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Navy Physician in the Palouse

Sailors assist with patient care in Spokane

By Douglas Stutz

Naval Hospital Bremerton/Navy Medicine Readiness and Training Command Bremerton

Navy Lt. Cmdr. Courtney Saint has been on the receiving end of a few expressive comments of late.

Feedback from patient, staff and community has been favorable towards Saint since October 16, 2021, to help handle the influx of COVID-19 patients at Sacred Heart Medical Center in Spokane, Washington.

“They just keep saying ‘thank you for being here’ and ‘you have been more helpful than you know,’” said Saint, a Houston, Texas native and family medicine physician assigned to Navy Medicine Readiness and Training Command (NMRTC) Bremerton.

Saint, along with approximately 20 other Navy doctors, nurses, and respiratory therapists made up of personnel assigned from NMRTCs Bremerton, Camp Pendleton and Twentynine Palms, comprise Department of Defense (DoD) Medical Response Team (MRT) Bravo. The team has been working in conjunction with U.S. Northern Command and the Federal Emergency Management Agency (FEMA). They are augmenting an overwhelmed staff in responding to the highly-infectious pandemic which has spiked in the Palouse due to the recent wave of the Delta variant.

Spokane with a population of over 217,000 is the major city in the high desert and rich agricultural land of eastern Washington historically – and affectionately – known as the Palouse.

“I am here to support Providence Sacred Heart Medical Center as they continue to treat COVID patients in Spokane and the surrounding counties,” said Saint.

Long hours have brought increased strain and stress on the staff providing the crucial care needed for the steady increase of hospitalized patients. Sacred Heart has also had to postpone a number of normal appointments until a later date and delay scheduled surgeries due to the increased case load of COVID-19 patients.

With her physician background, Saint is filling the role providing general medical

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Art, medicine merge in patient care

By Tech. Sgt. Tory Patterson
59th Medical Wing Public Affairs

In January 2021, Army Sgt. 1st Class Randolph Adams was on leave in Chicago, Illinois before departing for his next duty assignment. The next chapter of Adams’ career was set to take place at the 2nd Cavalry Regiment in Germany, and this visit to Chicago was a chance to reconnect with family before relocating more than 4,000 miles away.

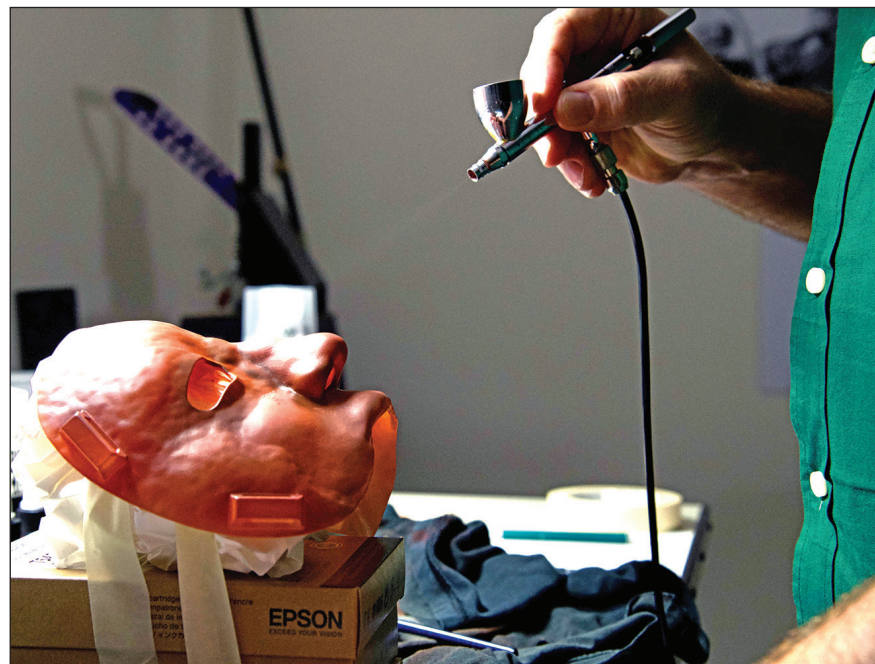
Adams left the city after enlisting in the Army after multiple visits to a Military Entrance Processing Station, or MEPS, there.

“Chicago was a rough place for me growing up,” shared Adams. “My family struggled – we’d been evicted, I’d moved from place to place, I’d been homeless several times throughout my life. I was homeless when I joined the Army.”

At MEPS, he spoke with recruiters from each branch. Anxious to leave Chicago, he enlisted into the Army after discovering it was his quickest path to starting a new life. Now, close to 16 years after joining, Adams was back in Chicago and visiting with family as many service members do before a Permanent Change of Station.

Neither Adams nor his loved ones had a way of predicting his vacation would end with him waking up at Brooke Army Medical Center at Joint Base San Antonio Fort Sam Houston, Texas with no recollection of how he got there.

“I was leaving a relative’s house one evening and on the way to my car when two men approached me,” said Adams. “I was assaulted. I was beaten pretty badly and lost a lot of



(U.S. Air Force photo by Tech. Sgt. Tory Patterson)

William Vance, 59th Medical Wing medical illustrator, applies paint to a compression mask at Wilford Hall Ambulatory Surgical Center on Joint Base San Antonio Lackland, Texas. Vance uses his artistic skills to support the creation of a custom-made pressure mask and facial prosthetic. Normally, compression masks are standard, but in this case, the mask is tailored to the patient’s facial contours to more closely resemble their pre-surgical anatomy.

blood.”

After the attack, Adams sought medical treatment at a local emergency room.

“I had really bad lacerations under my left eye and bruising and swelling around my face,” he said. “[The medical providers] gave me stitches and pain killers and sent me home.”

The last thing Adam remembers was going back to his mother’s house and laying down to rest. Everything he now knows about that fateful night was told to him by

people who were there.

Adams’ mother went in to check on him later that night, he was unresponsive. His face was blue and his fingernails had turned purple. His mother called 911 and he was transported to a second Chicago hospital.

“They had me hooked up to a lot of machines and one thing I do remember is going in and out of consciousness and seeing bright lights and scrubs around me,” he

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said. “Honestly, I thought I had transitioned to the next life.”

The care he received at this second hospital was vital in stabilizing him.

“They actually saved my life,” he says. “They stabilized me and got my organs working again.”

During this time, the Army had Adams transferred to BAMC for continuum of care where he regained consciousness after being in a coma for nearly a month. While unconscious he experienced multiple organ failures to include that of his heart, kidneys, and lungs in addition to contracting an infection which spread throughout his entire body causing significant trauma to his facial features.

Since the attack, Adams has received extensive treatments from surgeons, speech therapists, psychologists, ophthalmologists, and more to improve his quality of life.

With a blend of science, technology, and art, multiple contributors from within the San Antonio Military Healthcare

System were able to craft a facial prosthetic that, according to Adams, is a “game-changer” for him.

In September, Adams visited the Air Force Post Graduate Dental School for an appointment with U.S. Army Maj. (Dr.) Steven Handel, maxillofacial prosthodontist, who fits Adams with his new facial prosthetic that, according to Adams, is a “game-changer”.

“Pressure masks are commonly used to reduce edema, or swelling, in burn patients,” Handel said. “For Adams, we added facial contours to make it anatomical.”

Adams has received several compression masks throughout his treatment plan, each one more closely resembling his pre-surgical anatomy and who he is.

While many things have changed for him since that January night, one thing remains the same – his love for being a Soldier.

“Right now, I’m focused on returning to duty,” said Adams.



(U.S. Air Force photos by Tech. Sgt. Tory Patterson)

William Vance, 59th Medical Wing medical illustrator, airbrushes a compression mask at Wilford Hall Ambulatory Surgical Center on Joint Base San Antonio Lackland, Texas. Vance uses his artistic skills to support the creation of a custom-made pressure mask and facial prosthetic.

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Above left: U.S. Army Maj. (Dr.) Steven Handel (right), maxillofacial prosthodontist, presents Sergeant 1st Class Randolph Adams with a compression mask and facial prosthetic. Compression masks are used to reduce swelling. In this case, Handel and a team of medical staff added facial contours and other touches to create a mask that was more representative of Adams' pre-surgical anatomy. Above: Sergeant 1st Class Randolph Adams tries on a compression mask which also serves as a facial prosthetic. Left: Sergeant 1st Class Randolph Adams observes his reflection in a mirror while trying on his new compression mask at the Air Force Postgraduate Dental School. According to Adams, the mask is “a morale booster and makes me more comfortable with going out.”

So others may breathe

Navy Medicine Respiratory Therapist cares for COVID casualties

By Douglas Stutz

Naval Hospital Bremerton/ Navy Medicine Readiness and Training Command Bremerton

When U.S. Navy Hospital Corpsman 2nd Class Tessa Hazard chose to become a respiratory therapist, part of the specialty allure was a limited chance of deployment.

Yet, the ongoing pandemic has called upon Navy Medicine respiratory therapists like Hazard to be sent from sea to shore to help against the highly-infectious disease.

Whether it's embarking overseas on a Navy nuclear aircraft carrier or traveling to a rural hospital setting in America, corpsmen with respiratory therapist skills have demonstrated that they are indeed a ready medical force when called upon.

"Readiness is big time for us," said Hazard. "When I chose respiratory therapist I thought it was a very low deployable platform and wouldn't have that big of a risk to leave my family – young twins – behind to deploy. Now COVID hits and we're being deployed on every platform which we probably would have never gone on before and all these CONUS [continental U.S.] deployments which are still ongoing."

Hazard recently returned to Navy Medicine Readiness and Training Command Bremerton after deploying on behalf of Joint Task Force Civil Support for approximately eight weeks to Ozark, Alabama. As a member of Navy Medicine's Medical Response Team Ozark, Hazard and other active duty nurses, providers and hospital corpsmen were integrated into Dale Medical Center as part of the Department of Defense COVID response operations in conjunction with U.S. Northern Command and Federal Emergency Management Agency to help overwhelmed hospital staff deal with an influx of COVID-19 patients.

According to Lt. Cmdr. Andrew Rutledge, Navy Medicine Readiness and Training Unit Everett officer in charge and team lead, there was a need for Hazard and HM2 Sebastien Fontanges, assigned to Naval Medical Center San Diego, both respiratory therapists, to get acclimated as soon as possible due to the departure of more than half of Alabama hospital's respiratory therapist staff just prior to their arrival.

"Which put them in lead support, with the challenge of what readiness really means in this new environment. Hazard and Fontanges were a great team in a unique opportunity to serve fellow Americans right in their hometowns using the skills the Navy taught them. They did it very well," explained Rutledge.

"Without us, they would have had to shut down certain parts of the hospital without having enough people to staff shifts. They were very grateful to have us there to help them out. That was what everyone



(Official Navy photo by Douglas H Stutz, NHB/NMRTC Bremerton public affairs officer)

Hospital Corpsman 2nd Class Tessa Hazard, a respiratory therapist specialist, recently returned to Navy Medicine Readiness and Training Command Bremerton after deploying on behalf of Joint Task Force Civil Support for approximately eight weeks to Ozark, Alabama. As a member of Navy Medicine's Medical Response Team Ozark, Hazard and other active duty nurses, providers and hospital corpsmen were integrated into Dale Medical Center as part of the Department of Defense COVID response operations in conjunction with U.S. Northern Command and Federal Emergency Management Agency to help overwhelmed hospital staff deal with an influx of COVID-19 patients. With COVID-19 being a respiratory disease, those afflicted can have their lungs fill with fluid. Inflammation can set in. Patients have low oxygen levels and trouble breathing. Hazard was in high demand. She was charged with helping patients' breath and deal with any airway problems and provided 180 hours of direct clinical care for 96 patients on a 25-bed COVID unit, seven-bed intensive care unit and 12-bed emergency department.

was saying, how thankful they were that they were being supported by our team. We could tell they were exhausted when we got there. They were overworked and happy to have relief," added Hazard, an Oxnard, Calif. native with nine years of Navy experience.

With COVID-19 being a respiratory disease, those afflicted can have their lungs fill with fluid. Inflammation can set in. Patients have low oxygen levels and trouble breathing. Hazard was in high demand. She was charged with helping patients' breath and deal with any airway problems. She provided 180 hours of direct clinical care for 96 patients on a 25-bed COVID unit, seven-bed intensive care unit and 12-bed emergency department. She even volunteered four hours to mentor 150 students at Ozark High School on career opportunities in Navy Medicine and the military as a whole.

It proved to be an emotionally challenging assignment, yet one she trained for and was prepared to handle. She wanted to be able to provide patient-centered care in an inpatient setting, which was exactly what she did.

to many.

"I had my first code [patient dying]. The patient didn't make it and was 20 years old, the youngest patient who had a lot of health issues prior to COVID. It was my first time experiencing having patient die in front of me and we couldn't help," Hazard said.

"One of the first patients who passed away was related to someone in the hospital," continued Hazard. "Everyone who worked there knew who that person was. It affected the whole hospital. And the young patient, that hit home, too. Other patients, they were in the hospital for so long, up to two months, that even though they were unconscious most of the time, you got to know them. They started to get better and then all of a sudden they crash. In that inpatient setting, you got close to them, then they're gone. We thought they were getting better, yet being unvaccinated they didn't make it. When there's a loss, it hits everyone."

One patient who did leave lost all other family members to COVID.

"There was a whole family dying in one hospital due to the disease. Very tragic," Hazard said, adding that despite the loss, there were patients who did pull through.

"They were there the entire time we were there. Right before leaving they got discharged. They just appreciated everything we were doing for them. I'd go in there to help with their respiratory needs and would end up also helping with other stuff like their blanket. Helping with those little things technically was not part of my job but it's what we do for those we care for. The staff were also very appreciative," Hazard said.

Hazard was notified about a week before she departed she was leaving for Alabama. Once at Dale Medical Center, her and the rest of the Navy Medicine personnel spent several days going through hospital orientation, which included job-shadowing to get the lay of the land. They then teamed up with local staff and started their assigned shifts. Hazard was put on night shift, working 7 p.m. to 7 a.m., along with an emergency room nurse, ICU nurse, medical surgical nurse, and a doctor. Despite the long hours, she attests that one of the most difficult parts of being deployed as simply being away from her young twins and husband back at home.

"It was hard missing them. It was really hard losing patients. No matter what path you're following, this pandemic proves you have no idea what's going to happen," stated Hazard.

"I often worked in the intensive care unit, managing the ventilators for the patients, also doing medication therapy with inhalers and nebulizers to either open their lungs, or break up the mucus in their lungs," said Hazard. "Some patients were just on oxygen so there was a need to monitor their oxygen levels. We also used high-flow oxygen for higher pressure and level of oxygen and a regular nasal cannula, which is used to provide additional oxygen to someone needing respiratory assistance."

The majority of her patients were COVID-19 cases. Those suffering from severe COVID-19 needed intubation, even a tracheal tube, along with ventilation support.

"I felt I was doing my part to contribute in some way against the pandemic. Respiratory therapists have been overworked and extremely busy this entire time because it's a respiratory disease," said Hazard.

There were fatalities. Hazard estimates that were approximately 10 deaths attributed to COVID-19 when she was there. In the rural setting, that number hit home

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• **Physician** (Continued from front page)



(Photos by Sgt. Yesenia Barajas)

Above: U.S. Navy Lt. Cmdr. Courtney Saint, left, assigned to Navy Medicine Readiness and Training Command, Bremerton, Washington, and Lt. Therese Delatorre, right, assigned to NMRTC, Everett, Washington, pose for a photo at Providence Sacred Heart Medical Center in Spokane, Washington, Nov. 8, 2021. Saint and Delatorre are part of the Department of Defense medical response team at the medical center. Top: U.S. Navy Lt. Cmdr. Courtney Saint, assigned to Navy Medicine Readiness and Training Command, Bremerton, Washington, asks a patient about his health at Providence Sacred Heart Medical Center in Spokane, Washington, Nov. 8, 2021. Saint has helped patients at the hospital by tending to their needs. Sailors assigned to NMRTC deployed from Bremerton, Washington, in support of the continued Department of Defense COVID response operations to help communities in need. U.S. Northern Command, through U.S. Army North, remains committed to providing flexible Department of Defense support to the whole-of-government COVID response.

care to hospitalized patients.

"I was tasked to work as a hospitalist and take care of patients who are currently admitted with various conditions," Saint said, adding that she has enhanced her knowledge base in her current role, which is one she doesn't normally practice.

"I was thankful to be able to help boost the morale of hospital staff by being a part of the relief team," said Saint. "It took me about a week to become comfortable in this setting. But it has been cool to see that I can trust my training."

A typical day for Saint has her starting at 7 a.m. with her managing the necessary care for up to 11 patients over the next 12 hours.

"I pre-round by looking at their chart, notes and vitals, as well as lab work from the night before. Then round on all of my patients and do my exams for the rest of the morning. The afternoon is filled with notes, consults and administration work or discharges," explained Saint.

Although it was a challenge for Saint to get back into hospital medicine, there has been definitive fulfillment from the opportunity.

"It has been gratifying to connect with the patients on a daily basis and build relationships with them," noted Saint.

The Navy Medicine providers, nurses and hospital corpsmen are actively involved in helping them gradually return back to the norm. They are doing such as a ready medical force working as a medically ready force, both essential priorities of Rear Adm. Bruce Gillingham, Navy surgeon general and chief, Bureau of Medicine and Surgery.

"I cannot be more proud of our team and the hospital staff. Being on the floor and seeing how sick many of these patients are and dealing with death on a regular basis – this takes a toll on all of the caregivers and yet they come back every day. They are a very resilient group," remarked Navy Cmdr. Matthew Behil, MRT Spokane officer in charge.



U.S. Navy Lt. Therese Delatorre, assigned to Navy Medicine Readiness and Training Command, Everett, Washington, checks a COVID patient's heartbeat at Providence Sacred Heart Medical Center in Spokane, Washington, Nov. 7, 2021. The coronavirus may cause lung complications and severe damage to other organs.

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Soldiers compete for regional 'Best Medic' title

By Leticia Hopkins

Regional Health Command-Atlantic

FORT BELVOIR, Virginia – Eleven two-Soldier teams in the Regional Health Command-Atlantic are competing in the RHC-A Best Medic Competition Nov. 15-19 at Fort Bragg, North Carolina, to identify RHC-A's "Best Medic Team."

The winning team will earn the opportunity to represent RHC-A at the 2022 Command Sgt. Maj. Jack L. Clark, Jr. U.S. Army Best Medic Competition at Fort Hood, Texas, Jan. 24-28, 2022.

"We exist to provide medial readiness support in support of the Total Force mission; that is Army Medicine's 'why.' The Best Medic Competition is one of the many ways our Soldiers showcase their mastery of this capability," Brig. Gen. Mary V. Krueger, RHC-A commanding general, said. "This experience offers our Soldiers the opportunity to grow and learn lessons that they can bring back to their units. When our best teach other Soldiers, it improves our readiness and raises the bar for all."

Since the annual competition is designed to challenge Army medics on their operational knowledge and skills, they are competing in conditions that will simulate today's operational environment.

The Army Best Medic Competition Facebook page states, "Today's operational environment requires Army medics to be agile and adaptive, demonstrate mature judgment and initiative, and to see and exploit opportunities. The ABMC is physically and intellectually challenging and will test the tactical medical proficiency and leadership of the teams. The teams compete to be named as the most technically competent, physically and mentally tough medic team in the United States Army."

The RHC-A medic teams who accepted the challenge and are competing include:

- Blanchfield Army Community Hospital on Fort Campbell, Kentucky: Staff Sgt. Jephthe Guillaume and Staff Sgt. Terrence Laisin;
- Dwight D. Eisenhower Army Medical Center on Fort Gordon, Georgia: Capt. Gayle Benton and Lt. Allan Nkrumah;
- Fort Belvoir Community Hospital on Fort Belvoir: Sgt. 1st Class Justin Gavit and Sgt. 1st Class Garrett Rogers;
- Guthrie Ambulatory Health Care on Fort Drum, New York: Sgt. 1st Class Ryan DeVries and Sgt. 1st Class Jason World Turner;
- Keller Army Community Hospital on West Point, New York: Sgt. 1st Class Daniel Badillo and Sgt. 1st Class Christian Mendez;
- Martin Army Community Hospital on Fort Benning, Georgia: Staff Sgt.

Ricky Perez and Staff Sgt. Tyler Twigg;

• Moncrief Army Health Clinic on Fort Jackson, South Carolina: Sgt. 1st Class Alice Lewis and Sgt. Cesar Guerrero;

• Public Health Command-Atlantic: Sgt. 1st Class Joshua Mordenti and Staff Sgt. Hai Nguyen

• Walter Reed National Military Medical Center in Bethesda, Maryland: Capt. Joseph Mazarella and Capt. Nicholas Ryan;

• Winn Army Community Hospital on Fort Stewart, Georgia: Staff Sgt. Ramon Romo and Sgt. Shaun Mohr;

• Womack Army Medical Center at Fort Bragg, North Carolina: Sgt. 1st Class Theodore Batdorf and Maj. William Ceballos.

Although competitors were initially selected from volunteers, in order to be eligible to compete in the regional BMC, Soldiers must have already earned the Combat Medical Badge or the Expert Field Medical Badge and meet other established criteria. Soldiers must also meet current height and weight standards; have no Uniform Code of Military Justice misconduct flags in the last 12 months; have been recognized as the Best Medic Team for the installation they are representing; be physically fit to include being able to run five to nine miles and march 10 to 18 miles; be familiar with the following areas: survival, swim in full uniform; qualified on the M4 rifle, M9 pistol or M17 pistol; know room clearing tactics and strategies, and have knowledge of medical tasks ranging from tactical combat casualty care to prolonged care.

During the four-day competition, the teams of two Soldiers are applying their knowledge and skills to compete in a series of challenges set in a demanding, continuous and realistic simulated operational environment. Competitors are being challenged to complete a physical fitness test, obstacle course, combat water survival test, day and night land navigation, combat trauma lanes, M4 rifle and 9 mm pistol stress shoots, buddy run and written test.

"They will be graded both individually and as a team as they go through the events," Master Sgt. Amanda Calle, RHC-A G3/5/7 Operations sergeant major, said. "Scoring is a points-based system. The two highest scoring competitors win. RHC-A plans to award the winning DRU team as well as the two highest scorers, even if they aren't from the same DRU."

RHC-A's "Best Medics" are set to be announced during a livestream Nov. 19 at 11 a.m. on the RHC-A Facebook page: www.facebook.com/ArmyRHCAtlantic.

COVID-19 precaution measures have been taken and enforced during the competition.



(U.S. Army photo by Spc. Rhianna Ballenger)

U.S. Army Capt. Gayle Benton, left, and 1st Lt. Allan Nkrumah, assigned to Dwight D. Eisenhower Army Medical Center, Fort Gordon, Georgia, load a simulated injured teammate into a medical evacuation helicopter during a Multiple Objectives Lane event as part of the Regional Health Command-Atlantic 2021 Best Medic Competition, Fort Bragg, North Carolina, Nov. 16, 2021. Eleven two-soldier teams competed at the Regional Health Command-Atlantic 2021 Best Medic Competition, and the winning team will move on to represent the region at the U.S. Army Medical Command's 2022 Command Sgt. Maj. Jack L. Clark, Jr. U.S. Army Best Medic Competition at Fort Hood, Texas, Jan. 24-28, 2022.



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DHA ushers in new era for Naval Hospital Bremerton as part of Puget Sound Military Health System

By Douglas Stutz

Naval Hospital Bremerton/ Navy Medicine Readiness and Training Command Bremerton

The Latin inscription, 'pro cura militis' on the standard unfurled at Madigan Army Medical Center encapsulated the purpose of the Puget Sound Military Health System (MHS) Market establishment ceremony, Dec. 1, 2021.

'For the care of the soldier' is the mission objective of the Defense Health Agency (DHA), which now officially oversees all Army, Navy and Air Force military treatment facilities (MTF) in the Pacific Northwest part of the Puget Sound MHS.

What that means for approximately 284,000 active duty service members, retirees and family is they all will have standardized care at Madigan Army Medical Center, Naval Hospital Bremerton, Naval Health Clinic Oak Harbor and the Air Force's 62nd Medical Squadron.

Administrative and management functions are now handled by DHA, with each MTF linked via the Department of Defense electronic health record, MHS GENESIS to enhance teamwork and collaboration between all services in providing patient-centered care to all eligible beneficiaries. DHA will standardize processes like appointments and referrals to ensure no matter where service members and their families go, care will be consistent.

"I'm honored to represent the Defense Health Agency. Thanks for the effort and the vision that led to this market establishment ceremony. I have been privileged to participate in a number of ceremonies across the country, this being the 19th of the 20 markets being established," said Lt. Gen. Ronald Place, DHA director, citing the importance of recognizing that each market and associated military communities have their own unique missions, characteristics, geographies and histories.

"Health care is a local experience, best managed by those of you here interacting with our patients directly," continued Place. "There is a long legacy of the Puget Sound market, shaped over the years in shaping a positive joint medical environment that is enshrined today."

A typical day in the Puget Sound MHS has 4,589 appointments, 3,939 lab procedures, 104 emergency room visits, 112 staffed inpatient beds, 996 radiology procedures, 4,756 pharmacy prescriptions, five births, 558 dental procedures and 268 immunizations.

Such routine characteristics are well known to Place.



(Official Navy photo by Douglas H. Stutz, NHB/NMRTC Bremerton public affairs officer)

The Latin inscription, 'pro cura militis' on the standard unfurled by Lt. Gen. Ronald Place, Defense Health Agency director, at Madigan Army Medical Center encapsulated the purpose of the Puget Sound Military Health System (MHS) market establishment ceremony, Dec. 1, 2021. 'For the care of the soldier' is the mission objective of the Defense Health Agency (DHA), which now officially oversees all Army, Navy and Air Force military treatment facilities (MTF) in the Pacific Northwest part of the Puget Sound MHS.

"This market is quite frankly home to me. I first came to Ft. Lewis more than 35 years ago. From medical school rotations to general surgeon training at Madigan, this market is where I've spent one third of my military career. It matters to me what we do here," exclaimed Place.

Place readily affirmed that the Puget Sound MHS is a crucial component to empowering readiness in a region vital to the nation's defense.

"I'm not just talking about our medical presence here. This might be one of the most powerful force protection sites in the entire Department of Defense with all classes of submarines to aircraft carriers to electronic attack aircraft at naval installations, to 1st Corps at Joint Base Lewis-McChord and advanced airlift capability with the 62nd Airlift Wing. It is formidable military capability at work every single day," Place said.

Along with supporting operational and mission readiness across all service branches in the Pacific Northwest, the Puget Sound MHS also maintains a number of overlapping affiliations with a host of civilian and community entities.

"The community understands the value of joint, integrated operations,

embraces their affiliation with the Department of Defense mission and welcomes military families as part of their family. There's exceptional and trusted partnerships with civilian providers and institutions in the community. Today's ceremony is an acknowledgment of this team, line leaders, medical leaders, staff, and our VA colleagues committing to the health of this entire military community. It is also an acknowledgment of the local elected leaders, business leaders, our colleagues in academia, all working together to serve our military families past and present," stated Place.

The past 20-plus months have taxed the doctors, nurses, medics, hospital corpsmen and support staff across all service branches as much as their civilian counterparts in helping to stop the spread of COVID-19. Military members continue to answer the nation's call for support on Joint Task Force Civil Support as part of the Department of Defense COVID response operations in conjunction with U.S. Northern Command and Federal Emergency Management Agency to help overwhelmed hospital staff deal with an influx of COVID-19 patients. Place continues to lead and focus on the DHA ongoing COVID-19

response.

"We know the military health system has needs similar to needs of other health systems like ensuring people we care about get vaccinated against COVID, confident in the overwhelming scientific evidence that vaccines are safe and work-well as part of the program to get the pandemic under control and delivering the best outcomes of the patients we serve whatever their medical condition," Place said.

Place noted that the Puget Sound MHS has led the military health system for more than two decades as a multi-service market and has always shared insights and best practices with colleagues across the Department of Defense.

"Our mission is to sustain a ready medical force and a medically ready force," stated Place. "That is still the reason why we're all here. A ready medical force means we help everyone in uniform to ensure they are healthy and safe from potential health threats."

Col. Jonathan Taylor has assumed duties as Puget Sound Market director and Madigan Army Medical Center commander.

To complement NHB's transition to DHA, Navy Medicine has established a co-located Navy Medicine Readiness Training Command (NMRTC). Navy Medicine - through the NMRTC - will retain command and control of the uniformed medical force and maintain responsibility for operational readiness. This includes the medical readiness of Sailors and Marines, as well as the clinical readiness of the medical forces.

Capt. Patrick Fitzpatrick will serve as Naval Hospital Bremerton director under DHA and as NMRTC commanding officer under Navy Medicine.

"During the two decades which we were at war, we proved that the three services' medical department could work together seamlessly. I am excited about the possibility of working together as a market as are all commanding officers within the Puget Sound MHS, to further develop that relationship as we work towards fulfillment of the quadruple aim [increased readiness, better health, better care, all lower cost]."

Implementing aspect of change is nothing new to NHB, as the command deployed the Department of Defense's new electronic health record MHS GENESIS in Sept. 2017.

The Puget Sound MHS market establishment is based upon mandated congressional and Department of Defense-directed reforms.

Instructor aids car crash victims

Veteran Transitions

By Lisa Braun

Medical Education & Training Campus

Tech. Sgt. Jessica Lazaro, her husband and two small children were driving along the outer loop of South 1604 the night of October 17, 2021 when they passed an accident scene on the side of the rural road.

"We drove past some traffic and I noticed one of the cars was pretty smashed up, so there had already been an accident that occurred and there was no EMS (emergency medical services) present," Lazaro recalled.

Lazaro, an Air Force medical technician and instructor for the Air Force Aerospace Medical Services program at the Medical Education and Training Campus on Joint Base San Antonio-Fort Sam Houston, Texas, felt uncomfortable just driving past the scene. "Being there was no EMS and it looked like there was pretty significant impact on the car that was on the shoulder of the road, I told my spouse I really think we should stop. So we turned around."

After parking their vehicle on the shoulder and ensuring her children were safely asleep, Lazaro grabbed the gloves and first aid kit that she keeps in her car. While her husband, a prior Air Force security forces specialist, used his cell phone to direct traffic away from the scene, Lazaro went to find the accident victims and began assessing their injuries.

"When I saw the victims there was one 19-year old gentleman who was still inside the car on the passenger seat. He was complaining of trouble breathing and having some chest discomfort," said Lazaro. She learned that he was actually the driver and his passengers were standing outside the vehicle still trying to reach 9-11 to report the accident. Lazaro immediately started to assess the young man for injuries, using his cell phone for a light source as she looked him over.

"I didn't see any type of significant lacerations, no bleeding, nothing that would visually concern me as far as bleeds," she stated. Lazaro continued her assessment with an examination of the patient's chest and took his vital signs. "His chest probably hit the steering wheel, but for whatever reason the air bags didn't deploy," she noted. "There was definitely significant impact to the car."

The passengers, who Lazaro determined were not injured, were finally able to get through to 9-11 so Lazaro provided the patient's vitals, his condition, and other information to the dispatcher. Although his vital signs and breathing were stable Lazaro noted that the patient was in shock.

While she was relaying the information to dispatch, another accident occurred right in front of her. A small car that had stopped directly across the road from the first accident scene was rear ended by a large SUV that did not appear to slow down prior to the impact. The smaller car was sent spinning toward Lazaro and her patient but ended up landing in a ditch on the opposite side of the two-lane road.



Tech. Sgt.
Jessica Lazaro

jumped out of his vehicle and began to walk around in a confused state. When Lazaro approached him she could smell alcohol and found alcoholic beverages in the car. She walked him to another location where he could safely sit and wait for further assistance, then approached the occupants of the second vehicle, two teenagers.

"There was a 17-year-old female and an 18-year-old male, and they were so very blessed," Lazaro said the teens had gotten out of the car by the time she reached them and began to assess their injuries. "The female did not have a lot of injuries, nothing I could visually see on her after I assessed everything, and she was coherent. The 18-year-old was in shock, and he had one laceration on his head. From what I could see and feel, it wasn't a significant bleed. He was just completely stunned, but they were really fortunate."

Lazaro emphasized that car accident safety procedures were followed, something she said she and her fellow instructors discuss with their students. "I was able to get their car in park and took the keys out and did all the correct things." Lazaro explained that it's important to get the car stabilized so it doesn't move anywhere, and get bystanders safely away from the situation, especially when traffic is not yet controlled as was the case that night.

EMS arrived while Lazaro was assessing the second accident victims. Once she finished she briefed the paramedics and turned the patients over to them.

Looking back on that night, Lazaro was satisfied with the care she provided to the victims in the first and second car accidents, but there was one aspect that she still has anxiety about. The safety of her children.

"It's a huge thing to highlight, because I think it's probably the biggest part of the night for me." Lazaro said that she tries to not stop when she has her children in the car, especially when she's alone. "I had my spouse and he was able to stay with our car that was parked between another bystander's car and the first accident. Of course, when the second accident happened my immediate response, before I ran to anybody or did anything, was to yell to my husband to get them (the kids) out of here, to go move my car. He took them to the parking lot of a nearby gas station.

"Walking away from that night, as honorable and great as I felt to help people, I was glad I was there. But I walked away with so much anxiety because I feel 100 percent confident that if the (suspected) drunk driver would have been approaching from the other direction it would have been my children in the car he would have smashed into. So that absolutely scared the life out of me. I was shook for the rest

of the night. That was my big take away."

Ironically, Lazaro was a first responder in another accident that occurred almost a year ago on Christmas morning. That accident happened just two houses down from her home, right after her kids opened their presents.

"We literally just finished unwrapping presents, and then I looked outside and there it was, all the commotion of a few people and the whole accident happening."

A young woman and two small kids had flipped their 4-wheeler and crashed into a fence. Because the area firefighters are all volunteer, Lazaro interacted with the EMS crew and assisted with getting the patients onto Life Flight and ground transports.

Fortunately for all those involved, Lazaro has been at the right place at the right time. Despite some of the safety risks, Lazaro said she wouldn't hesitate to help if needed. "I would absolutely do it again. I believe it's a great thing to be able to help.

"But," she added, "I think it's important to consider the safety piece because you never know when a second incident might happen."

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