

# AMSUS

The Society of the Federal Health Agencies

## NEWSLETTER



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Supplement to Military Medicine

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### From the Executive Director

We now look back on another successful AMSUS Annual Meeting in San Antonio. It is always great to get together in the Alamo City. This year's meeting was better attended than the 2005 Meeting. Comments on this year's meeting have been very positive. Those involved in planning and presenting the Meeting have reason to be proud. We appreciate the leadership of the General Chairman, Dr Bill Duncan, from the Veterans Health Administration, and the contributions of all who served on the convention committees.

Early next year the convention planning cycle will begin again. Lt Gen Jim Roudebush is our President, and the U. S. Air Force Medical Service will be the host organization for the 113th Annual Meeting in Salt Lake City next November. The theme of this Meeting will call for a focus on building the next generation. We'll keep you informed on the features of the convention as they take shape over the coming months.

We learn lessons every year about the good and bad aspects of our Meetings. Fortunately, thanks to the efforts of our committees and staff, the good far outweighs the bad. Even so, we continually seek improvement and expect positive changes for 2007. We know attendees cannot take full advantage of the excellent content of the Annual Meeting due to overlapping presentations and activities. The balance between special interest activities and the mainstream content is always challenging, but we intend to tailor the framework to maximize the opportunity for attendees to benefit from the full scope of the content offered next year in Salt Lake City.

According to a number of observers, international participation is an area in which we can enhance the content of our Annual Meetings. In San Antonio, several of the presentations included in the International Program would have been of interest to the American attendees, most of whom were involved in other convention activities offered simultaneously. We are seeking advice from past International Delegates and members regarding the best approach to integrating international content into the main stream of the Meetings. Direct involvement of international members in the planning process is a good place to start the evolution of this aspect of our Annual Meetings.

The Anchor and Caduceus Committee of the Public Health Service Commissioned Officers Foundation sponsors the Dr. C. Everett Koop Honorary Lecture annually. The 2007 Lecture will be delivered Friday, January 12th by The Honorable Richard A. Carmona, M.D., M.P.H., F.A.C.S., the 17th Surgeon General of the U. S. Public Health Service. The annual Anchor and Caduceus Dinner will be held at the Capital Hilton in downtown Washington, DC, A special feature this year will be an AMSUS award presentation. Lt Gen Roudebush, USAF Surgeon General and AMSUS President, will present Dr. Carmona with a President's Citation for his service as Surgeon General.

Doctor Bill Haffner assumed the role of Editor of *Military Medicine* at the San Antonio Meeting. Assistant Editor Mel Lessing orchestrated the Editorial Board Meeting on November 5th when our new Editor was formally introduced. Having served as an Editorial Board Member, Bill was well known in this arena. The Editorial Board members are reportedly enthusiastic about the changes being made and look forward to Doctor Haffner's leadership, as do I.

AMSUS has invested in an information technology system to allow both electronic submission and peer review of manuscripts being considered for publication. Beginning this January, it will be possible to submit manuscripts via the internet to *Military Medicine*. We expect our move into electronic journalism to make life much easier for authors, reviewers, and staff members. By summer of 2007, we will have published all of the content we have received using paper and will be functioning in an electronic environment.

The San Antonio Meeting represented the completion of one full year of service as Executive Director. AMSUS is a mature organization with an image of functional stability. However, existing just below the surface of this image are cycles of staff and committee activities that drive the organization forward during ever changing times. Our Annual Meeting planning process is a major cycle of activity taking months. Other cycles of activity, such as publishing *Military Medicine*, operate at different frequencies. The success of our programs and services is due to the impressive people, staff members and volunteers, who make these cycles of activity work so well. It has been a privilege and pleasure for me to work in this organizational environment.

I wish you all the best in 2007 and hope to see you in Salt Lake City next November.

GEORGE K. ANDERSON, MD, MPH  
Maj Gen, USAF, MC (Retired)

## **Military Medicine Continues Electronic Transformation**

AMSUS and its journal, *Military Medicine*, are bringing in the New Year with a much anticipated electronic manuscript submission and peer review process, "Rapid Review." We hope prospective authors will agree this change will make manuscript submission more efficient, faster and easier. The time from submission to publication will be shortened. The entire process from submission to manuscript review to revision, and ultimately publication will now be accomplished completely online. Correspondence including any notifications will be sent via email, no more waiting for the mail! The ultimate beneficiary will be our members and readers.

To submit a manuscript, visit our website [www.amsus.org](http://www.amsus.org), and once you reach our homepage choose "Journal" and a drop down menu will appear offering you several options. Click on the link to "Submit a Manuscript". The author logon portal will open and offer you several selections. Follow the prompts to create an author account, go to the reviewer logon screen, get help with your graphics, get help with your password or receive detailed instructions on how to use the system.

Once you have set up your account, you will be provided with step by step instructions on how to complete your submission. A help button is provided on each screen as you progress through each section. You may choose to submit your manuscript at one sitting, or save it and complete it later. Rapid Review will save your initial submission and you will have two weeks to complete it, after that it will be erased from the system and you will have to start over.

Once you have completed your submission, peer reviewers with expertise in your manuscript's subject area will be assigned. Reviews will be completed and submitted online. When the reviews are completed, they will be forwarded to the Editor for a publication decision. There are several outcomes possible. Another review may be requested, minor or major modification may be suggested, it may be accepted "as is" or perhaps even rejected. Occasionally the editor will recommend that an article may be more suitable as a "Guest Editorial" or a "Letter to the Editor". A decision will be sent to you with the Editor's recommendation. You will have adequate time to respond to the suggestions.

*Military Medicine* began its electronic transformation when it became available online in 2004. We are excited with this new enhancement. We hope you are too. The goal is to maintain and even improve the already outstanding quality and reputation of your journal. The new Editor of *Military Medicine*, Dr. Bill Haffner, is also committed to continuous improvement. The journal is a major member benefit and emphasis area for AMSUS. We hope our members contribute to and utilize this important resource.

### **VA- DOD Joint Venture**

The new North Central Federal Clinic, the first Department of Veterans Affairs and Department of Defense venture using joint leadership and staffing, opened Dec. 4. The medical facility is located on the north side of San Antonio.

"The congressionally approved facility was chosen after a federal competition, and is a jewel in the crown for both federal agencies and a test bed receiving national recogni-

tion," said AMSUS member Maj. Eric Peipelman, the 59th Medical Wing project manager. "The clinic will provide pharmacy, radiology, laboratory and optometry services for those enrolled."

"We have several other facilities throughout the United States that are working toward the same goal we have achieved here," said AMSUS member Mark Goldstein with the South Texas Veterans Health Care System.

The clinic is designed to improve access to medial care for VA and DOD beneficiaries living on the north side of San Antonio. Currently those Air Force beneficiaries must drive across town to Wilford Hall Medical Center on the south side of the city on Lackland Air Force Base.

"The Air Force and the VA are both extremely excited to bring our quality care close to our patients living on the north side of San Antonio," said AMSUS member Brig. Gen. (Dr.) David Young, 59th Medical Wing commander. "This innovative partnership to improve healthcare will provide improved access to services for these beneficiaries."

Approximately 5,600 Wilford Hall patients have been identified and notified as those who would benefit the most from being seen at the NCFC. Officials looked at active duty dependents, retirees and retiree family members, enrolled in TRICARE Prime, who live in the north central San Antonio area. These individuals were then assessed by their medical needs and the level of services available at the NCFC.

The NCFC currently won't be open to active duty personnel. Active duty personnel will continue to be seen at their current care locations.

"Enrollment currently has been maximized," said Major Peipelman. "However, we will be looking at demand in the area and considering options over the next six months, such as active duty sick call, to increase access if demand warrants."

Hospital officials, along with congressional and federal leaders, will be following the success of the clinic closely for consideration for other joint facilities to begin using joint leadership and staffing.

Reference:

MSgt Kimberly Spencer, "VA, DOD joint venture future of **New Military Health System to be Built on Joint Command**

The Assistant Secretary of Defense for Health Affairs (ASD (HA)) sent a memo to the Service Surgeons General and the Joint Staff on Nov. 30, outlining a conceptual proposal to create a Joint/Unified structure to improve the management performance and efficiency of the Military Health System (MHS). The goals of the new governance are to improve management, system performance and afford greater efficiency of operations of the MHS. The memo, approved by Deputy Secretary of Defense Gordon England, is the first step towards attaining the Joint/Unified Medical Command. Over the next two years, the ASD(HA), Service Surgeons General and Joint Staff will establish the framework for the new governance concept and commission a transition team to examine and determine the specific details of the reorganization.

Key aspects of the plan include reorganizing and consolidating common support activities within the MHS, as well

as developing joint command structures in major multi-service markets. The memo lists several measures, such as accelerating the physical and operational co-location of the Medical Headquarters as required by BRAC law, and merging of appropriate HQ staffs and functions. The concept establishes command responsibility in the National Capital Area (NCA) and in San Antonio as a Joint Medical Market with individual medical treatment facility Commanders reporting to a Joint Senior Flag Officer. Similar multi-service markets are planned throughout the country. In addition, a joint education and training center (in San Antonio) and combined medical research and development program (headed by the Army) will be established.

The proposed new governance will create a Joint Military Health Services Directorate under a Joint Senior Flag Officer reporting to ASD(HA) to consolidate key shared services and functions at the MHS corporate level. TRICARE Management Activity (TMA) will be re-chartered as "TRICARE Health Plan Agency" and fall under the authority of this new Directorate. It will focus on insurance, network, benefit and beneficiary issues. Health Affairs will retain MHS oversight and continue to manage the Defense Health Plan budget and programs; health policy, legislative, communications and business strategy; and the operations of the Uniformed Services University of the Health Sciences. The initial timetable established has the completion of this reorganization by 2009.

Reference:

Federal Health Update, 7 December 2006

### **USU Breaks New Ground**

A groundbreaking ceremony was held on the campus of the Uniformed Services University of the Health Sciences (USU) on October 23, 2006 for the construction of its new Academic Program Center. USU's newest facility is the first to be constructed on campus since the school was built in 1978. The three-level structure will provide extra classrooms and office space for the university's newest school, the Graduate School of Nursing, as well as Graduate Medical Education programs and Continuing Health Education.

"The university is at the forefront of education and research in military medicine," said USU President, Charles L. Rice, M.D. "This new facility will provide space to allow the university to continue to fulfill its essential mission in educating men and women who are learning to care for those in harm's way."

U.S. Senators Daniel K. Inouye (D-HI), Barbara A. Mikulski (D-MD), Paul S. Sarbanes (D-MD), and Representative Chris Van Hollen (D-MD) attended the ceremony, along with Assistant Secretary of Defense for Health Affairs William Winkenwerder, Jr., M.D. and other military leaders and dignitaries.

### **Navy to Lead New Medical Center**

The Surgeons General of the Army, Navy and Air Force provided guidance Nov. 17 on the way ahead as Walter Reed Army Medical Center and the National Naval Medical Center continue to formalize integration plans.

When the integration is complete, Walter Reed National Military Medical Center will be a naval facility. The com-

munity hospital at Fort Belvoir will be an Army facility. The commander of Walter Reed National Military Medical Center will also have additional duties as leader of the Multi Service Market Office in the National Capital Area.

The tri-service Walter Reed National Military Medical Center will be a worldwide military referral center and, together with the Uniformed Services University of the Health Sciences, will represent the core of this integrated health system. All other National Capital Area facilities will retain their primary service relationship.

"We envision and are committed to one integrated health system that will leverage the assets of all [Defense Department] health care treatment facilities in the National Capital Area," said one of the surgeons general. "All tri-service facilities in the [National Capital Area] and [Uniformed Services University] will serve as a premier academic medical system focused on delivering the highest quality care, distinguished health professional education, and exemplary clinical and translational research."

The Multi Service Market Office will be responsible for business planning and other multi-service matters that are yet to be determined. The commander will have the ability to coordinate with service intermediate commands, including the North Atlantic Regional Medical Command, the North Atlantic Regional Dental Command, Naval Medicine National Capital Area and 79th Medical Wing with authority over facilities in the area. All other National Capital Area facilities will have an additional relationship to the Multi Service Market Leader.

Guidance from the surgeons general also outlines how both active-duty personnel and civilians will be affected once the integration is complete. Active-duty service members will work under the direction of the facility commander where they are assigned. The facility commander should have adequate authority to rate their service members' performance and direct their daily activities.

Civilian employees will be managed by the service that has primary control of the facility. In this case, civilian employees at Walter Reed National Military Medical Center will be part of the Navy civilian workforce. Those who will work at Fort Belvoir will remain in the Army.

AMSUS member MG George Weightman, MC, USA commander of Walter Reed Army Medical Center and North Atlantic Regional Medical Command, said he hopes the dedication to Walter Reed will continue as the integration process continues over the next few years.

"The commitment by both our Soldiers and civilians to our patients is truly amazing," Weightman said. "Their devotion to our patients and Walter Reed are vital to providing the best possible medical care to our service members, retirees and their families. We are going to need their expertise and knowledge throughout the integration process to make it truly successful."

AMSUS Life Member and National Naval Medical Center and the Naval Medical Corps Commander RDML Adam Robinson, Jr., said even though the integrated facility is not scheduled to open until September 2011, both medical centers have already begun to functionally integrate in several medical departments.

"All work done to date on integration is still valid, necessary, and in alignment with top leadership's intent on

governance and is critical to a multi-service market focus," Robinson said. "Our clinical integrations and our internal military treatment facility and [Uniformed Services University] integration roll-out plans will continue."

Military medicine in the National Capital Area is merging into a unified health system over the next several years. The Army, Navy and Air Force are combining medical expertise and resources to provide service members with world-class medical care. This will include new and improved medical facilities in Bethesda and Fort Belvoir. Naval Facilities Engineering Command will be the construction lead for the Bethesda Base Realignment and Closure construction. The Army Corps of Engineers will be the lead for the Fort Belvoir construction.

Reference:

"Navy to Lead New Medical Center", Navy Medicine Online, an Office of Integration news release, 30 November 2006

### **Vaccine Trials for 'Boot Camp Crud' May Help 20 Percent of Recruits**

Phases two and three of Food and Drug Administration (FDA) approved trials of a drug developed to stop the traditional "boot camp crud" began last October, and could eventually reduce illness in as many as one fifth of Sailors entering the Navy.

The adenoviral illness is caused by viral pathogens, or germs, that can make Sailors sick, said Cdr. Kevin Russell, a medical epidemiologist from the Naval Health Research Center in San Diego and the Navy's lead physician overseeing the Navy's portion of the Army-led joint Army-Navy trials.

To ensure safety and effectiveness, several "trials," must be conducted before the vaccine is licensed by the FDA. Phase one saw 58 volunteer Army medics as subjects and was completed in 2004. Russell said phases two and three should be complete in late 2007. According to Russell, use of vaccines in all recruits may begin in 2009.

Russell said an estimated 10-20 percent of all recruits lose some time from training due to adenoviral illness, clearly impacting recruit training success and readiness.

"Two types of the pathogens, serotype-4 and serotype-7, have a long, long history of making military recruits sick with fever, sore throat, cough, and sometimes upset stomachs and other symptoms," Russell said. "Recruits with adenoviral illness usually feel sick for three to 10 days, and this can impact their training."

Though very rare, complications from the illness such as severe pneumonia have resulted in death. The goal of the trials is to replace oral vaccines that were given to U.S. military recruits from 1971 to early 1999. Naval Health Research Center (NHRC) surveillance of the illness from 1996-2001 determined that the adenovirus illness was still a problem and thus a vaccine was still needed.

Russell's Navy adenovirus vaccine trial staff is two active-duty physicians, 11 full-time contractors and 110 part-time contractors. His team is working closely with the U.S. Army Medical Research and Materiel Command in Fort Detrick, MD., and researchers from the Walter Reed Army Institute of Research. The Army trials are being conducted at the Army Basic Combat Training Center in Fort Jackson, S.C.

The NHRC has a long history of successful research on

respiratory infections, especially adenoviral infections, and NHRC houses the Navy Respiratory Disease Laboratory, Russell said, making it the ideal partner with the Army research team.

Reference:

Larry Coffey, "Vaccine trials for 'boot camp crud' may help 20 percent of recruits," Army Medical Department news

### **Military Health Care Making Advances**

Military Medicine has made tremendous advances in health care in the last decade and specifically since the start of the wars in Iraq and Afghanistan, according to Assistant Secretary of the Defense for Health Affairs, Dr. William Winkenwerder.

Body armor, eyewear, new surgical techniques and improved medical data collection in these conflicts have all contributed to the lowest "killed-in-action" rate in history, Dr. Winkenwerder stated in a recent roundtable discussion with retired military analysts. The killed-in-action rate for operations Enduring Freedom and Iraqi Freedom is 12.5 percent, vs. 18.6 percent for the first Gulf War and Vietnam, and 25.3 percent for World War II, he said. The killed-in-action percentage measures the number of service members killed out of the number wounded.

"Basic stuff is making a difference. Obviously, it doesn't save every injury, but it mitigates a lot of the injuries," Winkenwerder said. As of December 2, 23,119 service members had been wounded in Iraq and Afghanistan, he said. Of those, 55 percent returned to duty within 72 hours, he pointed out. "People miss that, and I think it's an important thing," he said.

Winkenwerder pointed out some other surprising statistics: of the 37,058 service members medically evacuated from the U.S. Central Command as of December 4, 59 percent have been for disease and 21 percent for non-battle injuries; also, as of November 1, the war on terror has produced 760 amputees, of which 500 lost a limb, hand or foot, and 260 lost fingers or toes only.

A major issue in this conflict has been post traumatic stress disorder, Winkenwerder noted. The best statistics on PTSD come from an Army study done on soldiers and Marines returning from their first or second rotations in Iraq or Afghanistan, in which the rate of service members who screened positive for PTSD on a questionnaire was 12 percent, he said. He noted, however, that the pre-deployment rate of PTSD was about 7 or 8 percent.

To provide better mental health care for service members, the military conducts pre-deployment screening, post-deployment screening, and follow-up screening three to six months after troops return, Winkenwerder said. Follow-up assessment is important, because many troops don't report problems right after a deployment, but they surface later, he said.

The extra assessments provide officials more data to work with when analyzing mental health trends and developing new programs to help service members, Winkenwerder said.

"It's a real profile of what's going on with our people that we did not used to have, and it's allowed us to develop new programs to reach out where the need is," he said. "I think they're making a difference; we've gotten very good feedback."

Another area that has seen notable progress is amputee rehabilitation, Winkenwerder said. Of the total number of amputees, 25 percent have been returned to duty. "The spirit there is unbelievable," he said.

More improvements are on the way for military health care, as the new Walter Reed National Military Medical Center is established in Bethesda, MD., Winkenwerder said. The building will be adjacent to the Uniformed Services University of the Health Sciences and across the street from the National Institute of Health, creating a collaborative environment that will lead to new and better health care for troops, he said.

Reference: SGT Sara Wood, "Military Health Care Making Advances" American Forces Press Service, December 14, 2006

### **Kiley Counters Mental-health 'Stigma'**

AMSUS Member LTG Kevin C. Kiley, the Army Surgeon General, wants to help put aside the stigma preventing Soldiers and family members from seeking or receiving the mental-health care they need and deserve.

LTG Kiley spoke about health-care initiatives during a tour of medical facilities at Forts Richardson and Wainwright, Alaska.

Kiley said his main message to Soldiers and family members was the need to lose the stigma attached to receiving counseling.

"We really need to do for our Soldiers and families what we do for our helicopters and Strykers," Kiley said. "We bring those things back and we strip down every nut and bolt, we pull the power train and we go through that thing and we reset it. We ought to be doing that with every Soldier starting with the brigade and battalion commanders and sergeants major all the way down."

He referred to a recent reset mission at Madigan Army Medical Center as a good example.

"The staff down there did a reset where if you came in and had a backache you went and saw the orthopedic surgeon, and then you went and saw the psychologist," he explained. "If you came in and said, 'I'm having nightmares and anger control problems,' you went and saw the psychologist.

"If you came in and answered your questionnaires and said you had no problems at all, you went to see the psychologist. Everybody went to see the psychologist," he continued.

"So then either the whole unit is weak because everybody had to go see the psychologist (which is not true), or hey, maybe this is just a part of a normal reset," he said. "In cases where the Soldiers needed to be referred for more counseling or discussion, or maybe medical therapy, that just flowed naturally and without the stigma that used to be attached."

Kiley said the nature of war means no Soldier will return unchanged.

"We get some Soldiers at one end who, even though they've seen a lot of combat, they don't appear to be terribly affected by it. You have a small number on the opposite end who are severely affected, who are severely depressed and have terrible problems with Post Traumatic Stress Disorder (PTSD)," he explained.

He said the vast majority of the troops will fall into the middle area. They will be changed by the experience, but not suffer severe symptoms.

He said few cases call for psychiatric intervention, with most being referred to psychologists or social workers.

"We're also integrating a new plan, which we're propagating across MEDCOM (U.S. Army Medical Command), called Respect-mil, where we're going to ask family practitioners and PAs (physician assistants) in our TMCs (troop medical clinics) and our primary-care base to do a little extra training, and as they talk to Soldiers—because we know 90 percent of our force will seek primary care—ask the questions about PTSD," Kiley explained.

"Questions like: 'Are you having nightmares, hyper vigilance, anger control, spouse or child abuse concerns, alcohol use and abuse and is it affecting your work and your life and your family?' When you get yes answers to those questions, instead of saying, 'Now you need to go to behavioral health or mental health,' we're going to ask primary care to take care of that, to say, 'Well, why don't we talk about this? Come back tomorrow and see me and let's talk about what our options are for therapy.'"

He said the program is headed by COL Chuck Engel of the Walter Reed Army Medical Center Deployment Health Clinical Center, working in conjunction with Duke University.

"That's one thing," he said. "The other thing is to do the PDHA, the Post Deployment Health Assessment, and then the PDHRA (Post Deployment Health Reassessment).

"So when the Stryker Brigade comes back in the December time frame, three to six months later we're going to come back to those Soldiers and ask, 'So, how are you doing now? You got your block leave, you got home and reunited with your family; now are you still waking up in the middle of the night? Are you still having nightmares? Are you still having trouble getting to sleep? Do you find yourself drinking too much? Have you had episodes of road rage? Are you getting into trouble? Do loud noises still startle you?'"

"And if the answers to those questions are yes, we want them to come in and talk to somebody," he said.

He explained the goal is to help the Soldiers and their families come to terms with the experiences they've been through.

"We're not trying to make victims or patients out of them," he said. "There's an opportunity to grow and be better from the experiences they went through in OIF and OEF (Operation Iraqi Freedom and Operation Enduring Freedom). It's about growth and recovery, and improved capability and self confidence."

Kiley said he understands deployments, and especially multiple deployments, are hard on families.

"I don't have any evidence that spouses of deployed units are at increased incidence of, say, PTSD, because PTSD is usually associated with witnessing or being around a horrific incident or a direct threat to your own life.

"But clearly individuals who have some risk for situational depression, or in the case of the north, seasonal affective disorder, that may all weigh more heavily on family members," he continued.

"Their worry, their anxiety, their frustration, does it demonstrate itself in alcohol or drug use? Does it demonstrate

itself in child abuse or child neglect? It may, so from that angle we remain concerned about family members of deployed Soldiers for a couple of reasons. One, because it's the right thing to do, and two, to convince them to come in and be seen and get the kind of counseling they need," he explained.

"Spouses going into theater again and again and leaving their loved ones behind puts a strain on relationships vice mental health," Kiley said.

"If the tying together of the families hasn't been the strongest to begin with either because they're in Alaska or they're in El Paso or they're in Fort Bragg, and then you add a deployment to it, it could potentially be the straw that breaks the camel's back," he said.

"We're working all these different issues, some of them more bureaucratic than others, but a lot of it is busting through the idea that a guy who goes to see a psychologist once a week for four-to-six weeks, or a family that goes to counseling, is somehow affected or stigmatized or weak."

Reference:

John Pennell, "Kiley Counters Mental-health 'Stigma'",

### **Book Explores Health Maintenance and Medical Concerns of Military Recruits**

Reflecting the increasing military importance of health and fitness in the recruit population, the Borden Institute has released Recruit Medicine, the latest book in the Textbooks of Military Medicine series.

Aimed at all those involved in providing care and determining policy for military recruits, this volume covers important aspects of recruit medicine, such as the medical qualifications process; health promotion and environmental risk management; chronic diseases such as asthma; injury prevention and management; communicable illnesses; behavioral, dental, and women's health; and recruit mortality. Recruit medicine combines aspects of epidemiology, preventive medicine, primary care, orthopedics, gynecology, psychiatry, and dentistry. The textbook emphasizes the need for healthcare professionals to clearly understand how these factors affect recruits' ability to perform to standard.

"In times past, military medicine has often underappreciated the value of recruit medicine. The military can no longer afford to do so. Because of the rising costs of entering recruits into the training base, and the requirement that they immediately contribute to the combat effectiveness in their first unit of assignment, military medicine must develop a dynamic approach to the use of our knowledge of recruit medicine. As the accessions process transforms volunteer citizens into soldiers, sailors, airmen, and marines, military medicine must help maximize every recruit's chance of attaining military standards in health and fitness. A healthy and fit recruit becomes a healthy and fit soldier, sailor, airman, or marine," said AMSUS Member Army Surgeon General Lieutenant General Kevin C. Kiley.

Former AMSUS member Colonel Bernard L. DeKoning, MD (MC, US Army) the book's senior editor and Assistant Surgeon General (Force Projection), added, "Just as the military's center of gravity is the individual soldier, sailor,

airman, or marine, the individual's center of gravity is good health. An individual in poor health cannot withstand the rigors of combat or stability operations, nor can he or she properly transform information into action. Our sons and daughters who volunteer to protect the nation deserve the very best in military medicine from the moment they choose to enlist."

The Borden Institute, US Army, was conceived in 1986. The Borden Institute's publications are available free of charge to qualified US military medical personnel. Each book is a comprehensive reference on the art and science of military medicine, extensively illustrated, and written in an easy-to-follow narrative. For more information on the Borden Institute and how to order the publications, visit the organization online at [www.bordeninstitute.army.mil](http://www.bordeninstitute.army.mil).

### **Aeromedical, C-17 and Critical Care Teams Work Together to Save Marine's Sight**

It was a terrible scenario. A suicide bomber attack in Fal-lujah, Iraq, had injured a 21-year-old Marine. He suffered multiple burns to his face and hands, and blast injuries to his right arm with shrapnel embedded in his leg. But the worst part was shrapnel in his right eye, causing bleeding and a chance of retinal detachment, which would mean loss of sight.

The Marine was flown to Balad Air Base, where an Air Force theater hospital ophthalmologist determined the burns and complex retinal damage were best treated in the United States.

"It only made sense to move him to Brooke Army Medical Center," said MAJ (Dr.) Charles Puls, MC, USA whose Critical Care Air Transport team (CCATT) was tasked to fly the patient to San Antonio.

"We were under a time constraint to save his eyesight, and [Brooke Army Medical Center] was the only facility in the military medical system with capabilities to deal with both injuries simultaneously."

"His flight was a landmark in many ways," said Puls. "As far as I know, it was the fastest trip on record. Having the option to move critically injured patients directly from the center of the AOR to care at facilities like BAMC is wonderful. In cases like this where time constraints are key to saving life, limb or eyesight, it shows without a doubt there is no cost too high and no obstacle too great to get in the way of trying to get our troops the best possible outcomes.

"Only the United States does what we did. Consider all the logistics of a 7,500 mile flight, complete with in-flight refueling, highly trained crews, and no cost spared in order to save one Marine's sight."

With the care offered from specialists at BAMC, the Marine's eyesight continues to improve. Puls said according to recent reports, the patient's right eye still has some sight, and the Marine has undergone multiple surgeries to attempt to save his vision.

Reference:

Maj Ann P. Knabe, "Aeromedical, C17 and Critical Care Teams Work Together to Save Marine's Sight", Air Force Surgeon General Newswire, November, 2006

**AMSUS DELEGATE'S REPORT – AMA HOUSE OF DELEGATES  
2006 INTERIM MEETING  
EMMANUEL G. CASSIMATIS, M.D., COL, MC, USA (RET)**

The 2006 Interim Meeting of the American Medical Association House of Delegates was held from Saturday, November 11 through Tuesday, November 14 at Bally's Hotel in Las Vegas, NV. Your delegate also attended the meeting of the Council on Medical Education and portions of the Specialty and Service Society meeting.

**Issues of Interest to Federal and Military Medicine**

Although no issues of unique interest to federal and military medicine were discussed during this advocacy-focused interim meeting, an issue of significant interest was the AMA Initiative to Transform Medical Education (ITME) which was discussed in a Sunday afternoon Educational Forum. As is well known, a number of organizations have, in recent years, issued reports recommending changes in the design, conduct and administration of medical education. Some of these reports have focused on the health system and have recommended changes in medical education as an important means for enhancing the quality of patient care and safety. Others have recommended changes in academic health centers or improvements during one or more stages of the medical education continuum. The AMA's ITME has taken a broad but different perspective, focusing on physicians and their preparation to interact with patients, function within the health care system and carry on the responsibilities of their profession. The initiative which was originally recommended by the Council on Medical Education but is presently led by a group representing not only the Council but also the Board of Trustees, the Medical Student Section, the Resident and Fellow Section and the Section on Medical Schools, has focused on identifying major educational gaps in the preparation of physicians and is developing recommendations addressing these gaps. ITME's work and recommendations to date were discussed during Sunday's forum where participants shared ideas about changes in premedical curriculum requirements, preparing physicians who have temporarily stopped practicing for reentry into practice, and many other important medical education proposals.

**House of Delegates**

The House voted to implement the AMA 2007 strategic plan which outlines the association's integral commitments in six major areas considered especially relevant to members: health care environment, clinical excellence, physician practice viability, health of the public, physician education and professionalism, and a sustainable AMA. It also voted to revise the AMA mission and vision statements and adopted the following: The AMA mission is "to promote the art and science of medicine and the betterment of public health." Its core values are: (1) leadership and service; (2) excellence in all we do; and (3) integrity and ethical behavior. The new vision is for the AMA to be "an essential part of the professional life of every physician."

The House directed that "all meetings and conferences organized and/or primarily sponsored by the AMA be held in a town, city, county, or state that has enacted

comprehensive legislation requiring smoke-free work sites and public places (including restaurants and bars), unless intended or existing contracts or special circumstances justify an exception to this policy." It voted to review the appropriate scope of required health insurance benefits for such benefits to qualify for purposes of tax credit or other federal subsidy; and also to review the financing of health care and/or insurance coverage for those with chronic illness or those who are experiencing catastrophic health expenses. It further voted to strongly urge the Centers for Medicare and Medicaid Services to amend codification of the Deficit Reduction Act to specify that the state Medicaid agency's record of payment for the birth of an individual in a U.S. hospital is satisfactory documentary evidence of both identity and citizenship.

In other actions, the House resolved to urge the Food and Drug Administration to conduct surveys for purity and dosage accuracy for all compounded "bioidentical hormone" formulations; and required mandatory reporting by drug manufacturers, including pharmacies, of adverse events related to the use of such compounded "bioidentical hormone" preparations. It also adopted recommendations from Board of Trustees report 18 which examines the actions of individual pharmacist and pharmacy chains when dispensing medications. The recommendations state that when a pharmacist and pharmacy chain refers a patient to an alternative dispensing source, the prescription should be returned to the patient and the prescribing physician should be notified. The House further endorsed and adopted recommendations from Council on Medical Education Report 6 that any physician payer, clearinghouse, vendor or other entity that collects and uses or warehouses electronic medical records and claims data adhere to a series of principles. Among those principles are that electronic medical records data remain accessible to authorized users for the purposes of treatment, public health, patient safety, quality improvement and research, and that anyone seeking to access and use individually identifiable clinical data obtain physician or patient permission to do so. The House also adopted recommendations from Council on Medical Education Report 1 in support of increased diversity – including race, ethnicity, gender, sexual orientation/gender identity, socioeconomic origin and disability – across all specialties in the physician workforce. Finally, the House approved policy for the AMA to assume a leadership role in collaborating with other interested organizations, including national medical specialty societies, the American Public Health Association, the Center for Science in the Public Interest and the AMA Alliance, to discuss ways to finance a comprehensive national program for the study, prevention and treatment of obesity; as well as public health and medical programs that serve vulnerable populations. Additional information on these and other topics and policies debated and adopted by the House can be found on the AMA's website at [www.ama-assn.org/go/interim2006](http://www.ama-assn.org/go/interim2006).

**Other Meeting Highlights**

Secretary of Health and Human Services Michael O.

Leavitt, spoke during the opening session of the House of Delegates focusing primarily on issues of quality measurement and physician reimbursement. Secretary Leavitt acknowledged the tension and anxiety associated with measuring the performance of physicians and attributed part of the tension to the fact that quality measurement is still in its infancy and many physicians are understandably wary of bearing the cost of electronic health records (EMR) systems that are expensive and not yet interoperable. He expressed appreciation for the "heroic" accomplishments of the AMA-convened Physician Consortium on Performance Improvement noting that, "if the MDs do not develop quality measures, the MBAs will." He acknowledged the impact of the scheduled 5% cut in 2007 Medicare physician payments and the fact that at some point, in light of these payment cutbacks, "there will be many [physicians] who will say "We can't do this anymore." Nevertheless, he indicated that, in the future, "cost and quality are going to be part of the equation" when it comes to the way Medicare payments are structured.

Other presentations focused on unwarranted variations of clinical practice, on physicians' role in the obesity epidemic, and on resources offered by the AMA Litigation Center. Still others focused on the unregulated secondary market in physician discounts, on advances in genomics and, as already discussed, on the AMA Initiative to Transform Medical Education.

As mentioned, additional information on the AMA's 2006 interim meeting can be found on the AMA's website at [www.ama-assn.org](http://www.ama-assn.org). Individuals who would like to contact the AMSUS delegate, Dr. Cassimatis, may reach him at [ecassimatis@usuhs.edu](mailto:ecassimatis@usuhs.edu), or at (310) 295-1917.

## Young Physician Section News

Despite a busy year of deployments for many of your representatives, young military physicians continue to be very active in the American Medical Association (AMA). Capt David Huang, MC, USAF FS served as your delegate to the Young Physicians Section (YPS) during the AMA 2006 Interim Meeting. LT Sunny Ramchandani MC USN, an internal medicine resident at Bethesda Naval Medical Center, is serving as the Chair of the AMA Resident and Fellows Section (RFS) this year. Former AMA Secretary and YPS Trustee LTC(P) John Armstrong left the Army this year, and we congratulate him on his unparalleled contributions and service to the AMA Federal and Military Medicine Section during his military career.

The Medical Student Section (MSS) of the AMA enjoyed a record attendance of over 900 medical students at its Interim meeting, which offered over forty educational programs on topics including covering the uninsured, debt management, and international medicine. Leadership in the face of an emergency was the focus of the MSS keynote address. Jeffrey Wiese, MD, Associate Professor and the Associate Chairman of Medicine at the Tulane University Health Sciences Center, addressed a packed room of medical students on "Leadership Lessons in the Wake of Hurricane Katrina".

More than 200 residents and fellows attended the 30th Interim Meeting of the AMA-RFS. The Assembly discussed six reports and eight resolutions, two of which were forwarded

to the AMA House of Delegates. One supports independent regulation of physician licensing exams; the other calls for opposition to funding cuts for Health Resources Services Administration programs. The section hosted educational forums on the topics of resident intimidation, the structure of the AMA, residency duty hours and the nation's uninsured. A research poster symposium sponsored jointly with the AMA Medical Student Section included more than 120 research abstracts from residents and fellows.

A large portion of the AMA YPS meeting at the Interim Session was dedicated to discussion of the House of Delegates handbook and developing its own internal operating procedures, after recent changes by the Council on Constitution & Bylaws made it necessary for the YPS to consolidate various policies in one document. An ad-hoc committee on bylaws for the YPS was created which will meet and discuss potential changes to the new document and report back to the section at the next AMA annual meeting. The YPS also passed a resolution recommending that physicians should not be required to effect clinical interventions requested by third parties on behalf of their patients unless such interventions are evidence based and cost effective. For a complete review of these and other topics in the MSS, RFS, and YPS, please visit [AMA-assn.org](http://AMA-assn.org).

The AMA Board of Trustees presented a report addressing AMA efforts to support coordinated federal disaster response activities. As your delegates, the Section testified in several issues to help clarify issues surrounding the differences in the chain of command between Department of Defense (DOD) and non Department of Defense federal organizations in a disaster, and the need for increased coordination between the Department of Health and Human Services and Department of Defense.

As the AMA YPS celebrated its 20th anniversary, we look forward to continuing to serve young physicians across federal and military medicine. As your AMA YPS delegates, we welcome any comments, issues, suggestions or questions you have that will allow us to more effectively represent you and issues of young federal and military physicians.

Capt David Huang USAF, MC, FS  
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David Grant Medical Center, SGOH  
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Travis AFB, 94535  
707-423-5174  
[david.huang-02@travis.af.mil](mailto:david.huang-02@travis.af.mil)

MAJ Alexander Niven, MC, USA  
Pulmonary/Critical Care Service  
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Madigan Army Medical Center  
Bldg 9040, Fitzsimmons Dr  
Tacoma, WA 98431  
[Alexander.Niven@nw.amedd.army.mil](mailto:Alexander.Niven@nw.amedd.army.mil)

## **Breastfeeding Coalition of the Uniformed Services (BECAUSE/BCUS) Update**

The Breastfeeding Coalition of the Uniformed Services presented its 6th session at the 112th Annual AMSUS Meeting in San Antonio. Topics included:

- Charter and By-Laws Development for Community Coalitions
- USBC National Conference of State Breastfeeding Coalitions Report
- Peer Counselor Programs in the Military: Landstuhl Experience
- Army Breastfeeding Issues
- Research Update: Breastfeeding Among Air Force Active Duty
- An oral surgeon offered to speak on frenotomies next year.

Tasks under development:

- Charter and By Laws
- BCUS website utilizing the website development as a ROTC leadership project for the Spring semester students to be linked to [www.AMSUS.org](http://www.AMSUS.org) and [www.usbreastfeeding.org](http://www.usbreastfeeding.org)
- Workable BCYUS list serve and manager
- Annual Teleconference

Numerous e-mails come my way asking:

- How can one justify the needs of the breastfeeding infant and deployment needs which are in conflict?
- I am active duty Navy, and I am 24 weeks pregnant. I have memorized the OPNAVINST 6000.1B - Policy for Pregnant Servicewomen. I am writing to solicit your assistance. What steps did you follow to create such an impacting change to MCO 5000.12E? (Marine Corps Policy deferring deployment 12 months)
- Recently, I was asked what to do about a mother breastfeeding her baby at a Medical Clinic while in uniform...there is no official guidance addressing uniform standards and nursing.
- I just read an article on the breastfeeding policy for the Marines. Are you aware of any policies that are in place for the Army?
- As far as I know the ARMY is adhering to the 4 month deployment deferment but it is my understanding that the Air Force is establishing a 12 month policy like the MC?
- Unfortunately, though, I think the key to her success is going to be either a supportive healthcare provider or an understanding, flexible chain of command. In the absence of concrete regulations to refer to, her experience (and the experience of every mother serving her country) is subject completely to the whim of her commander/chain of command, unless she is willing to force change where she encounters roadblocks.

Upcoming Meetings:

- BCUS Steering Committee Meeting and/or Conference Call, Thursday, 18 January 2007 at AMSUS HQ.
- 41st Uniformed Services Pediatric Seminar, Bethesda, MD

Please RSVP To CAPT Julia Block at [jadblock221@pol.net](mailto:jadblock221@pol.net) if YOU:

- Can attend a meeting
- Participate in a conference call (conference call codes available via e-mail)
- Are willing to plan, speak, facilitate or otherwise manage the BCUS session at the 2007 Annual AMSUS meeting in Salt Lake City.
- Quarterly Newsletter or *Military Medicine* contributor
- Or have a skill or interest in contributing to the development of the Breastfeeding Coalition of the Uniformed Services, because...

**“The Breastfeeding Coalition of the Uniformed Services (BCUS/BECAUSE) envisions a healthy uniformed service community by working collaboratively to protect, promote, and support breastfeeding.”**

## **Member Get-A-Member Campaign Continues**

As introduced in a previous edition of the Newsletter, a membership campaign encouraging every member to get a member was rolled out on January 1st 2006. AMSUS leadership believes that we need the help of current members to get the word out about the many benefits of an AMSUS membership. AMSUS is the only professional organization representing Federal Healthcare and all medical disciplines. For every new AMSUS member you sponsor, we will give you an AMSUS Challenge Coin. We'll also recognize these recruiters in future issues of the AMSUS Newsletter. There is no better way to introduce new members to AMSUS than for people they already know to talk about the many benefits, as well as inter-service networking opportunities that come with AMSUS membership. To receive credit for your new member, simply have them indicate your name on the "This application is sponsored by" line on their application. Once the application has been processed, your coin will be sent to you immediately. Supplies of the new coin are limited, so be sure to act now!!

If you filled out your membership application on our new secure site and were sponsored by someone, please let us know by sending an email to [amsus@amsus.org](mailto:amsus@amsus.org). In your message, be sure to include their name and membership ID number.



## Fall '06 AMSUS Member-Get-A-Member Recruiters:

- CAPT David A. Lane, MC, USN
- LTG Kevin C. Kiley, MC, USA
- COL James W. Kirkpatrick, MC, USA
- LTC Joseph D. Lyvers, DC, USAR
- CDR Greg A. Ketcher, USPHS
- LCDR Edward D. Simmer, MC, USNR
- MG Elder Granger, MC, USA
- COL William L. Stoltzfus, AN, ARNG
- COL Heather E. Cosmas, USAFR, NC
- COL James E. Cox, USAF, MC
- COL Donald A. Gagliano, MC, USA
- Lt Col Ronald Barlow, USAFR, NC
- LCDR Matthew R. Moore, USPHS
- LTC Stephen N. Downing, AN, ARNG
- Samuel T. Hay, RAAMC
- Lt Col Richard L. Johnson, USAF, DC
- Lt Col Jay Graver, USAF, DC
- Patricia Vandenberg, VA

## News of Members

AMSUS Executive Director, **Maj Gen George K. Anderson, USAF, MC (Ret)**, was presented the John R. Seal, M.D. Award, by The Society of Medical Consultants of the Armed Forces during their 61st Annual Meeting. He is a Life Member of AMSUS.

**COL Carol A. Reineck, AN, USA (Ret)**, was honored by the University of Texas Health Science Center at San Antonio School of Nursing with the Amy Shelton and V.H. McNutt Professorship in Honor of Nurses of the Armed Forces. The professorship recognizes a faculty member who has made a major contribution to nursing care in the armed forces. Dr. Reineck currently serves on the faculty of the University of Texas Health Science Center at San Antonio (UTHSCSA) School of Nursing and is Associate Scientist for Nursing Research in the UTHSCSA Center for Health Economics and Policy. She is a Life Member of AMSUS

**W. Mark Tucker, D.D.S.**, is the 2006-2007 president of the American Association of Oral and Maxillofacial Surgeons. During his tenure, Dr. Tucker will represent AAOMS on governmental, civic, business, educational and professional matters, and is planning to continue support for clinical research and advocacy. In addition to his private practice, Dr. Tucker has been Chief, Oral and Maxillofacial Surgery Section at the James A. Haley Veterans Hospital, Tampa, Florida, for more than 30 years.

## 2007 AMSUS Major General Jerry Sanders Scholarship

AMSUS is pleased to announce the Fourth Annual Major General Jerry Sanders Scholarship to benefit an AMSUS member or immediate family member who is pursuing a degree in a healthcare related field. General Sanders is a former Deputy Surgeon General of the Air Force and a Life Member of AMSUS. He recently retired as Vice-President for Medical Affairs for TriWest Healthcare Alliance. The scholarship is endowed by a donation from TriWest.

AMSUS will award \$1,000 to a deserving applicant who will be competitively selected. Scholarship applicants will be evaluated on the basis of academic achievement, leadership potential, community activities, and work experience. The winning applicant will show a demonstrated commitment to service and compassion through a required short essay and letters of recommendation. Applications for the Sanders Scholarship will be accepted by AMSUS until June 12, 2007. The scholarship will be awarded by September 1, 2007. Additional information and an application can be downloaded from the AMSUS Website ([www.amsus.org](http://www.amsus.org)). This information may also be obtained by phoning (1-800-761-9320) or e-mailing ([membership@amsus.org](mailto:membership@amsus.org)).

## Member Deaths

LTC Thomas L. Hendrix, MC, USA, August 2006, Life Member  
Dr. Tibor A. Vince, MC, USAR, Life Member  
COL Harvey L. Rubin, VC, USA, Life Member  
CPT William H. Jones, MC, USA (Ret), April 22, 2005, Life Member  
LTC WH Arnberg, MS, USA, June 8, 2004, Life Member  
COL A. Gordon Moore, MS, USA, Life Member  
MAJ Peter P. Fiore, MC, USA (Ret), December 2005, Life Member  
COL Donald M. Boyd, MS, USA (Ret), Life Member  
Leonard M. Schuman, Life Member  
CDR Larry D. Hensley, October 2, 2006, Life Member  
LTC Wilber R. Whitsel, Jr., USAF, MC, 1996, Life Member  
MAJ Roland H. Gardner, MS, USAR, Life Member  
CAPT William F. Lester, MSC, USN, Life Member  
COL Claude D. Holmes, MC, USAR, December 2005, Life Member

## **New Members**

CAPT Gregory Akers DC, USNR  
CMSgt Deborah Alaimo USAF  
1LT Sherry Alden AN, USAR  
Dr. Mirza Ali  
CPT Joyce Anacker DC, ARNG  
LT Sara Anderson USPHS  
Sture Andersson  
CAPT Jennifer Andrews USAFR, BSC  
LTC Rachel Armstrong AN, USA  
HM2 Dennis Astor USN  
CDR Dolores Atkinson USPHS  
Lt Col Theresa Ayres USAFR, NC  
MAJ Jay Baker MC, USA  
CAPT James Barnett USAFR, BSC  
Paul Barnett VA  
TSgt Lisa Barron USAF  
COL Steven Bartel USAF, DC  
LT Ezra Barzilay USPHS  
CDR Leland Baskin MC, USNR  
Lt Col Diane Beck USAF, NC  
MSG Gina Beddeo USA  
MSgt Douglas Bence USAF  
BG William Bester AN, USA  
2LT Scott Bevans USA  
CAPT David Bigelow USAF, MC  
CAPT Michelle Billetter USAFR, NC  
MAJ Deanna Bingham USAF, NC  
LTC Mona Bingham AN, USA  
CPT Michael Bloom MS, USAR  
COL Mark Bodenheim DC, USAR  
1LT Michelle Branch MS, ARNG  
COL Gary Braun USAF, DC  
COL John Brewer USAFR, BSC  
HMCM Denise Brown USN  
MSgt Tom Brown USAF  
LT Joseph Buglisi MC, USN  
HMC Elizabeth Burton USNR  
MAJ William Caldwell USAFR, MSC  
2d Lt Robert Cambridge USAFR, MSC  
MSgt Andrea Caplan USAFR  
LT Angel Cardona NC, USNR  
LCDR Walter Carr MSC, USN  
Dr. Margaret Cary VA  
MAJ Edibert Castro USAFR, NC  
MSgt Linda Cebollero USAFR  
Martin Charns VA  
SMSgt Candace Chesley USAFR  
Lt Col Kim Christensen ANG, MC  
COL Wayne Clark MS, USA  
LCDR Jeff Coady USPHS  
LCDR Alice Coope MSC, USNR  
COL Beverly Cornett AN, USA  
MSgt Robert Corrigan USAF  
CAPT Kimberly Cortes USAFR, MSC  
Lt Col Jacques Cousineau USAF, MC  
COL Sherry Cox USAF, NC  
MSgt Charles Cremeans USAF  
LTC Andrea Crunkhorn SP, USA  
SMSgt Fe Cubacha USAF  
Lt Col Roman Cybak USAF, DC  
2d Lt Nicole Dankert USAF, MSC  
Lt Col Michael Dankosky USAFR, MSC  
LTJG Matthew David USPHS  
CAPT Eric Davidson USAFR, MSC  
Melinda Davis VA  
LT Julie Davis NC, USNR  
LCDR Jonathan Deinard NC, USN  
MAJ Kent DeZee MC, USA  
LCDR Jeff Dia MSC, USNR  
CAPT Cynthia DiCola NC, USN  
LTC Darrel Dodson MC, USA  
Baruch Dor  
William Dubbs VA  
CPT Shannon Duble MC, USA  
LT Christopher Duff USPHS  
LCDR Diana Dunnigan USPHS  
SSgt Caterina Durham USAFR  
1SG Mark Eavey USA  
COL Samue Echaure USAF, MC  
LCDR Ken Edmisson NC, USNR  
MSgt Scott Ely USAF  
COL Rick Erdtmann MC, USA  
CAPT Kathryn Escalera USAF, NC  
LT Eduardo Faytong USPHS  
Lt Col Richard Feldmeier USAFR, NC  
RADM Stephen Fisher MSC, USN (RET)  
2LT Ryan Flanagan MS, USA  
CAPT H Flather USAFR, MC  
SMSgt Brian Foule USAFR  
Mary Fraggos VA  
Robert Frame VA  
Jay Freedman VA  
William Freeman VA  
LTC Corliss Gadsden MS, USAR  
LCDR Dionne Gay MC, USNR  
COL Schuyler Geller USAF, MC  
MAJ Heather Ghent AN, USAR  
MAJ Martin Giacobbi USAF, DC  
MAJ Bruce Giamalva ARNG  
COL Claudia Giesecke USAFR, NC  
MAJ Mildred Glover USAFR, NC  
Patrick Godart  
SMSgt Juan Gomez USAF  
HMCM John Goodhue USCG  
COL Thaddious Goodman MS, USA  
TSgt Andrew Goodnight USAF  
SMSgt Daniel Gorsuh USAFR  
SMSgt Dennis Gosselin USAF  
Walter Grant VA  
Lt Col Jay Graver USAF, DC  
LTC Ollie Gray AN, USA (RET)  
Hannah Gray MS, USAR  
SFC Betty Green USAR  
TSgt James Green USAF  
William Gregg VA  
Richard Griffith VA  
Tony Guagliardo VA  
CAPT Laura Hackworth ANG, NC  
COL Timothy Halligan USAF, DC  
MSgt Richard Halloran USAFR  
MSgt Ida Hambrick USAFR  
COL Ronald Hamilton MS, USA  
CAPT Melvin Hamm MSC, USN  
MSgt Cate Hannon USAF  
COL Isiah Harper MS, USA  
CAPT Russell Harrison USAF, MC  
Lt Col Christine Hassen USAFR, NC  
Karen Haveman  
CPT Karen Hebert AN, USAR  
Lt Col Carla Hedglin USAFR, NC  
Christian Helfrich VA  
MSgt David Henrion USAF  
MAJ Aubrey Henshaw DC, ARNG  
SMSgt Lorraine Hodgkiss USAFR  
HMC Charles Hokeah USN  
SSgt Vanessa Hollein USAFR  
LTC Denise Hopkins-Chadwick  
AN, USA  
CAPT Michael Houston USAFR, BSC  
MAJ Lisa Huntoon USAFR, MSC  
HM2 Tran Huyhung USNR  
LCDR Inzune Hwang USPHS  
LCDR Matthew Johnson MSC,  
USNR  
1LT Kermit Johnson AN, USAR  
MSgt Russell Johnson USAFR  
SFC Derrin Jones USAR  
LTJG Isabel Jovellana NC, USNR  
MAJ Adam Kanis MC, USA  
MAJ Anna Kaus USAFR, NC  
MSG Kelly Kay USAFR  
LTC Nicole Keese MS, USAR  
Susan Kelly VA  
Lt Col Linda Kelly USAF, DC  
LTC Deborah Kenny AN, USA  
Lt Col Therese Kern USAFR, NC  
COL Sharon King USAFR, MSC  
SMSgt Christopher Knowles USAFR  
CAPT Dawn Kordas USAF, NC  
Ildiko Korenyi-Both  
Thomas Kosten VA  
Lt Col Peter Kovats USAF, MC  
CPT Kevin Krul MS, USA  
George Lakis  
Gudrun Lange VA  
Patricia Langhans VA  
LCDR Carolyn Larson NC, USNR  
Lou Leaser SP, USAR  
LT Lynda Lee-Bishop USPHS  
Dr. Dorothy Lemecha  
COL Martha Lenhart MC, USA  
LCDR Kimberly Lindsey USPHS  
LTC John Loose MC, ARNG  
SMSgt Robert Lowrey USAF  
COL Mary Lussier USAF, BSC  
Linda Lutes VA  
CAPT Karen MacKenzie USAFR, MC

CPT Charles Malfett MS, USAR  
Lt Col Fern Malloy USAFR, NC  
COL Peter Mapes USAF, MC  
LTC Debra Mark AN, USA  
ENS Blake Marvin MC, USN  
Loren Masuoka  
LT Alejandro Mata MSC, USNR  
MAJ Lisa Mayo USAFR, NC  
COL Mary McAfee MC, USA  
LCDR Patricia McCafferty MSC,  
USNR  
Lt Col Susan McClure USAFR, NC  
Terry McCullough VA  
LT H. McCurdy MC, USN  
CAPT Janice McGary USAFR, MSC  
CAPT Lance McGinnis USAF, NC  
Geraldine McGlynn VA  
Linda McIvor VA  
LT Anne McKeague MSC, USN  
Fred McLain VA  
TSgt Tina McNamara USAFR  
Lt Col Scott McPherson ANG, MC  
CPT Gary Means MC, USA  
Peter Melby VA  
David Meyer  
CAPT Cary Meyers MC, USN  
Lt Col Nancy Mikulin USAFR, NC  
COL Reginald Miller MS, USA  
LTC Ana Miller AN, ARNG  
Lt Col Frank Miller USAFR, MC  
MAJ Carlos Miro DC, USAR  
COL Brad Mitchell MS, USAR  
CDR LaQuitha Mohair USPHS  
CDR Fernando Moreno MC, USN  
LTJG Randall Morris USPHS  
CPT Mary Mortenson AN, USA  
MAJ Andrea Mullen VC, USA  
MAJ Tamala Mullins AN, USAR  
LTC Rayda Nadal AN, USAR  
CDR Karen Near USPHS  
COL Scott Nehrig MC, USA  
MAJ Mike Nelson USAFR, MSC  
SFC Lamont Nesbitt USA  
LCDR Bruce Newton USPHS  
LT Adriane Niare USPHS  
LT James Nolte USPHS  
COL Kyle Nunley USAF, DC  
MSgt Felipe Nuno USAFR  
LTC Andrew O'Brien SP, USA  
SGT Butler Obasogie USA  
CPT Samuel Odom MS, USA  
LTC Daria Olarte AN, USAR  
Alex Ommaya VA  
LTC Jose Ortiz MC, USA  
Lt Col William Osborne USAF, NC  
LTC Irene Parish AN, USAR  
LTC Ross Pastel MS, USA  
LTC Christopher Pate MS, USA

COL George Patrin MC, USA  
MAJ Eric Peipelman USAF, MSC  
CAPT Joseph Pellegrini NC, USN  
HMC Felix Perez USNR  
LT Michael Petryna MSC, USNR  
TSgt Miller Picardal USAFR  
TSgt Lemuel Pilapil USAFR  
CAPT William Pincus MC, USNR  
MG Darrel Porr MC, USA  
Joan Porte VA  
CDR Manuel Pozo-Alonzo DC, USNR  
2LT Yurena Prieto Corujo AN, USAR  
CAPT Marilyn Proctor USAF, MSC  
CAPT Mary Jo Pugh USAF, NC  
2LT Sherwin Pullen MS, USAR  
SMSgt Tracy Putt USAF  
MAJ Douglas Randell RAAMC  
CDR David Reid MC, USNR  
CAPT Laura Reitz USAFR, NC  
CDR Julie Rhie USPHS  
CDR Maggie Richard NC, USN  
CAPT Julia Ritz-Sullivan USAFR, MSC  
CPT Rudolph Robinson AN, ARNG  
LCDR Maryann Robinson USPHS  
Lt Col Cynthia Roleff USAFR, NC  
LTC Stuart Roop MC, USA  
Maj Gen Leif Rosen  
2d Lt Matthew Royall USAF, MSC  
Lisa Rubenstein VA  
HMC Michael Rudy USNR  
2LT Douglas Ruhl MS, USA  
LT Karen Russell USPHS  
COL Kathleen Ryan AN, USA  
CPT Mary Sandoval MS, USAR  
CAPT Nicole Santoro USAFR, NC  
MSgt Douglas Scalf USAF  
Stephanie Schmiedecke VA  
Ronald Schneider VA  
LCDR Erica Schwartz USPHS  
CPT Julie Schwarz SP, USA  
LCDR Cameron Scott USPHS  
CPT Robert Seals SP, ARNG  
COL Martin Sellberg ANG, MC  
Gerald Selvin VA  
Lt Col Lloyd Shackelford USAF, MSC  
CDR Charles Shaw MSC, USN  
CDR Joseph Sherrill MC, USNR  
LT Vivek Shinde USPHS  
CAPT Christian Shue ANG, MC  
MAJ Larry Shuman USAFR, BSC  
CPT Ann Simms AN, USA  
SMSgt Stanley Skipper USAF  
SSgt Sherri Smith USAFR  
LTC Robert Smith MS, USAR  
MAJ Sarah Smith USAFR, BSC  
SFC Cassandra Snow USA  
SMSgt Michelle Sobel USAF  
2LT Nicole Solana MS, USAR

Ramona Sowers VA  
Lt Col Terry Spicer USAFR, NC  
SMSgt Allison Starn USAFR  
CPT Elizabeth Sterrett MS, USAR  
SSgt Mindy Stifflemire USAFR  
SSgt Margareth Stohner USAFR  
CPT Gary Stolovitz MC, USAR  
Roy Stripling  
COL George Swanson ANG, MC  
LCDR Jeffrey Tarrant USPHS  
TSgt David Tateyama USAFR  
MAJ Lanita Taylor MS, ARNG  
MAJ Charlene Taylor USAFR, NC  
Ron Teichman VA  
CPT Arnel Tejano AFP  
COL Thomas Tempel DC, USA  
Yang Teng VA  
CDR Maria Teran-Maclver USPHS  
Lt Col Royce Terry USAF, BSC  
MAJ Ted Thomas USAFR, DC  
CDR Vanessa Thomas USPHS  
John Thompson VA  
CDR R Thompson DC, USNR  
COL Andrew Tice USAF, MC  
Lt Col Carl Todoro USAFR, DC  
CAPT Jeffrey Tomlin MC, USN  
CAPT Linda Travillion USAFR, NC  
COL Gary Trende VA  
TSgt Rommel Trinidad USAFR  
LTC Geneva Turner AN, USAR  
CMSgt Joyce Turner USAFR  
Lt Col Luke Underhill USAF, DC  
Patricia Vandenberg VA  
1LT Ruth Vargo MS, USA  
Lt Col Francesca Vasta-Falldorf  
USAF, DC  
CAPT Diego Vega USAFR, BSC  
MAJ Lynn Vix USAF, MC  
LTC John Vogel MC, ARNG  
John Wagner  
Lt Col Marie Walker USAFR, NC  
HM2 Amber Walsh USN  
1LT Robert Warren MS, USA  
CAPT Eric Wassermann USPHS  
MSgt Krista Wealton USAF  
CPT Clark Webb MS, USAR  
Lt Col Karen Weis USAF, NC  
Sydney Wertemberger VA  
1LT Bill Wiggins AN, USAR  
MSgt Leslie Wiggins USAFR  
MSgt Kathleen Wiggins USAF  
Lt Col Toni Wilkins USAFR, NC  
MSgt Jenaro Wirth USAFR  
CAPT William Wood USPHS  
Denni Woodmanse VA  
SMSgt Kaleth Wright USAF  
SSgt Keith Wright USAFR  
MSgt Randy Wroten USAF  
HM1 Adrian Yates USNR

## Announcements

**Building An Effective Healthcare Emergency Response Coalition (HERC)**, 13-14 February 2007, Ft. Lauderdale, FL. Fundamentals of Medical Planning Workshop, 15-16 February, Ft Lauderdale, FL. For details on these and other Homeland Defense Journal conferences, go to [www.homelanddefensejournal.com](http://www.homelanddefensejournal.com)

**The Armed Forces Institute of Pathology and American Registry of Pathology:** 22nd ANNUAL WASHINGTON NEURORADIOLOGY COURSE, 17-18 February 2007, Hyatt Regency Bethesda Hotel, Bethesda, MD. Information: AFIP Education Department, 14th and Alaska Aves, NW, Washington, DC, 20306-6000, 202-782-2637, [Sutton@afip.osd.mil](mailto:Sutton@afip.osd.mil), [www.afip.org](http://www.afip.org)

**The Armed Forces Institute of Pathology and American Registry of Pathology:** 45th ANNUAL KENNETH M. EARLE MEMORIAL NEUROPATHOLGY REVIEW COURSE, 19-23 February 2007, Hyatt Regency Bethesda Hotel, Bethesda, MD. Information: AFIP Education Department, 14th and Alaska Aves, NW, Washington, DC, 20306-6000, 202-782-2637, [Sutton@afip.osd.mil](mailto:Sutton@afip.osd.mil), [www.afip.org](http://www.afip.org)

**National Conference on Wilderness Medicine:** Choose either 10-14 February 2007, Big Sky Montana or 21-25 February, Steamboat, Colorado. Accredited by the American College of Emergency Physicians for 23 hours of Category I AMA Credits. For more info: [www.wilderness-medicine.com](http://www.wilderness-medicine.com).

**The Asia Pacific Military Medical Conference (APMMC):** Conducted by the US Army Pacific (USARPAC) in support of the Commander Pacific Theater Security Cooperation Program (TSCP). USARPAC's APMMC provides a forum for U.S. military health-care providers to discuss with allied and friendly countries in the Asia-Pacific region topics, issues, and concerns of military medical significance. The conference provides an opportunity to discuss urgent medical topics such as avian flu, surveillance for pandemic flu, HIV, SARS, preventive medicine, infectious diseases, deployment health, military medical aid to civil agencies, combat medicine, triage and casualty evacuation, medical readiness, and medical interoperability. The conference also shares the latest information on medical technological advancements. The next APMMC will be held on 4-9 March 2007 in Manila, Philippines. The theme is "Bridging Borders through Military Medicine." All military-affiliated medical professionals are invited to register and submit an abstract. Registration is planned to be open by 30 September 2006. Registration for the conference, the method of submission of abstracts and other administrative information will be posted on the APMMC website: [www.apmmc.org](http://www.apmmc.org).

**43rd Annual Forensic Dental Identification And Emerging Technologies**, 12-17 March 2007, Hyatt Regency Bethesda Hotel, Bethesda, MD, Sponsor: Armed Forces Institute of Pathology (AFIP) and American Registry of Pathology, Info: AFIP Education Dept, 14th and Alaska Aves, NW, Washington, DC 20306-6000, 202-782-2637, [Sutton@afip.osd.mil](mailto:Sutton@afip.osd.mil), [www.afip.org](http://www.afip.org)

**Sexual Assault Response Team Training Program**, 23-27 April 2007, Sheraton Crystal City Hotel, Arlington, Virginia, Sponsor: Armed Forces Institute of Pathology (AFIP) and American Registry of Pathology, Info: AFIP Education Dept, 14th and Alaska Aves, NW, Washington DC 20306-6000, 202-782-2637, [Sutton@afip.osd.mil](mailto:Sutton@afip.osd.mil), [www.afip.org](http://www.afip.org)

**The Society for the History of Navy Medicine:** The newly formed Society announces its First Annual Meeting and Papers Session, to be held during the 3-6 May 2007 American Association for the History of Medicine meeting in Montreal. The society invites submission of papers on any aspect of the history of medicine in the maritime environment (including above and below the surface of the water). "Works-in-Progress and graduate student projects are particularly invited. While electronic submissions are encouraged, mailed or faxed items will also be welcome. Send to CAPT Thomas L Snyder, MC, USN (Ret) at [thomaslsnyder@gmail.com](mailto:thomaslsnyder@gmail.com) or 131 el Camino Real, Vallejo, CA 94590-3464 or (707)557-5117. Inquiries concerning membership in the Society are also invited. The only requirement for membership is an interest in any aspect of the history of the navy/maritime medicine. Send inquiries to Captain Snyder.

**The 15th Annual International Civilian and Military Combat Stress Conference:** 4-10 May 2007, South Mesa Staff Club, Camp Pendleton, California. At the conclusion of the conference, attendees should be better able to:

1. Develop effective pre-deployment readiness programs for military personnel and their families
2. Provide Critical Incident Stress support services in military and civilian disaster settings
3. Prepare military staff for deployment
4. Provide effective treatment for Post Traumatic Stress Disorder.

Highlights include: A special guest presentation by Duane 'Dewey' R. Clarridge, Former head of the CIA's Counter-Terrorism Center & Author of *A Spy For All Seasons: My Life in the CIA*, A USO-LAX Show on Saturday Night; A Weekend Conference featuring 18 Plenary Sessions, A Choice of Six One-Day Courses and Seven Two-Day Programs, Eight CE Hours per day will be available for those attending 100% of the conference. For more details, call Psycho-Legal Associate, Inc at (714)377-3767 or visit [www.ContinuingEducationCentral.com](http://www.ContinuingEducationCentral.com)

## FROM THE CHAIRMAN, AMSUS CHAPTERS SECTION

To those chapter members that attended the Annual Meeting in San Antonio, TX from 5 – 9 NOV 2006, thank you for making it a great success. Our Tuesday evening reception and Wednesday morning working breakfast meeting were extremely productive.

A number of chapters used the AMSUS Annual Meeting to have formal and informal chapter get-togethers. The WEPAC Chapter used it as brainstorming and planning session on how to re-energize their very large chapter. The Weaver Society Chapter held their annual special event.

The James D. Weaver Society Chapter hosted a reception and presentation by former US Air Force Surgeon General Lt Gen P.K. Carlton, USAF, MC (Ret.). General Carlton gave an outstanding presentation on terrorism and Southwest Asia and its impact on the western world. He challenged us to be proactive and not to let be restrictive in our thinking about the future.

The Weaver Society also presented the 2006 Weaver Society Award to former mobilization assistant to the Air Force Deputy Surgeon General, Maj Gen Dennis Higdon, ANG, MC (Ret.). Also participating in the presentation was Peggy Weaver Wolf, daughter of Colonel Weaver.

On 3 December 2006, the New York Chapter, led by COL John Hassett, MS, USAR (Ret) held their annual Holiday Reception at the Fort Hamilton Community Club. The reception was co-supported by the ROA Brooklyn Chapter. With over 75 in attendance, it was a great opportunity to renew old acquaintances and to make new ones. A number of the guests were retired from some of the same units and a few mini-reunions were held. All had a festive time, and money was raised to help send our troops in Iraq items and gifts for the holidays.

For those of you who are interested in participating in a small ad hoc working group to help develop goals and objectives for the Chapters Section, please get in touch with Heather McKenzie or me. Most of our work will be done via e-mail so it will not be a time consuming function. All we are looking for are thoughts and ideas.

For those of you that are looking for information on the various chapters, a list of the chapter coordinators follows this article. If you have difficulty in contacting them, or would rather contact us, our membership coordinator Heather McKenzie will gladly assist you.

To reiterate the importance of chapters, we feel that participation at the chapter level helps to maintain and build the support for AMSUS at the national level. Additionally, the potential for regional educational programs, seminars, and networking opportunities are excellent. To this end, as always, AMSUS stands ready to assist chapters in whatever areas the chapters may require. A number of chapters have already benefited from AMSUS home office support. Be it mail labels, mailings, guest speakers, ideas, or other types of support, AMSUS is ready to help you.

If you would like us to help with the advertising of any of your chapter events, or have any questions about the Mentoring Program the Chapters Program, contact us at AMSUS Headquarters by phone (301.897.8800



Ms. Peggy Weaver Wolf presents the 2006 Weaver Society Award to Maj Gen Dennis Higdon, MD, ANG (ret) with Lt Gen P.K. Carlton, USAF, MC (Ret) looking on.

or 800.761.9320) or e-mail (our addresses are: BG(Ret) John Digilio - BGJohnDigilio@aol.com, Heather McKenzie – heather.mckenzie@amsus.org, or Col(Ret) Steve Mirick – steve.mirick@amsus.org).

As always, we want to thank all who serve as mentors. The HPSP students appreciate your efforts and we applaud you for volunteering your free time. For those who would like to serve as mentors, please sign up by contacting us at AMSUS. The HPSP students are the future of military/federal health care. If you are seeking students to mentor, lists of the HPSP students by service are available through AMSUS headquarters.

John T. Digilio, Jr.  
BG, NYRSL  
Chairman Chapters  
Section

## AMSUS CHAPTER INFORMATION

AMSUS members are privileged to have opportunities for professional education and exchange of information with their medical counterparts - military and federal. These personal contacts are enhanced by Chapter membership. The Chapters bring a better regional understanding of mutual federal and military resources for war or peace. AMSUS is proud of their Chapters and the expanded opportunities of education-fellowship with their counterparts from other federal/military agencies. Join a local chapter, or help us to establish a new chapter.

If you are interested in starting a new chapter, write to AMSUS Chapters, 9320 Old Georgetown Road, Bethesda, MD 20814 or FAX (301) 530-5446, E-mail: [membership@amsus.org](mailto:membership@amsus.org), POC: BG John T. DiGilio, Jr., NYSRL.

### Alamo Chapter

COL Rajnikant C. Patel, MC, USAR  
746 Treaty Oak  
San Antonio TX 78258-3189  
Email: [rajni.patel@us.army.mil](mailto:rajni.patel@us.army.mil)

### Baltimore-Washington Student Chapter TBD

James D. Weaver Society of AMSUS  
LTC John Kirk, ANG, MSC  
3160 Piper Rd  
Alpena, Mi, 49707-4729  
John.Kirk@micrtc.ang.af.mil

### Mid-America Chapter

LTC Jeff Weaver, MS, USAR  
3662 Boston's Farm Drive  
Bridgeton, MO 63044  
E-mail: [jlweaver@aoa.org](mailto:jlweaver@aoa.org)

### National Capital Region Chapter

LTC Beverly E. Vandenberg, AN, ARNG  
4521 Llewellyn Ave  
Fort George G Meade, MD 20755-2107  
E-mail: [beverly.vandenberg@ngb.army.mil](mailto:beverly.vandenberg@ngb.army.mil)

### New York Chapter

COL John J. Hassett, MS, USAR  
105 Franklin Avenue  
Malverne, NY 11565-1926  
E-mail: [AMSUSNY@aol.com](mailto:AMSUSNY@aol.com)

### Northern Lights Chapter

LT. Ted L. Hall, Pharm.D., R.Ph.  
U.S. Public Health Service/Indian Health Service  
Ho-Chunk Nation House of Wellness Pharmacy,  
S2845 White Eagle Rd.  
Baraboo, WI 53913  
608-355-1251 x5521  
Email: [TedHall@ho-chunk.com](mailto:TedHall@ho-chunk.com)

### Southeast Tornado (SET) Chapter

Serving: AL, FL, GA, KY, LA, MS, NC, SC, TN  
COL Candace M. Burns, AN, USAR  
7920 North Branch Avenue  
Tampa, FL 33604  
E-mail: [cburns@hsc.usf.edu](mailto:cburns@hsc.usf.edu)

### Southwestern Florida Chapter

CAPT Eugene Peiser, USPHSR  
1880 Mary's Meadows Lane  
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### Texas Medical Center Area Student Chapter

ENS Karl Kuersteiner, MC, USNR  
Student Affairs  
6431 Fannin-Room G400  
Houston, TX 77030  
[TMCAreaAMSUS@gmail.com](mailto:TMCAreaAMSUS@gmail.com)

### Tidewater Chapter

CAPT Sandy Pollard, NC, USNR  
P.O. Box 1551  
Chesapeake, VA 23327

### Western and Pacific (WE-PAC) Chapter

Serving: AK, AZ, CA, HI, NV, OR, WA  
LTC Beverley Houghton, AN, USAR  
11307 Martha Ann Drive  
Los Alamitos, CA 90720-3805  
E-mail: [camelady2@mminternet.com](mailto:camelady2@mminternet.com)

## News of Sustaining Members

The leadership of the AMSUS-SM section is geared up and ready to begin the business of 2007. Election of officers was held during the 112th Annual Meeting in San Antonio. Bob Stepling was elected Chairman, Carl Jakopec was elected Vice-Chair and Mary Chambers was elected Secretary/Treasurer. Marcus Farbstein will continue to serve as the Legislative liaison, Penny Pennington the DoD liaison, and Jerry Ross as the VA liaison.

The next meeting of the AMSUS-SM section is scheduled for Tuesday, 13 February 2007 at the Marriott Crystal City at Reagan National Airport located at 1999 Jefferson Davis Highway, Arlington, VA. The room block is open and you are encouraged to make your room reservations. Deadline for rooms at our rate of \$239 is 22 January 2007. Once the room block is filled, or the cutoff date reached, rooms at that rate will not be available. For reservations contact the Marriott at 703-413-5500 and ask for code AMSAMSA. The agenda is being developed and information will be sent via email and posted on the SM page of the AMSUS website in early January.

**Humana Military Healthcare Services (HMHS)** recently received an InfoWorld 100 award from InfoWorld, an integrated media brand for IT solutions management. HMHS received the award in the Healthcare category for projects that stretched beyond typical, off-the-shelf solutions and used multiple technologies in innovative ways to serve well-defined business goals. The company was honored for automating customer service through Web and interactive voice response. The project integrated data systems across departments to automate manual functions. They deployed Intervice for voice automation, giving customers a choice of speaking to an agent, as required in its government contract. HMHS has been a DoD contractor for the administration of the TRICARE Program since July 1, 1996.