

# MEDICAL NEWS

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## A living proof of Army history retires after 55 years of service

By Inkyeong Yun

549th Hospital Center/Brian D. Allgood Army Community Hospital

CAMP HUMPHREYS, SOUTH KOREA – “We call him ‘Uncle Sim’...”

Mr. Sim, Neung-Sup is a certified nursing assistant (CNA) with over half a century of successful work experience in nursing. He spent this time dedicating himself to serving U.S. troops in South Korea.

Mr. Sim joined the U.S. Army’s 121st Evacuation Hospital in Camp Market, Bupyeong, South Korea, back in 1967. After completing years of military service in the South Korean Army (ROKA), he sought a job that would help provide for his family and contribute to those serving to defend South Korea’s freedom. Mr. Sim found exactly that, working as a CNA for the primary military medical facility in U.S. Forces Korea. Throughout his time with the hospital he gained firsthand experiences and great memories serving with U.S. medical personnel and witnessed the growth of the organization.

Mr. Sim, Neung-Sup recently celebrated the finale of his 55 years of service during a retirement ceremony on Nov. 24, 2021. He worked most of his career at the Emergency Department where he experienced and contributed to the pinnacle of the U.S. Army Medical Department’s urgent care capability.

“I lived through many things and made so many memories while working in this organization... the names have changed many times...from the 121st Evacuation Hospital to the 121st General Hospital to the 121st Combat Support Hospital then to Brian Allgood Army Community Hospital in Yongsan, and now Brian D. Allgood Army Community Hospital in Camp Humphreys. However, what we do inside the hospital never changes; taking care of Soldiers and their families, which became my calling” said Sim.

“The most memorable thing throughout my career is undoubtedly the people; the Soldiers I had helped treat and care for when I worked at the Emergency Department...I am an eighty-year-old man now but somehow I still clearly remember those thankful faces leaving the

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(U.S. Air Force photo/Staff Sgt. Juliet Louden)

Col. Colleen Kelley, 910th Medical Squadron commander, shows her recently published book, “COVID SCHMOVID”, Aug. 8, 2021, at Youngstown Air Reserve Station. Kelley wrote the book as a light-hearted approach on how to stay healthy during the COVID-19 pandemic.

## COVID SCHMOVID!

Col. Colleen Kelley authors “A Primer for Survival”

By Staff Sgt. Juliet Louden  
910th Airlift Wing Public Affairs

Shift after shift, an emergency room doctor saw the worst of the COVID-19 pandemic, fighting to help keep her deathly-ill patients alive and watching the devastation it caused to so many families.

This doctor, despite the darkness surrounding her from the virus, decided to use this situation as an opportunity to take a light-hearted approach to help people stay healthy by writing a book.

Col. Colleen Kelley, 910th Medical Squadron commander, and author of “COVID SCHMOVID: A Primer for Survival”, was sitting in her office for another stressful and frustrating Zoom meeting with other doctors she works with at the Southwestern Vermont Medical Center in Bennington, Vermont.

As the meeting progressed, the tone was anything but light. Kelley interjected with a response that changed the course of the meeting.

“What we all just want to say is, ‘COVID schmov-id!’ Can’t we just be done with all of this?” exclaimed Kelley while leaning back in her chair and tossing her arms.

Kelley’s comment created a lighter feeling throughout the rest of the meeting.

“It was the first time in over an hour that anyone had smiled,” said Kelley. “And it showed me how deeply people were affected; families, children, friends, healthcare workers, military, everyone, all of us. To one degree or another, some of us a lot.”

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# • COVID SCHMOVID (Continued from front page)

Some of us have lost everything, some folks, even their lives.”

As the meeting continued, Kelley found a crumpled napkin on her desk and started to write. Twenty minutes later she had written a long poem with one stanza dedicated to each of the Centers for Disease Control and Prevention recommendations. Kelley then read the poem during the zoom call.

“After sharing this poem during the meeting and then reading it to co-workers, friends and family, they all said I should write a book,” said Kelley. “Finally inspired by confidence and based on their support, is how this book came to be.”

Kelley’s experience harkens back to a childhood moment that convinced her she wanted to be a doctor.

“I was riding my bike and my toe got stuck in the spokes,” laughed Kelley. “My grandfather helped me up and put a bandage on it, and it instantly made

me feel better. In my four-year-old mind, if that is what doctors do, that is what I want to do for the rest of my life. From that moment I knew I was going to be Dr. Kelley.”

Kelley keeps an old polaroid picture of herself on a little bike next to her grandfather that serves as a frequent reminder of her calling.

Helping people is a value that runs deep in Kelley’s family.

“My grandfather was a Navy surgeon at Pearl Harbor when it was attacked,” said Kelley. “He worked for 48 hours after the attack to save people. After World War II, he went on to become a psychiatrist and continued a life of helping people. I wanted to spend my life the same way.”

Both of Kelley’s roles as 910th Medical Squadron commander and an emergency room doctor allow her to help others.

“There was a little kid in the ER with a really cool mask,” Kelley said with a smile. “I read him part of the book. He was fascinated, and behind his eyes, you could see him smiling from ear to ear. His reaction gave me a sense of hope that we can get through this together.”

Not only is the book a way to help people through its content, but all the proceeds from the book are being donated to two local organizations in Kelley’s hometown in Vermont. She chose organizations that provide ser-

vices to people who are most likely to have been hardest hit by the COVID pandemic.

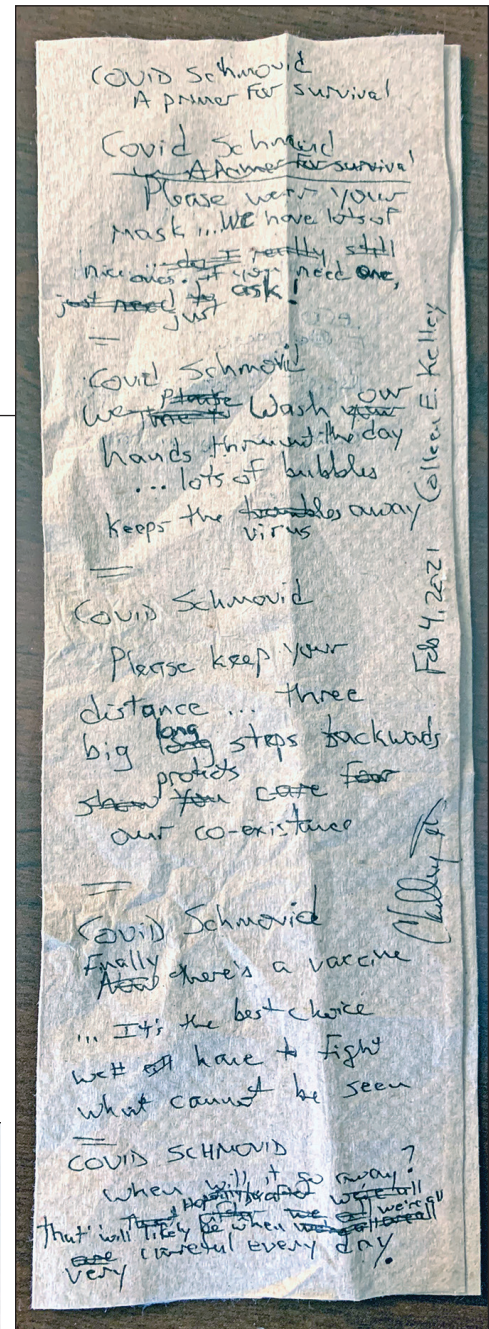
“This was an exciting project that I hope helps to lighten the frustration and fatigue that we all have experienced due to the COVID-19 pandemic,” said Kelley. “While doing what is needed to help keep ourselves and our families healthy, perhaps we can smile together while hoping for a better future for us all.”

(Courtesy photo)

**Right: A napkin shows the poem Col. Colleen Kelley, 910th Medical Squadron commander, wrote during a meeting with fellow doctors. She later turned the poem into an illustrated children’s book as a light-hearted approach to helping people navigate the pandemic.**

(U.S. Air Force photo/Staff Sgt. Juliet Louden)

**Below: Col. Colleen Kelley, 910th Medical Squadron commander, poses with her recently published book, “COVID SCHMOVID”, Aug. 8, 2021, in front of the 910th Medical Squadron building at Youngstown Air Reserve Station. Kelley wrote the book as a light-hearted approach on how to stay healthy during the COVID-19 pandemic.**



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# Optometry cares for Wyverns in the blink of an eye

By Senior Airman Brooke Moeder  
31st Fighter Wing Public Affairs

AVIANO AIR BASE, Italy – The human eye can distinguish approximately 10 million different colors and is made up of more than two million working parts. With that many functioning pieces, maintaining ocular health is imperative. Here at Aviano, the 31st Operational Medical Readiness Squadron Optometry Clinic has a dynamic team of four, who do just that.

The human eye is connected to the brain and body through several interconnected physiologic systems where many diseases can be found just by observing its ocular health.

“People think that the eyeball is somehow separate from the body but many things that are going on in the body show up in the eye,” said U.S. Air Force Maj. Craig Jensen, 31st OMRS optometrist. “Eye care providers many times are the ones who find them first. Heart problems, kidney problems, colon cancer, diabetes, melanoma, brain tumors among others can be found by looking at the health of the eye. The eyes truly are the window to the health of the rest of the body.”

Optometrists and ophthalmic technicians utilize a wide variety of equipment to perform a large spectrum of tasks to help visually check the health of the eye, along with issuing glasses and contacts prescriptions.

The Optometry Clinic cares for primarily active duty, but also sees dependents, retirees and their dependents. Approximately 30-40 patients are seen every day, and the optometrists and technicians spend approximately 20-40 minutes with each patient, depending on the type of appointment.

“As an ophthalmic technician, my



(U.S. Air Force photos by Senior Airman Brooke Moeder)

**U.S. Air Force Maj. Craig Jensen, 31st Operational Medical Readiness Squadron optometrist, checks the prescription of U.S. Air Force Staff Sgt. Dalton Aric, 31st Civil Engineer Squadron firefighter, using a phoropter at Aviano Air Base, Italy, Dec. 2, 2021. The 31st OMRS optometry office provides services such as contact lens appointments, refractive surgery evaluations, repair on military issued frames, ballistic eye wear and gas mask inserts.**

day-to-day is to screen patients in order to hand them off to the optometrists,” said Senior Airman Yadira Benzing, 31st OMRS optometry technician. “I’ll check distance visual acuity as well as near visual acuity. I also do [all preliminary testing to provide] a baseline reading for the doctor while they determine the prescription of the patient. I’ll also do intraocular pressures, which is that puff of air that everyone hates.”

The clinic takes walk-in exams for flightline driving color vision testing, baseline visual acuity for occupational

health, and issues military glasses and performs frame repairs. Specialty tests are also run to include using a fundus camera to photograph the interior surface of the eye. This color image of the eye documents the presence of disorders and monitors change over time.

If an individual has 20/20 vision, they are considered to have “normal” visual acuity. Although, people can have prescriptions that are much higher (better), or lower (worse) than 20/20 vision.

“The average eyesight is 20/20,” said Jensen. “Someone who is 20/30 means they are seeing at 20 feet what someone who’s “normal” (20/20) is seeing at 30 feet. You can have a 20/15 prescription which is even better than 20/20. If you can imagine perfect conditions within the eyes, the best capacity that it can make is 20/10, no better.”

The clinic also offers corneal refractive surgery evaluations to determine if an individual is eligible for corneal refractive surgery such as photorefractive keratectomy (PRK), Laser-assisted in situ keratomileusis (LASIK) and small incision lenticule extraction (SMILE). The clinic assesses if an individual meets the criteria during an annual eye exam.

“We do the pre and post operatives here,” said Jensen. “Our nearest surgical center is Landstuhl in Germany, it’s an Army site in partnership with Ramstein Air Base. I had PRK a couple years ago and it’s one of the better decisions I’ve ever made in my life. I highly recommend it to anyone that’s wanting to improve their quality of life.”

Active duty members are authorized two sets of glasses and a pair of gas



**U.S. Air Force Maj. Craig Jensen, 31st Operational Medical Readiness Squadron optometrist, looks through a magnifying glass at Aviano Air Base, Italy, Dec. 6, 2021. The clinic cares for primarily active duty, but also sees dependents and retirees. Approximately 15-20 patients are seen every day by each provider, and the eye care team spends approximately 30-40 minutes with each patient, depending on the type of appointment.**



**Airman 1st Class Eryk Szymanski, 31st Security Forces Squadron phase crew chief, puts contacts in at Aviano Air Base, Italy, Dec. 6, 2021. The optometry clinic provides contact lens prescriptions and medical contacts for individuals with an ocular disease, but they don’t provide or order normal contact lenses.**

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# Medics form teams in chaotic situations

By Sgt. 1st Class Clinton Wood  
88th Readiness Division

ROCHESTER, Minn. – A patient strapped to a wheeled litter carrier is rolled into an emergency room at Rochester Mayo Clinic’s Mayo Multidisciplinary Simulation Center here. The patient’s blood spurting from a simulated roadside bomb with a catastrophic leg injury. Soldiers begin the task of stopping the bleeding and saving his life.

As if this task performed by U.S. Army Reserve medical Soldiers wasn’t chaotic enough, it became more chaotic because they didn’t know each other.

This was the case for 49 Soldiers from 10 different units, five battalions, and three brigades who participated in the three-day training exercise at the MMSC Nov. 19-21, 2021. The 11,500 square-foot center is simulated as a combat support hospital in an austere environment. The exercise, which has been conducted at MMSC several times a year for more than a decade, challenges the Soldiers to improve their team competencies and communication skills in a variety of scenarios. These include an emergency room, operating room, and an intensive care unit.

The training, the first for Fiscal Year 22 and under COVID-19 restrictions, was led by the Medical Readiness Training Command with assistance from Clinic staff, the Regional Training Sites-Medical of Fort McCoy, Wis., and other supporting U.S. Army Reserve training personnel. The Soldiers also are taught the tools and tactics needed within the Team Strategies and Tools to Enhance Performance and Patient Safety (TeamSTEPP) makeup. TeamSTEPP is a factual program with buzzwords like hand-offs and close the loop, aimed at optimizing performance among teams of health care professionals, empowering them to respond quickly and effectively to spontaneous situations.

Col. Elizabeth Anderson, clinical operations, MRTTC, said the Soldiers worked together from the first day. “Building a new team is not easy to do, and these Soldiers did not hesitate to do the work required for a successful training event,” said Anderson, who has been involved in this exercise for eight years.

Command Sgt. Maj Patricia Van Drunen, 820th Hospital Center, 807th Medical Command (Deployment Support), who was observing the exercise for the first time, said the Soldiers’ communication improved throughout the day. “Everybody’s learning something from this situation which is a good takeaway,” she said. “Everybody sees value in what is happening here.”

TeamSTEPP, which the Army Medical Department ordered implemented across its command in May 2011, has five key principles and is based on team structure and four teachable-learnable skills: communication, leadership, situation monitoring, and mutual support.

Spc. Matthew Nelson, a combat medic or 68W with the 328th Combat Support Hospital, 139th Medical Brigade, 807th



(U.S. Army Reserve photos by Sgt. 1st Class Clinton Wood.)

**Left:** U.S. Army Reserve Capt. Reslen Dorman, 328th Combat Field Hospital, 820th Hospital Center, 807th Medical Command, (Deployment Support) based in Camp Parks, Calif., points to a patient’s shrapnel injury as she applies pressure to another wound during a three-day training mission at the Mayo Clinic Multidisciplinary Simulation Center (MMSC) in Rochester, Minn., Nov. 20, 2021. **Right:** U.S. Army Reserve Lt. Col. Andrew Stevens, left, 228th Combat Support Hospital, 176th Medical Brigade, and Lt. Col. Eli Ziv, 2nd Medical Brigade, 807th Medical Command (Deployment Support), operate on a “patient” wearing A Human Worn Partial Task Surgical Simulator, otherwise known as the “Cut Suit,” during the three-day training mission. Training at the MMSC provided a unique setting for U.S. Army Reserve Soldiers to advance their team efficiencies and communication, utilizing the tools and strategies essential within the Team Strategies and Tools to Enhance Performance and Patient Safety structure.

MC (DS) based in Salt Lake City, Utah, said one way the Soldiers became a team quickly was discussing their civilian jobs pre-exercise and determining their strengths in regards to the exercise. Nelson is a wound care technician at Intermountain Medical Center, Provo, Utah, and enrolled in the Emergency Medical Technician Certification course at Brigham Young University.

The Soldiers were evaluated by medical Observer Coach/Trainers in nine different areas: emergency medical technician, emergency room, operating room, intensive care unit, patient administration, radiology, pharmacy, laboratory, and the tactical operation center. There were 21 clinical scenarios. The OC/Ts not only observed the Soldiers, but they also could remotely manipulate several of the computer-controlled mannequins, including their blood flow and limb movements. One of the mannequins wore a Human Worn Partial Task Surgical Simulator or otherwise known as the “Cut Suit.” The latter is a “simulated live patient” suit that features breakable bones, interchangeable organs,

and variable blood flow. The repairable skin and organs can also be operated on.

The OCT’s capability of controlling the mannequins was not the only means of adding realism to the “patients.” The participants in the ER, OR, and ICU were monitored from a “crow’s nest” above the rooms behind two-way mirrors. A clinic simulation technician and OCT could team up to control a patient’s vital signs like blood pressure in each of the rooms. All activities in the scenarios also are video recorded. After each iteration, the Soldiers execute an after-action review where this footage is used for emphasis.

The exercise kicked off with “patients” being transferred from wheeled carriers to an ER with a variety of wounds, including roadside bomb injuries. The scenario was that these “patients” were being unloaded from a Medevac helicopter. To make this more realistic, audio of Medevac helicopters landing and departing was broadcast over the clinic’s public address system. The scenarios are based on actual injury reports.

“Over time, the scenarios and our

simulation setting have been adjusted to improve the realism for the Soldiers attending the training,” said Matthew Brenden, Mayo Clinic Public Affairs Senior Communications Specialist.

Nelson said this was the first time he was involved in a triage scenario. He said he learned how more important it was to transfer information, including “patients” vitals and required medications, from the arriving ambulances to the ER staff.

1st Lt Matthew Rogers, an Emergency Room Nurse or 66T based at the 1980th Forward Resuscitative Surgical Detachment, 807th MC (DS), Fresno, Calif., was in the ER.

Rogers, a former Marine sergeant and machine gunner with three combat deployments, said the exercise was invaluable. “Everybody can be the best what they do but if you are not communicating and working well as a team, it doesn’t matter,” said Rogers, who is a civilian emergency flight nurse.

Rogers pointed out that he was familiar



# NMCPHC provides joint forces OEHSA training



(U.S. Navy photos by Abraham Essenmacher/Released)

**Danny Brunick, an Industrial Hygienist with the Navy and Marine Corps Public Health Center, provides instruction on the operations of a deployable particulate sampler kit as part of a week-long training course at Portsmouth, VA. The occupational and environmental health site assessment course provided up-to-date practices and information which can be applied during forward deployed operations.**



**Dave Martin, the Science and Technology Advisor for the Expeditionary Platforms Department, provides instruction during an occupational and environmental health site assessment course at the Navy and Marine Corps Public Health Center in Portsmouth, Va.**

## • Teams (Continued from page 4)

with blunt trauma injuries from car accidents but not familiar with the large amputations created by “roadside bombs.”

Van Drunen pointed out that these Soldiers come from a vari-

ety of civilian medical professions and military medical training, including participating in this exercise before or being deployed downrange. She admitted that the center does not replace a combat

support hospital in a combat zone, but the Soldiers are learning how to decide the priority of patient’s injuries and this decision has to be made immediately.

And save lives.

### Courtesy story

*Navy and Marine Corps  
Public Health Center*

The Navy and Marine Corps Public Health Center’s (NMCPHC) Expeditionary Platforms Department (EXPLAT) of the Preventive Medicine Directorate hosted a joint service training course to service members from both the Navy and Army, with critical updates necessary for conducting occupational and environmental health site assessments. The week-long training took place in Portsmouth and provided specific procedures to identify and characterize occupational and environmental health threats.

Occupational and environmental health site assessment (OEHSA) is the key information organizing process and report that supports occupational and environmental health (OEH) risk and management of activities on military contingency locations. This recent course covered topics ranging in: Preliminary hazard assessment, site survey, sampling equipment and risk assessment in addition to other curriculum.

“Performing health risk assessments are very much a key tool needed to get critical information about risks that could affect our service members who are deployed,” says Dave Martin, the Science and Technology Advisor for the EXPLAT Department and course facilitator. “This is a step that also helps meet expeditionary surveillance requirements.”

NMCPHC’s preventive medicine directorate provides guidance and support for the force health protection of joint forces with preventive medicine assets. The rapid assessment of health threats in a theater of operations with the objective of either prevention or control can be a valuable first step.

“It’s important to ensure that all our service personnel who conduct site risk assessments receive training that is consistent, appropriate, timely and effective,” says Martin.

The course brought together preventive medicine technicians and officers from both the U.S. Navy and the Army, including Reservists. It also provided both classroom activities as well as hands-on practical application.

“Doing the practical application portion was the most valu-

able experience the realistic view of being down range and using knowledge we’re learning,” said Sgt. 1st Class Phillip Tally, a Preventive Medicine Senior Non-commissioned Officer assigned to Army Public Health Center, Aberdeen Proving Grounds. “I’ll be able to take these lessons back to my soldiers, so it increases their readiness to go to deployable units.”

Another portion of the course provided education in water sampling, utilizing a system known as Base Camp Water Systems Sampling & Analysis Plan, a recently developed tool for the updated multi-service OEHSA Tactics, Techniques, and Procedures.

“It’s an important tool that helps us map out the water system, which is great in helping us find locations to take samples and pin point potential contamination,” says Lt. Hilary Williams, an Environmental Health Officer assigned to NEPMU-6, located in Hawaii. “The kits are usually sent to us once we’re in the field, so practicing the techniques was very important and understanding the process helps greatly,” Williams added.

Lt. Williams said that also see the value in how it all allows them the ability to communicate better the risks to warfighters of any health hazards and guide mitigation efforts.

Because the course included members from the U.S. Army, it also allowed for education on how the two can work together going forward.

“I’ve enjoyed working along with the Navy Sailors, learning how they work individually and in units in an operational environment,” says Tally, “I would really like to see more joint training between these two services.”

The Navy and Marine Corps Public Health Center (NMCPHC) develops and shapes public health for the U.S. Navy and Marines Corps through health surveillance, epidemiology and analysis, disease and injury prevention, and public health consultation. Learn more by going to [www.nmcphc.med.navy.mil](http://www.nmcphc.med.navy.mil). Follow NMCPHC on social media at [www.facebook.com/NavyAndMarineCorpsPublicHealthCenter](http://www.facebook.com/NavyAndMarineCorpsPublicHealthCenter), [twitter.com/nmcphc](https://twitter.com/nmcphc) and [www.instagram.com/nmcphc](https://www.instagram.com/nmcphc)



## • Optometry (Continued from page 3)

mask inserts every 12 months. One pair is a standard issue frame, like the ones at basic training and the second pair is the ‘frame of choice’.

The clinic provides contact lens prescriptions and medical contacts for individuals with an ocular disease, but they don’t provide or order normal contact lenses. The optometrist can fit an individual’s contact lens to their eye in order to finalize their prescription.

“Unfortunately, TRICARE doesn’t actually cover the cost of contact lenses but we provide them with a contact lens prescription and then from there they are free to order online or through the BX [or anywhere else commercially],” said Benzing. “TRICARE does cover medical contact lenses so if someone needs a scleral lens for a different ocular disease, we can provide that and we’re actually working on getting the fitting processes available here at Aviano so that we can provide that instead of having to send people off base.”

Before Benzing attended tech school, she never knew eyes were so complex and emphasizes the importance of getting an annual eye exam.

“Your eyes are responsible for a lot,” said Benzing. “Getting to learn about the eye and the ocular structure and just what provides you vision gives you a bigger appreciation for your eyesight. I’ve become a bit of a stickler on getting your annual eye exam.”

Jensen said he thinks the eye is fascinating, but he loves getting to know the people behind the eye.

“My favorite part is getting to know each person’s story,” said Jensen. “Each person has depth to them and I love the people part of it. I hope that I can make an impact on them in what I do.”



(U.S. Air Force photos by Senior Airman Brooke Moeder)

**Above:** *Dr. Luz Amaro-Quireza, 31st Operational Medical Readiness Squadron optometrist, performs a slit lamp examination for Airman 1st Class Eryk Szymanski, 31st Security Forces Squadron phase crew chief, at Aviano Air Base, Italy, Dec. 6, 2021. The slit lamp is used to check the anatomy and health of an eye and optic nerve.*



**Left:** *Senior Airman Yadira Benzing, 31st Operational Medical Readiness Squadron ophthalmic journeyman, reaches for a pair of glasses at Aviano Air Base, Italy, Dec. 6, 2021. Active duty members are authorized two sets of glasses and a pair of gas mask inserts every 12 months. One pair is a standard issue frame, like the ones at basic training and the second pair is the ‘frame of choice.’*

## • Retire (Continued from front page)

hospital after being taken care of.”

Sim also went on to share thoughts and memories of countless Soldiers and staff he had worked with side-by-side for almost 55 years; those who stood by him through tough times and the leaders who gave him a sense of inclusion to the organization.

“I have worked with countless young nurses throughout my career and their passion to take care of patients reminds me of the same young man I was. I started calling them ‘young man/woman’ and they started calling me ‘Uncle Sim’” said Mr. Sim smiling.

“I had the pleasure of working with ‘Uncle Sim’ the past six months I have been here. He is always quick to offer help and has treated us all as his family. I not only admire his compassionate heart for everyone around him but also his lifetime dedication and service to this hospital” shared Capt. Dan Quizio, a registered nurse working at Medical Surgical Unit.

While attending Mr. Sim’s retirement ceremony, the Hospital command team showed their respect and sincere gratitude for his dedication to the organization which is a sterling example of the strong and enduring ROK-US partnership since

the Korean War.

“Command Sergeant Major and I are truly in awe of Mr. Sim who dedicated his life to serving the Soldiers and their families of U.S. Forces in the Republic of Korea,” said Col. Huy Luu, the hospital commander.

“His service to the organization is such an inspiration to all of us and he will truly be missed by all of us.”

The command team presented a Civilian Service Commendation Medal and other awards to show appreciation to Mr. Sim during the ceremony. When asked, Uncle Sim shared his plan for life after retire-

ment.

“I will miss seeing everyone at work every morning as they have become part of my life. I will try to enjoy small things in life and learn how to exercise” shared Sim during his retirement ceremony.

Since the Korean War in 1950, the U.S. Army has provided medical care for U.S. Forces on the Korean Peninsula. Today this historical presence is continued with the 549th Hospital Center and BDAACH. The hospital at U.S. Army Garrison Camp Humphreys began full patient services on 15 November 2019 after relocating from U.S. Army Garrison-Yongsan.



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**Northern Light AR Gould Hospital** is in Presque Isle, Maine in Aroostook County, which is known for its beautiful lakes, rivers, and forests. When you're not enjoying year-round outdoor activities, you will be working with supportive colleagues in a modern facility that is well-integrated into a cutting-edge health care system. Northern Light AR Gould Hospital is a member of Northern Light Health, an integrated statewide health delivery system that is raising the bar with no-nonsense solutions that are leading the way to a healthier future for our state. Northern Light Health offers a broad range of providers and services, including nine hospitals, primary care and specialty physician practices, long-term care, home health and hospice agencies, and emergency ground and air transport.

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