The Army Medical Department (AMEDD) plays a vital role in the Army’s conduct of a protracted global war on terrorism. The professionals who fill the ranks of AMEDD are a formidable team dedicated to promoting and maintaining the health of our warriors, sustaining their families, and restoring the health of ill and injured soldiers.

A little more than a year ago, media reports brought to light some shortcomings in the services provided by AMEDD. There was never any question about the quality of medical care wounded warriors receive—it was and is as fine as any delivered anywhere in the world—but some necessary support was lacking as patients recovered from their injuries and as...
some of them prepared to depart the military. Since then, a monumental effort has been mounted to address these problems.

We instituted the Army Medical Action Plan for treatment and rehabilitation of Warriors in Transition—back to duty, into civilian life or to continued care at a Veterans Affairs or civilian facility. They now are assigned to Warrior Transition Units (WTU), and each patient has a primary-care provider, a nurse case manager and a squad leader to ensure that soldier’s needs are identified and addressed. This triad of support provides the treatment plan, the coordination, the support and the supervision to allow each wounded warrior to heal and prepare to resume a healthy, productive life. The WTU return-to-duty rate is more than 64 percent, the equivalent of two brigade combat teams a year.

Soldiers and families have new access to counselors, ombudsmen, VA liaisons, soldier and family assistance centers, and the Wounded Soldier and Family Hotline (1-800-984-8523) to get help with any problems.

A new disability evaluation system is being tested at Walter Reed Army Medical Center and other military hospitals in the Washington, D.C., area. This is a promising step toward reforming one of the most complex processes for soldiers who must make the transition to civilian life as a result of injuries. We are committed to getting this right and providing a level of care and support to our warriors and families that’s equal to the quality of their service.

Our fifth mental health advisory team (MHAT) surveyed soldiers in Iraq and Afghanistan last year. The team’s recommendations include more behavioral-health providers in theater, more time between deployments, marital and family counseling as a TRICARE benefit, and more focused suicide-prevention training.

As a result of MHAT’s work, behavioral-health assets in Afghanistan have already been repositioned closer to the troops who need such services, and we have begun the process of getting civilian behavioral-health providers into the large bases in Iraq so military personnel can provide more outreach to the troops there. One of MHAT’s findings is that soldiers who receive battlemind training before deployment report fewer behavioral-health problems. This training tells soldiers what to expect when they deploy. There also are post-deployment modules to help soldiers and families adjust to the return home. Soldiers, family members and leaders learn how to recognize people in distress and how to get them help.

Last year, thousands of soldiers took part in a chain-teaching program about concussive injuries and post-traumatic stress awareness. They learned how to recognize symptoms and how to get help. I hope they also learned that getting help is a sign of strength, not of weakness. The idea that there is a stigma associated with mental-health care is one of the biggest obstacles preventing our Army from being as healthy as it should be. George Patton was a great general, but when he accused soldiers with “combat fatigue” of cowardice, he was dreadfully wrong, and his ideas on that subject have no place in our modern Army. Commanders, noncommissioned officers and soldiers at all levels have to get on board and acknowledge that soldiers with behavioral-health issues are not slackers, they are good soldiers who with proper care can return to effective duty.

A group of experts led by Brig. Gen. Donald Bradshaw, commander of the Southeast Regional Medical Command and Eisenhower Army Medical Center, examined the issue of traumatic brain injuries (TBI), identifying best practices, many of the initiatives that have led to progress in dealing with these injuries and some areas that still need improvement. We have a good handle on treatment of moderate to severe TBI, but like the civilian medical community, we are still learning the best ways to understand, diagnose and treat mild TBI, commonly known as a concussion.

Mild TBI may affect 10 percent to 20 percent of soldiers and marines redeploying from combat in Iraq and Afghanistan. The good news is that about 80 percent of patients treated for mild TBI recover completely. We need the help of everyone in the Army community to identify soldiers who might be affected, so they can be treated early and effectively.

LT. GEN. ERIC B. SCHOOMAKER is Army Surgeon General and commander, U.S. Army Medical Command.
This summer, the Defense and Veterans Brain Injury Center and the DoD Center for Deployment Psychology will merge into the new Defense Center of Excellence for Psychological Health and Traumatic Brain Injury, headed by Brig. Gen. Loree Sutton. This center is going to be one of the leading resources in the world for psychological health and brain injury education, training, research, treatment and prevention.

Medics in the field are using the Military Acute Concussion Evaluation (MACE), a tool to evaluate mild traumatic brain injuries for early treatment. The Automated Neuropsychological Assessment Metric (ANAM) provides a standard, objective measurement of reaction time, short-term memory and other cognitive skills. After establishing a baseline, monitoring ANAM results can help reveal undetected mild TBI.

To get better data about the forces that cause mild TBI and how to protect against them, the Army equipped soldiers of the 101st Airborne Division (Air Assault) with sensors attached to their helmets. These will measure the impact of blasts, falls or other incidents. Ultimately this information will be used in the design of better helmets and other protective equipment. The 4th Infantry Division (Mechanized) will have helmet sensors with similar capabilities when it deploys this fall.

Through a program called RESPECT-Mil (Re-engineering Systems for the Primary Care Treatment of Depression and PTSD in the Military), behavioral-health services are being integrated into primary medical care at health clinics. At William Beaumont Army Medical Center, Fort Bliss, Texas, the Restoration and Resilience Center is researching the effectiveness of such techniques as acupuncture, massage, chiropractic and spirituality to help soldiers make a successful transition from combat to home.

The number of suicides by soldiers is increasing, and this is something we take very seriously. We are adding more behavioral-health personnel, but this is a problem that involves small-unit leaders, chaplains, medics and fellow soldiers, as well as counselors. We will use all available means to educate soldiers and families about the signs of suicidal tendencies and ways to recognize and treat the causes. A wealth of information about behavioral-health issues is available at the web site www.behavioralhealth.army.mil.

Medical Command will add 738 military positions this fiscal
year (FY) and 554 more in FY 2009. This is a clear commitment by the Army to the health care of our soldiers and will help us respond effectively to issues such as behavioral health and traumatic brain injuries. We also will be able to meet expanding medical needs as the Army grows in strength.

I am constantly amazed at the quality of the people in AMEDD. Their professionalism, compassion, energy and creativity are exemplified by the men and women who earned recognition in the past year, including:

- Then-Lt. Col. Steven R. Drennan, deputy commander for nursing and organizational effectiveness at Fort Drum, N.Y., received the International Committee of the Red Cross Florence Nightingale Medal, considered the highest international honor in the nursing profession.
- Dr. Lisa Hensley, a microbiologist at the U.S. Army Medical Research Institute of Infectious Diseases, was recognized as one of the Ten Outstanding Young Americans by the United States Junior Chamber, the Jaycees. She is one of the leading scientists studying some of the world’s most deadly infectious diseases.
- The United Service Organizations presented Spc. Marion D. Pettus III, a medic with the 4th Infantry Division, its Service Hero Award for 2007.
- Maj. Gen. Gale S. Pollock, who served as the acting surgeon general for much of last year, was honored as the Woman of the Year by the American Legion Auxiliary.
- The American Hospital Association’s Section for Federal Hospitals presented its Award for Excellence to Col. Jimmie O. Keenan, chief of staff for the Army Medical Action Plan team, and its Special Achievement Award to Lt. Col. Dawn Garcia, head nurse of the combined intensive care unit at Landstuhl Regional Medical Center in Germany.
- At the Military Health System Conference this year, two new awards were introduced for excellence in combat care. Lt. Col. Kelly A. Murray received the first Col. Brian Allgood Award for field-grade officers, and Capt. Walter S. Baugh received the first Capt. Maria Ortiz Award for company-grade officers.

These are the kind of people who help the Army stay Army Strong. They are an extraordinary team with a proven record of service and accomplishment. I expect continued excellence in the future as they fulfill the AMEDD mission to conserve the fighting strength of the Army.

Spc. Cinthia Lowrey enters personal information into a tablet computer during a post-deployment health reassessment at Camp Mabry, Texas.

Below, Capt. Drew Webb checks the ears of an Iraqi girl during a medical mission in Batta village, northwest of Baghdad. Capt. Webb is a physician assistant with Headquarters and Headquarters Troop, 2nd Squadron, 14th Cavalry Regiment, 2nd Stryker Brigade Combat Team, 25th Infantry Division, Multi-National Division-Baghdad.