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Pelvic Health Rehabilitation

A mission critical resource that enables military readiness

By Lieutenant Colonel Leigh Anne Lechanski
DPT and Major Stephanie Fournier, DPT

Military women have proven resilient since their service in the United States Armed Forces first began in 1901. The percentage of female service members has grown from just 2.3% in 1945 to 16.2% of the total force in 2020. Since the inception of female integration into combat job series in 2016, military women now serve in a diverse array of demanding positions to fight and win the nation's wars. They are graduating from advanced military schools – once only open to men – in record numbers. Yet, amidst the plethora of performance optimization programming in the military with specialized services and support that cover a wide range of readiness domains, pelvic health is often an overlooked and under-reported aspect of readiness. A silent struggle exists that affects the overall well-being of many women in uniform – pelvic floor muscle dysfunction.

Pelvic floor muscle dysfunction can present with symptoms such as pelvic pain, incontinence, constipation, abdominal weakness, and pelvic organ prolapse. These conditions can significantly impact female service members' physical and emotional health. The physical demands of military life – including rigorous training, high load carriage demands, and prolonged combat deployments and field training exercises in austere environments – can profoundly impact women's pelvic health. Fortunately, pelvic health rehabilitation is an available resource through the military health system. It has emerged as a transformative solution, offering a range of benefits that alleviate symptoms, restore functionality, and enhance the overall quality of life in patients.

A Policy Revolution

The month of May marks National Women's Health Month and this year there is much to celebrate. Recent monumental policy changes improving service members' quality of life are now being implemented. These changes directly support optimal family readiness, retention rates, and overall well-being. A critical piece of this is enhancing access to specialized health care resources. The military's support of women's unique healthcare needs for retention has come a long way since the 1950s when women were once

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Eight Soldiers receive badges in 3rd Annual USAR Competition

By Staff Sgt. Christopher Hernandez

Army Reserve Medical Command

FORT MCCOY, Wis. — U.S. Army Soldiers (49 of them) from Active, Guard and Reserve components journeyed to Fort McCoy, Wisconsin to compete in the 2023 U.S. Army Reserve Medical Command (AR-MEDCOM) Expert Field Medical Badge competition here, April 30 through May 12. Hosted primarily by the Central Medical Area Readiness Support Group (CE-MARSG) out of Fort Sheridan, Illinois, this year's competition marks the third consecutive event managed by AR-MEDCOM.

Since its inaugural debut in 1965, the EFMB competition has challenged Soldiers in their technical proficiency and tactical acumen under extreme stress and scrutiny.

"It is a coveted badge that really exemplifies expertise, both in warrior and medical skills," said U.S. Army Reserve Capt. Kevin Stoll, a health services materiel officer and commandant of Headquarters and Headquarters Detachment, Army Reserve Medical Command (AR-MEDCOM) out of Pinellas Park, Florida. "And for me, I want to take this back to my team and unit to make sure that they see that it can be accomplished. If they wish to pursue it, I want to provide them all of the training and resources available that I can give them to make them successful."

Although optional in nature,



U.S. Army Reserve photo by Staff Sgt. Christopher Hernandez

U.S. Army Reserve Maj. Gen. Scott Lynn, left, commanding general of Army Reserve Medical Command (AR-MEDCOM) out of Pinellas Park, Fla., and Command Sgt. Maj. Robert Boudnik, AR-MEDCOM command sergeant major, walk through a plume of purple smoke prior to the Expert Field Medical Badge badge ceremony for the 2023 United States Army Reserve EFMB competition in Fort McCoy, Wis., May 12.

many of this year's candidates took advantage of train-up events to prepare themselves in their physical fitness and knowledge.

"I had the benefit of coming to a train-up on November 2022, which was awesome," said U.S. Army Reserve Lt. Col. Douglas Faulkner, a family medicine physician assigned

to 7453rd Medical Operational Readiness Unit (MORU), CE-MARSG, AR-MEDCOM. "I worked out like a crazy person. I also have the benefit in being in a unit with a lot of high-speed medics that helped me out working on some

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• Pelvic Health Rehab

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mandated to separate from military service due to pregnancy.

Senior leaders and Soldiers alike can celebrate the significant progress the Department of Defense, Army Medicine, and the Defense Health Agency have made in updating policy and programming directly supporting family readiness. These changes include the establishment of the service-specific Women's Initiative Teams, same-day access to contraceptive medications, standardized postpartum physical recovery timelines regardless of pregnancy outcome, lactation accommodations, testing and development of maternity uniform items, increased parental leave, and administrative absence authorizations for non-covered reproductive health care services.

Senior government officials also recognize the United States military requires access to specialized services that promote readiness. Section 707 of the Fiscal Year 2022 National Defense Authorization Act directed enhanced postpartum care that resulted in the publication of four recent

clinical practice recommendations on the following topics: (1) optimizing postpartum care; (2) behavioral health screening and referral in pregnancy and postpartum; (3) pelvic health evaluation, treatment, and referral for women; and (4) pelvic health pregnancy and postpartum rehabilitation services.

Unique Military Women's Health Challenges

Increased rates of musculoskeletal injuries, urinary tract infections, unintended pregnancy, sexually transmitted infections, lower breastfeeding and lactation rates, eating disorders, behavioral health conditions, and sexual trauma all impact readiness. The required physical demands and rigors of military service can lead to various pelvic health challenges. Prolonged periods of living in austere environments, intense physical activity, and wear of heavy gear can disrupt pelvic floor muscle function. The resulting pelvic floor muscle dysfunction can present as pelvic pain, urinary leakage, difficulty with bowel movements, sexual dysfunction, and postpartum recovery challenges. These symptoms not only affect physical performance, but also a person's body image perception that can undermine the mental and emotional resilience of women in the military.

Pelvic Health Rehabilitation Resources

The United States Army and the Defense Health Agency maintain a robust inventory of Physical and Occupational Therapists. These clinicians are considered subject matter experts in evaluating and treating neuromusculoskeletal conditions and support the physical and cognitive domains of the Army's Health and Holistic Fitness (H2F) program. Specialized therapists in the United States are addressing this challenge by evaluating and treating pelvic floor muscle dysfunction through pelvic health rehabilitation programs. This treatment is considered a first-line, low-cost, conservative treatment option for managing urinary incontinence, fecal incontinence, urinary urgency or frequency, bowel dysfunction, and/or pain in the pelvic region for all genders and identities. Pelvic health rehabilitation can also treat pain or dysfunction in the abdominals and pelvic girdle. Pelvic health rehabilitation offers targeted interventions, exercises, and techniques to alleviate pain, enhance pelvic floor muscle strength, improve bladder and bowel control, and enhance sexual function. Early recognition and treatment of pelvic floor muscle dysfunction symptoms followed by appropriate diagnosis and treatment are essential for maintaining readiness, minimizing limited duty time, and retaining service members.

Pelvic health rehabilitation services are available at several major Defense Health Agency military treatment facilities, including but not limited to: Eisenhower Army Medical Center, Walter Reed National Military Medical Center, Madigan Army Medical Center, Landstuhl Army Medical Center, William Beaumont Army Medical Center, Tripler Army Medical Center, San



Courtesy photo

Lieutenant Colonel Leigh Anne Lechanski, Doctor of Physical Therapy and Department Chief of Rehabilitation at Eisenhower Army Medical Center, guides a patient through a pelvic floor muscle exercise training session using a surface electromyography biofeedback system. This intervention gives patients a visual aid and objective information about muscle activation in the pelvic floor structures.

Antonio Military Medical Center, and Augusta Military Medical Center (formerly Belvoir Army Community Hospital). Health-care providers can also refer all beneficiaries to an authorized TRICARE network provider for evaluation and treatment if pelvic health rehabilitation services are not available at the local military treatment center.

Pelvic health rehabilitation is an invaluable resource for service members struggling with pelvic floor muscle dysfunction. This specialized therapy targets physical symptoms and aims to restore function and enhance performance by restoring strength, coordination, and mobility in the pelvic floor muscles. Through personalized treatment plans, therapists employ techniques such as therapeutic exercise, biofeedback training, and manual therapy to alleviate pain, improve muscle control, and optimize function. This restoration of function translates into enhanced physical performance, improved confidence, and increased readiness for the demands of military service.

Pelvic health rehabilitation also emphasizes preventive care by aiming to address pelvic floor muscle dysfunction early to prevent the progression of symptoms and future complications. By promoting proper body mechanics, optimizing muscle function, and providing education on self-care strategies, service members can take proac-

tive steps to safeguard their pelvic health and prevent long-term symptoms outside of the clinical setting that cultivates long-term well-being and resilience.

The benefits of pelvic health rehabilitation extend beyond physical impairments. Pelvic health rehabilitation provides a safe and supportive space for service members to address the emotional and psychological impacts of pelvic floor muscle dysfunction. Providers empower service members to navigate their health challenges with resilience and confidence by offering education, guidance, and support. This holistic approach recognizes the interconnected nature of physical and mental well-being, thereby fostering an improved overall quality of life and performance.

Pelvic floor muscle dysfunction poses significant challenges for military service members. Women are especially prone to these unique health care conditions, which can greatly impact their physical and emotional well-being. By recognizing the importance of pelvic health and understanding the benefits of pelvic health rehabilitation, the military can effectively support service members' readiness and overall well-being. It is critical that leaders and clinicians both promote the utilization of comprehensive pelvic health rehabilitation resources and provide access to this readiness-enabling care to foster optimal physical and cognitive performance.

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Navy Expeditionary Medical Unit rotations provide ongoing support in the Middle East

By Chief Petty Officer Jeremy Smith
Naval Medical Forces Atlantic

The 30-member team conducted Role 2 enhanced (2E) shore-based capabilities at Erbil Air Base in Iraq, where they provided life, limb, and eyesight saving care to the U.S. Armed Forces, DoD civilian contractors, and multi-national coalition forces. They also provided critical support to the Role I and Role II facilities in the Eastern Syria Security Area (ESSA). Naval Medical Forces Atlantic (NMFL), Deputy Commander Capt. Shelley K. Perkins, praised the team for a job well done.

“Welcome home! You all should be so proud of what you accomplished throughout this deployment.” expressed Perkins. “You were reinforcing Navy Medicine’s expeditionary mission throughout this entire process, and you were the sustaining medical force capable of supporting joint and naval forces.”

Some of NEMU 10G-13’s highlights from deployment included support of

1,000 patient encounters, 12 surgeries, 80 medical and strategic evacuations, 50 patient movements to host nation hospitals, 26 mass casualty exercises, and 250 simulated patients. The unit delivered 224 hours of continuing medical education to medics, corpsman, nurses and physicians onboard EAB.

“Teamwork was the cornerstone of this deployment,” said NEMU 10G Commander Capt. Jerrol B. Wallace. “We brought this team together through arguably the toughest time of the year. We missed 90% of the major holidays, but through that we became family. This team built a bond that will last for years to come.”

Throughout the deployment, the NEMU 10G-13 tracked all COVID-19 cases and administered 2,000 influenza and 50 COVID vaccines. To fill a critical shortfall in blood product available in the country, the team ensured adequate numbers of screened donors for the walking blood bank were available within EAB,



U.S. Navy photo by Capt. Jerrol Wallace

Hospital Corpsman 2nd Class Freeman Morrison, a biomedical technician, left, and Lt. j. g. Andrew Mappus, an emergency room nurse, right, assigned to Navy Expeditionary Medical Unit 10- Gulf (NEMU 10G), Rotation 13, are monitoring an U.S. Army Medic Task Force Buckeye, 37th Infantry Brigade Combat Team, as he draws blood from an Army Soldier during the Walking Blood Bank screening rodeo, Dec. 20, 2022. NEMU 10G, Rotation 13 deployed in support of Operation Inherent Resolve to conduct Role 2 enhanced (2E) medical care shore-based capabilities at Erbil Air Base in Iraq for U.S. Armed Forces, civilian contractors, and multi-national coalition forces.



U.S. Navy photo by Capt. Jerrol Wallace

Hospital Corpsman 1st Class Joshua Thomas, left, monitors coalition force members as they treat a simulated casualty during the Inaugural Mass Casualty Olympics on Feb. 24, 2023. NEMU 10G, Rotation 13 deployed in support of Operation Inherent Resolve to conduct Role 2 enhanced (2E) medical care shore-based capabilities at Erbil Air Base in Iraq for U.S. Armed Forces, civilian contractors, and multi-national coalition forces.

which resulted in 200 servicemembers being ready to donate if warranted by the situation.

“What you accomplished over the past seven months was providing sustained naval medicine worldwide and being on the ready to give aid when called upon,” explained EMF-J Executive Officer Capt. Kenneth R. Basford. “Situations you encountered will be used to better the process in this ever-changing world.”

The team utilized medical partnerships with the host nation and allied forces, such as the EAB German surgical team, Netherlands dental team, and the Italian Role I to expand their medical care capabilities to support the warfighter by providing lifesaving medical interventions, diagnostic testing, radiologic services and cost savings for medical evacuations.

EMU 10 Rotation 14 relieved Rotation 13 on April 20 to continue the forward deployed medical readiness mission in support of Operation Inherent Resolve.

Six months prior to deployment, NMFL starts the work-up and certification phase prior to the mission. During this period, NMFL screened and selected personnel to fill vital manning positions, ensured medical screenings and pipeline training for specific billets, and equipping the unit with protective gear was completed. Once the manning phase was completed the unit was sent to Fort Bliss, Texas, to complete a 14-day combat skills course.

“The course was vital in creating unit

cohesion, familiarity with weapons and austere environment expectations for deployment,” said Hospital Corpsman 1st Class Mary Sigler, an action officer for planning, operations and medical intelligence department at NMFL.

Additionally, throughout the deployments, NMFL provides logistics and administrative support to the deployed unit. Information provided throughout the deployment ensures personnel are trained and qualified for the available equipment in the region.

Operation Inherent Resolve continues to work by, with and through regional partners to militarily defeat the Islamic State of Iraq and Syria, or ISIS, in order to enable whole-of-coalition governmental actions to increase regional stability.

NMFL, headquartered in Portsmouth, Virginia, delivers operationally focused medical expertise and capabilities to meet Fleet, Marine and Joint Force requirements by providing equipment, sustainment and maintenance of medical forces during combat operations and public health crises. NMFL provides oversight for 21 NMRTCs, logistics, and public health and dental services throughout the U.S. East Coast, U.S. Gulf Coast, Cuba, Hawaii, Europe, and the Middle East.

Navy Medicine – represented by more than 44,000 highly-trained military and civilian health care professionals – provides enduring expeditionary medical support to the warfighter on, below, and above the sea, and ashore.

• Badges (Continued from front page)

out working on some of my more technical skills to get kind of to the point where I'm at now."

Promotion points have doubled for the EFMB (as well as for the Expert Infantryman Badge and Expert Soldier Badge) as of April 1. According to U.S. Army Reserve Staff Sgt. Matthew Moxley, a psychiatric/behavioral health nurse with the 7452nd Medical Operational Readiness Unit out of San Diego, California and an EFMB holder as well as Tactical Combat Casualty Care (TCCC) lane grader for 2023 USAR EFMB, this recent change can incentivize more Army Reserve medical Soldiers to try out for future EFMB competitions.

"Schools are going to be much more important now that the promotion points that you get for the EFMB are doubled," said Moxley. "It used to be 30 points for an EFMB, but it is now 60 points. I think that these schools are going to become much more relevant and more popular as people realize that. I think that we will see a big influx of people wanting to go for the EFMB, as this is a huge one for any Soldier related to the medical field."

Following two weeks of arduous training and testing lanes, eight out of 49 competitors prevailed at the end and were announced as the EFMB recipients on May 12, during the awards ceremony here. Faulkner and Stoll were among the eight EFMB recipients, along with Wisconsin Army National Guard Sgt. 1st Class Talon Dumke of Madison, Wisconsin; U.S. Army Sgt. Jared Forshey from 6th Ranger Training Battalion out of Eglin Air Force Base, Florida; U.S. Army Capt. Carson Beatty from Dental Health Command out of Joint Base Lewis McChord, Washington; U.S. Army Reserve Maj. Vladislav Troshin from 377th Ground Ambulance Company out of White River Junction, Vermont; U.S. Army Reserve Capt. Ian Kai from 7454th MORU out of Joint Base San Antonio – Fort Sam Houston, Texas; and U.S. Army Reserve Capt. Devon Kooi from 7249th Medical Support Unit out of Houston, Texas.

U.S. Army Reserve Maj. Gen. Scott Lynn, commanding general of AR-MEDCOM, referenced the story of U.S. Army Pfc. Jesse Funk, a World War I-era Medal of Honor recipient, to illustrate the vital significance of Army medics.

"I don't bring this up purely to berate or anything like that, or to put a damp cloud on the celebratory occasion of you earning your EFMB," said Lynn. "I just do it to help you think about rounding out that three-legged stool, rounding out



U.S. Army Reserve photo by Staff Sgt. Christopher Hernandez

U.S. Army Reserve Maj. Gen. Scott Lynn, commanding general of Army Reserve Medical Command (AR-MEDCOM), Pinellas Park, Fla., gives a speech to congratulate the eight recipients of the Expert Field Medical Badge during the badge ceremony for the 2023 United States Army Reserve EFMB competition in Fort McCoy, Wis., May 12.

your experience and your ability to be that medic that we so desperately need in the Army and the nation."

"The reason that you are an Army medic is the same reason that he was: your nation needs you, and the Army needs you – both the organization and the individual Soldiers," Lynn said. "Once again, thank you for being here, thank you for your efforts and congratulations."

Several of the EFMB recipients have attributed some of their successes to the mentorship and guidance that helped to propel them in the right direction. Both Faulkner and Stoll share this sentiment; the latter naming several individuals to include Brig. Gen. Beth Salisbury, current deputy commanding general for



operations at the 3rd Medical Command Deployment Support out of Fort Gillem, Georgia, and Retired Col. Roger Boutin. "I'd like to thank" all of the current leadership that have given me this opportunity to participate in the EFMB – Maj. Gen. Scott Lynn, Retired Maj. Gen. Johnathan Woodson (current president of Uniformed Services University of Health Sciences), Command Sgt. Maj. Robert Boudnik, Col. Michael Kauffman, and Maj. Stacy Black," said Stoll. "Also, just the inspiration of former leaders of mine like Retired Brig.



U.S. Army Reserve photo by Staff Sgt. Christopher Hernandez

U.S. Army Reserve Capt. Devon Kooi, left, assigned to the 7249th Medical Support Unit, Houston, Texas, assists another Army Reserve Soldier in the performance of a two-person casualty carry during the 2023 United States Army Reserve Expert Field Medical Badge competition in Fort McCoy, Wis., May 9. Hosted by Central Medical Area Readiness Support Group, an AR-MEDCOM MARSOG out of Fort Sheridan, Ill., the two-week-long 2023 USAR EFMB featured 49 competitors that tested their mettle in a myriad Soldier and medical lanes in pursuit of the coveted and prestigious badge.

Gen. Stephen Sauter, Brig. Gen. Beth Salisbury, Sgt. Maj. Robert Bennett, Col. (Ret.) Roger Boutin and Retired Col. Richard Bailey. I had a lot of leaders that have always pushed me to be better, opportunities to make mistakes, and to learn and grow from them to make me a better person and Soldier altogether."

"I know that it has made me a better Soldier, and it is going to make the people around me better Soldiers as well and encourage ongoing excellence," Faulkner said.

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U.S. Army Reserve photo by Staff Sgt. Christopher Hernandez

U.S. Army Reserve Maj. Vladislav Troshin, left, of the 377th Ground Ambulance Company out of White River Junction, Vt.; Lt. Col. Douglas Faulkner, middle, of the 7453rd Medical Operational Readiness Unit (MORU) out of Mesa, Ariz.; and Capt. Ian Kai, right, of the 7454th MORU out of San Antonio, Texas; finish the 12-mile ruck march event in unison during the 2023 United States Army Reserve Expert Field Medical Badge competition in Fort McCoy, Wis., May 12.

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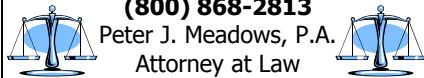
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Enlisted Marine couple say 'I do' to becoming Army Officers after completing Enlisted-to-Physician Program

By Ian Neligh

Uniformed Services University

A married couple proved the old adage “stronger together” when they successfully completed the Uniformed Services University’s (USU) Enlisted to Medical School Preparatory Program (EMDP2), getting one step closer to their dreams of becoming military physicians.

During a commissioning ceremony on May 19, 2nd Lt. Isaiah Gray and 2nd Lt. Destiny Gray raised their right hands and moments later transitioned from being enlisted Marines to Army officers. The Grays were among 23 other service members in this year’s EMDP2 graduating class.

“This ceremony confirms that you have met and exceeded the expectations of your service leaders whose confidence in your abilities led them to nominate you for this program,” said university president Dr. Jonathan Woodson, who presided over the commissioning ceremony. “It means that you have successfully completed the requirements to take you to the next phase of your careers, that you have demonstrated that you have the skills, commitment and dedication necessary to meet the rigorous challenges of medical school. And it means that you have earned our enduring respect for all that you have accomplished.”

Since 2014, the EMDP2 has offered a select number of promising enlisted service members a two-year pathway to a career as a military doctor. Students attend an intensive 24-month pre-med program, receive mentoring from USU faculty and prepare to take the MCAT – all designed to make them successful in their applications to medical school. While enrolled, those selected for EMDP2 keep their rank, salary, and benefits while attending George Mason University’s Science and Technology Campus in northern Virginia. Students must apply to USU for medical school, but may also apply through the military’s Health Professions Scholarship Program to other U.S. medical schools. Most graduates of EMDP2 choose to attend USU.

“I’ll say I think being married was a huge advantage,” said Destiny. “...and I think that our grades and our MCAT scores show it. We worked really hard and we held each other accountable.”

Destiny and Isaiah’s different approaches to studying helped them get through the challenging program.

“I honestly can’t picture having gone through EMDP2 without my spouse,” Destiny said. “I look at the rest of my class and it’s like, ‘how did you do it?’ Because we had a lot of teamwork. It was just incredible.”

‘Supreme confidence’

Originally from Minnesota, Isaiah said while he has always been interested in learning medicine, he enlisted because he



Photo by Tom Balfour, USU

On May 19, during the Enlisted to Medical School Preparatory Program (EMDP2) commissioning ceremony, 2nd Lt. Isaiah Gray (2nd from left) and 2nd Lt. Destiny Gray (3rd from left) became Army officers. The two are preparing to go to the Uniformed Services University’s (USU) medical school later this fall.

was initially interested in playing in a military band. After speaking with recruiters from the different branches, the Marines seemed like the best fit.

“There’s something about the Marines that really spoke to me,” Isaiah said. “Just the level of discipline that they had, the absolute supreme confidence with which they carried themselves. And I just got the sense the men and women that I talked to in that recruiting office would just be capable of absolutely anything. They were just the toughest people I’d ever met. So I really wanted to be like them, and I thought that I could do it.”

For her part, Destiny, from Long Island, New York, said in high school she took an aptitude test that said she would be a good fit as either a doctor or in military intelligence. Growing up, everyone in her family assumed she would become a doctor because of her interest in medicine.

“When I was nine, my grandpa had a pretty serious heart attack, and he lost almost all the functioning in his heart,” Destiny said. “He was in the hospital for a while, and it was super scary. And I was just left thinking, ‘I wish I could do the work that the doctors were doing for him,’ because they brought him back. My grandpa’s still alive and he’s still playing tennis and all these things, but it was doctors who were able to help him.”

She said it was just amazing she would go into medicine, but after the aptitude test, she grew interested in the idea of joining the Marines and then after briefly attending college, she did.

The Grays said becoming Marines was both a powerful and transformative experience for each of them. They both chose to go into linguistics, learning Pashto, and met while attending school at the Defense

Language Institute.

“We spent a lot of time together volunteering both in the color guard at the language school,” Destiny said. “We studied together, but we remained friends for a very long time.”

They got married in October 2019.

“I’m not afraid to say that I instantly had a crush on her,” Isaiah said. “And that never went away.”

‘An incredible advantage’

While both attended a language refresher course, they met with one of their former platoon commanders, who mentioned the EMDP2 program.

“He said, ‘you know, I don’t know if you guys have heard of this program, but I think you would both be a good fit for it,’” Isaiah said.

It was the first time they’d heard of EMDP2 but they were immediately intrigued.

“Obviously being together, we had known that [a] medical [career] was something we were both interested in,” Destiny said. “But when we heard about EMDP2 I thought, ‘oh man, wow, that sounds perfect.’ We kind of made up our minds that no matter what we did, we were going to do it together... I’m pretty sure it took less than a day for us to decide, ‘okay, we are gonna drive for this, just commit to it and do it together.’”

They both applied to the program – and were accepted.

I think that we had an incredible advantage over our peers,” Destiny said. “We were able to study on commutes together. We reviewed for every test together beforehand.”

While the Grays will certainly miss

serving in the Marines, as the branch doesn’t have its own military physicians (they are supported by the Navy), they say they’re both looking forward to the opportunity of becoming medical officers in the Army.

“Everyone is just so excited to have us be a part of the Army and be a part of the Medical Corps. And it’s just a really cool experience because now we’ll be able to say we’ve seen both (the enlisted and officer) sides,” Destiny said.

Isaiah added that graduating from the program after two years was a terrific experience, especially because he was surrounded by friends and family. During the commissioning ceremony, Destiny also sang the National Anthem.

“That was definitely one of the high points I’d say in my entire life,” Isaiah said.

Then, perhaps not surprisingly, the two received the phone call that they’d been accepted into the USU School of Medicine.

“We’re very excited to start at USU, especially because that’s where all of our support has come from for the last two years in the EMDP2 program,” Destiny said, adding they begin school this fall as part of the class of 2027.

The Grays are happy to stress how impactful the EMDP2 program was for them, and say they hope others discover it as they did.

And as they prepare for medical school and all the long hours that come along with it – the Grays know they’ll always have a reliable study partner.

For more information on the USU Enlisted to Medical Degree Preparatory Program, visit: medschool.usuhs.edu/academics/emdp2.

136th Medical Group train in the tropics

By Senior Airman Charissa Menken
136th Airlift Wing (Texas Air National Guard)

HONOLULU — Nearly 50 Texas Air National Guardsmen assigned to the 136th Medical Group, traveled in the wing's C130J Super Hercules to Tripler Army Medical Center (TAMC), Army Post Schofield Barracks, and Joint Base Pearl Harbor-Hickam to complete annual medical training requirements from May 13 through 27.

The Medical Group was selected to complete their Medical Facility Annual Tour (MFAT) training at Tripler Army Medical Center, Hawaii based on the unit's readiness rating compared to other units in the nation.

Colonel Daniel Rodriguez, 136th Medical Group commander stated, "Tripler was our number one choice and we got it because of our outstanding work maintaining unit readiness over the last three years. The advantages of this training are numerous, but being able to exercise as a unit helps to build confidence and camaraderie amongst the medical group."

Over the course of two weeks, the medical group airmen experienced a variety of different training exercises. Members had the opportunity to expand their skills in a new large-scale environment like TAMC; this facility has a diverse patient population, meeting the healthcare needs of active duty members, their dependents, and retirees. Members accomplished readiness and upgrade training in patient administration, emergency medicine, and public health.

This MFAT event provided clinical skills refresher training for the 136th Medical Group's members at a level III trauma center. The training is essential to the Comprehensive Medical Readiness Program (CMRP) Category I and Category II training requirements that prepare airmen to work in trauma or critical care settings. It is a large part of their four-year operational training plan, which prepares their En Route Patient Staging System (ERPSS) for a 2024 deployment vulnerability period.

Medical providers, nurses, medics, administrative support, and all other services of the 136th Medical Group honed their current skills and learned from their Army counterparts at TAMC, which expands joint task force operability in a real-world environment. 136th Airlift Wing Aerospace Medical Tech, Senior Airman Magut Abednego, speaks on what advice he would give younger airmen on annual training tours such as these.

"Always be ready to take on any task you are given because getting that opportunity is paramount to learning and growing. In this setting, I was able



U.S. Air National Guard Photo by Senior Airman Charissa Menken
Technical Sgt. Amanda Nichols and Senior Airman Magut Abednego both 136th Airlift Wing Aerospace Medical Technicians assess and apply emergency care for medical grade mannikin at US Army Installation Schofield Barracks, May 18, 2023. The Airmen received half a day of classroom review followed by real-world emergency medical training led by active-duty Army medical training instructors. This training is vital for the 136th Medical Group's next deployment cycle as well as enforces joint task force operability in a real-world environment.

to learn as a medical tech."

Magut shares the benefits of training with other branches during the MFAT.

"Getting to do this training with the other branches, not just the Airforce always helps. Once we deploy we will work as one and we will be able to go anywhere."

The U.S. Army Installation at Schofield Barracks offered a specialized medical simulation day, Thursday, May 18, 2023. Over 10 participants from medics to providers were put to the test for half a day of classroom review followed by an interactive simulation with six medical grade manikins. This training included providing emergency medical attention, practicing carrying

and transporting the patients, as well as the possibility of navigating care during pungent smells, flashing lights, fog, and fake blood in the facility's "blood room". 136th Medical Group Clinical Nurse Maj. Kris Dudas shares the value of having the opportunity to train in simulated environments.

"Our nurses typically work in clinical environments but our medical techs are normally students or just getting started in the medical field, this training is invaluable to them when it comes to preparing our airmen for deployments when you may not have all the resources you need compared to working in a civilian environment."

Throughout the two weeks of annual

training, personnel was challenged in new settings; they practiced integration skills crucial for joint task force medical deployments and domestic operations and learned valuable skills at a large and advanced treatment facility. Rodriguez gave his final remarks regarding the experience for the medical group.

"I hope my team appreciates this opportunity and understands that their hard work is what got them here. Having the ability to live and work together for two weeks fosters a bond that is essential to future successful missions. Furthermore, this type of experience is extremely important to the retention of highly qualified medical personnel and could not come at a better time."



Did you know...

- **The army is older than the country itself.** George Washington led the first continental army in June of 1775. This means that our army predates our country by more than one year.
- **The army is responsible for mapping out the U.S.** Military engagement may not have been the focus, but the Lewis and Clark expedition of 1804 were an army unit. Today they're mostly remembered as explorers. The group traveled about 4,900 miles over the course of two years and four months, eventually landing themselves in history books forever.
- **The military used submarines as early as the revolutionary war.** Most people probably think of submarines as fairly modern inventions that date back no more than a hundred years. However, the world's first use of a submarine in warfare took place in 1776 when the American vessel The Turtle attempted to attach a time bomb to the bottom of the British ship Eagle in New York harbor. It was hand powered and could only accommodate one person aboard. Unfortunately, the mission failed, and the bomb blew up far away from its intended target.
- **The military built a giant robot in the '60s.** In 1968, the Army developed CAM, or Cybernetic Anthropomorphous Machine, a robot whose purpose was to help soldiers carry equipment through rugged terrain for long distances. CAM was controlled by hand and foot movements with hydraulic valves. The robot weighed over 3,000 pounds.



Physician



PHYSICIAN - FAMILY MEDICINE

Vista Community Clinic is a nonprofit organization located in San Diego, Riverside and Orange Counties working to advance community health and hope by providing access to premier health services and education for those who need it most.

Position: Full-Time, Part-Time and Per Diem Family Medicine Physicians.

Responsibilities: Provide outpatient care to clinic patients and ensures quality assurance. Malpractice coverage is provided by the clinic.

Requirements: California License, DEA License, CPR and board certification. Bilingual English/Spanish preferred.

Contact: Visit www.vcc.org for more information. Forward CV to hr@vcc.org or fax to 760-414-3702. additional positions available

Salary (Full Time): \$239,000 – \$260,000/year

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Mental Health

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- Advanced Care Practitioners: Salary: \$8589.00 - \$14,802.00 Monthly
- Clinical Pharmacists: \$120,132.00 - \$142,788.00 Annually
- Correctional Mental Health Counselors 2 - \$4,931.00 - \$6,630.00 Monthly
- Dental Assistant: \$4,359.00 - \$5,857.00 Monthly
- Dentist: \$140,376.00 - \$188,844.00 Annually
- Health Records Technician: \$4,057.00 - \$5,444.00 Monthly
- Imaging Technologist: \$4,257.00 - \$5,717.00 Monthly
- Program Specialist - Substance use disorder Professional: \$57,324.00 - \$77,028.00 Annually
- Licensed Practical Nurse: \$4,694.00 - \$6,312.00 Monthly
- Medical Assistant: \$3,787.00 - \$5,047.00 Monthly
- Patient Service Representative: \$3,701.00 - \$4,931.00 Monthly
- Psychiatrist: \$16,869.00 - \$22,691.00 Monthly
- Psychologist: \$115,200.00 - \$154,920.00 Annually
- Sex Offender Treatment Specialist: \$5,578.00 - \$7,495.00 Monthly
- Psychology Associate: \$6,630.00 - \$8,696.00 Monthly
- Registered Nurse: \$6,709.00 - \$10,999.00 Monthly

Washington State Department of Corrections has multiple opportunities throughout the state for professional healthcare providers!

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The Health Services Division is responsible for basic primary care for incarcerated adults. Emphasis is placed on early identification of health concerns, acute and chronic health problems, and preventive care. Providers offer medically necessary and quality care in accordance with the Department's Offender Health Plan.

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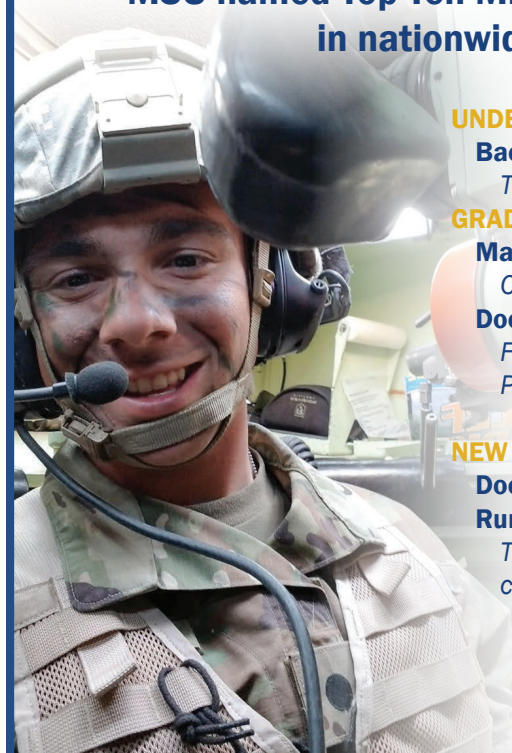
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Mental Health



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Physician



PennState Health

Penn State Health is a multi-hospital health system serving patients and communities across 29 counties in central Pennsylvania. It employs more than 16,800 people systemwide.

The system includes Penn State Health Milton S. Hershey Medical Center, Penn State Health Children's Hospital and Penn State Cancer Institute based in Hershey, Pa.; Penn State Health Hampden Medical Center in Enola, Pa.; Penn State Health Holy Spirit Medical Center in Camp Hill, Pa.; Penn State Health Lancaster Medical Center in Lancaster, Pa.; Penn State Health St. Joseph Medical Center in Reading, Pa.; and more than 3,000 physicians and direct care providers at 90+ unique medical office locations. Additionally, the system jointly operates various health care providers, including Penn State Health Rehabilitation Hospital, Hershey Outpatient Surgery Center, Hershey Endoscopy Center and Pennsylvania Psychiatric Institute.

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