MEDICAL NEWS

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USAMMDA Team Spotlight: Warfighter Deployed Medical Systems Project

By Ashley Force
Medical Research and Materiel Command

As the newest project management office of the U.S. Army Medical Materiel Development Activity, the Warfighter Deployed Medical Systems Project Management Office maintains a mission to develop, deliver and sustain deployable medical capabilities for the Warfighter. Composed of two product management offices, Medical Device Assemblage Management and Medical Modernization, the WDMS PMO is considered the focal point for medical materiel lifecycle management within the Army.

In this new installment of USAMMDA's spotlight series, our public affairs team sat down with Dr. Tyler Bennett, project manager of the WDMS PMO, to discuss the ongoing projects and success stories involving his team. Bennett has been with USAMMDA since earlier this year, when his team moved under the organization, transferring from the U.S. Army Medical Materiel Agency in an Army realignment effort designed to streamline its workforce.

The WDMS PMO plays the central role in the equipping and sustainment of critical devices for the nation's military forces, which helps to keep our Warfighters ready for the fight. Among its numerous responsibilities, the WDMS PMO maintains the medical materiel database to ensure standardization and the availability of materiel, while it also provides continuous "technical watch" to rapidly replace obsolete medical devices to help ensure a minimal or zero gap in critical field capability. Without question, the combined efforts of its team members help to support the USAMMDA mission of developing and delivering important medical capabilities to protect, treat and sustain the health of our nation's Warfighters, and Bennett remains both supportive and proud of his entire staff of dedicated professionals.

PAO: Please describe the mission of the WDMS PMO.

TB: Warfighter Deployed Medical Systems is one of the final steps in the acquisition process. We procure and field the things that come out of the U.S. Army Medical Research and Development Command's Decision Gate system, and out of the Milestone process. We execute all of the medical procurement dollars. If this PMO did not exist, the deployed medics would not have the critical medical equipment necessary to provide lifesaving diagnosis and treatment of injured Warfighters.

PAO: What do you like most about your job?

TB: What I like most about my job is that we

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(US Army photo by Spc. Jeremy Lewis, 40th Public Affairs Detachment)

Sgt. Jordan Andry, cavalry scout from 1st Squadron, 33rd Cavalry, 3rd Brigade Combat Team, 101st Airborne Division (Air Assault), demonstrates a combat training lane for Expert Field Medic Badge candidates, Nov. 19, during EFMB training at Fort Campbell. One of the requirements to earn the EFMB is going through combat training lanes that include everything from patient evaluation to setting up a landing zone for a medical evacuation.

Screaming Eagles put skills to test for Expert Field Medical Badge

By Spc. Jeremy Lewis
40th Public Affairs Detachment

More than 100 Screaming Eagles began preparation Nov. 18 to test their skills in the medical field and earn an Expert Field Medical Badge.

"It is by standard one of the hardest badges to earn across the Army," said Maj. Sarah Burlee, medical operations officer for 101st Airborne Division Sustainment Brigade, 101st Airborne Division (Air Assault), and officer in charge of EFMB testing. "Not everyone can be an expert."

Experts are considered to be at the top of their fields. For Soldiers who earn the EFMB this is no different.

"It was built statistically so that your top percentages earn the EFMB," Burlee said. "It's not your medium block, not your top-half block, it's the top block."

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Designed to put the total Soldier profile to the test, the combat training lanes assess the candidates' medical and Soldier expertise. Each lane examines the Soldier's medical prowess as he or she completes various Soldier tasks throughout testing.

Candidates run through everything from eight-page patient evaluations and triage to establishing secure communication for a nine-line medical evacuation and decontamination from a chemical, biological, radiological and nuclear attack.

In addition to the CTLs, Soldiers must score 80 points or better in each event of the Army Physical Fitness Test, complete night and day land navigation courses and finish with a 12-mile ruck march. With only 144 hours from the first pushup to the end of the ruck march, once testing starts it is complete each task successfully or go home.

"It'll be busy, they'll be tired," Burlee said. "But that's the goal right, to get them out of their comfort zone."

For some the rigors of testing can be overwhelming, but for a select few the crucible provides an opportunity for them to rise to the top.

"We had a 9% passing rate during fiscal year 19, those guys earned it," Burlee said.

The EFMB is open to anyone in the medical field regardless of job title, and when a Soldier dons the badge units can rest assured they have someone who is capable of making a difference.

"They've got a Soldier who just spent two weeks testing the rigors by line," Burlee said. "So they've got a good Soldier and they have someone who is medically capable of helping them."

An example of this would be 1st Lt. Haley Guzman, health services administration officer and executive officer for C Company, 626th Brigade Support Battalion, 3rd Brigade Combat Team.

Guzman earned her EFMB in May.

"It was really rewarding to get through on the first try," she said. "It's a lot harder than people think, one of the worst tasks required 128 steps in sequence."

After earning her badge, Guzman took her expertise to new candidates.

"Now that I've gone through and succeeded I can help my Soldiers get their badges too," she said. "That's what I'm most excited about."

As the executive officer for her company Guzman planned and resourced coaching for Soldiers in her battalion.

"We ended up training about 80 Soldiers in preparation for this round of EFMB testing," she said.

As the OIC for CTL 2, Guzman provides insight not only for the Soldiers going through testing but also the other instructors.

"It's been exciting to incorporate comments from the after-action report last time and hopefully help more candidates get their badges this time," she said.

The EFMB is where occupational expertise and Soldier proficiency meet.

For those seeking to earn the EFMB, training must start with an understanding of why the testing is so rigorous.

"As part of the medical community you are going to be imbedded in units where you're expected to perform Soldier skills," Guzman said. "You have to be able to be a basic Soldier and then after that when you're exhausted be able to save people's lives."

(US Army photos by Spc. Jeremy Lewis, 40th Public Affairs Detachment)

Second Lieutenant Shawn Ogden, a health services officer for 1st Battalion, 32nd Cavalry Regiment, 1st Brigade Combat Team, 101st Airborne Division (Air Assault), flushes an IV, Nov. 18, during a practice run for the Expert Field Medic Badge testing at Fort Campbell. The EFMB features rigorous tasks such as a 128-step patient evaluation.

Sgt. Michael Hinkle, medic for 426th Brigade Support Battalion, 1st Brigade Combat Team, 101st Airborne Division (Air Assault), applies a chest seal to the training mannequin, Nov. 18, during a demonstration for Expert Field Medical Badge candidates at Fort Campbell. The EFMB combines Military Occupational Specialty expertise with warrior task and battle drills to test the proficiency of medical professionals in the Army.

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Behind the scenes in the hospital

By Airman 1st Class Sarah Dowe
Joint Base Langley-Eustis

JOINT BASE LANGLEY-EUSTIS, Va. – When people think of hospitals many may think of doctors, nurses and beeping machines that take blood pressure and monitor vitals. However, what goes on behind the scenes is just as important.

Behind the scenes there are many individuals in the Langley Hospital who ensure that all personnel are able to receive the medical care necessary to be ready to deploy, while also taking care of the Airmen's families and retirees.

U.S. Air Force Tech. Sgt. Chadrick Jones, 633rd Medical Group noncommissioned officer in charge biomedical equipment technician, manages the Medical Maintenance Program for the entire medical treatment facility including the Army Vet Clinic, Guard and Reserve units, and several public access defibrillators spread across Joint Base Langley-Eustis.

"I ensure our 12 technicians are fully equipped to maintain over 5,400 devices valued at $4.6 million dollars," Jones said. "We are responsible for ensuring doctors, surgeons, nurses, and technicians have functional, properly maintained and safe medical equipment that is ready for patient care."

The technicians play an important role in ensuring all personnel are able to receive the necessary medical care by providing timely repairs and maintenance of equipment.

"We maintain, repair, and calibrate medical equipment; this includes units as simple as a thermometer, to more advanced equipment items like radiological units and anesthesia equipment," said Airman 1st Class Timothy Torres, 633rd MDG BMET. "We also repair vital signs machines, sterilizers, dental chairs and electrical surgical units."

Having in-house capabilities allows the hospital to have technicians who are familiar with the equipment and connected to the mission. It also eliminates lengthy response times and scheduling conflicts, Jones explained.

"We also provide input and testing on future deployment-related equipment outfitting for Air Combat Command's manpower and equipment packaging unit," Jones said.

BMETs are divided into two teams. One team performs scheduled preventative maintenance on an annual basis. The second team mainly handles repairs, processing new equipment into the facility, and carrying out the procedures for removing equipment from the facility, stated Torres.

"My favorite thing about this job is that I get to do a different thing every day. Each day is different and brings a new challenge or experience," said Torres. "The coolest thing is when you finally get a certain piece of equipment working after trying for a few days, especially if you did it on your own."

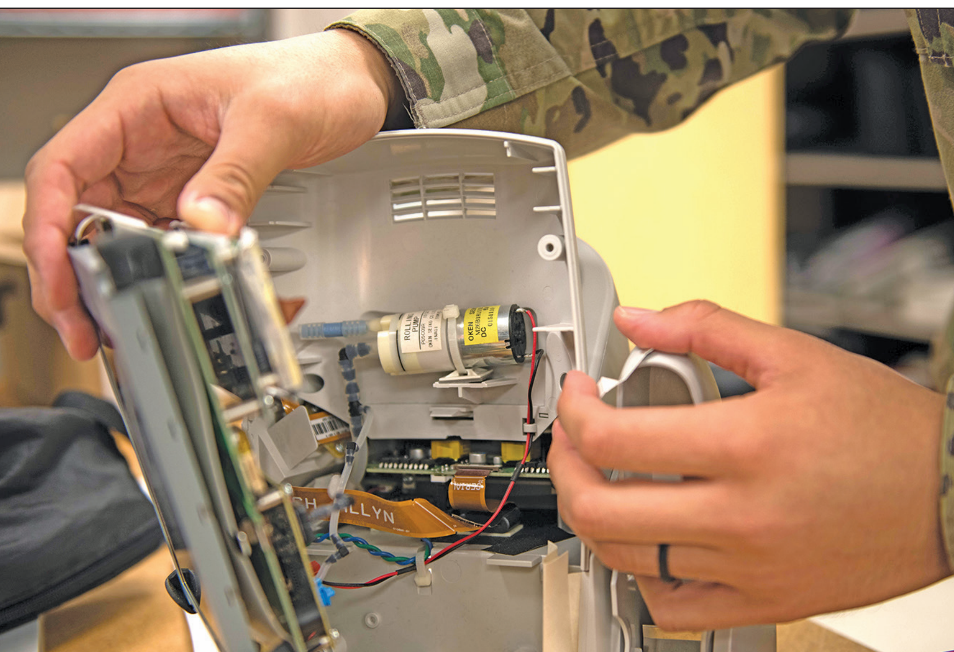
According to Jones, this job gives him a great sense of purpose knowing he gives the people delivering patient care the confidence that the tools they need will always be available.

"The medical career field never sleeps, patients need us 24/7," Jones said. "Patients rely on us at times when they may feel the most vulnerable. I enjoy trying to help people smile even when they may not be feeling their best."

Working as BMET provides Airmen the opportunity to help provide medical care to patients in a scarcely seen, but vital role to ensure mission completion and save lives.

(U.S. Air Force photos by Airman 1st Class Sarah Dowe)

U.S. Air Force Airman 1st Class Timothy Torres, 633rd Medical Group biomedical equipment technician, unscrews a panel on a vital signs monitor at Joint Base Langley-Eustis, Virginia, Nov. 8, 2019. Torres removed the panel so the motor could be repaired.



Torres checks on the motor of a vital signs monitor. BMETs are responsible for routine inspections of equipment throughout Langley Hospital.

Torres prepares to repair a defibrillator. BMETs provide timely equipment repair to the hospital helping to ensure patient care.

Keesler renovates cardiac cath lab to provide better, safer care

By Senior Airman Suzanna Plotnikov
81st Training Wing Public Affairs

The Keesler Cardiology Pulmonary Clinic had a ribbon cutting ceremony for their newly renovated cardiac catheterization laboratory, Nov. 15.

In an approximately 10-month-process, the lab was upgraded with an entire suite of technology to provide better and safer care for patients as well as the surgical team.

"The new additions allow us to improve the provision of which we provide care and improve the safety of the procedures for our patients and for the operators who are exposing themselves to occupational radiation on a daily basis," said Maj. Frank Russo, 81st Medical Operations Squadron cardiac catheterization laboratory director.

During operations, cath lab workers are required to have occupational monitoring of the radiation exposures and due to the high volume of procedures they perform, the radiation levels were high.

"What I'm seeing with our new technology is the ability to monitor our radiation levels in real time and be able to reduce the total radiation dose we receive as healthcare workers," said Russo. "The amount of radiation our patients receive during the procedures has been much lower as well. Our new cath lab has a ten-fold reduction in radiation compared to what we were using previously."

(U.S. Air Force photo by Senior Airman Suzie Plotnikov)

Gilberto Patino, 81st Medical Operations Squadron interventional cardiologist, U.S. Air Force Col. Beatrice Dolihite, 81st Medical Group commander, and Bryan Matthews, Gulf Coast Veterans Healthcare System director, cut a ribbon during the cardiac catheterization laboratory ribbon cutting ceremony inside Keesler Medical Center at Keesler Air Force Base, Mississippi, Nov. 15, 2019. The lab was upgraded with an entire suite of technology to provide better and safer care for patients and the surgical team.

Historically, the Keesler Medical Center cath lab has been leading the way in cardiovascular care not only in the Air Force and the Defense Department, but locally as well which was demonstrated when KMC implanted one of the first Micra Pacemakers in the state of Mississippi.

"Our demand for cardiology services here is great enough that we knew we would need to provide state of the art care," said Russo. "Keesler has historically been a leader in providing high quality patient care and in order to continue to lead that effort, we had to upgrade and modernize our facilities to keep up with the technology and scope of services we provide."

The upgrades offers multiple advancements in terms of radiation reduction, digitization of medical information as well as new capabilities which are more advanced than anything locally, said Lt. Col. William Pomeroy, 81st MDOS cardiologist. These advancements were necessary, he explained, as the cath lab has previously performed up to 2,000 procedures per year.

"Our image quality is far better than what we had been using," said Russo. "We have the ability to incorporate different forms of technology into one suite for each room and have them communicate with each other to provide better patient care."

Not only does the catheterization laboratory serve active duty members and retirees, the clinic has a joint DoD veteran's partnership that dates back to 2007. Throughout the past five years, the lab has performed 5,600 procedures on Veteran Affairs patients which provided funding to the KMC facility as well as reduced the cost to the VA Medical Center as a whole.

These advancements also further the readiness of the medical and surgical specialties by enhancing the number and acuity of patients seen in the facility.

"We are providing services to a population that deserves high quality health care," said Pomeroy. "We are investing in the future of this organization as well as the future of our healthcare for the veterans on the Gulf Coast."

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Clayton Ramsue, MD
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• Spotlight (Continued from front page)

interact directly with the end-users — those Warfighters who actually use our devices. We get feedback almost daily on items such as ventilators, vital signs monitors — I received a message recently regarding a suction apparatus. So, when there is an issue with maintaining or using a device, or training on using it, we get phone calls directly from the field. I really like the daily interaction with the folks using these devices.

We recently fielded a concern from users in a deployed environment because of an issue with their ventilators that were failing. In fact, they had nine failures over the last year, and the user told me, "This is so serious, that if I didn't have a backup ventilator that worked, the patient would have died — so we need to get these things replaced immediately."

In response to this, we were successful in obtaining additional funding, to replace ventilators, and these are on the way right now. And we received a Thank You note from them just yesterday. So what we do here directly impacts patient care in the deployed setting, and that's really the most rewarding part of my job.

PAO: Please describe what the WDMS PMO does on a daily basis.

TB: We work directly with both users and developers to ensure that what makes it to the field is what the users want. Our PMO is divided into two groups right now. We have one team, the Medical Device Assemblage Management product management office, that focuses directly on the things that are already out there. We manage 207 line item-numbered pieces of equipment that are currently deployed, and they're fielded in 140 Sets, Kits and Outfits, or SKOs. The MDAM team manages the day-to-day activities of these items. So if there is a maintenance issue, or if a Unit needs a specific item to fill out its SKO, those are the folks that do the analysis for this, and the procurement.

Of these 207 items, there are roughly 30 that are no longer procurable right now, so we also have a Modernization product management office, and its focus is placed on modernizing the equipment (to ensure functionality). The suction apparatus I mentioned earlier is one of our recent successes. The company no longer made the item, so we had to source a new solution, and then get that fielded along with the other equipment that supports it. Our Modernization team also manages the major force design updates, like the Combat Support Hospital conversion. They have a smaller team within their office that focuses solely on doing this for the force. So, between the day-to-day activities of the MDAM team, and the modernization and future activities managed by the Modernization office, these two groups help us get the right product to the right Warfighter at the right time!

PAO: What are your thoughts on your team's move from USAMMA to USAMMDA?

TB: It's been very exciting, actually — so, as the Army has moved and developed, it has stood up the Army Futures Command, and it's one of the biggest changes the Army has undergone in the last several decades. As part of this move, Army Medical was affected, and there was a change at the organization I used to work at, the U.S. Army Medical Materiel Agency, which remained under the Army Materiel Command to focus on the sustainment of the medical equipment. While we are responsible for the entire lifecycle of medical devices, my team's primary focus is on the upfront procurement and fielding. So our group moved over to USAMMDA to be more closely tied to the acquisition PMOs in the organization. It was really a great move for our team, as we're more closely intertwined with the people doing the development. It's a much better alignment of our mission space, as it allows us to work with the other PMOs, to meet our shared objectives. At the same time, however, we still maintain a very strong link to USAMMA, to make sure the sustainment of these items occurs when it needs to after the products are fielded.

PAO: Can you share some recent success stories involving your WDMS PMO team?

TB: Army Maj. Janessa Moyer is the current product manager for our Modernization group, and she's been very successful in bringing the other Services together for joint procurements. Right now, there is really no forcing function to bring the Army, Navy and Air Force together to the table. It's more a coalition of the willing, but Maj. Moyer has done an excellent job of bringing all of the Services together for procurement actions, and a great example of this is the CT [computed tomography] scanner. She led a joint team, to include the Air Force and Navy, to put out a solicitation for the new CT scanner of the future, and they awarded the contract a few months ago. It's currently being integrated by a commercial partner in Oregon, with delivery expected in late November.

By going with this joint procurement, we receive a volume discount, so we save a lot in procurement costs. We also save a lot in sustainment costs because now the other Services will be buying the same parts, which will keep the production base alive longer — this will allow us to sustain these items longer in the field. In addition, we also did the same thing with the vital signs monitor, which was a joint procurement, driving down the costs significantly, which saves taxpayer dollars. Right now, most of the 30 devices in the Modernization office are joint Service efforts, and I think this is a great success story for all of the Services.

PAO: Can you describe the WDMS PMO's role in product development?

TB: Well, we work at the very end of the development stage, as we work to modernize items that already have been fielded, so right around Milestone C. For those things that are earlier in the development process, or even in the Science & Technology stage, our team provides subject matter expertise on integrated product teams for each device. So, for everything that is in Decision Gate, going through the acquisition process, we're at the table with the program managers to ensure that factors such as procurability and sustainability are looked at as early as possible in the acquisition process.

One of the other things we bring to the table, which I really appreciate, is that we have clinicians — active-duty Army clinicians — that rotate through our team every two to three years. We have a nurse consultant, a lab consultant, a pharmacy consultant, and these folks bring incredible expertise to our group. Many of them have been deployed, or may have recently come off of a deployment, so it's an excellent resource for the rest of our team, many of whom may have never been deployed or may not understand how a particular device can be used in a deployed environment. So, having this expertise on our team, and providing support to the IPTs is extremely valuable, and it's something I haven't experienced in any of my other program management positions.

PAO: What is the best part of your job as the WDMS PMO project manager?

TB: The team is what makes me the most proud — the way they're excited to come to work, and to work on their devices, because they know that what they do, on any given day, has a direct impact on the Warfighter. And that has a certain amount of energy and passion that goes with it. It just makes you want to show up for work in the morning — it's very exciting to work with this group of people.

PAO: What are your thoughts on the future of the WDMS PMO?

TB: As we move forward, we expect that significant change will continue to occur, as the Army continues to change. I think the structure we've formed at USAMMDA, and the great teams we've built here will remain in a good position to weather whatever the next change may be that comes down the road.

To view the USAMMDA PAO interview with Dr. Tyler Bennett, visit the following link: www.youtube.com/watch?v=KbAyRyfwdCo

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LRMC ENT employs FORSCOM specialist during Ear Week

By Marcy Sanchez
Landstuhl Regional Medical Center

LANDSTUHL, Germany -- Over the span of two weeks, Landstuhl Regional Medical Center's Ear, Nose and Throat Clinic maximized on the opportunity to provide specialized ear treatments to troops from Europe and Africa, their families, and military retirees, during LRMC's Ear Week, Nov. 13-24.

During the 11-day Ear Week, patients in need of specialized ear procedures were scheduled for surgical interventions with U.S. Army Maj. Douglas Ruhl, a visiting otologist assigned to the 53rd Head and Neck Team with the 47th Combat Support Hospital, based out of Joint Base Lewis-McChord, Washington.

While Ruhl is assigned to a U.S. Army Forces Command unit, he practices at Madigan Army Medical Center at JBLM as part of the Army's Modified Table of Organization and Equipment Assigned Personnel, which allows medical professionals to become an organic part of a deployable unit while maintaining their place of duty at a U.S. Army Medical Command Military Treatment Facility.

"(Ear Week) lets me do more cases in a short period of time than I would normally, which is nice for me since I wear two hats," said Ruhl, who completed a two-year neurotology fellowship at the University of Virginia. "I get to help medical and combat readiness and I get to dabble in the different roles of care so it works out well."

(Photos by Marcy Sanchez)

U.S. Army Maj. Douglas Ruhl (left), a visiting otologist assigned to the 53rd Head and Neck Team with the 47th Combat Support Hospital, based out of Joint Base Lewis-McChord, Washington, performs middle ear exploration on a patient during a surgical procedure at Landstuhl Regional Medical Center, Nov. 21. The operation is part of LRMC's Ear, Nose and Throat Clinic's Ear Week, which allows LRMC beneficiaries the opportunity to receive specialized medical treatment not normally available at LRMC.

During Ear Week, ENT staff operated in a similar fashion to medical residencies, maximizing caseload and supplementing specialists while operating within appropriate levels of expertise.

"One of the reasons of having this ear week is to allow (LRMC ENT staff) to keep that skill set from completely atrophying, so we go in and kind of function in a way like we did in medical residency where we help with the surgery, and then when it gets to the point where it's out of our expertise level, the otologist will take over," said U. S. Air Force Maj. Whitney Pafford, otolaryngologist assigned to LRMC's ENT Clinic.

Patients benefit from the specialized treatments without the need for referral to host-nation providers, which can further complicate a patient's understanding of potential risks due to language barriers or treatment modalities.

"(The diagnosis are) not emergent, so patients don't have to have surgery in a month and can wait three to five months to have surgery until a specialized provider comes out here to do it," said Pafford. "There are some cases we're all trained to do but unless you're doing them regularly, (the procedures) are pretty specialized, requiring one to two years of fellowship."

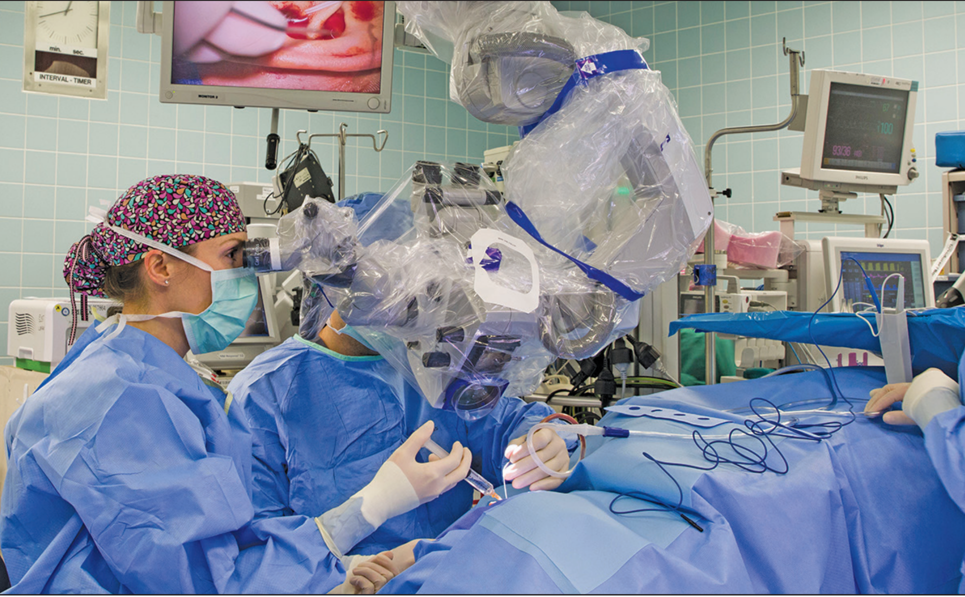
Additionally, because there are serious risks involved with the specialized surgical procedures, including worsening hearing, or damage to nerves, they are reserved for specialists who perform them on a regular basis. For military personnel, otologists may provide medical treatment to potentially career-ending diagnosis such as sensitivity to pressure changes or loss of hearing.

Aside from making specialized ear procedures available for beneficiaries, waiting until Ear Week also allows patients to follow up with LRMC providers and is cost-effective for the Army.

"Instead of just sending every procedure out to (host-nation specialists), hosting (Ruhl) is beneficial because the amount of money it takes to bring him out here is a fraction of what it would be for one person's surgery," said Pafford. "Ear surgery is pretty expensive, especially once you go to the more complex ear surgeries."

According to Pafford, if patients are in dire need of surgery, such as when diagnosed with acoustic neuroma, or a patient doesn't want to wait for Ear Week, they can be sent back to the Continental United States for their procedure where they'll stay during post-operative care until it's safe to fly back. This could take up to four weeks due to risks associated with high altitudes following surgery.

Although the objective of this partnership with FORSCOM is to equip deploying units with qualified health care professionals, providing care at LRMC benefits all unified combatant commands overseas.



U.S. Air Force Maj. Whitney Pafford, otolaryngologist assigned to Landstuhl Regional Medical Center's Ear, Nose and Throat Clinic, observes a middle ear exploration conducted by U.S. Army Maj. Douglas Ruhl, a visiting otologist assigned to the 53rd Head and Neck Team with the 47th Combat Support Hospital, during another surgical procedure.

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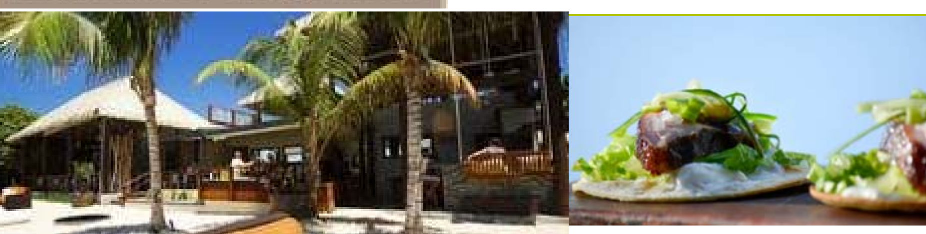

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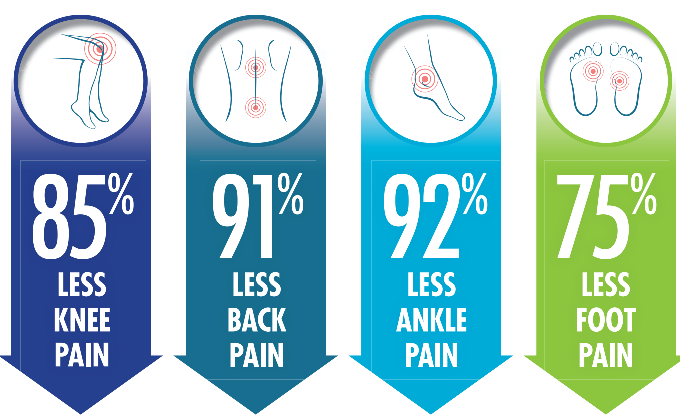

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Endocrinologist- Norfolk, VA
POS #1012001

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TO APPLY: All applicants must apply through:
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Eastern Virginia Medical School

Endocrinologist- Norfolk, VA
POS #1019459

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The Division of Endocrine & Metabolic Disorders runs the Strelitz Diabetes Center as well as general endocrine clinics. It has an ACGME accredited Endocrinology fellowship program. In addition, it maintains an ADA recognized diabetes program and owns thyroid ultrasound & DEXA scan. It collaborates with Sentara Norfolk General Hospital, our primary teaching hospital and has developed an innovative Cardiovascular Diabetes Program. The Sentara Diabetes Program and Heart Program have both been ranked in the top 35 nationally by the US News & World report in 2018.

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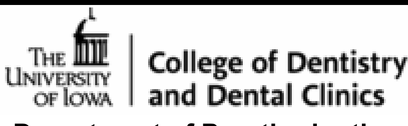

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Georgia National Guard medics deploy

By Maj. Charles Emmons
Georgia National Guard

The Georgia Army National Guard's 248th Medical Company hosted a deployment ceremony for their 55 departing Soldiers on November 30, 2019 in a packed drill hall at the Clay National Guard Center in Marietta, Ga.

Families, friends and service members attended the event to see their Soldiers off as they mobilize to conduct a nine-month deployment to multiple mission locations in support of Operation Inherent Resolve.

Senior leaders of the Georgia National Guard attended the ceremony, including the Adjutant General of Georgia, Maj. Gen. Tom Carden, who has worked with the company's commander, Capt. Latonya Hicks, since she was a private.

"I know these Soldiers," said Carden. "I know what is in their heart and I know how hard they've worked."

The deploying Soldiers range in rank and experience from junior enlisted Soldiers who recently joined the medical field, through field grade officers with years of professional medical experience.

Among them is Maj. Brian Nadolne, a physician who practices in Marietta, Ga. at East Cobb Family Medicine. Despite his positions as president and board chair of the Georgia Academy of Family Physicians, he wanted to seek out other leadership roles. He joined the Georgia Guard three years ago, at age 49 and now looks forward to deploying with the 248th.

"I'm definitely looking forward to helping our young Soldiers who deserve to have a family physician while abroad," said Dr. Nadolne. "There's going to be a lot of opportunities to help them."

Nadolne will rotate with another doctor after three months and return to work for his employer, Northside Hospital, who has been extremely supportive of his commitment to deploy and serve overseas.

"They have gone above and beyond to make sure this deployment was easy, and to make sure I had coverage for the practice," said Nadolne.

The company has trained for the mission by conducting health service support and force health protection tasks to prepare for their mission to assist, enable and advise medical forces in their area of operations. They will support a battalion aid station and perform surgeries for patients as well.

"We've seen the growth over the last twelve months. We have training over and over again with mass casualty exercises," said Hicks. She expressed that she was very confident in their trauma training and preparation for the mission.

Sergeant Steven Bellamy will be continuing a family tradition of service like his father and brother before him. His father served in Vietnam and his brother was an Army Ranger. Bellamy will deploy as a medic.

"It feels real good to carry on that tradition," said Bellamy. "Now I get my chance to serve as well. We all had different jobs and we all walked different paths, but it feels good to continue on that tradition."

The 248th Medical Company deployed to Iraq in 2009. In 2015, the unit deployed to Egypt as part of the Multinational Force and Observers.

(Photo By Maj. Charles Emmons)

Maj. Brian Nadolne, a physician with the 248th Medical Company, shakes hands with Ga. Army National Guard Commander, Brig. Gen. Randall Simmons Jr. before a deployment ceremony Nov. 30, 2019, at the Clay National Guard Center in Marietta, Ga. The company completed the ceremony prior to mobilizing in support of Operation Inherent Resolve.

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