

MEDICALNEWS

Plasma from recovered COVID-19 patients sought

By Patricia DealCarl R. Darnall Army Medical Center

FORT HOOD, Texas—Have you recently recovered from COVID-19? If so, you may hold the key to helping prevent others from getting the virus.

The Defense Department is looking to collect 8,000 donated units of plasma from patients who have recovered from COVID-19 to support the development of an effective treatment against the disease.

"The idea is that the plasma from someone who has recovered from COVID-19, called convalescent plasma, contains specific antibodies to COVID-19 making it a potentially lifesaving treatment for those with serious COVID-19 infections," said Lt. Col. Jennifer Marin, director Robertson Blood Donor Center. "The convalescent plasma may be transfused into a sick patient who is still fighting the virus, if they qualify for this type of treatment. The procedure may boost the immune system of the patient and help with the recovery process."

Recognizing the benefits of antibodies to help promote and protect health, the Food and Drug Administration authorized an investigational treatment program using convalescent plasma to help patients with moderate or severe COVID-19 infections. The power of antibodies lies in their ability to bind to a virus and neutralize it, or block it from entering cells. But not all antibodies are the same and people infected with COVID-19 can have varying antibody responses so researchers are working to develop appropriate products to serve as potential therapeutics.

Several COVID-19 patients in the Military Health System have received convalescent plasma transfusions as part of their treatment, according to the Armed Services Blood Program officials. The treatment, which must be carried out under an approved protocol, is currently used for those hospitalized and severely ill with the disease.

"The Fort Hood community is in a unique position to help those suffering from COVID-19. The priority for ASBP donations will be for those patients receiving treatment in military hospitals, so your donation would be directly

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(U.S. Army photo by Cpl. Justin W. Stafford)

Polish Land Forces cadets carry a simulated casualty on a litter to a helicopter at the point of injury and medical evacuation lane during MILITARY DOCTOR 20 at Training Field Jezewo, Poland, July 27, 2020. Polish Land Forces cadets underwent testing and training during the event, which is required for them to become military doctors. Soldiers assigned to U.S. Army Europe with medical military occupational specialties were invited for a subject matter exchange. All participants and attendees adhered to the COVID-19 protocol set in place for the event, which included temperature checks upon entering the training area and hand sanitizing stations at each lane.

U.S. Army Europe Soldiers assist with MILITARY DOCTOR 20

By Cpl. Justin Stafford U.S. Army Europe

Soldiers assigned to U.S. Army Europe participated in a subject matter exchange at MILITARY DOCTOR 20, an event that tested and trained Polish Land Forces cadets from the Military Medical Training Center, at Training Field Jezewo near Lodz, Poland, July 27 - 31, 2020.

The almost week-long event is a requirement for aspiring Polish military doctors that have already been studying and training for five years.

However, this was the first time medical personnel from the U.S. Army played a role in the event. An International Health Specialist from the USAREUR Office of Command Surgeon coordinated this event and brought 12 handpicked officers and senior non-commissioned officers with medical military occupational specialties assigned to the 30th Medical Brigade from Baumholder, Sembach, and Wiesbaden in Germany to share their knowledge and experiences with the cadets.

"We are here serving as subject matter experts to our Polish allies and sharing our tactics, techniques, and procedures, as well as comparing theirs to ours as we work on the NATO standards," said Capt. Sebastian Coates, the commander of the 557th Medical Company (Area Support).

Coates said the opportunity to work together and evaluate each other on those standards increases interoperability and allows them to better serve Europe by sustaining the force.

The U.S. Soldiers observed and advised the cadets every day at the lane in which they were the most well-versed.

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day in the life of a rescue helicopter pilot

By Master Sgt. Becky Vanshur Idaho Army National Guard

Spend a day with Idaho farmer and Guardsman Chief Warrant Officer 4 Chad Oueen, one of the Idaho Army National Guard's rescue helicopter pilots, and feel firsthand what it is like to fly the UH-72 Lakota helicopter and help save lives.

The clunking and puttering sounds of the tractor are too loud and the vibration from the engine on his leg masked the familiar feeling of the phone ringing in his pocket so he missed the call. Not 30 seconds later, his wife is running toward him from the ranch house with a phone in her hand and her arms waving above her, motioning for him to stop, as he is barreling down a row of overgrown hay.

Queen brings the tractor to a halt and idles the engine. He takes the call from his wife's phone. An Idaho National Guard flight operations officer is on the

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line. "We have a possible rescue, can you assemble a crew?" A crew consists of the pilot, a crew chief and a paramedic. Today, there are two individuals lost on the South Fork of the Boise River near Elmore County, north of Mountain Home, Idaho.

It is a warm summer day, just after 10 a.m. on a Saturday. Queen leaves his tractor in the field and rushes to change out of his dusty farm clothes and into his flight suit. He calls his crew to help, kisses his wife and gets into his car, all within a few minutes. Queen calls the flight operations officer. "We are 30 minutes out."

"I am always pleased when I can assist with a rescue mission, it is a great way to serve my local community," said Queen. "With over thirty years in the Army, I have had a lot of assignments, but none so rewarding as this.'

The previous evening three individuals flipped in their raft on the river. One individual was able to pull himself out of the water safely, walking several hours to find a phone around midnight and call for help. He did not see his two friends get out of the river. Air St. Luke's flew up and down the river throughout the night, unable to find either of the individuals. Elmore County Search and Rescue set up a command center nearby and started the ground search.

As soon as Air St. Luke's and the Elmore County Search and Rescue realized the lost individuals could be down in a river canyon and unreachable, they requested the Idaho Army National Guard's UH-72 Lakota helicopter. They called the Air Force Rescue Coordination Center dispatch, located in Florida, for assistance. The AFRCC approved the mission and called the Idaho National Guard flight operations officer.

Idaho's two UH-72 helicopters belong to the IDARNG Detachment 1, Delta Company, 112th Service and Support Battalion. They have a unique hoist and lift rescue attachment and are strictly used for domestic operations and res-

Queen and his crew arrive at Gowen Field, Boise's Air Terminal and National Guard base, around 10:30 a.m. and begin preparing the helicopter for its flight. Using a preflight checklist, Queen ensures the fuel amount is accurate for the mission with the weight of the crewmembers and the additional approximate weight of the rescued individuals.

The crew chief ensures the aircraft is ready for the mission and Queen gathers the map, the route and coordinates, weather data and any other information needed from a preflight brief with the flight operations officer.

The helicopter is ready and crew are ready. They grab their personal survival bags, helmets and harnesses. Queen is sitting in the cockpit and taxis the helicopter onto the open space of the flight line. He lifts up on the collective and



(U.S. Air National Guard photo by Master Sgt. Becky Vanshur)

Spend a day with Idaho farmer and Guardsman Chief Warrant Officer 4 Chad Queen, one of the Idaho Army National Guard's rescue helicopter pilots, and feel firsthand what it is like to fly the UH-72 Lakota helicopter and help save lives. Idaho's two UH-72 helicopters belong to the IDARNG Detachment 1, Delta Company, 112th Service and Support Battalion. They have a unique hoist and lift rescue attachment and are strictly used for domestic operations and rescues.

the ground for several seconds, performing a hover check to calculate power requirements with the combined calculations of weight adjustments, weather, altitude and fuel amount.

Queen performs final radio checks and they take off high into the air, heading east away from Gowen Field, toward Mountain Home.

Queen speaks through his headset. "Five minutes out from the location site." The crew chief attaches his tether to the tether of the hoist. He tugs on it firmly, going through the motions of several series of operational checks on the equipment. The hoist equipment is ready.

Both the crew chief and the paramedic hang out of the helicopter on the ledge of each side, searching the ground below them, their feet resting on the skid platform of the helicopter. The helicopter blades are rotating loudly above them.

They search deep into the gulches near the river. They fly up and down the river, searching in the water and alongside the riverbanks at a low altitude and low air speed.

Two individuals are spotted walking on a dirt road in a narrow canyon area. Queen lands in a nearby opening. The paramedic jumps out of the helicopter and runs to the two individuals. Fortunately, they are the lost individuals and are only suffering from minor injuries and dehydration.

The individuals are rescued without the need for the hoist equipment and

brings the helicopter a few feet above first aid is performed on them as they fly back to the command center where ground ambulances and a large excited group of family members and friends are waiting, cheering as the helicopter lands.

It is nearing 1:00 p.m. and Queen flies the helicopter back to Gowen Field. He and his crew feel a release of tension to know they successfully helped in the rescue of the two individuals.

Queen and his crew train for daytime and nighttime scenarios and with different rescue agencies such as fire departments, sheriff offices, forest rangers, wildland firefighters and other first

'The crew can respond to assist with several emergency situations like floods, fires and mountain rescues," said Queen. "We train with local first responders to assure proficiency for when it counts."

Queen taxis the helicopter toward the hanger at Gowen Field. He and his crew perform the post flight checklist and debrief, positioning the helicopter in the hanger, preparing it for the next rescue.

Queen drives up his gravel driveway hearing the familiar crisp sound of the rock under his tires. It is late in the afternoon now. He quickly eats a sandwich, changes back into his farm clothes and walks up the already swathed row of hay, toward his tractor. He climbs into his tractor and begins barreling down the row that he had abandoned earlier, feeling the warmth of the hot summer sunlight on his face and a sense of relief from the day's successful rescue mis-

• MILITARY DOCTOR 20 (Continued from front page)

There were six lanes: chemical, biologi- MILITARY DOCTOR 20 is vital because cal, radiological, and nuclear training, prolonged field care, combat first aid, Role 1 medical treatment, Role 2 medical treatment, and casualty evacuation.

Capt. Anita Podlasin, Chief of the Simulation Branch at the Polish Military Medical Training Center, was the lead planner of the annual event and said she felt grateful for the U.S. involvement.

"It was a good opportunity to share experiences, expertise, and to see how the U.S. Soldiers deal with different kinds of trauma," Podlasin said.

She said their instruction was incredibly useful in assisting and evaluating the

Coates, who observed cadets work at all six of the medical lanes during the event, said he was just as impressed by them.

"Working with the Polish is great. They take it very seriously at all the stations, Coates said. "They look for what we think of it, how they can do better, and how we can support each other."

Coates said they also took the current pandemic just as seriously as everything else by having a lot of precautionary measures and screening just as the U.S. military

Sgt. 1st Class David Wotila, the S9 noncommissioned officer in charge of the 30th Medical Brigade, assisted with the cadets' training at the Role 2 treatment station.

Wotila said the type of collaboration at

of the shared information of experiences by soldiers both on and off the battlefield. He said it is also critical to work together so that both sides know what tool and intervention to use when someone's life hangs in the balance.

"In these exchanges and collaborations, the payoff and return on investment are huge," Wotila said. "With us doing this, we're able to meet the NATO standard on medical evaluations and become interoperable with one another.'

Norbert Mnatsahanyan-Nowak, a fifthyear Polish Land Forces sergeant cadet, said the event made him a better soldier and future doctor because it tested his skills and allowed him to learn from the Americans.

He said the event was demanding, but that cadets were prepared because they have had strenuous training like this before. He added that having U.S. Soldiers there proved beneficial for him.

"The U.S. Soldiers are very helpful. They give us a lot of advice and we can use their knowledge," Mnatsahanyan-Nowak said.

He said cadets felt comfortable asking the Soldiers questions during training and found himself at ease working with them because he was able to see that his training was not so different from the Americans

"I feel thankful that the U.S. is here because we can use their knowledge and experience," Mnatsahanyan-Nowak said.



(U.S. Army photos by Cpl. Justin W. Stafford)

Polish Land Forces cadets patrol at the point of injury and medical evacuation lane during MILITARY DOCTOR 20 at Training Field Jezewo, Poland, July 27, 2020. Polish Land Forces cadets underwent testing and training during the event, which is required for them to become military doctors. Soldiers assigned to U.S. Army Europe with medical military occupational specialties were invited for a subject matter exchange. All participants and attendees adhered to the COVID-19 protocol set in place for the event, which included temperature checks upon entering the training area and hand sanitizing stations at each lane.



A Polish Land Forces cadet signals to others at the point of injury and medical evacuation lane July 28, 2020.



A Polish Land Forces cadet treats a simulated casualty at the chemical, biological, radiological, and nuclear lane



U.S. Army Capt. Sebastian Coates, the 557th Medical Company (Area Support) commander, awards a coin to a top performing Polish Land Forces cadet during the closing ceremony July 31, 2020. The U.S. Soldiers were invited to the event as subject matter experts and all recognized for their participation.



A Polish Land Forces cadet carries a simulated casualty at the point of injury and medical evacuation lane July 28, 2020. Cadets underwent testing and training during the event, which is required for them to become military doctors.





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U.S. Army Sgt. 1st Class Skyler Cowhig, assigned to the 421st Medical Company (Area Support), walks alongside Polish Land Forces cadets carrying a litter at the point of injury and medical evacuation lane July 27, 2020.



Soldiers assigned to U.S. Army Europe with medical military occupational specialties march in formation with Polish Land Forces soldiers during the closing ceremony July 31, 2020. The U.S. Soldiers were invited to the event as subject matter experts.

25th Infantry Division holds annual Best Medic Competition

By Spc. Michael Bradle 25th Infantry Division

SCHOFIELD BARRACKS, Hawaii – On July 24, 10 medics from across the 25th Infantry Division competed for the title of Best Medic.

The competition was held over a grueling 48-hour period at the 25th Inf. Div.'s Lightning Academy. This year's winner is Staff Sgt. Martin Coronaverduzco, a combat medic with 25th Infantry Inf. Division Div. Artillery.

The competition evaluated the medics' tactical and medical capabilities by challenging their land navigation abilities, tested their Tactical Combat Casualty Care knowledge, and timed their ability to complete a 12-mile road march

When asked about the difficulty of the competition and its events, Sgt. 1st Class Brett Anderson of Headquarters and Headquarters Battalion, the non-commissioned officer in charge of the BMC, stated that the difficulty of each event would be based on each competitor's skill set.

"It depends on your strengths and weaknesses," Anderson said. "Some people cannot swim, so water survival would be difficult. Some can't ruck, so the ruck march would be difficult..."

Anderson explained the competition Competition in January 2021.

events were all part of medical training and standards they have worked under in the past. Such standards included Emergency Medical Services training and requirements for the Expert Field Medic Badge.

"I wanted to do the 2020 Best Medic Competition because I wanted to challenge myself," said Sgt. Taylor Venegas, a combat medic with 25th Inf. Div. Artillery and fellow competitor. "I like to do schools, I like to train, I like to meet new people, and awesome cadre. I love pushing myself and trying to achieve the next best thing."

"What really motivated me was the fact that it was a competition specifically for medics," Venegas said. "So I think it was awesome to be with some of my peers and learn some skills that they might know and I might not and be able to share some skill that I might know and they might not."

"I want people to push themselves out of their comfort zone," Venegas concludes. "I myself worked in the clinic for the majority of my time here, so I haven't had a lot of experience with hands on medical training. But that didn't stop me from coming and competing."

Coronaverduzco will represent the 25th Inf. Div. at Regional Health Command Atlantic's Best Medic Competition in January 2021.



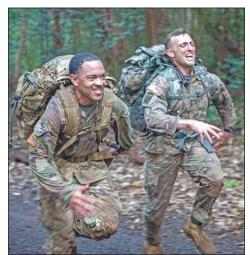
(U.S. Army photos by Spc. Michael Bradle)

Medics from the 25th Infantry Division participate in a mock Mass Casualty event at Lighting Academy in Wahiawa, Hawaii on July 24. The graders held this event to determine how medics worked under pressure and how well they worked with each other.



Sgt. Taylor Venegas, a field medic with 25th Infantry Division Artillery, performs the first of three shooting scenarios at the Engagement Skills Trainer on Schofield Barracks, Hawaii on July 24. This was the final event of the entire competition.





Above: Staff Sgt. Jacob Crenshaw (center), a field medic with 25th Infantry Division Artillery enters Richardson Pool on Schofield Barracks on July 24. This part of Water Combat Training was one of the final events on the 12 mile ruck from Lighting Academy to Schofield Barracks. Right: Sgt. Shaquille Wheeler and Staff Sgt. Christopher McMurdy, medics with 2nd Infantry Brigade Combat Team and Combat Aviation Brigade, respectfully, race with their rucksacks to an obstacle course at Lightning Academy on July 24. The ruck route that they took was roughly 12 miles and crossed over Lightning Academy, Wheeler Army Airfield, and ended at Schofield Barracks.

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• Plasma (Continued from front page)

helping your fellow warfighter," Marin said.

1st Lt. James Bogman from the 182nd Field Artillery, 1st Cavalry Division agrees that donating plasma is an easy way to help support the mission.

"I donate often because I know how important blood products are to the Army. I choose to donate plasma because you can donate plasma more often than with whole blood. The process isn't difficult or time-consuming. The staff is well-trained and always make it a positive experience for me," Bogman said, adding that he's actually been donating for 12 years, starting from when he was a 16 year old junior in high school.

To donate convalescent plasma, at a minimum, you must meet the basic donation requirements of being 17 years of age or older, weigh at least 110 pounds, be in good health, and meet additional travel/medical restrictions.

Other specific eligibility requirements for donating convalescence plasma include:

• Evidence of COVID-19 documented by a laboratory test either by a diagnostic

test (e.g., nasopharyngeal swab) at the time of illness; or a positive serological test for SARS-CoV-2 antibodies after recovery, if prior diagnostic testing was not performed at the time COVID-19 was suspected.

• Be symptom free for at least 14 days before donation. A negative result for COVID-19 by a diagnostic test is not necessary to qualify the donor.

• For female donors, if you have ever been pregnant, additional testing may be needed to determine if you have developed HLA antibodies since your last pregnancy.

If a donor believes they meet these requirements, they MUST first contact their local blood donor center for additional information before coming in, and if they qualify, set up an appointment. Call the Robertson Blood Center at (254) 285-5808.

Once the appointment is confirmed, the donor must bring the required documentation and undergo the standard donation procedure. It takes only a few minutes longer than a normal blood donation and is completely safe.

(Photo By Patricia Deal)

Left: 1st Lt. James Bogman from the 182nd Field Artillery, 1st Cavalry Division donates plasma at the Robertson Blood Center on Fort Hood. A frequent plasma donor, Bogman is supporting the DoD's recent drive to collect plasma from patients who have recovered from COVID-19 to support the development of an effective treatment against the disease.

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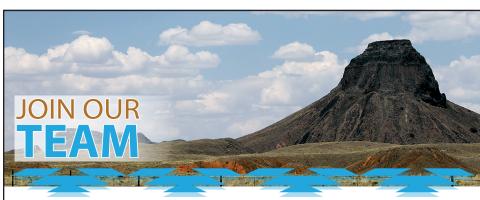
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