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Aeromedical evacuation knows no bounds

By Senior Airman Christian Conrad
60th Air Mobility Wing Public Affairs

TRAVIS AIR FORCE BASE, Calif. — “At any time during normal operations, Air Mobility Command can be called upon to support humanitarian and contingency operations around the world,” said Lt. Col. Michael Earl, 43rd Aeromedical Evacuation Squadron Detachment 1 director of operations at Travis AFB. “Training is how we respond with such effectiveness that the U.S. is known as the world’s first responders.”

The 43rd AES partnered with the 60th Medical Group Critical Care Air Transport Team from Travis AFB for an aeromedical evacuation readiness mission. The two teams tested their mission readiness by exercising their medical capabilities during a check flight Dec. 18, 2019 on a C-17 Globemaster III.

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(U.S. Air Force photo by Senior Airman Jonathon Carnell)
U.S. Air Force Capt. Amy Badillo, right, and Maj. Adrian Rodriguez, both 43rd Aeromedical Evacuation Squadron Detachment 1 flight nurses, check paperwork for a simulated patient Dec. 18, 2019, on a C-17 Globemaster III from Travis Air Force Base, California. The 43rd AES and the 60th Medical Group Critical Care Air Transport Team practiced their AE capabilities during their first integrated mission.



(Photo By Airman 1st Class Quion Lowe)

Capt. Bradley Brown, 311th Fighter Squadron flight surgeon, and Tech Sgt. Raquel Wilson, 311th FS independent duty medical technician, pose for a portrait, Nov. 8, 2019, on Holloman Air Force Base, N.M. Medical personnel work in-house and are trusted to keep the aircrew physically capable of carrying out the Holloman mission, producing operationally-ready aircrew.

Trust me, I’m a doctor

By Airman 1st Class Quion Lowe
49th Wing Public Affairs

Life is very fast paced for an aircrew member in the Air Force. Airmen must work quickly to all do their part in ensuring the mission is a success. These team members may be hesitant to reach out to a doctor at times, in fear of deterring critical operations. Regardless, it is important that Airmen are comfortable going to medical professionals to get the care they need.

For the 311th Fighter Squadron, medical personnel work ‘in-house,’ and are trusted to keep the aircrew physically capable of carrying out the Holloman mission; producing operationally-ready aircrew.

Capt. Bradly Brown, 311th FS flight surgeon, compared the care of fighter pilots to that of athletes because of the physical condition the pilots must remain in for their duties. Something as small as a common cold can stop pilots from completing mandatory flying hours, possibly stalling the graduation of a student pilot.

Although they are assigned to the 311th FS, the medical specialists are responsible for the care of all fliers.

Brown serves as the only flight doctor here, keeping all fliers healthy while maintaining an operational flying status for himself.

Tech. Sgt. Raquel Wilson, 311th FS independent

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“This is a tool that we use to keep constantly knife-edge ready to step to the jet at any point in time, to support the directives and requirements brought to us by our commanders,” Earl said. “We can go anywhere, at any time, to support anything.”

Routine training missions are held to the same standard as a real-life situation, said Staff Sgt. Brendon Bowman, 43rd AMS charge medical technician.

“CCATT is a specialized team consisting of three individuals: a critical care physician, a respiratory specialist and a critical care nurse,” said Maj. Faith Kelly, 60th Medical Group cardiologist and CCATT specialist. “We always travel with an AE crew to get patients from point A to B.”

Having a CCATT increases the complexity of patients who can be transported to a higher level of care, Kelly said.

“We do a lot of independent CCATT training, but the coordination with AE and how we can supplement each other on these training missions better prepares us for when we go downrange and transport patients,” Kelly said. “The teamwork aspect that goes into this is we train together as a unit. We are only as strong as our weakest unit and training is crucial so we can get a Soldier, Airman or contractor home without loss of life, limb or eyesight.”

Aeromedical evacuation training members are multi-platform qualified, which means they can fly on most Air Force aircraft to complete their mission.

“People get injured overseas and our job is to get them back,” Bowman said. “Effective travel and effective medical care is our passion and our profession.”



(U.S. Air Force photos by Senior Airman Jonathon Carnell)

U.S. Airmen assigned to the 60th Medical Group Critical Care Air Transport Team, discuss treatment on a simulated patient Dec. 18, 2019, on a C-17 Globemaster III from Travis Air Force Base, California. The 43rd Aeromedical Evacuation Squadron Detachment 1 from Pope Army Air Field, North Carolina, and the 60th CCATT practiced their AE capabilities during their first integrated mission.

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U.S. Airmen from the 43rd Aeromedical Evacuation Squadron Detachment 1 and 60th Medical Group Critical Care Air Transport Team, treat simulated patients Dec. 18, 2019, on a C-17 Globemaster III from Travis Air Force Base, California. The 43rd AES and the 60th CCATT practiced their AE capabilities during their first integrated mission.

• Doctor (Continued from front page)

duty medical technician, sees patients at the 49th Medical Group and ensures the health of the fighter squadrons' personnel.

Wilson said working as an IDMT in the fighter squadrons, she gets a more hands-on experience with the aircrew. She can see what could cause health risks first hand, as opposed to seeing clients at the 49th MDG, where she may not be as familiar with the Airman's work environment.

The medics in the fighter squadrons benefit from their close relationship with aircrew members, but balancing all the units they provide care to can be a challenge.

“The biggest thing for me is staying up to date on my calendar,” said Wilson. “Keeping track of the different schedules can be very challenging, and putting

appointments on my calendar and setting reminders has been invaluable to me.”

These Airmen have a multitude of responsibilities, but aircrew know their medical expertise is always available.

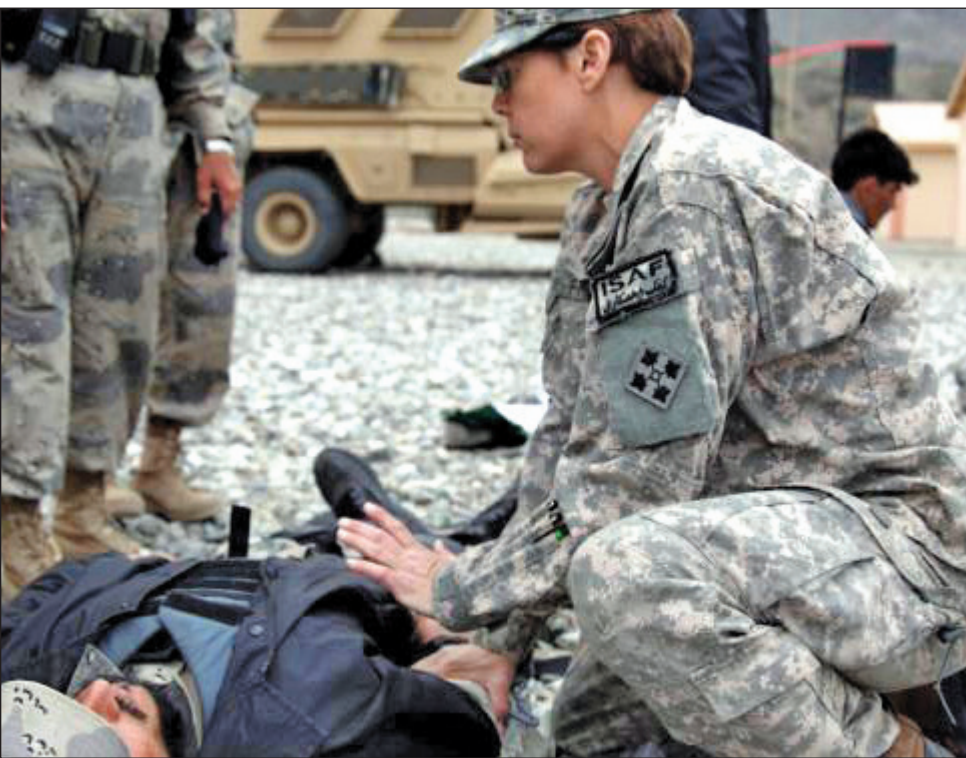
“We see them on a daily basis,” said Capt. Danielle Park, 311th FS director of staff. “Capt. Brown even flies with us. Having that one-on-one interaction with them and being able to see them both very often makes it more comfortable than going to see a random doctor.”

This level of comfort is vital, and eases the mind of the team members who are accountable for the pilots' health.

“It makes me feel good that they feel comfortable enough to trust me with any health issues, because it makes it a lot easier for me to do my job of ensuring the pilots are healthy enough for flight,” said Wilson.

U.S. Army combat medic saves airline passenger

By Russell Toof
Regional Health Command Europe



(Above) In a 2009 photo, then Sgt. Teresa Prupis conducts medical training for and with Afghan medics.

(Courtesy photos)

(Below) In a 2009 photo, then Sgt. Teresa Prupis conducts improvised tourniquet training to the local female populace in Afghanistan.



SEMBACH, Germany — In a real-life situation reminiscent of something from a movie, a U.S. Army combat medic used the skills she learned from a 17-year career to help an unconscious passenger on a Dec. 14 flight from Portugal to Germany.

“We were about 90 minutes from landing and the flight crew made an announcement that they were looking for a doctor onboard,” said Sgt. 1st Class Teresa Prupis. “Nobody stood up so I did.”

Prupis, a Regional Health Command Europe liaison officer to the U.S. Army Europe Office of the Command Surgeon, found a 24-year-old man passed out in his seat and covered in sweat. “I checked his airway, his breathing, his circulation and asked for what medical equipment they had onboard while my husband helped me get this man out of his seat and onto the floor.”

“I asked the flight attendant to get his legs elevated so more blood would circulate to his vital organs and I applied an oxygen mask,” said Prupis. “Eventually he came to, we got him back to his seat and I was able to ask questions through an off-duty airline employee who was able to translate for me.”

“At one point the captain asked if they



U.S. Army Sgt. 1st Class Teresa Prupis currently serves as a Regional Health Command Europe liaison officer to the U.S. Army Europe Office of the Command Surgeon.

needed to divert the flight and it was awkward for me because depending on what I said, that’s what was going to happen,” said Prupis. “I told the pilot we could land in Germany as scheduled.”

“We landed in Frankfurt and there was a medical staff and doctor waiting as soon as they opened the door to the plane,” she said. “The Germans knew English so I was able to explain to them what had been happening and what I did. The flight crew thanked me profusely once he was off the plane.”

Amazingly, this was not Prupis’ first time providing medical assistance on a flight. “My family says they don’t want to fly with me anymore,” said Prupis with a smile.

“I’m a person who believes your path is set forward. I’m just apparently in the right place at the right time. It’s a privilege and an honor to do medical care.”

Prupis joined the Army after Sept. 11. She was a police officer in North Carolina but chose to be a combat medic after seeing the care her father received while he battled with and passed away from cancer. “I was taken back by the care he received and the compassion,” she said. “I wanted to return that care to others.”

The combat medic specialist is primarily responsible for providing emergency medical treatment at the point of injury on the battlefield, limited primary care, and health protection and evacuation from a point of injury or illness.

“Being an Army combat medic is beyond rewarding and I have no regrets about picking this career field. I think the U.S. Army does such a great job training personnel and it’s an honor to assist anywhere.”

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BAMC welcomes first baby of new decade

By Daniel J. Calderón

Brooke Army Medical Center Public Affairs

Brooke Army Medical Center rang in the New Year by welcoming the hospital's first baby of 2020. The 7-pound, 9-ounce, 19.5-inch-long baby girl was born at 1 a.m. on Jan. 1.

Although BAMC's first baby did not win the city-wide baby race conducted by local San Antonio hospitals, the parents did receive a gift basket, which was presented by BAMC and 959th Medical Group leaders on Jan. 3

"On behalf of the BAMC Auxiliary and all of our BAMC staff, congratulations," said Brig. Gen. Wendy Harter, BAMC's commanding general, as she presented the gift basket.

New parents, Airman 1st Class Anna Tritley and her husband, Sean C. Tritley said they are thrilled to welcome baby Cora Noel into the world.

"This is our first baby and we're both very excited," he said. "She is our future and we are ready to take her home."

BAMC staff delivered 1,800 babies in 2019. In the Labor and Delivery and Mother/Baby wards, more than 100 active duty military and civilian personnel deliver care to hundreds of patients each month.

"We also have a robust GME (Graduate Medical Education) program for Obstetrics, Pediatrics, and



The Brooke Army Medical Center and 959th Medical Group command teams pose for a photo with Airman 1st Class Anna Tritley and her husband, Sean, Jan. 3, 2020 to congratulate them on the birth of their daughter, Cora Noel. The 7-pound, 9-ounce, 19.5-inch-long baby girl was BAMC's first baby of the new year, born at 1 a.m. on Jan. 1, 2020.

(U.S. Army Photo by Daniel J. Calderón)

Anesthesia," said Lawanda Clark, the chief nursing officer in charge for BAMC's Labor and Delivery ward.

Over the past year, Clark said they have been working with the Pediatrics Department to integrate donor breastmilk as a supplement for breastfeeding mothers. The introduction of the

supplement is meant to reduce the number of Neonatal Intensive Care Unit admissions and increase the rates of breastfeeding.

The units also serve as training platforms for new obstetrical nurses for the Air Force, Navy and Army Phase 2 students.

Sean Tritley said he and his wife are thankful for the gift from the BAMC Auxiliary and the visit from the commanding general.

"It's awesome and we appreciate the basket," he said. "It is pretty thrilling that our baby is BAMC's first baby of the year and of the decade."



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Army major recognized as Honorary Member of Korean Military Medical Association

By C.J. Lovelace

Army Medical Logistics Command

SEONGNAM, SOUTH KOREA – Maj. Mark G. Sander, deputy commanding officer at the U.S. Army Medical Materiel Center-Korea, was recently recognized as an Honorary Member of the Korean Military Medical Association.

Brig. Gen. Seog Woong, commanding general of the Republic of Korea Armed Forces Medical Command, presented the award during the association's 50th Military Medical Conference, a two-day event that concluded Nov. 7, 2019 at the Militopia Hotel and Conference Center in Seongnam.

Sander's recognition came as a result of countless hours of collaboration and efforts to promote the Republic of Korea and U.S. alliance, as well as his "continued contributions to the development of Korean Military Medicine."

However, Sander said the alliance between the two countries "has had a bigger impact on me than I will ever have on it."

"We at USAMMC-K are considered a habitual contributor at the joint and combined planning levels, supporting efforts to synchronize events, understand requirements and logistics capacity issues, as well as build in opportunities where we can achieve synergy in mutual support," he said.

USAMMC-K is a direct reporting unit under the Army Medical Logistics Command, headquartered at Fort Detrick, Md.

Sander said the award came as a "surprise," particularly considering the heavily clinical and scientific background of the association's leadership and overall subject matter.

"As a logistician, we thrive in both the theoretical and pragmatic, so we are able to forecast and sustain multiple potentials using available resources and reduce the risk to operations," he said. "But in that academically charged environment, I was definitely not well versed in the majority of their topics."

Sander was quick to share credit with



(Photo by C.J. Lovelace)

Maj. Mark Sander, deputy commanding officer of the U.S. Army Medical Materiel Center-Korea, shakes hands with Brig. Gen. BG Seog Woong, commanding general of the Republic of Korea Armed Forces Medical Command, after being recognized as an Honorary Member of the Korean Military Medical Association on Nov. 7, 2019 at Militopia Hotel and Conference Center in Seongnam.

USAMMC-K Commander Lt. Col. Marc R. Welde, whom he described as a "driven and resourceful leader."

"(Welde) spends what I consider the dominant amount of his limited time focused over the horizon, developing the vision of how we should be operating, as he should," Sander said. "I see it as my job, as the DCO, to activate that potential and see his vision meet reality."

It was a recent presentation on USAMMC-K's capability and operational concepts, in which Sander appeared on Welde's behalf, that "likely... earned the notice" of the Korean medical leaders, he said.

Sander has served as the DCO at USAMMC-K since June 2018. He called the role a rewarding experience.

"There are so many ways to serve in this role, that I could spend all my time and be just as busy even if I never once tried to represent us with our ROK partners," Sander said. "But it is so utterly rewarding to share experiences and be culturally savvy when the partners are as friendly as they are here."

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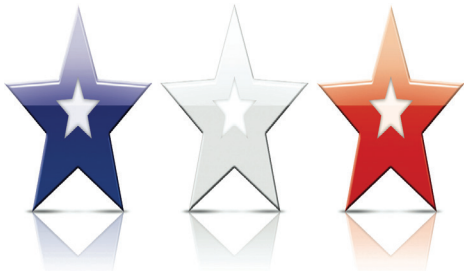
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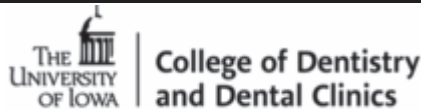
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Application materials should clearly indicate qualifications for advertised position.

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