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A military medicine first 10-year-old gets life-changing surgery

By Mackenzie Walsh
Tripler Army Medical Center

TRIPLER ARMY MEDICAL CENTER, Honolulu – In many ways, Mackenzie Boyll is an average 10-year-old. She enjoys running, riding horses, listening to music, and making art.

And on May 10, she was the recipient of the first-ever vertebral body tethering surgery in military medicine.

In March, Mackenzie was diagnosed with scoliosis, a condition characterized by a three-dimensional deformity of the spine, by her primary care provider at Branch Health Clinic Makalapa.

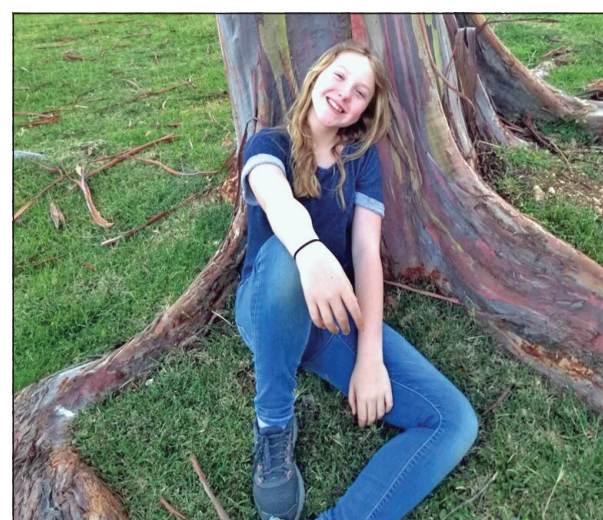
A week later, Mackenzie and her parents met with Lt. Col. (Dr.) Matthew Cage, an Adult and Pediatric Spine Surgeon at Tripler Army Medical Center, to discuss her treatment options.

Jenn Boyll, Mackenzie’s mother, also has scoliosis and is all too familiar with the challenges it presents.

“I have three daughters and know to regularly monitor their backs for signs of curvature. One day I was checking Mackenzie’s back and noticed a curvature so we went to see her primary care doctor,” said Jenn.

When Jenn was a child, her only option was a spinal fusion, a surgical procedure that fuses

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(Photo by Mackenzie Walsh, Tripler Army Medical Center)
Mackenzie Boyll, 10, receives the first vertebral body tether in military medicine.



(USACE photo)

Workers at Medgar Evers College in Brooklyn, New York. Front row (left to right): Victoria Kim, Donna Beck, Thomas French, Josie Arcurio, Rosalyn Marie Lampkin, Daisy Martin, and Rachel Jimenez. Back row (left to right): Patrick Tuohy, Frank Peterson, John Emmerson, and Jack Grialico.

COVID-19 Vaccine Mission: U.S. Army Corps of Engineer retirees go beyond call of duty

By JoAnne Castagna
Ed.D.

Retiree, Rosalyn Marie Lampkin used to work for the Los Angeles District of the U.S. Army Corps of Engineers. Today she spends her time taking care of the elderly. During the COVID-19 Pandemic, she has found this work especially challenging, but it hasn’t stopped her from continuing to help people.

She said, “I wanted them to live as normal a life as possible. Some were afraid to go grocery shopping, to go to the doctor, and a few of them worried about getting their medications delivered on time. One of my clients was very stressed about his life, and COVID-19 increased his stress level to the point he wanted to commit suicide. Fortunately, I got help for him, and to this day, he is doing well. When I told him, I would be helping residents in Brooklyn, New York get vaccinations, he was very supportive and told me never to stop helping people.”

Lampkin is one of many Army Corps retirees that volunteered - under the Army Corps’ Reemployed Annuitant Cadre Program - to work at Federal Emergency Management Agency Community COVID-19 Vaccination Centers across the nation to assist with vaccine distribution.

They’re helping the community every step of the way to get vaccinated - from greeting them at the door to making sure they get home safely. They’re also going beyond the call of duty. Following are the experiences of three of them who volunteered at a vaccination center set up at Medgar Evers College in Brooklyn, New York.

Josie Arcurio, Supervisory Emergency Management Specialist, Office of Response and Recovery, Field Operations Division, FEMA said, “This location in Brooklyn was at the heart of the type of community we wanted to reach. We wanted to reach those especially at high risk of COVID-19 exposure and infection. This

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• Surgery (Continued from front page)

two or more vertebrae into one bone. Fusion takes away some spinal flexibility and prevents the stretching of surrounding ligaments and muscles.

Vertebral body tethering (VBT) offers an alternative to fusion for patients who have scoliosis curves that are either too large to brace, as in Mackenzie's case, or have failed brace treatment.

Mackenzie's spinal curve was originally diagnosed at 47 degrees but aggressively increased to 55 degrees in just two months. She went through a period of rapid growth and the curve grew with her. "Left untreated, a curve this severe could lead to issues with cardiac and pulmonary function later in life, back pain and psychosocial issues", said Cage.

The VBT procedure entails placing screws along the spinal curve and placing a rope-like device, called a tether, alongside the vertebrae. When the tether is pulled taut, it can partially correct the deformity and guides the growth of the spine as the body grows.

"Mackenzie is the near-perfect candidate for VBT; with her relative skeletal immaturity and large-magnitude curve, her risk for progression is 100%," said Cage. "This procedure allows us to correct her spinal deformity while allowing the untethered side of the curve to continue to grow."

To assist with the surgery, Dr. Rolando Roberto, one of Cage's fellowship mentors from University of California-Davis Health and Shriners' Hospital for Children-Northern California, flew in from Sacramento. He has performed multiple tether surgeries on children and has extensive experience with anterior thoracoscopic spine surgery.

"Dr. Cage has been great, he's made sure Mackenzie's emotions are OK and that she is involved in the decision-making process," said Mackenzie's father, Air Force Master Sgt. Richard Boyll.

While most parents experience anxiety knowing their child will undergo surgery, the Boylls' minds were put at ease by Tripler's care team.

"Richard and I have both recently had surgery at Tripler and received a phenomenal level of care at every step of the way," said Jenn.

Following the procedure, Mackenzie spent three days in the hospital recovering. In six weeks, she should be able to swim and perform light exercise. In three months, doctors said, Mackenzie can return to full activity with no restrictions.

"I'll be taller, stronger, and faster," said Mackenzie when asked what she is most excited about after surgery.

While the long term benefits of the tether are currently unproven, it is the hope of patients and doctors alike that this procedure will result in a straight, flexible spine, allowing Mackenzie to continue an active healthy lifestyle.



(Photos by Mackenzie Walsh, Tripler Army Medical Center)

Lt. Col. (Dr.) Matthew Cage greets Dr. Rolando Roberto, one of his fellowship mentors from University of California-Davis Health System and Shriners' Hospital for Children-Northern California, who assisted with the VBT procedure.

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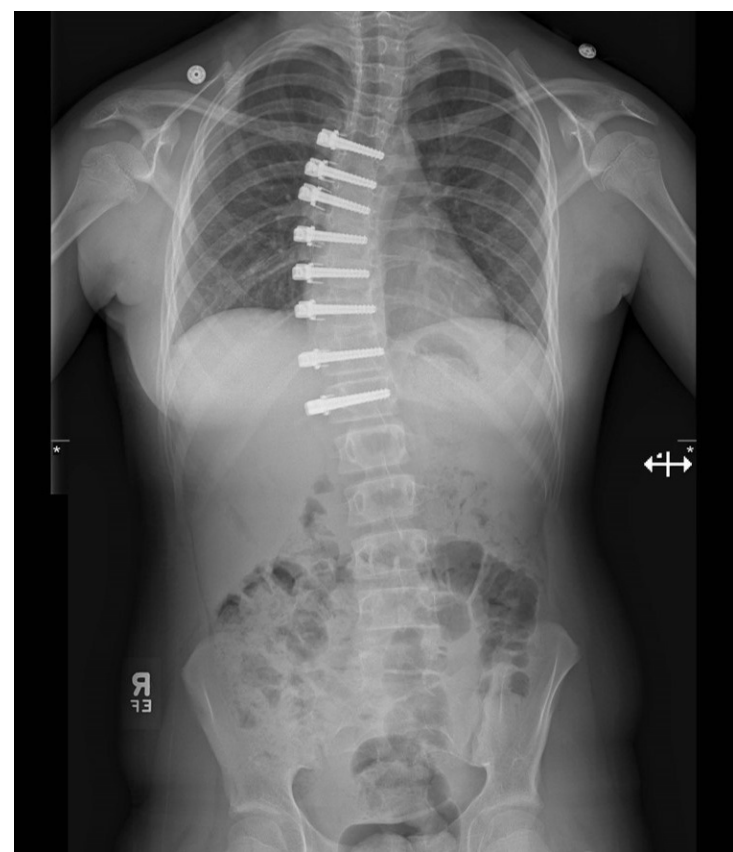
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Left: Pre-operative X-ray of spinal curvature in patient Boyll. Right: Post-operative X-ray of vertebral body tethering in same patient.

'The people and the mission': Retiring Air Force Surgeon General reflects on challenges, triumphs and growth

By **Shireen Bedi**
Air Force Medical Service

When Lt. Gen. Dorothy A. Hogg assumed the role of Air Force Surgeon General in 2018, she saw an opportunity to carve out a renewed readiness vision and foster a culture of innovation for the Air Force Medical Service.

After three years in the highest position in the AFMS, and more than 37 years of active duty service, Hogg retires June 4. Her tenure as Surgeon General was marked with the ongoing transformation of the Military Health System, the COVID-19 response, and the first Surgeon General responsible for the care of U.S. Space Force Guardians. Through it all, she has learned to embrace challenges as opportunities, to lean on her diverse leadership team when making tough decisions, to empower her medics, and strengthen their ability to support the mission.

Why did you join and why did you stay? Whenever someone has retired in the past, Hogg would often ask why they joined the Air Force and why they stayed. When asked those same questions, her response was not unlike many of her fellow Airmen.

Hogg joined the Air Force when her husband, who was an active duty Airman, had to move for his first assignment. Having graduated with a bachelor of science in nursing just three years prior, she did not want her husband's move to impact her nursing career – something many military families often have to deal with.

"I didn't finish college just to have to start from square one every time we had to move," said Hogg. "So, I figured I had nothing to lose by joining the military. I could get in, do my time, and leave if I didn't like it. Or, I could get in and stay."

When asked why she stayed, Hogg said it was the people and the mission that kept her in.

"One of my past Chiefs said, 'In the first four years, I was in the Air Force. After that, the Air Force was in me,'" said Hogg. "The people I have worked with are the best caliber of people I have ever had the opportunity to be around. And the mission is what makes it all worth it. We are in a lifesaving mission and in the national security mission. The opportunities I had would have never come my way had I been a civilian nurse. Every assignment, job, and place has been an absolute joy. Each experience taught me so much about myself and what it means to be an Air Force medic."

Challenges as opportunities

Hogg took the helm at a time when the AFMS was undergoing, and is still undergoing, significant changes. In addition to the transition of military treatment facilities to the Defense Health Agency, the AFMS is also taking on critical transformations to increase its focus on medical readiness.



(U.S. Air Force photo by Heide Couch)

U.S. Air Force Lt. Gen. Dorothy Hogg, Air Force Surgeon General, pauses during a tour through the Heart, Lung & Vascular Center, David Grant USAF Medical Center at Travis Air Force Base, California, Feb. 10, 2020. Hogg visited with 60th Medical Group Airmen and recognized the positive impact they have on their community through their innovative medical practices.

As the responsibility of delivering health care for all beneficiaries moves over to the DHA, Hogg directed a reexamination into the AFMS's own structure with an eye towards transitioning to an operational focus.

During her tenure, the Air Force Medical Reform Model was rolled out at 66 MTFs. Under this model, the MTFs were restructured into two squadrons. The Operational Medical Readiness Squadron focuses on Airmen and Guardian health. The Healthcare Operations Squadron focuses on the health of all other beneficiaries. In 2019, the Air Force Medical Readiness Agency stood up to oversee medical readiness programs, expeditionary medical capabilities, and readiness-related mission support requirements.

"The reason we have medics in uniform is to go to war. We exist so that our warfighters live and come home safely," said Hogg. "We not only keep our Airmen and Guardians mission-ready, we also ensure medics are ready to deliver care when deployed. Restructuring our medical squadrons and standing up the Air Force Medical Readiness Agency helped us put that readiness mission front and center of everything we do."

According to Hogg, this ongoing transition and transformation did not come without its challenges, but the significant progress that has been made, and the work that has been put in, is something she is proud of.

"When the National Defense Authorization Act came out and identified the changes they wanted the Military Health System to go through, we were initially unsure how it was all going to



U.S. Air Force Lt. Gen. Dorothy Hogg, Air Force Surgeon General, left, and Col. Beth Dion, 60th Inpatient Squadron commander, center, discuss operational readiness of the medical force during a visit to the central medical surgical unit, David Grant USAF Medical Center at Travis Air Force Base, California, Feb. 10, 2020. Hogg visited with 60th Medical Group Airmen and recognized the positive impact they have on their community through their innovative medical practices.

work," said Hogg. "Despite the many unanswered questions, our medics stepped up to the plate and ensured we could implement those changes effectively while addressing gaps and challenges along the way. Today, we have a better understanding of the changes taking place, which has brought on improved collaboration with DHA and our sister services to get us to that finish line."

More recently, Hogg's tenure as Surgeon General has also been significantly defined by the COVID-19 pandemic, which placed military medics on the frontlines like never before.

In early 2020, Hogg briefed Congress on evolving Air Force medical capabilities to meet new challenges. She testified at a time when the nation was just beginning to grapple with the potential severity of COVID-19.

Nearly 800 Air Force medics quickly deployed to overwhelmed civilian hospitals. They also collaborated with partners to rapidly develop and deploy the Negatively Pressurized Conex in July 2020 to safely transport infected patients while mitigating the spread of COVID-19 to aircrews. Since then, Airmen have successfully moved more than 370 COVID-19 patients. Air Force medics worked to ensure the Air Force and Space Force missions could continue safely by implementing vital protocols and guidelines to slow the spread while on the job.

"The COVID-19 battle was new for all of us," said Hogg. "It was an enemy we

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• Mission (Continued from front page)

community is one of the most diverse and socioeconomically challenged communities in the country.”

The volunteers worked side by side with personnel with many agencies including FEMA, the U.S. Air Force medical staff, U.S. Coast Guard, Department of Homeland Security, AmeriCorps NCCC, Federal Aviation Administration, New York State Health Department, and New York Project Hope.

The COVID-19 Pandemic hit the United States over a year ago. New York State, especially New York City, felt the full brunt of it and was the epicenter of the pandemic. At the time of this article’s publishing there were over 52,256 COVID-19 deaths in New York State and 600,000 COVID-19 deaths in the United States as a whole.

The Army Corps in collaboration with FEMA has played a visible role in the COVID-19 Pandemic. When the pandemic hit, overwhelming hospitals, the agency’s teamed up to construct alternate care facilities.

A year later, the agencies have come full circle and are teaming together to set up community vaccination centers throughout the Nation.

Lampkin served as an administrative officer at the vaccine center. She worked in the vaccine registration area and at times on the receiving line to greet people and escort them to appropriate areas.

Her role was more than just administrative. She said, “A woman came to the location to register her sister to receive the vaccine. She was unwilling to get vaccinated, yet she wanted her sister to be safe from getting COVID-19. Our team members were doing their best to convince her that she, too, should get vaccinated. The woman was adamant about not wanting the vaccine and gave every excuse she could think of why she refused to be vaccinated.”

She continued, “I decided to speak to her about the pros and cons of why she should get vaccinated. By the time we finished the registration process for her sister, she had agreed, and we were able to get her registered to be vaccinated on the same day at the same time as her sister.”

Thomas French, another Army Corps retiree who used to work for the Vicksburg District, greeted thousands of people coming into the center for their first or second shots. He checked in every person, reviewed their paperwork and identifications, and directed them to the correct areas - whether it was registration or the vaccine area - and he watched them leave the center.

He said, “What made this work satisfying for me was the pure signs of relief on people’s faces after they got their second vaccine. Understand, when many of these people first get to facility, they are scared, apprehensive of the whole government thing, and wonder if this is worth it. They’ve already spent a lot of time trying to get appointments, then after their first vaccine they must wait a few weeks for



Victoria Kim

(USACE photo)

the second vaccine. When they finally get their second vaccine, they are relieved, and the anxiety has been lifted.”

Like Lampkin, his role went beyond what was required and he used technology to do this. He said, “There were many different nationalities that came through the center and because of this there were language issues. I downloaded a translator app on my phone so I could communicate with them.”

He continued, “Picture a group of people who speak no English and they have totally blank expressions on their faces. Then me taking my phone out of my pocket and opening up the app and typing in the questions I need to ask them and then showing them the phone and then them realizing that they have what they need to move forward in the process. Their smiles and the relief on their faces were priceless.”

French also helped people download the New York State Excelsior Pass app that shows their proof of vaccination.

The volunteer’s work did not end after people got their vaccine shots. Victoria Kim, another Army Corps retiree who used to work for the Army Corps’ Southwestern Division had the responsibility of making sure the vaccine recipients waited 15 minutes after receiving the vaccine before leaving in case they experience any severe reaction to the vaccine.

She said, “The most interesting aspect of what I did was interact and meet people from many different agencies, backgrounds, and continents. New York City is truly an international city.”

She said there was constant movement and energy all day long. She met Uber drivers from many different countries in the morning and many elderly people in

the neighborhood who needed extra care.

She said, “Many elderly people from the neighborhood come to receive the vaccine. Many of them come with someone to assist them, but sometimes they come by themselves. In these cases, we all help them onto a wheelchair or help them return to their home safely.”

She recalls a few times when extra help was needed. “There was one elderly woman who came by herself who was sitting in the waiting area for 30 minutes. I was walking along the chair isles and noticed her looking very worried. I asked her how she was, she said that she left her cell phone at home and needed to call her cab to pick her up. I told her I can call the cab for her. I made sure the correct cab arrived and she went home safely.”

She continued, “Another time there was an elderly man who was heading to the door directly after receiving the vaccine. He seemed unstable as he walked. I asked him if he was OK and I made sure he sat for 15 minutes. Calls were coming in on his phone and he was unable to answer the phone because the screen was dark. I helped him answer the phone call from his daughter, held his arm as he walked outside, found the cab that was way up the road and ensured he got onto the cab safely. By helping these elderly people, I realized that I am making a huge impact to this neighborhood.”

The volunteers are proud of what they did, and the community showed its appreciation.

Kim said, “Many people were thankful and appreciative of the work we did and thanked us verbally as they were leaving, and some left us personal notes of thanks. It was a very rewarding experience every day.”

She added, “We worked long hours, 7 days a week. Although the work was physically challenging, there was so much satisfaction and reward knowing that I was part of history. I contributed to vaccinating 200,000 doses of the COVID-19 vaccine in Brooklyn, NY. I encourage everyone to take short-term mission assignments with FEMA. You will be helping someone in need; you will be making a big impact on someone’s life.”

French said, “In the end we have satisfied and relieved people who just got vaccinated and they know they are one step closer to a normal life again.”

He added, “I wanted to be part of the recovery process for the pandemic and help people. I just like giving back - in a way I feel I owe the U.S. Army Corps of Engineers for giving me such a great career.”

For Arcurio this mission was a personal one. She said, “My family has been deeply affected by COVID-19 with 8 members having caught the virus, including my 95-year-old mom. My older brother is still paralyzed since his November 2020 hospital admission. My younger brother died on March 21, 2021 after he lost his fight battling the virus. It is important for everyone to get vaccinated to fight this virus and end suffering to many families.”

Lampkin added, “This was my way of helping to stop the spread of COVID-19 and a way to encourage people that it is safe to get vaccinated. I wanted to be that Beacon of Light and Hope in a person’s life.”

Dr. JoAnne Castagna is a Public Affairs Specialist and Writer for the U.S. Army Corps of Engineers, New York District. She can be reached at joanne.castagna@usace.army.mil

6th edition of Health of the Force released

By Douglas Holl

Army Public Health Center

ABERDEEN PROVING GROUND, MD — The U.S. Army Public Health Center released the sixth annual Health of the Force report June 1. The report focuses on Active Component Soldiers and presents Army-wide and installation-level data for more than 20 medical, wellness, and environmental indicators.

The report analyzes calendar year 2019 data, so impacts from the pandemic are not assessed in this iteration. However, the report includes tips to maintain social health and reduce loneliness during times of isolation and discusses the use of modeling as a tool in the fight against COVID-19.

While trends in metric data remain consistent with previous year findings, the report includes 30 new spotlight vignette topics to provide context using health and readiness data, best practices, and emerging health issues, said the report's program manager, Dr. Lisa Ruth, APHC Population Health

Reporting Program.

Some vignette topics include: reducing excessive alcohol use, how a lack of sexual orientation data hampers the health of the Force, impacts of tobacco use on physical performance, transforming healthy food options on Army installations, and awareness of climate hazards in the U.S.

The 2020 Health of the Force is the first edition to include metrics stratified by race and ethnicity with the goal of identifying potential health disparities and providing leaders with the data to support policies or programs aimed at reducing these disparities throughout the Force, said Ruth. Decisions on the optimal way to include race and ethnicity data were made in consultation with APHC's Diversity, Equity, and Inclusion Advisory Council and are based on Office of Management and Budget guidelines.

The report includes a featured vignette, "No Longer Seeing Green: Why Acknowledging Racial/Ethnic Differences is Key to Addressing

Health Disparities", which outlines actions to reduce racial/ethnic disparities throughout the Army Enterprise.

The vignette underscores the importance of reporting health outcomes and healthcare utilization patterns by race/ethnicity to determine if disparities exist, said Ruth. This year's data demonstrate the most pronounced racial and ethnic disparities are in the areas of obesity, tobacco product use, and sexually transmitted infections.

The purpose of the report is to empower Army senior leaders with knowledge and context to improve Soldier health and readiness, said Shaina Zobel, Health of the Force product manager.

"The range of health metrics detailed in Health of the Force provides an evidence-based resource that can help Army leaders understand the causes of and contributors to medical non-readiness and direct informed policy and programmatic efforts to optimize Soldier health," said Zobel.

"Leaders can use Health of the Force to optimize health promotion measures and effect culture changes that influence both individual Soldiers and Army institutions."

In addition to the print version, new data will soon be published on Health of the Force Online, a suite of interactive dashboards that provide Army Soldier population health data by installation and command and enhance

the print report. This website requires CAC access and is hosted by DHA CarePoint.

In 2020, Health of the Force Online received an extensive update of design, content, and usability, said Ruth. Users can dynamically display health outcomes and drill down on characteristics and subpopulations with over 70 interactive charts, graphs, and informative narratives across medical and environmental content areas.

"Our team is proud to create a suite of products that can be used together to facilitate informed decisions that positively impact readiness, health and well-being of Soldiers and the total Army Family," said Ruth.

Readers are encouraged to provide feedback or seek more specific consultative services by contacting the APHC Health of the Force team through the "Contact Us" button on the APHC Health of the Force website, which also provides links to all previous year reports.

To read the 2020 Health of the Force report visit: phc.amedd.army.mil/topics/campaigns/hof.

The Army Public Health Center enhances Army readiness by identifying and assessing current and emerging health threats, developing and communicating public health solutions, and assuring the quality and effectiveness of the Army's Public Health Enterprise.



2020 HEALTH OF THE FORCE REPORT
Approved for public release; distribution unlimited.

(Army Public Health Center photo illustration by Graham Snodgrass)

The sixth annual edition of the Health of the Force report makes Soldier health and readiness information accessible to a wide array of stakeholders, including military medical professionals, Soldiers, and the larger community.



Percy Bonefish

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• **Reflects** (Continued from page 3)

couldn't defeat with airpower. This was an enemy that required medical power. Without skipping a beat, our medics put their capabilities to the test, constantly evolving better and safer ways to do things as they learned more about COVID-19."

Hogg attributed the success of Air Force medics to their ability to adjust and innovate when their patients, fellow service members, and the nation needed them.

"I empowered our medics to develop and deploy effective solutions at the local level to meet their needs. And they did just that," said Hogg. "Having medics who are closest to the problem leads to the best solutions, solutions I would not have thought of, and many of which have been implemented across the Air Force."

Through the indescribable tragedy and challenges brought on by the COVID-19 pandemic, Hogg saw her medics persevere and showed exactly why they train the way they do.

"Not only did our medics face this pandemic head on, wing leadership truly recognized what Air Force medicine brings to the fight," said Hogg. "It's more than just providing access to appointments. Our military medics do so much more. They're aeromedical evacuation experts, they're bioenvironmental engineering experts, they're public health experts, they're clinical care experts, they're infectious disease experts, they're respiratory care experts, they're medical logistics experts, just to name a few, and we needed every single one of these medics to successfully defeat COVID-19."

Personal growth and thinking without a box

Just as the AFMS has undergone significant changes, so has Hogg. As she reflects on her time in the AFMS, she is often reminded of the ways she was pushed to change, get out of her comfort zone and grow to become a better nurse, leader, and Airman.

"Change is hard and everyone responds to it differently, but change is the only constant we have," said Hogg. "I am always reminded of a quote by [President] John F. Kennedy where he says, 'Change is the law of life. And those who look only to the past or the present are certain to miss the future.'"

Hogg attributed much of her growth to her fellow medics, especially those who have challenged her way of thinking and supported her along the way. Hogg learned over time that no one can achieve and be successful alone, and that being a good leader requires a team.

"One is too small a number to achieve greatness. That is my leadership ethos," said Hogg. "I have a diverse team with different experiences who identify gaps I might not be thinking about, which leads to better solutions. I value the feedback I get at every level. I don't want my medics to agree with me just because of my rank. I want them to bring up issues and concerns so we can have those hard discussions. That way, when we make decisions, we are all singing off the same sheet of music."

Hogg encourages medics to find opportunities to challenge their own way of thinking and strive to find innovative ways to face challenges.

"Throughout my time as Surgeon

General, I have asked my medics to think without a box," said Hogg. "I want them to feel empowered to challenge the status quo and take risks. We need to make sure we don't get comfortable with doing something just because it has always been done that way. Life doesn't stay that way, medicine doesn't stay that way, and neither should how we do our jobs."

Hogg's leadership has been critical in moving the AFMS forward to become more operationally focused. She pushed for innovation and modernization of capabilities. She also championed her medics, empowering them to bring about necessary changes and further strengthen the AFMS. While Hogg looks forward to some much-deserved time off, she is also eager to see how Air Force medics continue to succeed in the years to come.

What's next?

"The first thing I am going to do once I am done is enjoy some uninterrupted time with my mother, two daughters and five grandkids. They have had to share me for a very long time and we missed a lot of birthdays and holidays," said Hogg. "I have a house on a lake, so I am going to enjoy taking a cup of tea down to the dock with a good book and enjoy the scenery."

"It was once said, 'A sunset is nothing more and nothing less than the backside of a sunrise.' As the sun sets on my tenure as your Surgeon General, it will rise again with your 24th Air Force Surgeon General in whom I have 100% confidence. I am overflowing with gratitude having worked with the world's best medics who have made this job so enjoyable. I am proud of every Air Force medic and the work we have done together."



(U.S. Air Force photo by Senior Airman Jovante Johnson)

Lt. Gen. Dorothy Hogg, U.S. Air Force Surgeon General, middle, and Chief Master Sgt. Dawn Kolczynski, Office of the Surgeon General medical enlisted force and enlisted corps chief, right, visit the 2nd Maintenance Group and speak with Airmen about their jobs and how they have handled the COVID-19 pandemic at Barksdale Air Force Base, Louisiana, March 10, 2021. During her visit, Hogg spoke with Airmen of all ranks and got an understanding of what their job is and how they contribute to the Air Force mission.

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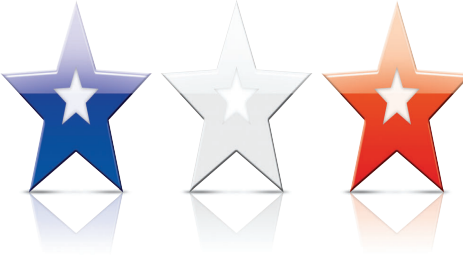
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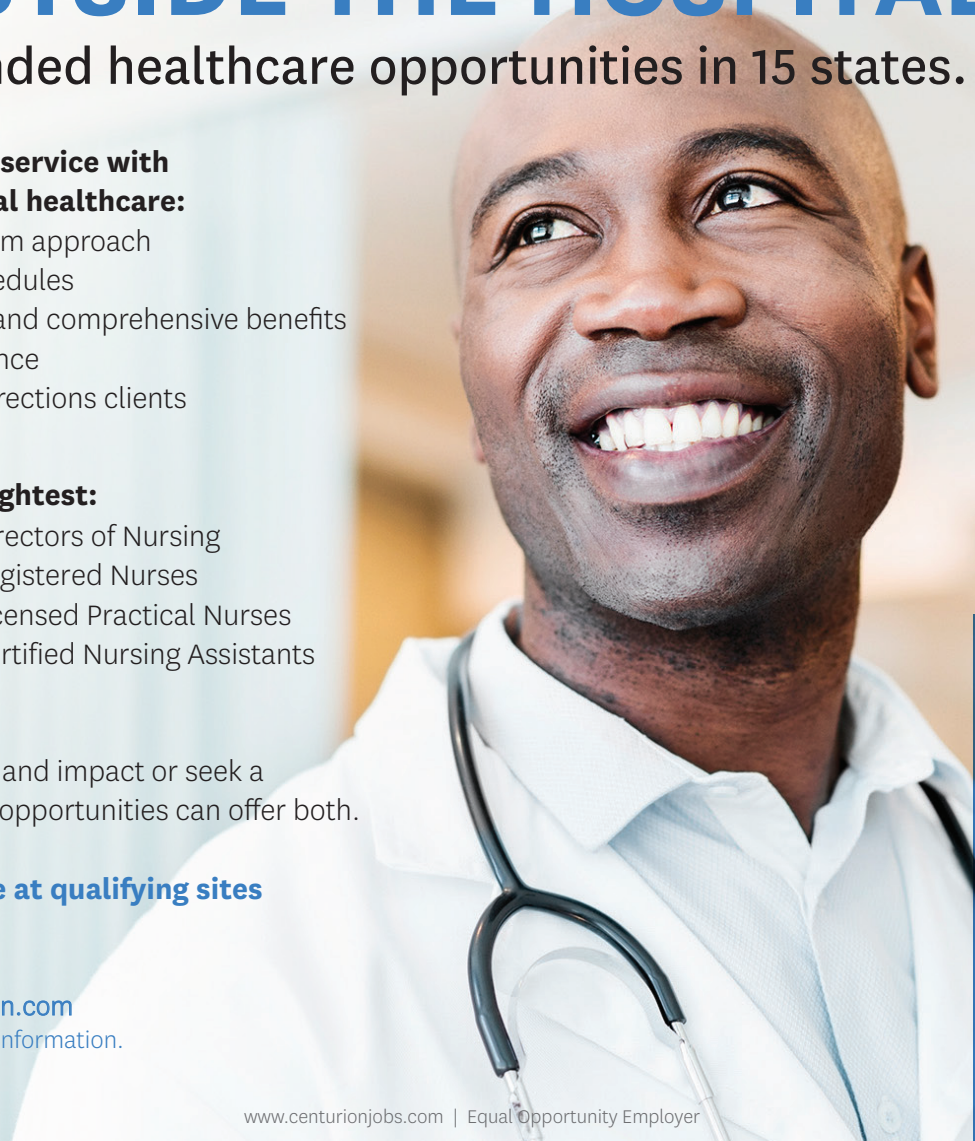
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