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Courtesy photo

Air Force Col. (Dr.) Dean Winslow stops for a photograph during his deployment in Baghdad in 2008.

‘From Bagram to Baghdad and back again’

Doctor shares experience in two wars

By Bernard Little

Walter Reed National Military Medical Center

After serving in the military for more than two decades in 2001, Dr. Dean Winslow was considering hanging up his uniform. After entering the Louisiana Air National Guard in 1980 as a general medical officer, he became a flight surgeon in 1983 and was a distinguished graduate of the U.S. Air Force School of Aerospace Medicine.

“9/11 happened, so I decided to stay onboard because flight surgeons were needed,” said Winslow, now a professor of medicine at Stanford University, as well as senior advisor to the Centers for Disease Control and Prevention (CDC) in Operation Allies Welcome, a federal effort to support and resettle vulnerable Afghans. He also serves as chief medical officer for Southwest Border Migrant Health Task Force.

Winslow was guest speaker during the Uniformed Services University and Walter Reed National Military Medical Center’s Department of Medicine Virtual Grand Rounds, virtually held Jan. 21. In his talk, Winslow discussed his service in Afghanistan and Iraq as part of a presentation he titled, “From Bagram Airfield to Baghdad and Back Again—A U.S. Military Doctor’s Experience in Two Wars.”

“I kind of thought the war would be over in a

See **DOCTOR**, Page 2

Fortitude and resilience: The journey of a Navy medical student

By Vivian Mason
Uniformed Services University



ENS Alexius Russell, USU photo

Commissioning day for ENS Alexius Russell, a dream 10+ years in the making.

Black History Month gives us the opportunity to reflect on African American contributions, achievements, and culture. In 1837, Dr. James McCune Smith became the first African American to earn a medical degree when he graduated from the University of Glasgow, Scotland. Later, in 1847, Dr. David Jones Peck was the first African American medical student to graduate from a U.S. medical school when he completed his studies at Rush Medical College, in Chicago.

These two pioneers in medicine pressed on through hardships and pitfalls to pave the way for other minorities to pursue medicine, for future medical students to forge their own accomplishments, and for minority youth to aspire to careers in healthcare.

Uniformed Services University (USU) students bring a richness of purpose, as well as personal and academic accomplishments. They possess strength of character, keen intellect, and a commitment to service and community. Through their personal stories, they are represented, acknowledged, and appreciated.

Navy Ensign Alexius Russell stands determined, steadfast, and motivated in making her dreams come true. Russell believes in not being defined by life’s circumstances and has fiercely embraced the inspiring words of poet Maya Angelou into her life path: “I can be changed by what happens to me. But I refuse to be reduced by it.” Russell, a first-year medical student at USU, is a tough, positive force, although things have never come easy for her.

Throughout her life, Russell experienced mental, physical, and emotional abuse, as well as homelessness, often resorting to sleeping in stalls or couch surfing. Despite barely being able to afford the bus fare to get to school, she persevered.

“My goal of becoming a physician has never changed,” Russell insists, “but the trajectory and the pathway have been altered multiple times.” She continues, “I’m very spiritual, and I believe God is there. Something always told me that this [pathway] was not my end and that things were

See **JOURNEY**, Page 4

INDEX

Day in the life: Labor and delivery nurse.....	page 3
New York soldiers represent Army Guard at competition.....	page 5
Career opportunities.....	pages 7-8

• Doctor

(Continued from front page)

year or two, and then I'll retire," Winslow said of his decision to remain in uniform following 9/11. "I ended up staying until 2015."

Immediately after the 9/11 attacks, Winslow took a military flight from his home in California to Dover Air Force Base in Delaware, which was already receiving casualties in its mortuary. He recalled what made him cry once he arrived at Dover, was a room where Class A uniforms were being readied for every one of the more than 150 service members killed at the Pentagon on 9/11.

From January to April 2003, Winslow served as a flight surgeon responsible for combat rescue operations from Tikrit to northern Iraq during the initial invasion. In 2006, he served as an ER physician and flight surgeon at the U.S. Air 447th EMEDS (combat hospital) in Baghdad, and in 2008, he returned to serve as hospital commander of the same unit during the

Iraq surge. He deployed to the Middle East six times from 2003 to 2011 as a flight surgeon supporting combat operations in Iraq and Afghanistan.

"The weapons that caused most of the injuries to coalition forces in both Afghanistan and Iraq, were improvised explosive devices (IEDs), small-arms fire, indirect fire (rockets and mortars), rocket-propelled grenades (RPGs), vehicle-borne IEDs, suicide-vest IEDs, and improvised rocket-assisted mortars," Winslow said.

"What we started to see in about 2005, were these horrible devices called EFPs, or explosive-formed penetrators," Winslow continued. "The basic technology was a rigid pipe or 155 millimeter artillery shell chocked full of homemade explosive or C-4, and fitted at the end with copper slug [disk]. With a regular IED, the blast energy would be diffused in all directions, but with an EFP, essentially all the energy is in one direction. So you have this molten slug of copper traveling at about 4,000 feet per second, so powerful that it could breach the armor of an Abrams tank. I saw horrific injuries, and often, sadly, fatalities from these devices. This is Iranian technology, and largely, Shia militia were the ones fielding these devices," he said.

"During my two tours at the EMEDs in Baghdad, I probably unzipped more than 300 body bags, and probably 200 of them were Americans killed by these horrible EFPs," Winslow added.

The retired colonel explained U.S. and coalition forces used various technology to try and prevent triggering the EFPs, and even attempting to trigger them before they could cause injuries and kill service members. "The thing was the bad guys figured out what we were doing," Winslow said.

Regarding lethality of war wounds among U.S. Soldiers, Winslow said about a third of Soldiers (Union Force) died of their wounds during the Civil War from 1861-1865. "In the Korean War (1950-1953) and Vietnam War (1961-1973), when we had helicopter medevac, the mortality rate was less than 25 percent," he added.

"For a lot of reasons, including surgical advances and trauma care, as well as a very disciplined [military medical] system, the mortality rate of combat injuries in the wars in Iraq and Afghanistan was less than 10 percent," Winslow continued.

He explained the disciplined military medical system includes battalion aide stations in the field, forward surgical teams, Level III hospitals and fixed medical continental U.S. mili-

tary treatment facilities. He added that the increased use of tourniquets during the wars in Iraq and Afghanistan also decreased the mortality rates when compared to those from previous U.S. conflicts. "Every single Soldier [during the Afghanistan and Iraq wars] had a combat application tourniquet (CAT) in their pocket, and they were trained to know how to apply it," said the doctor.

"There is life after the terrible injuries [of war]," Winslow added. He said what amazed him was the lack of bitterness service members injured in war possessed. "They were still looking forward to living productive lives."

"All of you are healers," said Winslow to the USU and WRNMMC students and staff. "Go forth and spread your light (of love, the most powerful force in the universe) to the world. Always support your people. That, to me, is the most important aspect of leadership."

He also encouraged them to take advantage of all of the experiences they have in and out of uniform.

"Don't worry about your career being linear. Some of the diversions you take in your life and career are better than anything you could have planned," Winslow concluded.

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Photo by Bernard Little, Walter Reed National Military Medical Center
Dr. Dean Winslow, a retired Air Force colonel and flight surgeon, shares a photograph of his team offloading a patient during one of his deployments in Afghanistan and Iraq. Winslow discussed his experiences as a U.S. military doctor who served in two wars during the Uniformed Services University and Walter Reed National Military Medical Center Department of Medicine virtual grand rounds Jan. 21.

Day in the life: Labor and delivery nurse

By R.J. Oriez

88th Air Base Wing Public Affairs

What's in a workday? Sometimes, it depends on who you ask.

Does it start at midnight—when Capt. Dahlia Garcia, 88th Inpatient Operations Squadron charge nurse, is halfway through her 12-hour shift in the Labor and Delivery Ward? Or does it start at 5 p.m.—when she wakes up to get ready for work?

When Garcia does get up, she hits the ground running. She arrives at Wright-Patterson Medical Center, a 20-minute commute, around 5:50 to start her shift at 6:15.

Garcia, a religious person, says the commute is an important part of her day.

"I worship on the way in. I have to, to get mentally ready," she said. "I'm listening to my worship music on the way into work. I say a prayer before I go into work. I say affirmations before I go into work...and, of course, pray for guidance and pray that I keep my patients safe and that I stay safe and that he fills me with the wisdom that I need for the day. I know that, at the end of the day, it's his will, but I still pray for guidance."

The first thing Garcia does when she arrives at the Labor and Delivery Ward on the hospital's second floor is to check in and see what's happening.

"Kind of just look at what the workflow is going to be for the day," she said. "And then, of course, I say hi to everybody, because that's just how I am."

After getting changed into her scrubs, Garcia meets her patients, if there are any, and goes over the plan of care with them. She tries to make a personal connection.

"We're in the medical field so it's got to be a little bit more personal," she said. "I don't want them to see Captain Garcia. I want them to see Dahlia."

She then goes back to the computer, reviews the patients' history, looks at the current situation and gets her assessments done getting organized for the shift.

"If I have a laboring mom, I'm going into her room quite often to make sure that everything's still going as planned," Garcia said. "I'm talking with the providers to make sure everything's still going as planned with them as well. We have monitors throughout the floor, where I have to constantly keep an eye on two patients, my mom and my baby, before the baby delivers."

Other nights, there might not be any laboring moms, or new mother and child. Those nights, Garcia can turn her attention to additional duties.

One is training and mentoring 2nd Lt. Marjorie Zuber, a new Air Force nurse, who is studying to work in labor and delivery.

"Oh, she's been great. I really learned a lot under her," Zuber said.

She went on to say that Garcia's empathy is what makes her good at

training.

"She's a really good mentor because she understands what it's like to be a new nurse," Zuber said. "Even though she's been doing this for such a long time, she's really good about being empathetic, like when I struggle doing certain tests, because I'm a new nurse, she'll always help me out."

Zuber said there is a saying she has heard while in training: Nurses eat their young.

"But it's been nothing like that here at Wright-Patterson," she added. "She's never let me totally flounder."

Garcia is also the 88th Medical Group's officer for Ready Reliable Care, a Defense Health Agency initiative that builds on existing work and best practices to drive better outcomes for patients, staff and the Military Health System.

"I am responsible for making sure Airmen at every level are promoting safety, improving the patient experience and ensuring every patient receives the highest-quality care," she said.

She is also her squadron's unit fitness assessment cell manager, overseeing the commander's physical training program and entering scores and exemptions into the system.

On quiet nights, when nobody is in labor and all her additional duties have been taken care of, Garcia turns to her schoolwork. She's a full-time student at Liberty University, working toward a dual master's degree online in business and nursing.

Her husband, Jerry, already has a business degree. She said she's pursuing one as part of their plan to open a nonprofit business after she retires.

A business doing what? They are not sure yet.

"We know we want to help people," Garcia said. "But we also want to honor God because God is a very, very, very well important part of both of our lives."

Many do not like working night shifts, particularly 12-hour stints in the winter that never see the sun. Garcia is not one of them.

"I actually prefer to work nights," she said. "I like it for a lot of reasons, mostly because I'm an introvert normally. It's a little less busy, not so much the workload but the traffic coming in and out. There's just a lot of people that come from different departments and things like that (during the day)."

The night shift is staffed with fewer people and she likes the autonomy that gives her. Nobody wants any problems with a birth, but when that happens and the outcome is good, the job is a reward in itself.

"I love just having to think quickly and react quickly with not as many people to help. And then looking back, seeing the outcome and, praise God, every time it's been a good outcome," Garcia said.

At 6:15 a.m., Garcia ends her shift and heads home to her husband and their



U.S. Air Force photos by R.J. Oriez

Capt. Dahlia Garcia, 88th Inpatient Operations Squadron charge nurse, is pictured Jan. 5, 2022, in one of the operating rooms at Wright-Patterson Medical Center's Labor and Delivery Ward.



Capt. Dahlia Garcia (left), 88th Inpatient Operations Squadron charge nurse, poses with Patience Mantor, Army Spc. Cody Wallace and their 1-day-old baby, Kalea, on Jan. 5, 2022, in the Wright-Patterson Medical Center Labor and Delivery Ward. Kalea was the base hospital's first baby of the year.

four Shih Tzu dogs.

To have any quality time with Jerry, she never gets eight straight hours of sleep.

"When I get home, I go to bed about 9 or 10 in the morning," Garcia said. "I wake up for a couple hours to spend time with my husband. ... That usually is anywhere from about 10 to 12, maybe 1 (p.m.), and then I go back to bed until about 5 p.m., wake up and get ready for my workday."

When they want to go to an event on one of her days off, she gets even less sleep.

"What I do is I flip my schedule," Garcia said. "So if my husband wants to go to a football game in the middle of

the day on a Sunday, which we just did, I'll wake up a little bit earlier. So I go to bed about 9 (a.m.), and wake up about noon. We'll head out, do whatever it is that we want to do, and then come back so I'll sleep during the night instead of sleeping during the day and sacrifice a little bit of sleep to do it."

But making sacrifices and taking care of people is all in a day's work.

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Military medical team provides support to civilians hospital in Yuma, Arizona

By Spc. Richard Barnes
Defense Department Support
to FEMA COVID-19

YUMA, AZ — As COVID cases continue to surge throughout the country, the Department of Defense has continued its efforts to deploy military medical teams in response to the rapid influx in coronavirus numbers.

At the request of the state of Arizona, in support of the Federal Emergency Management Agency, a team of U.S. Air Force medics consisting of nurses, medical technicians, and physicians has been deployed to Yuma, Arizona, where they are supporting the civilian hospital staff at Yuma Regional Medical Center.

“The main goal of our mission is to help alleviate the strain on the staff who are overworked due to patient census and staff shortages,” said U.S. Air Force Capt. Farran Adams, an acute care nurse assigned to the team in Yuma.

The military medical team arrived on Dec. 29th, in the middle of a busy holiday season. Integration within the hospital began the next day.

After receiving a brief introduction to the hospital’s staff and their protocols and day-to-day operations, the military personnel immediately began offering care to the COVID positive patients at Yuma Regional Medical Center.

“The [Yuma Regional Medical Center] staff has been very welcoming and really helped us integrate into their facility,” said Adams.

The Yuma military team is currently supporting two separate medical missions at the hospital. The first group is working side-by-side with hospital staff to assist in providing urgent care to patients who have tested positive for the coronavirus. The second group is offering monoclonal antibody treatment therapy to COVID positive patients at the hospital’s transitional care center.

“Before they can receive the treatment, the patients have to be screened,” said U.S. Air Force Staff Sgt. Bradley Gorman, a medical technician working at the transitional care center.

Anyone looking to receive the monoclonal antibody treatment therapy must have a positive COVID test without having been admitted to the hospital and must be 12 years of age or older.

“Once the patient has been screened, if they meet the criteria, then we go ahead and get them scheduled and get them in here,” said Gorman. “We infuse them, make sure there’s no adverse reactions, then we get them



U.S. Army photo by Spc. Richard Barnes
U.S. Air Force Capt. Farran Adams, a critical care nurse assigned to a medical augmentation team deployed to Yuma, Arizona, assists medical staff with moving a patient at Yuma Regional Medical Center in Yuma, Jan. 2. The U.S. Air Force Airmen are deployed in support of 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.

out of here and hopefully they’re feeling better after that.”

While one section of the team is offering this therapy to the citizens of Yuma, another is providing direct patient care to those who have been admitted to the hospital for coronavirus symptoms.

Direct patient care includes medication administration, assessing and monitoring the patient for any deterioration in their status, and implementing nursing interventions to that patient as appropriate.

“I am truly honored that I am able to use my skill set to care for the sick and mitigate the suffering of the citizens here of Yuma,” said Adams.

• Journey (Continued from front page)

going to get better.”

Over the years, Russell asked herself, “Why me?” Ultimately, however, she believes in taking ownership to fulfill her life and making her own dreams come true. As well as becoming a doctor, Russell would like to work within various communities and inspire children. She also wants to develop a nonprofit that will assist children with creating careers. “I know that I deserve more and I believe that I have to keep trying,” Russell says. “If you don’t try, you never know what you can achieve.”

Russell’s mother often reminds her that, at age 3, she talked about being a doctor. All through school, she was an honor student. She even started college at age 16 (via a state scholarship to earn an associate degree), but past that, Russell didn’t know how she was going to pay for medical school because of a lack of financial support. That, along with other family issues, pushed Russell in the direction of the U.S. Navy, wherein she enlisted at age 18 as an electrician.

“Even in that position,” Russell notes, “I still surrounded myself with medical mentors and continued to build the characteristics needed to be a successful future doctor. When I joined the Navy, I made a promise to myself that I would give back and help those in need. I volunteered in soup kitchens, helped the homeless, and worked with disabled children. I also worked very hard with my command to find volunteer opportunities where I could help individuals in need. Nothing was going to stop me.”

Russell was eventually deployed and didn’t get the chance to complete her college degree at Old Dominion University, so she earned her degree online. “I did what I could,” she recalls. “I started preparing myself to acquire whatever extra credentials I’d need to go to medical school.”

Continuing, Russell adds: “I owe the Navy a lot. They developed me into the person I am today and gave me the tools to be successful. I always wanted my medical career to be in the Navy.”

One day, she and a fellow Sailor were discussing their goals and aspirations. He told Russell about USU, but she did plenty of her own research as well. It wasn’t long before she applied to the Enlisted to Medical Degree Preparatory Program, or EMDP2. EMDP2, a two-year program offered by USU that allows promising enlisted service members interested in a career as a military physician a pathway to medical school while remaining on active duty.

Russell wasn’t accepted into the program the first time she applied. However, she did not let the rejection crush her spirit; instead she reached out to the EMDP2 program director and administrative officer for help improving her presentation packet. She was persistent in her desire to pursue her dream. Russell pressed on, made the adjustments, reapplied, and finally got her acceptance to EMDP2. After she completed the program, she was accepted into USU and four other medical schools.

However, with a beaming smile she maintains that USU was always her number one choice. “I’m ecstatic to be here, because all it takes sometimes is one ‘yes’ to change your life trajectory.”

Reflecting on her path to medical school, Russell adds, “It took me 10 years to get here. It’s been a long journey, and it’s still a long journey, but every day I’m grateful to be at USU. Medical school is hard and challenging. I take one day at a time and get one step closer every day. I’m big on celebrating small accomplishments because I believe that you can build and accomplish your goals brick by brick.”

Through all of these challenges, Russell managed levels of emotional closure. “That’s why I feel free to share my story. There are always other people who may be dealing with some of the same issues, and they may be lost. They may not know how to overcome these hard things because in the midst of a whirlwind, there’s a lot that can be overwhelming.”

She believes, “as time goes on, you can heal, especially when you start putting that energy toward becoming a better version of yourself. Then, life can begin to get a little easier.”

Russell puts a lot of time and effort into balancing her studies, coursework, clinical activities, and self-care, as well as adjusting to a new environment as a first-year student. “Many times,” she notes, “I’ve questioned if I belong here. But, more often than not, there are moments like today (doing great on a physical exam final) when I feel like I absolutely do belong!”

Today, Russell is president of the USU Student National Medical Association (SNMA). She’s also working on a panel series to support underrepresented minorities at USU wherein physicians and upper-classmen can give talks on various subjects of importance to those new students.

Russell also started a personal YouTube channel to assist minority individuals trying to navigate the medical school process. “I want to encourage other individuals who want to become doctors, but who don’t have the financial support, mentorship, or guidance to get where they need to be,” she maintains. “As I trek through this journey, I want to share the tools and tips that I’ve learned. It’s important to me to try and make their journey a little easier.”

Russell praises the opportunities that USU provides. “This university is a hidden gem that people don’t know about. There are so many things that underrepresented students aren’t aware of that could make getting to medical school a lot easier. I want to help with that.”

To conclude, Russell offers her wisdom. “If you have to look in the mirror every single day and say ‘I can do it, I can get through this module successfully, or I can pass this test,’ then that’s what you have to do. I believe that words are power. What you speak is what you believe, and what you believe is going to translate in your work ethic and into successful outcomes. Having that mentality will change your perspective.”

New York soldiers represent Army Guard at competition

By Eric Durr

New York National Guard

LATHAM, NY — Two New York Army National Guard medics from Syracuse, New York, assigned to the 2nd Battalion, 108th Infantry, were among 44 Soldiers competing to be the Army's best medics at Fort Hood, Texas, Jan. 24 to 28.

Staff Sgt. Dylan Delamarter, the Headquarters Company medical platoon sergeant, and Sgt. Ethan Hart, a medic in Delamarter's platoon, were the only National Guard Soldiers vying for the title during the Command Sgt. Major Jack L. Clark Best Medic competition.

They didn't win, but just being among the 21 two-Soldier teams to finish the Army Medical Command competition put them in a select category among the Army's 82,149 medical personnel, said Lt. Gen. R. Scott Dingle, the Surgeon General of the Army.

"What you have right here, out of that 82,000 plus Army medicine Soldiers, are the world's best medics," Dingle said during remarks at the award ceremony.

Delamarter and Hart, Team 8 during the competition, went up against teams from the Army's active duty divisions, medical commands and the Ranger Regiment.

It was physically and mentally demanding, the weather was rainy and cold, the ruck marches were long, the days were long, there was too little sleep and they felt like they fit right in, the two Guard Soldiers said.

"We were all in the same boat," Delamarter said. "You look to the left and the right of you, everybody was under the same amount of stress."

"Everybody there was super humble, whether they were coming from a special operations unit or any other unit in the Army," Hart said. "There was a good comradery."

The two wound up at Fort Hood because New York Army National Guard Command Sgt. Major David Piwowarski thought there should be a New York National Guard medic team in the Army competition.

The Army National Guard's Command Sgt. Major John Sampa, put out a call for an Army Guard team to compete in



U.S. Army photo by Spc. Bradley McKinley
U.S. Army Staff Sgt. Dylan Delamarter and Sgt. Ethan Hart, 2nd Battalion, 108th Infantry, 27th Infantry Brigade Combat Team, New York National Guard, transport a patient during the Army Best Medic Competition at Fort Hood, Texas, on Jan. 27. Twenty-two two-Soldier teams from all around the world traveled to Fort Hood, Texas to compete in the finals to be named the Army's Best Medic. Delamarter and Hart represented the Army National Guard.

the medic competition. This looked like a good chance for New York Soldiers, so he reached out to Command Sgt. Major Daniel Markle, the top enlisted leader in the 2nd Battalion, 108th Infantry for candidates, Piwowarski said.

To compete, candidates had to be either Expert Field Medic Badge or Combat Medic Badge qualified. "These two NCOs stepped up," Markle said.

Delamarter, who also serves as the Headquarters Company training noncommissioned officer at the 108th Infantry's Utica, New York armory, held the Combat Medic Badge from a 2012 Afghanistan deployment. Hart had recently earned the Expert Field Medic Badge in the fall during at Fort Drum.

Both men are in good shape, although Delamarter, at age 35, said he was older than most of the competitors.

Hart and Delamarter had two months to get ready for the competition. They focused on physical fitness. They live near enough to each other that they could work out at the same gym.

Hart, an amateur powerlifter who was training for a competition began working on his endurance.

"I would do some long distance runs and

some ruck marches and I would still be in the gym lifting," he said.

"Strength is never something that is going to count against you, as long as you can move," Hart added.

"We knew it was going to be a marathon rather than a sprint," Delamarter said. "We started doing more unorthodox things at the gym to build endurance."

Thinking marathon, not sprint, was the right strategy the two discovered when the event kicked off.

"It was very endurance heavy," Delamarter said. "As long as we could ruck and run—move patients from here to there—we were set up for success. It was just a matter of how long we could do it."

"It ended up being three and a half, almost four days, of beating up our bodies," he added.

While there were a lot of physical demands, there was also very little sleep, the two said. The most sleep they got was five hours one night, Delamarter said.

Competition events included a 13-mile march in the rain, M-4 rifle marksmanship, carrying simulated casualties using a two-man litter, and dragging a patient in a plastic "sked."

At the same time, the Soldiers were carrying rucksacks weighing 65 or so pounds.

They were also wet... a lot, the two said. It rained regularly during the competition. The 13-mile march carrying 65 pounds was done in the rain, so it was harder to move,

Hart said.

A challenge for him was the water combat survival event, Hart said.

Each team jumped into a pool in full combat gear, ditched the gear at the bottom of the pool, surfaced and swam to the aid of a casualty. While one teammate conducted cardiopulmonary resuscitation, the other had to swim back, and retrieve the equipment.

They were also expected to tread water in combat boots for five minutes and make a float from their gear to stay up in the water, Hart said.

"It was pretty rough," he recalled. "I didn't think I could be so close to death for so long."

Another task involved pulling a casualty out of a Bradley Fighting Vehicle and moving him to an evacuation point.

That task required caring for the badly wounded Soldier for four hours while waiting for the medevac, Delamarter said.

Just making it through the course was an accomplishment, said Markle, who got the chance to be at the competition as an observer.

The Soldiers covered 30 miles of walking and running in 72 hours. "It was pretty much non-stop," Markle said.

The Soldiers were also asked medical questions throughout the event, and had to be prepared for constantly changing tasks, Hart and Delamarter said.

The Soldiers were given a field operations order at the start of the three-and-a-half days of competition and then the mission kept changing, they said.

"Even in the middle of a lane, they would throw a wrench into our plan and change something," Delamarter said.

Despite the physical demands, lack of sleep, and being damp, getting the chance to compete was the best reward for being there, Hart and Delamarter said.

"It is not an opportunity that somebody gives you freely," Hart said. "It is a once in a career opportunity."

"I didn't want to miss the challenge. I wanted to see where I stack up against the rest of the Army," he added.



U.S. Army photo by Staff Sgt. Desmond Cassell

Delamarter and Hart perform critical medical tasks on a simulated patient during the prolonged casualty care component of the Army Best Medic Competition.

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Surgery access expands at Landstuhl Regional Medical Center

By Marcy Sanchez
Landstuhl Regional Medical Center

LANDSTUHL, Germany – Landstuhl Regional Medical Center (LRMC) recently increased access to care for surgical services to non-TRICARE Department of Defense ID Cardholders at LRMC.

The increased services affords civilian employees of the Department of Defense, Army and Air Force Exchange Services, Department of Defense Dependents Schools, and their eligible family members, the opportunity to receive high-quality and familiar care at the Military Treatment Facility.

Surgical clinics opening their doors include General Surgery, Plastic Surgery, Vascular Surgery, Orthopedics, Ophthalmology, Urology, Ear, Nose and Throat, and Neurosurgery. Patients interested in using LRMC for surgical care must have a referral by their physician or medical provider, including host nation providers. Self-referrals are only authorized for non-medical cosmetic surgeries.

Those interested in the service can call the LRMC TRICARE Office at DSN 590-4830/Commercial 06371-9464-4830 and select the option for Referral Management. Individuals who already have a referral from a host nation provider can email their referral to usarmy.landstuhl.medcom-rhc-e.list.lrmc-referral-management@mail.mil or bring the referral to the LRMC TRICARE Office in person in Bldg. 3744 (near the AAFES Gas Station) at LRMC. Referrals may be written in German or English.

The LRMC Referral Management team will coordinate with the appropriate clinic to determine if the required surgical capabilities are available at LRMC.

If the patients are not registered to receive care at LRMC yet, referral management will advise the patient to go to LRMC's Patient Administration Division to register. If an appointment or surgical service is not available at LRMC, then you will receive a call from the Referral Management Office.



U.S. Army photo by William Beach

A Landstuhl Regional Medical Center surgical staff member positions a minimally-invasive robotic surgical system during an operation at LRMC, Jan. 12, 2022. Landstuhl Regional Medical Center recently increased access to care for surgical services to non-TRICARE Department of Defense ID Cardholders at LRMC. The increased services affords civilian employees of the Department of Defense, Army and Air Force Exchange Services, Department of Defense Dependents Schools, and their eligible family members, the opportunity to receive high-quality and familiar care at the Military Treatment Facility.

Armed Services Blood Program urges donors to step up

By Claudia Sanchez-Bustamante
Military Health System

The Armed Services Blood Program says donations are down and is encouraging volunteers to step up and donate blood to replenish the supply.

“Blood supply is critically low across the nation,” not only for the ASBP, but for civilian organizations as well, said Army Col. Audra Taylor, the ASBP's division chief. The ASBP provides lifesaving blood products to service members, their families, retirees, and veterans worldwide.

“Historically, donations decrease in the holiday and winter months due to schedule changes, people taking leave, families going on vacation, weather conditions or illnesses impeding people from donating,” Taylor said.

“This year, it's all of those things in addition to COVID-19 restrictions and overall health and safety concerns for potential donors and ASBP blood donor center team members.”

Army Lt. Gen. (Dr.) Ronald Place, the Defense Health Agency's director, echoed the sentiments about the importance of blood donors and a steady resupply of blood products.

“Adequate blood supplies are a critical part of a ready medical force. Our medical providers must have everything they need to complete their mission, including blood. A donation can be done in as little as one hour and yield lifesaving blood products for surgical procedures, traumatic injuries, chronic illness, and cancer treatment,” Place said.

Blood is Vital Year-Round

“There is no substitute for blood,” said Taylor. “It's a critical tool in saving lives.” Administered to treat various conditions, blood products are essential for warfighters in combat operations and for emergency use wherever they are, Taylor added.

“It's also necessary to conduct surgeries at military



Photo by Thomas Cieslak

Navy Lieutenant Daniel Murrish, a Sailor serving aboard Naval Health Clinic Cherry Point, donates blood Monday, March 1, 2021 during a blood drive hosted by the Armed Services Blood Program. Hosted by the Armed Services Blood Program aboard Marine Combat Aviation Station Cherry Point, the blood drive collected over 28 pints of blood

hospitals and clinics,” she said. “It could be critical to the survival of a newborn baby. It could give treatment to those with blood-borne illnesses, with certain cancers, for burn victims.”

The ASBP ensures global military medical centers, hospitals and clinics have immediate and easy access to safe and viable blood and blood products. This includes whole blood, red blood cells, platelets, plasma, and transfusable components derived from them.

“But it's not possible for ASBP to fulfill its mission if not for our donors,” Taylor said.

In general, most people don't think about blood until it's needed, she added.

Additionally, blood products will expire if left on the shelf for too long. Some blood products are only viable for a few days or weeks. “It needs to be on the shelf

before the need arises,” Taylor said.

National Blood Donor Month

Military leaders and medical providers are very grateful for the many military community members who have participated in blood donor programs in recent years.

National Blood Donor Month was established in January 1969 to address blood shortages during the holiday and winter season and to thank donors who have supported the nation's blood supply throughout the year.

As the official provider of blood products to the U.S. armed forces and military community, the ASBP helps ensure mission readiness around the world.

“We focus on equipping the warfighter with the lifesaving blood and blood products they need on the battlefield as well as in military hospitals and clinics worldwide,” said Taylor.

This includes collecting, processing, storing, transporting, and distributing blood and products to ill or injured service members, their families, retirees, and veterans around the world.

Where Can you Donate?

ASBP blood donor centers are located throughout the United States and at locations around the world.

“We have over 20 donor centers, and many of them conduct mobile blood drives around their areas and sometimes in places further away on a regular basis,” Taylor explained.

“As the Defense Department's blood program, we are limited to collect at federally owned or leased properties only,” she said. “But we're thankful for the many bases, academies, centers, and more that help us make mission and sponsor regular blood drives.

Ready to donate? If you are able and eligible, find a blood drive or blood donor center near you at www.militarydonor.com.

Physicians

Mental Health



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For confidential consideration or more info, please contact:

Nick Huff, CPRP, CST, Provider Recruiter III

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The Department of Psychiatry and Health Behavior with the Medical College of Georgia (MCG) at Augusta University (AU) is seeking applications for Assistant and Associate Professors in General Psychiatry, Child and Adolescent Psychiatry, and General Psychology. As the state's only academic health sciences center, MCG at AU is in an exciting period of growth in fulfilling its mission of providing state-of-the-art patient care, education, and research.

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