

# MEDICAL NEWS

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## Wrap your mind around this

By Sgt. Connie Jones  
184th Sustainment Command

KUWAIT CITY— Soldiers with 452d Combat Support Hospital presented traumatic brain injuries detection devices during the Kuwaiti Grand Rounds (KGR) at Kuwait North Military Medical Complex. During KGR, held the last Thursday of every month, both military and civilian medical providers of Kuwait and the United States military come together to present medical lectures, have discussions, and perform demonstrations of equipment.

Sgt. Erin Yankey, an Army Reserve licensed practical nurse, presented the BrainScope One, an FDA-cleared medical device that uses EEG signals to determine whether the patient likely has a brain bleed and/or concussion.

“The BrainScope One is a new device that performs an EEG, and goes through a series of cognitive testing to help determine if a patient needs further neural imaging,” said Yankey, a registered nurse .

This tool would be particular helpful in a combat environment because it’s small enough to take and it assists medical teams determine the urgency of the needs of a patient who may have suffered a brain injury, said Yankey.

“In a forward environment, when you don’t have a CT readily available, this device could tell doctors whether their patient could be monitored for a longer period of time or if they need to evacuate them out for imaging sooner.”

Spc. Anne Veiman, a combat medic and

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(U.S. Army National Guard photo by Sgt. Connie Jones)  
Spc. Dawit Nerea, 452d Combat Support Hospital, volunteers for a demonstration of the BrainScope One January 3, 2019, at the Kuwait North Military Medical Complex in Al Jahra, Kuwait City, Kuwait.



(DoD photo by Leigh Cutbert)

Sgt. Dillon (left), Sgt. Truman (center), and Rear Adm. Bobbie (right), offer friendship and support to patients at Walter Reed National Military Medical Center. Sgt. Dillon and Sgt. Truman were trained by one of the organizations that receives grant funding by the Uniformed Services University’s Wounded Warrior Service Dog Program.

## USU Wounded Warrior Service Dog Program offers critical support for service members and veterans

By Sharon Holland  
Uniformed Services University

All eyes were on the yellow Labrador Retriever keeping watch over the flag-draped casket of former President George H.W. Bush in Houston, Texas, following his death Nov. 30. The bittersweet image of Sully H.W. Bush, the Lab, was posted on social media and news outlets, where millions of people around the world saw the dog lying beside his Commander-in-Chief -- his

last full measure of devotion.

Sully, named for “miracle on the Hudson” airline pilot Chesley B. “Sully” Sullenberger, III, was more than a sentinel. He was the President’s service dog, his faithful and constant companion who was at Bush’s side day and night to open and close doors, to keep him steady as he stood from his wheelchair, and to fetch things for the World War II Navy veteran. Bush, who was 94 years

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## • Program (Continued from front page)

old, had suffered from a form of Parkinson's disease, and Sully, who came to live with him in June, 2018, was with him until the end.

Sully was trained by America's VetDogs, based in Smithtown, Long Island, New York. The organization provides service dogs to first responders, veterans and active duty service members who need assistance. They are one of a number of canine training programs funded through the Uniformed Services University of the Health Sciences Wounded Warrior Service Dog Program.

Congress set aside \$1 million in 2015 for a competitive grant pilot program for nonprofit organizations -- outside of those already working at Walter Reed National Military Medical Center -- committed to connecting service dogs with service members and veterans.

"As our soldiers return home, we must ensure that we are doing everything we can to provide for the easiest transition back into civilian life," said the legislation sponsors, Congress members James

P. McGovern, Niki Tsongas, Walter B. Jones, and Gwen S. Moore, in a letter to then-Secretary of Defense Ash Carter. "Given that so many of our service men and women are returning home with both physical and mental health disabilities, it is critical that we continue to provide them with access to multiple treatment resources. Many nonprofit organizations who train service dogs are limited in their ability to connect service dogs with veterans and service members due to financial constraints. Providing adequate grant funding opportunities for these nonprofits and expanding efforts to research this important issue are critical to ensuring that we provide our service members and veterans with the care they deserve."

The \$1 million funding was designated to the Defense Health Program for its therapeutic service dog program, and ultimately sent to USU to establish the program intended to award competitive grants to these service dog provider organizations.

"Service dogs are helping to treat veterans with physical disabilities as well as individuals who suffer from post-traumatic stress. Assistance dogs help service men and women lead more independent lives, assisting with mobility and balance, retrieving and carrying objects, responding to sounds, getting help, and, providing social interaction and companionship. Trained dogs also offer many therapeutic benefits to soldiers and veterans with Post-Traumatic Stress by elevating their moods, building confidence, and reducing stress, all of which ease the transition back into civilian life," the Congressional sponsors wrote.

Congress has provided \$31 million for the program since its establishment. Since its first year, USU's Wounded Warrior Service Dog Program has given out more than 85 grant awards to organizations. The university will be issuing its fiscal



(Photo by Evan Sisley, Office of George H.W. Bush)

*The now famous photo of Sully H.W. Bush keeping watch over the casket of former President George H.W. Bush.*

year 2019 funding opportunity announcement for applications soon, and the grants will be awarded in the spring.

"USU's Wounded Warrior Service Dog Program supports service members and veterans throughout the country through continued learning, innovative training programs, and superior industry standards. The dedication of these nonprofit organizations to advancing these service dog programs and their commitment to our Soldiers, Sailors, Airmen and Marines continues to be demonstrated through their documented success stories. The story of Sully is an outstanding example of that commitment," said Melissa Beale, contracting officer and

chief of the Research Support Division in USU's Contracting Directorate, who has been involved with the Wounded Warrior Service Dog Program since its inception.

Sully's tour of duty with President Bush may have come to an end, but his service to our nation has not. In keeping with the wishes of the Bush family, Sully will join his America's VetDogs canine friends, Marine Sgt. Dillon, a black Lab, and Army Sgt. Truman, a chocolate English Lab, at Walter Reed National Military Medical Center after the holidays, where he will work with service members going through physical and occupational therapy, providing stress relief and comfort throughout the process.

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## • Mind (Continued from front page)



(U.S. Army National Guard photo by Sgt. Connie Jones)

*Spc. Anne Veiman, 452d Combat Support Hospital, demonstrates the capabilities of the InfraScanner Model 2000 handheld TBI detector on Col. Raed Altajalli, assistant director of Kuwait North Military Medical Complex in Al Jahra, Kuwait City, Kuwait.*

a civilian registered nurse, presented the InfraScanner Model 2000 handheld device, which gives providers a positive or negative report for concussions and other brain bleeding diagnosis.

The emergency room officer-in-charge for the 452d, and subject matter expert on both devices, Capt. Rodney Noe, said the device could be critical for a forward surgical team.

"In a deployment setting, it helps because it concerns the fighting strength. If a Soldier was on patrol and an IED went off and they were within the (blast) pressure wave, which can cause concussive injury or bleeding, the provider could use the scanner to evaluate and quickly determine if the Soldier needs further care or if they can be kept in the fight," he said.

The device is still being tested for wide military use.

"This device is still currently in the testing phase in the military. It's fielded to the Marine Corp and Battalion Aid Stations," Veiman said.



# Standards, rigor increased for Expert Field Medical Badge

By Tish Williamson  
U.S. Army Medical Department  
Center and School



(Photo By Jose Rodriguez)

**SGT Russel Tumaliun, 68W Combat Medic with the 566th Area Support Medical Company at Fort Hood, TX, straps a simulated casualty into a Kendrick Extraction Device (KED) at the Expert Field Medical Badge test event at Camp Bullis, Texas hosted by the 32d Medical Brigade.**



Joint Base San Antonio –The Army added heightened eligibility requirements for the Expert Field Medical Badge Competition to increase unit readiness and elevate medical capability within the operational force.

The EFMB Test Control Office (TCO) recently unveiled several enhancements to the EFMB testing standards in the latest U.S. Army Medical Department Center and School, Health Readiness Center of Excellence (AMEDDCS HRCoE) PAM 350-10. While the badge is intended for qualified Army medical personnel who demonstrate a high degree of professional skills, stamina, and proficiency in Soldier and Army Medicine tasks, other services medical personnel, including foreign services, can and have, competed to earn the EFMB.

The Office of the Surgeon General (OTSG) and the United States Army Medical Command (USAMEDCOM) remain the proponents for the EFMB testing standards despite the recent alignment of AMEDDC&S HRCoE under the Training and Doctrine Command (TRADOC).

Units who host the EFMB test support the professional development and career enhancement of those medical personnel who attain the coveted EFMB. The EFMB is a visible measurement of technical and tactical proficiency for medical professionals, much like the EIB is for Infantry personnel. An increase in EFMB holders not only benefits those individuals, but it also increases unit readiness and elevates the medical capability within the entire organization.

To better align EFMB testing criteria with the Expert Infantry Badge (EIB) and the Expert Soldier Badge (ESB), OTSG and the AMEDDC&S HRCoE Commanding General authorized the addition of several strenuous benchmarks candidates will need to satisfy to be eligible for testing. This alignment is in direct support of the Army's intent to increase the readiness and lethality of the operational force.

Updates to the AMEDDC&S PAM 350-10, signed by MG Patrick D. Sargent, Commander AMEDDC&S HRCoE and in effect starting March 2019, have a prerequisite for units to better screen Soldiers for proficiency in warrior tasks prior to being sent for EFMB testing. Under the new guidelines, candidates must now qualify expert with their individual weapon to be eligible to compete. The APFT is no longer a prerequisite but a day one tested event at an 80% standard. Other significant changes to the EFMB testing qualification include

updated land navigation testing requirements and more precision in the tactical combat casualty care tasks and subsequent written test.

The EFMB TCO generally requires units to announce their intent to host an EFMB test by September first, the year prior to their requested test date. However, with host unit enrollment down the last two Fiscal Years (FY), the TCO will review and accept as many test dates as their calendar can support. The TCO's role as managers of the EFMB Program is to be present for validation, standardization, and testing of all EFMB sites to ensure that they comply with and enforce the standards in the publication.

Captain Emily Burkhardt, Officer in Charge of the TCO, indicated that their goal is to have 16 to 20 sites host a testing event each year. So far, there are 12 units signed-up to host an EFMB in FY19. Burkhardt said, "With approximately only nine percent of the Army medical population being badge holders, we would like to see more units host these events to increase opportunities for Soldiers to test." Though hosting a testing event doesn't guarantee a drastic increase in EFMB holders since the average test pass rate is between 10 to 18 percent.

While Soldiers will review training tasks during EFMB test competitions, the primary responsibility for training and proficiency remains at the unit level. The EFMB test affords units the opportunity to test Soldiers in a simulated combat environment lane and validate the skills necessary to thrive on a multi-domain battlefield. Those who arrive to the test site already prepared will excel.

AMEDDC&S HRCoE Command Sergeant Major William "Buck" O'Neal said units who host an EFMB are taking care of Soldiers. "Training at the unit level to prepare for this heightened standard will enhance unit readiness and proficiency, and therefore Army readiness and lethality," said O'Neal. "There are few things more important than ensuring battlefield survivability through validation of medical training and warrior tasks in this manner," he continued.

Commands interested in hosting an EFMB test should contact the TCO to schedule validation. Units are encouraged to review the updated EFMB standards in advance of the March 1, 2019 effective date. For more information, visit the EFMB webpage at <http://www.cs.amedd.army.mil/efmb.aspx>.

**(Left) SGT Russel Tumaliun, 68W Combat Medic with the 566th Area Support Medical Company at Fort Hood, TX, straps a simulated casualty into a Kendrick Extraction Device (KED) at the Expert Field Medical Badge test event at Camp Bullis, Texas hosted by the 32d Medical Brigade.**

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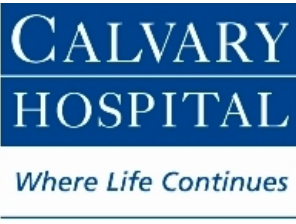
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To learn more, contact Cynthia Fiorito, Medical Staff Recruitment at **484-628-6737** or **Cynthia.Fiorito@towerhealth.org**.

