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Air Force medics ready for future CBRNE threats

Defense course keeps Airmen prepared

By **Shireen Bedi**

Air Force Medical Service

From a nuclear attack to a biological agent, the potential threats Airmen and Guardians could encounter are numerous, and Air Force Medical Service leaders are eyeing new ways to stay prepared.

The Air Force medics who respond to chemical, biological, radiological, nuclear and high-yield explosive events, are improving their threat detection and treatment capabilities. Not only are medics preparing to respond to new, diverse potential CBRNE threats, but they are also preparing to respond in newer operational environments.

On U.S. installations and in expeditionary environments, Air Force medics engage in CBRNE threat recognition, patient decontamination, specific threat identification and detection, and medical countermeasures or prevention measures to mitigate the threat.

“We have optimized our casualty care and patient movement response in the last 20 or 30 years in an air-dominance, permissive environment where we had excellent point of injury care, rapid movement to specialized critical care at air hubs, and the ability to fly out patients when we needed to,” said Maj. Gen. John DeGoes, Air Force Deputy Surgeon General. “But in a high-end fight, we may not have access to those facilities or may not have the ability to fly out patients when we need to. When faced with a CBRNE threat, we have to learn how to sustain that same capability we have honed in the last three decades in a new, dynamic environment.”

A significant aspect of CBRNE response is the recognition of the threat itself to know exactly how to respond.

“There are two ways to look at threat detection,” said Brian Smith, Air Force Medical Counter CBRNE branch chief, Air Force Medical Readiness Agency. “One is detect to warn where we identify an incoming chemical or biological agent in time to initiate preventive measures like medical countermeasure use, donning gear or evacuation. The other is detect to treat where

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U.S. Air Force photo/Samuel King Jr.

A 96th Medical Group team moves a simulated victim out of the line of fire during a scenario of Tactical Combat Casualty Care training Nov. 17 at Eglin Air Force Base, Fla. The week-long, required medical course culminated in a fire fight, casualty care and extraction scenario where Airmen applied what they learned in the classroom to hands-on combat training.

Airmen encounter, respond in live combat casualty training

By **Samuel King Jr.**

96th Test Wing Public Affairs

A small group of six 96th Medical Group Airmen, weapons in hand, slowly made their way through an abandoned neighborhood. They spot someone injured lying in the street. Their medic training takes over and they sprint to help. As they reach the casualty, they are peppered with gun

fire from seemingly all directions. What does the team do now?

That moment was a key to the four-day Tactical Combat Casualty Care training 96th MDG Airmen completed Nov. 14-17. More than 24 non-medical Airmen took on the training that culminated in an adrenaline-fueled fire fight, casualty-care and extraction scenario that pushed

the Airmen to their limits.

The goal of the TCCC Course, a three-year training requirement for medical personnel, is to teach life-saving techniques for providing the best trauma care on the battlefield.

“We must make sure we take care of our warfighters downrange. The battlefield is changing, and we may

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• Training (Continued from front page)

have to hold on to our patients in the field longer, so we've got to be able to provide that care," said Lt. Col. Elizabeth Shockey, 96th MDG education and training flight commander.

To add more reality, the Airmen were tagged with paintballs to simulate live-fire, as gunfire and explosion sounds boomed from all around. They also encountered human and high-fidelity manikins as the simulated injured victims during the exercise. The manikins talk, simulate breathing, the pupils dilate, squirt blood, and even scream.

The TCCC Course has four levels of training based on the various job specialties within a unit from all-service member to combat paramedic/provider. The Nov. 14-17 course was Tier 2, Combat Lifesaver.

Many of the Airmen who completed the course were non-medical Airmen, but were assigned to the 96th MDG, including a few in leadership roles. The group's commander, deputy com-

mander and senior enlisted advisor were among the Airmen taking fire and applying tourniquets.

"We worked side-by-side as team members to learn and perform the skills necessary to save lives, said Col. Greg Coleman, 96th MDG commander. "Our leadership roles were secondary to our responsibility to be team members because teamwork allowed us to complete the training successfully."

For Chief Master Sgt. Marcus Washington, he said he relished the opportunity to get his hands dirty with his Airmen.

The TCCC training was a rare treat as I had the ability to step back and let my Airmen lead me, and they were truly up to the task, said Washington.

"As we continuously stomp our foot imparting the importance of "ready medics", this training, from the cadre to the students, gives me a good feeling about the future of our force."



U.S. Air Force photo/Samuel King Jr.

Senior Airman William Jones, 96th Medical Group, takes a paintball direct hit to the face mask during a live-fire scenario of Tactical Combat Casualty Care training Nov. 17 at Eglin Air Force Base, Fla. The week-long, required medical course culminated in a fire fight, casualty care and extraction scenario where Airmen applied what they learned in the classroom to hands-on combat training.

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Above: Capt. Kaitlin Lichty, 96th Medical Group, calls for help with a simulated victim during a scenario.

U.S. Air Force photos/
Samuel King Jr.

Left: Airmen from the 96th Medical Group carry a simulated victim toward an extraction point during a scenario.

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BAMC ranks among top surgical care hospitals nationally

By Lori Newman

Brooke Army Medical Center Public Affairs

JOINT BASE SAN ANTONIO-FORT SAM HOUSTON, TX – Brooke Army Medical Center was recognized by the American College of Surgeons National Surgical Quality Improvement Program for achieving meritorious outcomes for surgical patient care in 2021, ranking the hospital among the top 10 percent of participating hospitals for surgical care.

Out of the 607 ACS NSQIP-eligible hospitals, BAMC was one of 40 hospitals recognized on both the “All Cases” and “High Risk” lists and is one of three military treatment facilities that received the Meritorious Hospital recognition.

“This is BAMC’s fourth year in a row for this recognition, demonstrating once again that BAMC is among the top tier of surgical hospitals in the United States,” said U.S. Army Brig. Gen. Deydre Teyhen, BAMC commanding general. “BAMC is committed to providing our patients the best quality surgical care and these results exemplify that commitment.”

As a participant in ACS NSQIP, BAMC is required to track the outcomes of inpatient and outpatient surgical procedures and collect data that directs patient safety and the quality of surgical care improvements.

Each composite score was determined through a different weighted formula combining eight outcomes. The outcome performances related to patient management were in the following clinical



U.S. Army photo by Jason W. Edwards
Air Force Capt. (Dr.) Cynthia Sacco, OB/GYN chief resident, assists Army Col. (Dr.) Caela Miller, Department of OB/GYN deputy chief, with a robotic hysterectomy for cervical dysplasia at Brooke Army Medical Center, Fort Sam Houston, Texas, Feb. 2, 2022. Cervical dysplasia is the abnormal growth of cells on the surface of the cervix and could lead to cancer if left untreated.

areas: mortality, unplanned intubation, prolonged ventilator use, renal failure, cardiac incidents including cardiac arrest and myocardial infarction; respiratory illness such as pneumonia; surgical site infections-superficial and deep incisional and organ-space; or urinary tract infection.

As a Level I Trauma Center, “BAMC provides more complex care to the nation

than any other military treatment facility and the recognition of excellence for ‘High-Risk’ category is a testament to the unique expertise and skill of our entire staff,” said U.S. Army Col. Wylan Peterson, deputy commander for surgical services.

Although only performance in calendar year 2021 was evaluated for the 2022 meritorious lists, a hospital must have

submitted at least one case in each of the calendar years of 2019, 2020, and 2021 to be eligible for consideration on either list. Of the 685 NSQIP hospitals participating in 2021, 607 met the three-year criteria to be eligible for meritorious consideration.

ACS NSQIP is the only nationally validated quality improvement program that measures and enhances the care of surgical patients. This program measures the actual surgical results 30 days post-operatively as well as risk adjusts patient characteristics to compensate for differences among patient populations and acuity levels.

The goal of ACS NSQIP is to reduce surgical morbidity, which is infection or illness related to a surgical procedure, and surgical mortality, which is death related to a surgical procedure, and to provide a firm foundation for surgeons to apply what is known as the “best scientific evidence” to the practice of surgery.

“We are very proud of this extraordinary accomplishment,” Teyhen said. “It is a demonstration of the ongoing commitment our entire staff has to provide safe, quality care for our patients.”

Peterson agreed. “It takes a combined effort of everyone from the front desk staff, housekeeping, nutrition, technicians, nursing, rehabilitation specialists and our outstanding physicians and surgeons to achieve meritorious outcomes in our patient care. I am grateful that their efforts are highlighted by this award,” he said.

Physicians perform first surgery with new robotics system

By Samuel King Jr.

96th Test Wing Public Affairs

Physicians with the 96th Medical Group completed the first robotic-assisted surgery here Nov. 2

Using the unit’s new DaVinci Robotics System, the team performed a successful hernia repair operation. The unit has plans to use the quad-armed robot for most general and even complex procedures in the future.

“This capability allows us to accomplish so much more for the patient and in a less invasive manner,” said Maj. (Dr.) George Fulghum, the 96th MDS medical director of general surgery.

During the surgical procedure the robot is placed above the patient and the arms, which have interchangeable tools on them to perform different tasks, are moved into position. The doctor makes the required patient incisions manually. Then the arms are inserted into the body. The physicians sit approximately five feet away in the system console where they can view the inside of the body via the robot’s 3D cameras and manipulate the arms with hand and foot controls.

Some of the benefits the robot provides are better vision, precision and ergonomics for the physicians. The smaller robotic hands provide much

more dexterity in a smaller opening within the patient compared to performing the same function manually. This provides a less invasive incision on the body during the surgery. This has the potential for minimized patient pain and length of hospital stay, according to Fulghum.

Hospital physicians can already use the robot to perform general surgical procedures on the colon, gall bladder, hernias among others. They plan move on to more complex surgeries like the hiatal hernia repairs, thoracic, and urologic procedures like prostate, bladder, kidney and adrenal operations in the coming months.

Many of the physicians and support staff have extensive training in robotic-assisted surgery through courses, simulations, and residences. They are now able to use that training here. Also, with the robotic system at the hospital now, new Airmen, medics and staff can begin training in-house.



U.S. Air Force photo/Samuel King Jr.

A medical staffer slides in a new tool sleeve into the 96th Medical Group’s new surgical robot Nov. 1 at Eglin Air Force Base, Fla. The quad-armed robot completed its first procedure Nov. 2. The robot will be used for most general and even more complex procedures in the future.

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KEEN SWORD 23

Navy Bureau of Medicine and Surgery all-in for exercise

By Grady Fontana
Naval Medical Forces Pacific

While elements of Naval Medical Forces Pacific (NMFP) deployed to Okinawa prefecture, Japan, and participated in exercise Keen Sword 23 (KS23), Nov. 10-19, the Navy Bureau of Medicine and Surgery (BUMED) took a whole Navy Medicine approach in the medical planning and set the conditions that enabled major involvement in support of KS23.

“This exercise shows the power of Navy Medicine as part of an integrated Naval combat capability,” said Rear Adm. Darin K. Via, deputy surgeon general of the Navy and deputy chief, BUMED. “There was operational planning and coordination across the Navy-Marine Corps team and at all levels across One Navy Medicine. This exercise lets us better evaluate how we deploy and run an expeditionary medical facility (EMF) in support of major combat operations. It was a successful test of how our units can organize, train and equip forces for force employment by the combatant commands.”

Keen Sword 23 is a biennial, Chairman of the Joint Chiefs of Staff-directed, U.S. Indo-Pacific Command-scheduled, and U.S. Pacific Fleet-sponsored field training exercise (FTX). The joint/bilateral FTX runs through Nov. 19. KS23 is designed to enhance Japan-U.S. combat readiness and interoperability while strengthening bilateral relationships and demonstrating U.S. resolve to support the security interests of allies and partners in the region.

In KS23, Navy Medicine exercised the employment of expeditionary hospitalization on the First Island

Chain with bilateral engagement with the Japan Ground Self-Defense Force (JGSDF). The First Island Chain refers to the first chain of major Pacific archipelagos out from the East Asian continental mainland coast.

U.S. Indo-Pacific Command requested Navy Medicine provide an EMF and supporting elements to meet capability gaps in the First Island Chain, with EMF capability to receive, triage, treat, and process casualties in a mass casualty event.

BUMED provided a small headquarters element from NMFP, out of Naval Base San Diego, and EMF 150-Alpha, out of Camp Pendleton, Calif., to support medical-related exercise scenarios at Camp Foster, Marine Corps Base S.D. Butler, Okinawa prefecture, Japan.

To facilitate planning, BUMED flexed its recent organizational restructure that closely aligns functions with

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Courtesy photo/Released
Hospital Corpsman 3rd Class Juan Lopez, Expeditionary Medical Facility 150-Alpha (EMF150-A), out of Camp Pendleton, California, evaluates simulated casualty Hospital Corpsman 3rd Class Louis Grass, EMF 150-A, in the EMF at Camp Foster, Marine Corps Base S.D. Butler, Okinawa prefecture, Japan, during exercise Keen Sword 23, Nov. 15. Keen Sword is a joint, bilateral, biennial field-training exercise involving U.S. military and Japan Self-Defense Force personnel, designed to increase combat readiness and interoperability and strengthen the ironclad Japan-U.S. alliance.



Naval Medical Forces Pacific team participates in event

By Grady Fontana
Naval Medical Forces Pacific

Elements of Naval Medical Forces Pacific (NMFP) recently travelled to Okinawa prefecture, Japan, and began participation in exercise Keen Sword 23 (KS23), Nov. 12.

Keen Sword 23 is a biennial, Chairman of the Joint Chiefs of Staff-directed, U.S. Indo-Pacific Command-scheduled, and U.S. Pacific Fleet-sponsored field training exercise (FTX). The joint/bilateral FTX runs through Nov. 20. KS23 is designed to enhance Japan-U.S. combat readiness and interoperability while strengthening bilateral relationships and demonstrating U.S. resolve to support the security interests of allies and partners in the region.

As a feature of this year's Keen Sword, NMFP deployed a small headquarters element from Naval Base San Diego, and Expeditionary Medical Facility (EMF) 150-Alpha, out of Camp Pendleton, Calif., to support medical-related exercise scenarios at Camp Foster, Marine Corps Base S.D. Butler.

During KS23, NMFP's command and control concept will test Navy Medicine's joint and bilateral integration with a Japan Ground Self Defense Force medical base in Okinawa, III Marine Expeditionary Force units, and other Navy units to refine interoperability with partners in the region.

“Keen Sword is a tremendous opportunity for our Navy Medicine team to exercise a new medical command and con-



Courtesy photo/Released
Elements of Naval Medical Forces Pacific (NMFP) recently travelled to Okinawa prefecture, Japan, and began participation in exercise Keen Sword 23 (KS23), Nov. 12. As a feature of this year's Keen Sword, NMFP deployed a small headquarters element from Naval Base San Diego, and Expeditionary Medical Facility (EMF) 150-Alpha, out of Camp Pendleton, Calif., to support medical-related exercise scenarios at Camp Foster, Marine Corps Base S.D. Butler. Keen Sword is a joint, bilateral, biennial field-training exercise involving U.S. military and Japan Self-Defense Force personnel, designed to increase combat readiness and interoperability and strengthen the ironclad Japan-U.S. alliance.

trol concept in support of the operational forces,” said Rear Adm. Guido F. Valdes, commander, NMFP. “Additionally, our deployed EMF in Keen Sword is a concrete example that we are a key component in providing deployable health services that enable strengthening alliances and partnerships.”

Expeditionary medical facilities are globally positioned to support combat operations, contingencies, and exercises worldwide. An EMF can be pre-positioned and lay dormant until called upon;

or deployed with a unit from a staging base.

Okinawa hosts a prepositioned facility, one of five, that can accommodate a deployed scalable EMF.

The EMF is a platform of Navy Medicine and has a three-part mission:

- Provide health-service support to military operations involved in medical stability as expeditionary advanced-based functional components.
- Deploy as part of the fleet commander's projection ashore to support geo-

graphical combatant commanders' theater plans policies.

- Provide medical capability ashore in situations where a sustained land campaign is envisioned for a Marine Expeditionary Force, or for limited contingencies involving naval forces.

Recently, EMF-150, as part of Commander, Task Force 75, deployed to Guam in 2020 and played an important role in the DoD's response to combat the

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



the threat is identified in time to deliver treatment, minimize damage and save lives.”

Air Force bioenvironmental engineers work alongside other Air Force agencies, like emergency management, to assist CBRNE detection.

“As bioenvironmental engineers, the core of our job is to ensure occupational and environmental health and safety in workspaces,” said Lt. Col. Steven Tang, Bioenvironmental Engineering Readiness Programs chief, Air Force Medical Readiness Agency. “Because of that expertise, we are skilled in CBRNE response.”

“We have been focusing our training on what we call ‘major conflict operation scenarios,’” said Lt. Col. Steven Tang, Bioenvironmental Engineering Readiness Programs chief, Air Force Medical Readiness Agency. “In the past, after 9/11, there was an increased focus on terroristic use of CBRNE weapons. Since then, we are looking at the potential

use in peer and near-peer conflicts, which could involve different kinds of hazards and different level of skills that we are incorporating in our training.”

In addition to advancing detection for new CBRNE threats, training is evolving to the changing operational environment.

“We are changing our concept of operations to match a new dynamic that a CBRNE threat could be anywhere,” said Smith. “While we have done great things in the theaters we are currently operating in, we have to consider how we operate in new environments. Treatment and recognition that could have been done at a higher echelon of care, now need to be done and planned for at all levels.”

The AFMS is also looking towards new technology to help its medics respond to changing threats, such as improved radiation detection systems and lab capabilities that allow medics to identify a wider range of threats even quicker.

“When it comes to future CBRNE events, we have to train to the potential that all of us will have to be CBRNE proficient to take care of ourselves, take care of others and to take care of the mission,” said Smith. “There is no assumption of safety in those scenarios and we all have to be prepared.”

U.S. Air Force photo/Staff Sgt. Noah J. Tancer
Maj. Keisha Wolfe, a pediatrician assigned to the 910th Medical Squadron, dons her M50 gas mask, Jan. 9, 2021, during a chemical, biological, radiological, nuclear and high-yield explosives defense course at Youngstown Air Reserve Station. Reserve Citizen Airmen are required to attend CBRNE training to remain consistent with the wing’s mission statement of, “Combat ready NOW... for tomorrow’s fight!”



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• Navy BUMED (Continued from page 4)

Navy operational commands. This included the creation of a Maritime Headquarter (MHQ) and Maritime Operations Center (MOC) at BUMED that better enabled the command to integrate into the U.S. Indo-Pacific Command planning process.

In addition to the NMFP's HQ element and EMF 150-A, Navy Medicine Readiness and Training Command (NMRTC) Okinawa and Yokosuka provided additional mass casualty scenario involvement.

With Navy Medicine units working in concert, the BUMED assets integrated with a JGSDF medical base at a Naha hospital in Okinawa, and executed mass casualty scenario assessment and response drills, receiving casualties from III Marine Expeditionary Forces aid stations and JGSDF dispensaries.

BUMED involvement in KS23 demonstrated a new laser focus on readiness and operational medicine—man, train and equip.

“As we pivot to embrace our new mission set and organizational structure, NMFP and all subordinate commands will continue to support the warfighter,” said Rear Adm. Guido F. Valdes, commander, NMFP. “We achieve this support by ensuring our operational platforms are optimally manned, trained, and equipped; the warfighter is physically and mentally ready to fight tonight; the installation and warfare commander are fully supported;

and we remain on the cutting edge of health and medical research to enhance deployment readiness of the Joint Forces.”

In the past, Navy Medicine played a large role in the execution of the military healthcare mission at military treatment facilities (MTF). In the National Defense Authorization Acts for Fiscal Years 2017 and 2019, Congress called for changes in the military health system (MHS), including the transfer of all MTFs to the Defense Health Agency by Sept. 30, 2021.

Navy Medicine participation in a large bilateral and joint exercise of this scale is a first since the recent MHS transformation.

“BUMED hasn't participated in an exercise like this, to this scale in a long time,” said Lt. Cmdr. Jefferson M. Moody, director of future plans, N55, and MHQ/MOC future operations director at BUMED. “KS-23 serves as an FTX environment for Navy Medicine force elements to maneuver with the joint force and bilateral partnerships and promote HSS (health services support) interoperability.”

Naval Medical Forces Pacific provides oversight for 10 NMRTCs, on the West Coast and Pacific Rim that man, train, and equip medical forces, primarily in military treatment facilities. NMFP also oversees eight research laboratories that deliver cutting edge health and medical research to enhance the deployment readiness and survivability of our Joint Forces.



Courtesy photo/Released
Members of Japan Ground Self Defense Force conduct medical training at Camp Foster, Marine Corps Base S.D. Butler, Okinawa prefecture, Japan, during exercise Keen Sword 23, Nov. 15. Keen Sword is a joint, bilateral, biennial field-training exercise involving U.S. military and Japan Self-Defense Force personnel, designed to increase combat readiness and interoperability and strengthen the ironclad Japan-U.S. alliance.



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• **Naval Medical** (Continued from page 4)

COVID-19 pandemic.

“In Keen Sword, EMF-150-Alpha will provide a forward-deployed theater hospitalization capability as requested by the Component/Combatant Commander in support of operational forces,” said Navy Capt. Elizabeth Smith, commanding officer, EMF 150-Alpha, which is part of Navy Medicine Readiness and Training Command (NMRTC) Camp Pendleton, NMFP. “EMF leaders participated early in the exercise planning process and refined the requirement to provide the lightest, leanest capability possible while still meeting the requirement and capacity to enable increased survivability for all U.S. and Allied partners.”

Military medical platforms are classified by the Military Health System roles of care to describe battlefield medical and health capabilities.

The military organizes health-service support capability across the theater of operations, communications zone, and home station to provide medical care from Roles 1-4.

Role-4 capability represents the most definitive medical care available, such as those provided by U.S. and overseas-based military medical treatment facilities.

The EMF is a Role-3 theater hospitalization capability, which includes everything from surgery, ancillary services, holding capabilities, and specialty services like neuro, urology, and even OB-GYN if the mission requires.

These assets usually act in a general support role to an entire theater vice a single unit.

Role-1 units are usually a direct support capability supporting their owning unit, while Role-2 units can function in a general support or direct support role.

“This exercise provides an opportunity to further operationalize Navy Medicine platforms under a new medical command and control concept to provide the right care, at the right time, under any conditions,” said Smith.

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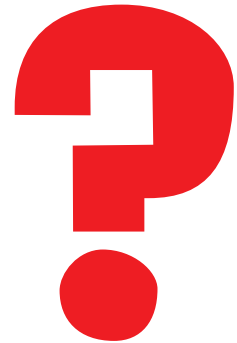
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Did you know...

- **The Department of Defense is the world's biggest employer.** With about 2.91 million employees, the U.S. DoD employs more people than any other organization in the world, with China's People's Liberation Army coming in second with about 1.5 million. The Army employs the most people out of any branch with the regular Army, Army National Guard, and Army Reserve collectively employing over a million personnel.
- **The Army is Responsible for creating Ray-Bans.** In order to help pilots in the U.S. Air Force block the rays of the sun and reduce nausea and headaches while flying, Lieutenant General John MacCready asked Bausch & Lomb to create special glasses for them to wear. The result, Ray-Bans!
- **The Department of Defense owns over 30 million acres of land.** Despite not being a land management entity at its core, the DoD is the third largest land managing agency. Military engineers develop a wide variety of civil service projects.
- **There have been only five 5-star generals.** The 5-star rank didn't exist until 1944, and it was retired in 1981 when Omar Bradley, the final recipient died. The most notable of these five men was former president Dwight D. Eisenhower. George Washington was formerly a five star general, but he was posthumously promoted to a 6-star general in 1976.



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