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The heart of patient care

By Airman 1st Class Elizabeth Davis
81st Training Wing Public Affairs

A Keesler doctor is elevating the 81st Medical Group’s health care mission and paving a trail for others along the way.

Lt. Col. Ronald Jones, 81st MDG chief of electrophysiology, is currently the only electrophysiologist serving in the Air Force. He is also one of the only doctors of his specialty serving the Gulf Coast community.

Jones got his start in the Air Force and his start in medical school at the same time.

“There’s really only one option that paid you to go to medical school, and that was the military’s Uniformed Services University,” said Jones. “This allowed me to get a super sub-specialized training, while taking care of my family.”

He trained for a total of 16 years to become fully qualified in testing and treating problems involving irregular heart rhythms known as arrhythmias.

The heart’s electrical system produces signals, or impulses, that control the timing of the heartbeats. Electrophysiologists can use laboratory equipment to create a very detailed map of those signals to detect abnormalities.

Working day-to-day with patients in a clinic has always been the most rewarding part of the job for Jones, so when it came time for a change of station he had an idea.

He worked with 81st MDG leadership to complete half his working hours at Keesler and half at local civilian hospitals.

“Our overall goal is to ensure our providers, nurses and technicians have the skills required for contingency mission. Having Dr. Jones on staff allows us to take care of patients at Keesler Medical Center we wouldn’t normally be able to see, which increases the readiness of our entire staff. He is also able to help patients get access to the care that they wouldn’t normally have in the community,” said Col. Christopher Estridge, 81st MDG commander. “It’s very important to the Air Force to create these kinds of partnerships with the community.”

The collaboration has proven to be beneficial for everyone involved, as Keesler gained its first-ever electrophysiology department in addition to the Gulf Coast community receiving a new resource for

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Photo by Inkyeong Yun

Dr. (Maj.) Alexander Friedman, a general surgeon, who had been spearheading the project since he arrived on the peninsula, shared how rewarding to see the robotics surgeries finally validated in May 2022. “It took the team a couple of years to get the equipment required and get everything shipped to Korea. It was a quite more hands-on project than I expected but that makes it more rewarding.”

BDAACH enhances surgical capability through a new robotic surgical system

By Inkyeong Yun
549th Hospital Center/Brian D. Allgood
Army Community Hospital

CAMP HUMPHREYS, SOUTH KOREA – “It’s a win for our patients and our staff!”

Three years of dedication to activating the robotic surgical system in the Brian D. Allgood Army Community Hospital (BDAACH) finally came to fruition on May 16, 2022. General surgeons in BDAACH recently performed successful robotic-assisted surgeries. With this new capability, many surgical patients may be cared for

in BDAACH instead of traveling back to the Stateside or the host nation network hospitals for more complicated surgeries.

Since the hospital’s relocation from U.S. Army Garrison-Yongsan and the opening of the new medical facility in Camp Humphreys in 2019, the surgical department of BDAACH has continued a collective effort to implement this new surgical technology. The effort did not waver even through the pandemic.

Dr. (Maj.) Alexander Friedman, a general surgeon, who

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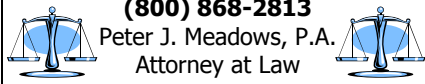
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• Robotic (Continued from front page)

had been spearheading the project since he arrived on the peninsula, shared how rewarding to see the robotics surgeries finally validated in May 2022.

“It took the team a couple of years to get the equipment required and get everything shipped to Korea. It was a quite more hands-on project than I expected but that makes it more rewarding.”

Friedman recalled the memories of ordering different parts of the robotics system and conducting an inventory of equipment which sometimes made the operating room (OR) staff dive into multiple packages shipped from the States. Friedman shared that all that hard work was possible because the team was determined to provide additional surgical capability that will ultimately increase options and improve patient outcomes.

“Our team had two firm goals while working to bring this enhanced technology to the facility; first and foremost, better patient experience and second, more training opportunities for the surgeons and OR staff stationed in Korea,” said Friedman.

Patients who undergo robotic-assisted laparoscopic surgery have less blood loss, shorter hospital stays, and faster recovery thanks to the da Vinci surgical system as compared to open surgery. In addition, the da Vinci surgical system provides the surgeon with an advanced set of equipment to employ in performing robotic-assisted minimally invasive surgery. Surgeons may now offer patients more choices of laparoscopic

procedures for other specialties such as colorectal, gynecological, and urologic surgeries.

The da Vinci system translates the surgeon’s hand gestures at the console into real-time motion with fully wristed instruments during the procedure with a higher range of motion than standard laparoscopic instruments. The da Vinci vision system also provides a 3 dimension high-definition and magnified view of the operating area. Surgeons can use one or several instruments at a time due to the various tool size.

Nowadays, majority of surgeons are trained in robotic surgery in their residency programs. All general surgeons at BDAACH are certified to perform robotics surgeries. By having the da Vinci system at BDAACH, the surgeons will be able to maintain and advance their skills. In turn, the OR staff will also receive relevant and updated training in support of robotic surgery.

Friedman shared that the robot arms do not necessarily make surgeries less complicated. Instead, it gives surgeons an enhanced and consistent operating capability, especially during extended operations. Also, the da Vinci is expected to increase the number of surgeries that the OR can offer since it requires only one surgeon and reduces fatigue.

In preparation for the validation process, the OR Team made multiple visits to the robotics surgery training Center in Seoul

to ensure they are up to date and familiar with the entire processes and procedures. A surgeon proctor from military hospital in CONUS was invited to oversee the program and validate the equipment as well as personnel.

Friedman shared that the first week of the robotics surgeries went very well. He was happy that BDAACH can offer more surgeries, especially types of surgeries that were not available in the past. He also shared his excitement about the ability to take care of more patients at BDAACH.

Not every surgery will require robotic surgery, and the first week will primarily consist of general surgery cases. However, the Urology and OB/GYN departments are projected to utilize this equipment in the future on a case by case basis.

“It feels great to bring this facility up to the level of all the other medical centers in the Army. Now we can offer the same level of care as other military treatment facilities in the States and the level of care you get from the civilian side as well” shared Friedman.

“We are so pleased to announce that BDAACH can now leverage this cutting-edge medical technology to enhance clinical operations, safety, and satisfaction for both the patients and staff,” said Col. Huy Luu, the BDAACH director. “Our number one priority is always our patients. We will ensure the safety and quality of care for our patients while providing our staff with the most up to date training platforms.”



Photo by Inkyeong Yun

The da Vinci system translates the surgeon’s hand gestures at the console into real-time motion with fully wristed instruments during the procedure with a higher range of motion than standard laparoscopic instruments. The da Vinci vision system also provides a 3 dimension high-definition and magnified view of the operating area. Surgeons can use one or several instruments at a time due to the various tool size.

'America's First Brain Surgeon' served during Civil War and WWI

By Janet Aker
Military Health System

Army Maj. (Dr.) William Williams Keen Jr. was a pioneering military doctor whose career spanned surgical duty on the bloody battlefields of the American Civil War through influential research work during World War I.

Once known as "America's first brain surgeon," Keen helped propel numerous advances in medicine. He played a key role in the birth of bacteriology, neurology, use of antiseptics, sterile surgical techniques, brain surgery, and the breakthrough discovery that insects carry and spread diseases.

With a unique perspective after serving in two cataclysmic wars, Keen wrote a 1918 paperJournal article, Military Surgery in 1861 and in 1918 on JSTOR's website called "Military Surgery in 1861 and in 1918."

In it, he marveled at the knowledge gained in the field of military medicine during his 50 years of service and expressed his excitement for what was to come in the next 50 years and beyond, according to staff at the National Museum of Health and MedicineNational Museum of Health and Medicine website in Silver Spring, Maryland.

In his influential paperJournal article, Military Surgery in 1861 and in 1918 on JSTOR's website, Keen lamented the countless deaths during the Civil War

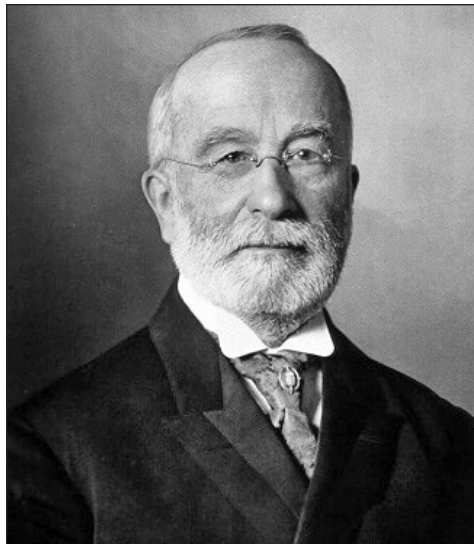


Photo courtesy Janet Aker

Dr. William Williams Keen Jr was a medical surgeon during the Civil War who afterwards advocated and researched medical advances so the horrors of Civil War-era medicine would not occur again. He also served in the Army during World War I.

that could have been avoided with better military field surgical techniques and surgeons with advanced knowledge.

"Between these two dates is a veritable chasm of ignorance which we can only really appreciate when we peer over its edge and discover how broad and deep it is," he wrote.

"Clinical observation has done much,

but research and chiefly experimental research, has done far more."

"Research has not yet ceased to give us better and better methods of coping with disease and death, and – thank God – it will never cease so long as disease and death continue to afflict the human race," he wrote.

Keen's work played an important role in the significant improvements in battlefield survival rates during conflicts in the 20th century.

Interests and Advances

He attributed his expertise to the successes of rigorous research, for which he passionately advocated, according to a profileProfile of Dr. William Williams Keen on the National Museum of Health and Medicine's website by the National Museum of Health and Medicine, a branch of the Research Support Division of the Defense Health Agency Research and Engineering Directorate.

During the Civil War, Keen developed an interest in documenting injuries of the nervous system. Those studies are considered to be the origin of American neurology.

His service centered on Turner's Lane Hospital in Philadelphia, Pennsylvania, which was devoted to treating injuries and diseases of the nerves. There, he was an associate of Dr. George R. Morehouse and Dr. S. Weir Mitchell,

who was an early believer in what is commonly known as phantom limb pain.

Keen collaborated with both men to write a classic text, "Gunshot Wounds and Other Injuries of Nerves," published in 1864, said Laura Cutter, an archivist at the museum.

When Dr. Joseph Lister, an influential British surgeon, came to Philadelphia during his 1876 tour of America, Keen heard his views on antiseptics in surgery and was one of the first American surgeons to adopt Lister's system. In 1892, Keen co-authored the first American surgery text based on Listerian principles, Cutter said.

Keen also gained celebrity as the first surgeon in the Americas to perform a successful brain tumor removal in 1887. As such, he became known as "America's first brain surgeon."

He saw surgical duty while still in medical school at the first major battle of the Civil War, the First Battle of Bull Run in Manassas, Virginia, in July 1861. He also served during the Second Battle of Bull Run in August 1862, and, at the deadliest one-day battle in American military history, the Battle of Antietam, Sharpsburg, Maryland, in September 1862.

In March 1862, he was commissioned out of medical school as an acting assistant surgeon in the Union Army and was in charge of Eckington General Hospital near Washington, D.C.

377th MDG immunization clinic ensures medical readiness

By Airman 1st Class Karissa Dick
377th Air Base Wing Public Affairs

People gather in a small room and anxiously wait for their name to be called. As one person shuffles out rubbing their upper arm, another is ushered back to a sterile exam room where a technician prepares an assortment of vaccines.

The 377th Medical Group immunizations clinic works tirelessly to ensure every patient is properly cared for, and is vital to maintaining the medical and mission readiness of Kirtland Air Force Base.

"Our main responsibility is to ensure the safety of our patients," said Staff Sgt. Makenna Horton, 377th Medical Group immunization technician. "We not only assist with vaccinating against preventable diseases, but we keep our active-duty [ready] to travel worldwide in the blink of an eye."

Horton is part of a two-person team that diligently runs the immunization clinic serving beneficiaries includ-

ing active-duty, dependents, retirees and Department of Defense civilians from KAFB and the surrounding areas. Collectively, the two-person staff sees approximately 50 patients a day, but the patient flow can vary depending on the time of year.

The clinic provides a variety of services, such as vaccinations, allergy testing, allergy therapy, pulmonary function tests, and PCS and deployment medical record clearances.

During the coronavirus pandemic, the 377th immunizations clinic faced and overcame many obstacles while leading the vaccination campaign.

"It was a challenge that nobody had imagined before," said Horton. "We had to struggle with new [coronavirus variants] emerging while addressing the yearly influenza campaign. With the newness of the COVID vaccine, it was especially challenging with all of the unknown, all the 'what ifs', and policies."

Although strapped with a heavy patient load, the clinic technicians

take extra time to examine patients' medical records to determine if any additional vaccines or services are necessary to help ensure medical readiness.

One of the best parts about working in the clinic for Tech. Sgt. Mircho Plaza, 377th Medical Group immunization technician, is his team.

"We try to provide the fastest and most efficiently safe service we can, while also checking for any additional services patients may need," said Plaza. "Being proactive and checking for future medical needs maintains readiness and strengthens our force. Every team member brings an innovative and different perspective that someone else hasn't thought of. That's definitely an awesome team dynamic that I get to enjoy every day."

The immunization clinic is open Monday through Thursday from 7:30 a.m. to 12 p.m. and 1 to 4 p.m. for immunization walk-ins. To make an appointment, call 505-846-3200.



U.S. Air Force Airman 1st Class Karissa Dick photo Senior Airman Bianca Howell, 377th Medical Group immunization backup technician and women's health technician, prepares a vaccine at Kirtland Air Force Base, N.M., Jan. 27. During the Coronavirus pandemic, the immunization clinic augmented Airmen from other 377th MDG departments to help with COVID-19 operations.

Naval Medical Forces Pacific changes command; San Diego Medical Market welcomes new director

By Grady Fontana

Naval Medical Forces Pacific

Rear Adm. Guido F. Valdes relieved Rear Adm. Timothy H. Weber as commander, Naval Medical Forces Pacific, during a change of command ceremony at the Admiral Kidd Catering and Conference Center, Naval Base Point Loma, Harbor Drive Annex, San Diego, May 20.

Valdes also assumed the reins of director of the Defense Health Agency's San Diego Market from Weber in a change of directorship ceremony following the change of command.

Deputy Surgeon General of the Navy Rear Adm. Gayle D. Shaffer presided over the CoC, while Army Lt. Gen. Ronald J. Place, director, Defense Health Agency, oversaw the change of directorship.

"Standing at its helm since 2019, Rear Adm. Weber has expertly steered the course of his organization – with a warfighter's passion for preparedness and always while looking after the professional well-being of the Sailors he has been charged to lead," said Shaffer, who is also and deputy chief, Bureau of Medicine and Surgery. "The challenges were many. He has had to redefine our organization-to-readiness-focus platforms and lead his team in the fight against the global COVID-19 pandemic on numerous fronts around the globe."

Valdes, a native of San Juan, Puerto Rico, will have oversight of 10 Navy Medicine Readiness and Training Commands on the West Coast and Pacific Rim that train, man, and equip medical forces, primarily in military treatment facilities, as well as Navy Medicine's eight global medicine research and development labs.

As the director of the San Diego Market, Valdes will oversee the delivery and integration of healthcare for 156,000 beneficiaries who receive care at 26 medical care locations across the San Diego area, including Naval Medical Center San Diego and Naval Hospital Camp Pendleton.

"For decades, the San Diego community has been home to one of the largest and most influential military medical markets in the Department of Defense," said Place. "It's long history of service to the Navy and Marine Corps--and really any military beneficiary who lives here--has been grounded in exceptional clinical care and world-renowned innovation and training offered today."

"Admiral Valdes –I have every confidence that you will build upon the legacy of Admiral Weber, and bring even more value to the San Diego community. The Defense Health Agency, as an entity, is here to support you," he added.



U.S. Navy photo by Mass Communication Specialist Mariterese Merrique
Rear Adm. Timothy Weber outgoing commander, Naval Medical Forces Pacific (NMFP), gets piped ashore with his family during a change of command ceremony Admiral Kidd Catering and Conference Center, Naval Base Point Loma, Harbor Drive Annex May 20. **Rear Adm. Guido Valdes** incoming commander, NMFP also assumed the reins of director of the Defense Health Agency's San Diego Market from Weber in a change of directorship ceremony following the change of command.

Weber, a native of Holland, Michigan, assumed duties as commander, Navy Medicine West, Aug. 16, 2019. In this capacity, he directed Navy Medicine's health care system in the Pacific providing medical care beneficiaries in the United States, Hawaii, Guam, and Japan and he oversaw Navy Medicine's research and development activities worldwide.

On Dec. 17, 2019, Weber became commander, Naval Medical Forces Pacific, as NMW was renamed to reflect the command's new readiness-focused mission; and transitioned its organizational construct from a healthcare delivery mission to one focused on manning, training, and equipping its medical force in support of the Fleet and Fleet Marine Force.

Under Weber's leadership, NMFP pivoted to a new mission set generating medical forces; integrating its medical platforms, readiness, and personnel capability requirements; and executing higher level healthcare policy, directives, and publications to facilitate

medical and dental services delivery.

Following the CoC, Weber retired from active duty. He was the first director of the San Diego Market, while also serving as the 19th director of the Medical Service Corps.

"Every first director of a DHA market becomes an emblem of what integrated leadership across service lines can look like for military health care. Tim, thanks for living the vision to improve our system of care and for your decades of service to the MHS, the Navy and our nation," Place said.

According to Weber, when it comes to his career, the conversations along the way with Sailors are what he'll remember most.

"I will remember my conversations with our clinical care teams as they cared for those we in military medicine are honored to serve, and the Sailors I have served with," said Weber. "It is because of these conversations and many more that I will forever be in debt to those who listened or offered their counsel over my career. A career

that, in retrospect, seemed to go by so quickly."

Valdes' previous assignment was as deputy commander, Naval Medical Forces Atlantic.

Additionally, he has served in various positions throughout Navy Medicine, to include general medical officer, Branch Health Clinic Gaeta, Italy; staff emergency physician, U.S. Naval Hospital Naples, Italy; U.S. Naval Hospital Rota, Spain; and Naval Medical Center Portsmouth; executive officer, Naval Hospital Pensacola; and commanding officer, Naval Health Clinic Corpus Christi.

"I am humbled and truly grateful for the opportunity to lead this extraordinary organization," said Valdes. "We have a vital mission today supporting the Fleet and Fleet Marine Force. We also have an essential mission to look ahead and lead the charge in the Navy Medicine of tomorrow; and ensure we meet all challenges to our mission and develop solutions. It will be my honor to lead NMFP in this effort."

BJACH celebrates U.S. Army Veterinary Corps

By Jean Graves

Regional Health Command - Central

FORT POLK, La. – Bayne-Jones Army Community Hospital celebrates the U.S. Army Veterinary Corps for 106 years of support to the nation and their dedication to the health and welfare of the Soldiers, Families and pets who live and work at the Joint Readiness Training Center and Fort Polk, Louisiana.

Capt. Aaron Judson, doctor of veterinary medicine at the JRTC and Fort Polk Veterinary Clinic, serves as chief for Louisiana Branch Veterinary Services.

Judson said Army veterinarians can be found on every military installation around the world.

“I became a veterinarian because I was always interested in healthcare, and this allows me to do a lot of things without specializing in one area,” he said. “Being a veterinarian gives me a lot of freedom. For instance at our clinic we can do everything from internal medicine, surgery, dentistry or radiology. We have the ability to expand our services and help whoever comes through the door.”

Judson said the U.S. Army Veterinary Corps is comprised of commissioned and warrant officers within the U.S. Veterinary Services. In Louisiana his team serves the JRTC and Fort Polk, Camp Beauregard, Barksdale Air Force Base, Naval Station Belle Chase along with Louisiana National Guard and reserve units throughout the state.

“Working at the Fort Polk Veterinary Clinic is just a small part of our jobs. Taking care of service members’ pets is a way for us to support the warfighter and as a readiness platform for us,” he said. “As Veterinary Corps officers, we have to keep up our clinical skills in order to provide care for military working dogs. By conducting routine exams, giving immunizations and performing minor or emergency surgeries for family pets, we are able to keep our skills up in the event we are called to deploy.”

Judson said there are four pillars of the Veterinary Corps.

“The first pillar is animal health for our working animals; working dogs, working equines and aquatic animals,” he said. “There are actually goats at Fort Polk that we get to take care of, too. These animals enhance the village atmosphere and create realism in the scenarios for our rotational brigade combat teams who train at the Joint Readiness Training Center. We treat the goats the same as government owned animals with general husbandry care. We work with the farm manager to keep them up-to-date with immunizations, address health issues and make sure they are well taken care of.”

Judson said the majority of military working animals are dogs, followed by



Photo by Jean Graves

Capt. Luke Tomasco, doctor of veterinary medicine at the Joint Readiness Training Center and Fort Polk, examines Thor, a mini-labradoodle for Pfc. Elijah Collier, 2nd Battalion, 2nd Infantry Regiment, 3rd Brigade Combat Team, 10th Mountain Division. During the exam Tomasco vaccinated Thor, administered heart worm prevention and discussed Thor's overall health with Collier.

horses and then marine animals.

According to the Naval Information Warfare Center Pacific, bottlenose dolphins and California sea lions are trained and used for locating and recovering objects in harbors, coastal areas and at depths in the open sea. Both dolphins and sea lions are used to assist security personnel in detecting and apprehending unauthorized swimmers and divers that might attempt to harm the Navy's people, vessels or harbor facilities.

Judson said the marine mammal program has been around for several decades and it's a unique opportunity for U.S. Army Veterinary Corps officers.

“The second pillar is food protection,” he said. “Everyone needs to eat so it's the part of our job that affects the most people. We ensure everything that comes on the installation is wholesome, safe to eat and free from contamination.”

Judson said everything at the commissary has been inspected at its source by a Veterinary Corps officer.

“We are responsible for food inspection from farm to fridge,” he said. “The Department of Public Health,

Environmental Health folks do the fridge to fork inspections.”

Judson said veterinary public health is the third pillar of the corps.

“That is everything from our rabies bite report program to zoonotic diseases such as skin infections, parasites or viruses,” he said. “We advise and assist the garrison on every military installation, and in a deployed envi-

ronment as well.”

Judson said if someone is bit by an animal they should go to the hospital, not the vet clinic and the hospital will work with his team who will provide more background on animal borne diseases to ensure proper treatment of the patient.

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The positions will remain open until filled.

• Cavalry (Continued from front page)

related health care.

Jones is dedicated to providing top-notch care for his patients and creates an office culture that strives to continually explore and understand the many complexities of the human body.

"He wants our staff, especially the techs, to always be improving," said Lori McNeil, 81st MDG acute care nurse practitioner. "He continually challenges them to get outside their comfort zones and learn new things."

Jones enjoys mentoring the next generation of military doctors, under-

standing that they are the future of medical care in the Air Force.

"I was there once, and you forget how much you didn't know," said Jones. "It's enjoyable to teach people who are actively engaged and who want to learn year after year."

Jones' work has expanded the Air Force's medical capabilities through his specialty. Soon there will be even more advancements to his career field, as a second active-duty Air Force electrophysiologist is currently in training.



U.S. Air Force photo by Airman 1st Class Elizabeth Davis

U.S. Air Force Lt. Col. Ronald Jones, 81st Medical Group chief of electrophysiology, scrubs in outside of the catheterization lab at Keesler Air Force Base, Mississippi, April 26, 2022. Jones is currently the only electrophysiologist in the Air Force and treats patients at Keesler and in the local community.

• Veterinary (Continued from page 5)

"Our fourth pillar of veterinary service is research and development," he said. "The Department of Defense Food Analysis and Diagnostic Laboratory is where we send off any samples that need testing."

According to their website the mission of FADL is to provide force health protection through innovative, adaptive, timely and accurate testing of all food, water and diagnostic submissions for the DoD. The lab consists of four testing sections and two administrative departments.

Judson said FADL takes care of all the food and animal samples from around the world in support of the DoD.

"FADL is a diagnostic laboratory at Joint Base Sam Houston, San Antonio, Texas. They do all the rabies testing, food testing; different bacteriological, serological, viral and blood testing," he said. "For instance Soldiers who PCS overseas need a health certificate for their pet. Some overseas location require Fluorescent Antibody Virus Neutralization (FAVN) test (or a live virus test which determines whether the animal has adequate levels of rabies antibodies following vaccination); those are done at the FADL."

Judson said they are a very small corps with a large impact.

"We couldn't do what we do without all of veterinary services, including our enlisted Soldiers, vet techs and civilian teammates," he said. "We have a unique job; we provide a unique service to the Department of Defense because the Army is the only branch with a Veterinary Corps."

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Camp Moosilauke Seeks Camp Nurse

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U.S. Air Force and Army medical team conducts joint casualty evacuation drill in Niger

By Staff Sgt. Chloe Ochs
435th Air Expeditionary Wing

NIGERIEN AIR BASE 201, Niger — U.S. Soldiers from the 404th Civil Affairs Battalion recently conducted a casualty evacuation drill with Airmen from the 724th Expeditionary Air Base Squadron's ground surgical team at Air Base 201, Niger.

During the training, an Army combat medic used tactical combat casualty care guidelines to treat a mock patient in the field and worked with a U.S. Air Force surgical team from the 724th Expeditionary Air Base Squadron to evacuate the patient to a medical tent for treatment.

Tactical combat casualty care is established by the Joint Trauma

System and provides guidelines used by the Air Force, Army, Navy, and Marines for treating combat casualties on the battlefield.

This training served to measure the installation's level of readiness and ensure the base medical team is prepared to respond to emergencies in a moment's notice.

As an invited guest of the government of Niger, U.S. Air Forces Africa and the 409th Air Expeditionary Group continually assist Niger's efforts toward greater stability, enhanced security, economic development, and a responsive government that serves its citizens through security cooperation and state partnership agreements.

Right: A U.S. Army combat medic from the 404th Civil Affairs Battalion, assigned to the 409th Air Expeditionary Group observes the 724th Expeditionary Air Base Squadron's ground surgical team as they treat a mock casualty during a casualty evacuation drill at Air Base 201, Niger, May 18, 2022. This training serves to measure the installation's level of readiness and to ensure the base medical team is prepared to respond to any emergency in a moment's notice.

U.S. Air National Guard photo by Staff Sgt. Chloe Ochs



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