs."

The young man fell from a cliff about an hour north of the small town of Sa'id and was brought to the Navy Corpsmen wrapped completely in a blanket, "as if he were dead already," Geron noted.

Novak is from Shanksburg, Pa. and before he entered the Navy had



already experienced massive trauma. United Flight 93 crashed on his parent's farm on Sept. 11, 2001 and he witnessed the devastation

first hand. He is now doing his share to support Operation Enduring Freedom (Official Navy courtesy photo).

SURGEON GENERAL

From Page 2

Wounded Warriors and their families:

Combat and Operational Stress Control

Offers a comprehensive approach addressing psychological health issues by identifying and mitigating problem stress. The goal is to reduce stigma; increase individual, unit and family resilience; reduce stress injuries and illness; improve mission readiness; and preserve long-term health.

Family Deployment Coping (Project Focus)

Provides a family-centered resiliency training program to enhance psychological health and developmental outcomes for children and families dealing with multiple deployments.

Operational Stress Control and Readiness (OSCAR)

Embeds full-time Navy Medicine mental health professions as part of a USMC division down to the infantry regiment level. They deploy with their units in theater and stay with them when they return to garrison.

Case Management Program

Brings Navy Medicine clinical care managers together

with the Navy Safe Harbor program, the Wounded Warrior Regiment, recovery care coordinators, federal recovery coordinators and non-clinical care managers to ensure continuity of care.

Returning Warrior Workshop

Provides weekend workshops designed to support reintegration of deployed reservists and their families by identifying issues post-deployment and by working on solutions as reservists return to their communities.

Enhanced Access to Care

Offers several programs to make access to care timely and convenient – for example: Seventeen deployment health centers, crisis intervention programs, enhanced substance abuse therapy, expanded psychological health tracking, inpatient physical medicine and rehabilitation services, cognitive rehabilitation day program, neuropsychology services, and pastoral care.

We must continue to be relentless in our support for our Wounded Warriors and their families. We in Navy Medicine can reaffirm our commitment directly and daily in providing the best in patient and family-centered care throughout the world. It is our mission and responsibility. I want to thank you for all of your skill, dedication and sacrifice in helping to heal our wounded, ill and injured.

Got News? If you'd like to submit an article or have an idea for one, contact MEDNEWS at 202-762-3160, fax 202-762-1705 or Valerie.Kremer@med.navy.mil.

NHB Commander Navy Senior Pharmacist Of The Year

By Douglas H. Stutz, Naval Hospital Bremerton
Public Affairs

BREMERTON, Wash. (NNS) -- The pharmacy department head of Naval Hospital Bremerton (NHB) was recognized in Oct. as Navy Senior Pharmacist of the Year.

Cmdr. Ed VonBerg was selected, among other things, for his contribution while deployed as an individual augmentee (IA) to Camp Herat, Afghanistan from July 2008 to July 2009.

"There were a lot of good candidates, but Cmdr. VonBerg stood out for all the things he did on deployment," said Capt. Derrik Clay, Navy Medicine West Director of Clinical Support Services (DCSS), who worked with VonBerg at NHB for over two years. "He went above and beyond what was expected during his time in Afghanistan. He also did a lot outside of the actual pharmacy community in helping to rebuild the health care infrastructure."

The award came unexpected and was presented at this year's Joint Force Pharmacists Conference, an annual gathering of pharmacy members from service branches, U.S. Coast Guard, along with representatives from the Veteran's Administration and Public Health, Canada and New Zealand.

"I was surprised and humbled by it," said VonBerg, who was assigned to Medical Embedded Training Team Herat, Afghanistan. "We have lots of great people doing great things. The award is really a reflection and appreciation of mentoring received from Capt. Stephanie Simon, our Pharmacy Specialty Leader and Capt. Clay."

"Ed's superior clinical and administrative knowledge



BREMERTON, Wash. — Cmdr. Ed VonBerg, on Individual Augmentee assignment with Medical Embedded Training Team Herat, Afghanistan, didn't just relegate his duties to the camp and hospital. He also traveled outside the wire to lend support for numerous multi-national Humanitarian Assistance missions, Medical Civil Affairs Program missions, and traumas. His contributions to mission planning and execution directly led to thousands of rural Afghans getting care and supplies, as well as sharing a smile with children from the outlying villages and towns they visited (courtesy photos)

in addition to his reliability of seeing all tasks to completion make him a worthy recipient of this award," commented Clay. "While I was DCSS and he was pharmacy [department head] (at NHB), I was able to hand any phar-

See PHARMACIST, Page 6

Like Body Armor, H1N1 Flu Vaccine Aims to Protect Troops

By John J. Kruzal, Armed Forces
Press Service

Like protective equipment issued to troops downrange, the H1N1 flu vaccine is a measure the Defense Department is taking to safeguard U.S. military forces, a defense official said Tuesday.

"We use other treatment modalities to protect people in the same way we use body armor to protect against other threats," said Ellen P. Embrey, acting assistant defense secretary for health affairs.

"The H1N1 vaccine was purchased specifically for our uniformed service members so they could continue to perform their mission anywhere on the globe," she continued. "And during a pandemic, that's a real threat."

Officials at the department, which received initial allotments of the vaccine last week, said doses will be distributed in coming weeks according to a prioritized list of recipients.

Vaccines first will be made available to deployed personnel, bases that receive new military accessions, such as basic training installations and the service academies, and all health-care workers assigned to military medical treatment facilities.

Immunization for both seasonal flu and H1N1 is mandatory for all military personnel and is highly recommended for beneficiaries.

"Our system to manufacture and distribute, and then put shots in arms, is the priority of the

government. And [the Defense Department] has been participating with HHS very closely to ensure that we acquire sufficient vaccine to protect the U.S. military's ability to perform its mission globally," Embrey said, referring to the Health and Human Services Department.

Embrey noted that the department has long used vaccinations - against anthrax, small pox and seasonal flu, for example - to protect the force and preserve its ability to perform its mission.

"The H1N1 virus is unique because it targets young, healthy people 24 and under and the average age of our force is 24," she

See H1N1, Page 6

H1N1

From Page 5



Capt. (Dr.) Tanis Batsel Stewart, director of Emergency Preparedness and Contingency Support for the Bureau of Medicine and Surgery, responds to a question during an online town-hall meeting hosted by the Military Health System Nov. 10. Health experts from different services converged to answer questions submitted to the town-hall via a special Web site and alleviate fears over H1N1 flu. (Photo by Rebecca Rose, Bureau of Medicine and Surgery/ Released)

said. "So this is particularly important to us that we have the ability to protect the majority of the people

who are preserving the national security of this country because if they're down they can't perform."

The department also has received several hundred vaccines from Health and Human Services for defense civilians, Embrey said. Because vaccines may be coming in relatively small numbers initially, local commanders will be responsible for determining how supplies are distributed.

"It will be up to the local commanders to determine the best balance of mission preservation and addressing the individuals who are at high risk of getting the flu whether they're a civilian in our workforce, and according to CDC, we should be paying closest attention to those at highest risk," she said, referring to the Centers for Disease Control and Prevention.

"As additional allotments come in over the next several weeks, there will be sufficient vaccines to give to anyone who would like to have it," she added.

Embrey said Health and Human Services allocated additional vaccines for retirees, family members and other individuals living overseas.

"So if you live in those locations and you want a shot, please come in, or if you're at high risk, please come in and get your shots now because those are being distributed as we speak," she said. "This vaccine is safe, it's effective, it's [Food and Drug Administration] approved. If this vaccine is available in your area — get it."

PHARMACIST

From page 4

macy project or requirement to him and know that it would be completed correctly and in a timely manner. I'm sure he exhibited the same qualities while deployed to Afghanistan. This award goes to the most worthy Navy pharmacist among a stellar collection of O-4 and O-5 officers, so it is a very significant accomplishment."

VonBerg's primary responsibility at Camp Stone, a Forward Operating Base (FOB) with a shifting population of approximately 500 personnel from U.S. and NATO contributing nations, was as mentor to the Director of Clinical Support Services and the Head of the Pharmacy for the Afghan National Army's (ANA) Herat Regional Military Hospital and the ANA 207th Corps Medical Warehouse Commander.

"I was part of a 13-member Navy team and every day I would walk over to the ANA Hospital to help them improve giving overall care to their armed forces personnel as well as work with the pharmacy staff, explaining the

nuances of logistics and assisting with ancillary services such as the laboratory and x-ray areas," remarked VonBerg.

VonBerg notes that the initial primary focus of his team was to establish personal relationships with those they would work with and comprehend the Afghan way of life.

"We needed to know what was important to them," said VonBerg. "We made it a point to understand their culture and their traditions. There's such a difference, even in getting to the hospital. The only way almost all of the hospital staff got to work was via bus. Or on foot. It was dangerous for them due to Improvised Explosive Devices on the main access road."

According to the write-up for VonBerg's nomination, he spearheaded the proposal, requirements and approval of a new logistics and pharmacy computer program to be used throughout the Afghan National Security Forces (ANSF) Health System, which ensured a consistent flow of safe medication valued at over \$40 million for 500,000 beneficiaries. He was also the driving force behind the update

of the ANSF Formulary.

One of VonBerg's goals was teaching a basic understanding of supply and tracking usage to build orders and work with patient staff so that ultimately future patients can be handled with past experience.

As a mentor embedded in the Herat Regional Military Hospital and the 207th Corps Medical Warehouse, VonBerg provided the tools and training for their first-ever computerized inventory tracking system and for medical logistics airlifts. He also coordinated the purchase of limb-saving orthopedic surgery equipment and advanced ultrasound equipment enabling immediate life-saving surgical interventions.

"Pharmacy is more than just dispensing medicines," VonBerg commented. "It's not lick, stick and pour. We faced problems to iron out medicine requirements and medical equipment needs so they will have what they need when they need it. Being able to forecast and look to the future for supplies is still a very foreign concept for most Afghans. The country has been in a constant state of war for 30 years, and that

Leaders Urged to Promote Resilience in Troops

By Jim Garamone
American Forces Press Service

NORFOLK, Va. - Resilience is not issued when you join the service, but it can and must be built to prevent post-war mental health problems, a Navy official told attendees at the Warrior Resilience Conference earlier this month.

Navy Rear Adm. Karen Flaherty, director of the Navy's Nurse Corps and deputy chief of the Bureau of Medicine's wounded, ill and injured section, urged more than 400 people who gathered here to learn the best practices in the mental health care of soldiers and veterans.

The conference is subtitled "Full Operational Capability," and it has two connotations. The first is that warriors affected by post-traumatic stress disorder, traumatic brain injuries or other combat-related psychological ailments receive the care they need and deserve to return to full capability.

The other is a challenge for commanders, supervisors, clinicians and care givers to ensure the processes and policies are in place to give those affected the best care. "In the Navy, we want to make sure the seabag is full of things that make a difference as we move forward," Flaherty said.

Resilience is the human capacity to prepare for, recover from and adjust to life in the face of stress, adversity or trauma, she said, and can be gained, lost and taught.

Resilience is a result of biology, the environment and the choices people make, Flaherty said. "It is important for us to understand how individuals, families and units can build resilience and can be better prepared to adapt and even thrive in stressful environments," she said.

Mental health professionals need to understand what contributes to personal resilience, Flaherty said, listing critical attributes as critical thinking, communication and problem-solving skills, a positive outlook, an ability to embrace change and a sense of humor.

"Trusting and supportive relationships also play a role in resilience," she said. "The ability to investigate solutions without getting worked up and the ability to manage strong feelings and impulses also contribute."

In the military, units also must be resilient, Flaherty said, and that happens with high morale, unit cohesion, pride in the unit's mission and pride in leaders. Units that face adversity can even strengthen their resilience, she said, as they become more agile and can adapt easier.

Individuals can increase resilience through common-sense strategies such as getting enough sleep, eating correctly and exercising, she said. It also helps for commanders to use after-action reports and critiques to encourage troops to talk about their experiences, she added.

Leaders must understand that they are as responsible for the good mental health of their servicemembers as they are of the physical health of their troops, Flaherty said.

"Tough, realistic training develops physical and mental strength and endurance," she said. "It enhances each servicemember's confidence in their abilities and their ability to cope with the familiar and unfamiliar."

Medical, ministry and other support groups are critical to building resilience. "It is about the team," she said.

But it is the line leaders – the unit commanders and noncommissioned officers – who have the largest responsibility, Flaherty said. "They balance the operational requirement to expose those servicemembers to risk against the imperative to preserve their health and readiness," she said.

Leaders have to be aware of the strains that servicemembers and their families are under. Since Sept. 11, 2001, the department has invested billions of dollars in trying to help families, Flaherty said.

"Our military families, when compared to families at large, are

quite resilient, but also quite vulnerable," she said. "The frequency and length of deployments can create extraordinary pressure for many."

Developing resilience is not a science, and it will take years to determine what works best. "But we need to move now," she said. "We'll know more in five years, but we know more today than we did a year ago, so we act upon what we know and move forward."

"We can't wait for the perfect solution," she continued, "because the war will continue, the warriors will continue to be wounded, and we'll still have gaps in care."

Related Sites:
Defense Centers for Excellence for Psychological Health and Traumatic Brain Injury <<http://www.dcoe.health.mil/>>



MANATUTO, Timor-Leste - Navy doctor Lt. Stephen Zanoni shares a smile with a young Timorese patient during a Marine Exercise 2009 medical civic action project, Oct. 19, 2009. Zanoni is assigned to the 11th Marine Expeditionary Unit (11th MEU) deployed with the Bonhomme Richard Amphibious Ready Group in the U.S. 7th Fleet area of responsibility. (U.S. Marine Corps photo by Sgt. Scott Biscuiti/Released)

BALURAN, Indonesia - Navy Lt. Yesenia Astorga, assigned to the 11th Marine Expeditionary Unit (11th MEU) as a general medical officer, checks the heartbeat of a young patient at a clinic, Oct. 19, 2009. Marines and Sailors of the 11th MEU are in Indonesia for an exercise focused on medical and dental assistance, engineering projects and military interaction. (U. S. Marine Corps photo by Cpl. Shawn M. Spitler/Released)



Military Health System to Convene Annual Conference in 2010

By Charlene Reynolds, Office of the Assistant Secretary of Defense, Health Affairs

FALLS CHURCH, Va. – The 2010 Military Health System Conference will be held January 25-28, 2010 at the Gaylord National Hotel and Convention Center in National Harbor, Maryland. The theme of the conference is "Sharing Knowledge: Achieving Breakthrough Performance." Each day will feature its own educational theme, centering on achievements and performance in health-care delivery, research, education and training.

"The 2010 MHS Conference is a

chance for us to embrace the challenge of evolving as a learning organization," said Ellen P. Embrey, performing the duties of the assistant secretary of defense for health affairs. "We are constantly seeking to enhance our health care delivery. The conference provides a platform to share knowledge and improve best practices. Our health care, medical research, and medical education and training positively impact the daily lives of millions of service members, veterans and their families."

Three-thousand military and civilian medical personnel from the MHS are expected to attend, creating an opportunity to share knowledge and improve best practices. As a learning organization, the MHS expects its 2010 conference to promote professionalism across the force, enhance partnerships within and outside the federal sector, and focus on ways to best serve the preventive and health-care needs of our diverse beneficiary population.

The conference will include both internal and external/industry exhibitors whose missions have a

focus that is aligned with the MHS mission. Registration information and exhibitor opportunities are available online at www.health.mil/mhsconference. The Web site also allows interested parties to sign up for e-mail alerts about MHS Conference news and updates.

Further conference details can be found on the Military Health System Web site at www.health.mil/mhsconference. Connect with the MHS through its Social Media Hub at www.health.mil/connect.

America's Military Health System is a unique partnership of medical educators, medical researchers, and health care providers and their support personnel worldwide. This DoD enterprise consists of the Office of the Assistant Secretary of Defense for Health Affairs; the medical departments of the Army, Navy, Marine Corps, Air Force, Coast Guard, and Joint Chiefs of Staff; the Combatant Command surgeons; and TRICARE providers (including private sector health care providers, hospitals and *pharmacies*).



Bureau of Medicine and Surgery
2300 E Street NW
Washington, DC 20372-5300

Public Affairs Office
Phone: 202-762-3160
Fax: 202-762-1705