

MEDICAL NEWS

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Resilient in Romania: Soldiers have resources to deal with deployment stress

By Staff Sgt. Kris Bonet
24th Theater Public Affairs Support Element

The U.S. Army has a commitment to the health and welfare of its Soldiers through the programs offered to take care of the mental readiness of the troops. Whether at home or overseas, Soldiers must not only be physically fit but also must take care of their mental well-being.

Incoming personnel at all Army bases and theaters around the world are briefed on the availability of these resources as soon as they arrive.

The Red Cross Service to the Armed Forces provides humanitarian support to service members, veterans, Department of Defense civilians and their families. It is also mandated by Congress to verify an emergency for a Soldier and provide emergency communications.

Antoinette Williams is the American Red Cross site lead for Camp Mihail Kogalniceanu Air Base, Romania and Novo Selo Training Area, Bulgaria. She assists service members with emergency communications and provides resiliency opportunities.

"I enjoy most that I can communicate with them without being a supervisor," said Williams. "We talk openly about things that interest them as well as some of the struggles they may encounter during their military service. I am a non-threatening resource."

Williams is a retired Airman who has been in some of the same situations as the deployed Soldiers that she assists.

"I have been the recipient of emergency messages and I remember how it felt to have someone assist me during the difficult days that

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(Photo By Derik Crotts)

Students prepare to transition the victim off the cliff during the high angle rescue portion of their Cold Weather Mountain Medicine Course.

Cold and ice test military medical professionals adaptability

By Derik Crotts
Defense Health Agency

As students nervously attached their crampons they can see their instructors cautiously ascending the icing path to setup the response scenario. In this case, a victim who had been injured and exposed to the cold for nearly 12 hours. "Remember, the provider should be waiting on the patient. The patient should not have to wait on the provider," blared the instructor.

The Uniformed Services University of the Health Sciences (USU), and its School of Medicine and Graduate School of Nursing, is renowned for producing some of the world's medical leaders for the Military Health System. Recently, several military medical professionals gathered at the US Army Mountain Warfare School (USAMWS)

to gain new skills designed to increase their readiness and understanding of the challenges faced in the operational environment. In this case, the cold, ice, and snow. The Cold Weather Mountain Medicine and Avalanche 1 course takes place in Jericho, Vermont and is a Military Operational Medicine elective course for USU students. This nine-day course covers advanced mountain medicine in the cold and austere environment, as well as an introduction into avalanche response basics. The course is taught by instructors from USU, USAMWS and the Austere and Wilderness Medicine Fellowship (AWMF), Madigan Army Medical Center.

"By the time they get to this course, they have already completed nearly 50 hours of wilderness medicine

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• Adaptability

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(Photo By Derik Crofts)

(Left) Screwing the anchor into the wall helps students create secure points to tie off on during their ice ascents, as part of the Uniformed Services University of the Health Sciences (USU) Cold Weather Mountain Medicine Course.



training,” said Dr. Matthew Welder, Assistant Professor, Operational Readiness, USU and Co-Director of the course. “Completing the course not only counts toward a Diploma in Mountain Medicine (DiMM) rating (USU is one of only three programs in the United States that can award a DiMM certificate) but significantly improves the readiness of our medical force.”

Welder knows first-hand the need to have medical providers trained in a variety of response situations. Just a little more than a week after graduating from USU, Welder found himself in the operational environment when he was deployed to Fallujah, Iraq.

“I quickly learned that while I had been trained very well as a hospital provider, I wasn’t necessarily ready to apply my skills effectively in the operational environment,” said Welder. “The Military Operational Medicine elective was designed to help decrease the readiness delta and help students understand how to function in austere settings.”

While the Military Operational Medicine electives may vary, the three main courses include Military Mountain Medicine, offered four times a year; Cold Weather Mountain Medicine and Avalanche 1, currently offered twice a year and moving to three times annually starting in 2020; and Dive Medicine and Rescue, conducted twice annually.

“In many cases these medical students have just learned how to function in a hospital environment, and now they are placed in a totally different setting with limited resources and in unfamiliar terrain, but must learn how to apply their knowledge in a manner that does no harm – to both themselves and the patient,” said Dr. Ian Wedmore, COL (MC) and Co-Director of the Course.

The mission of the Military Health System is to enable the National Defense Strategy by ensuring a medically ready force, a ready medical force, and improved health of all those entrusted to its care. According to Welder, this training is perfectly aligned with that mission.

“We have four readiness goals for the training – Emotional, Physical, Clinical and Operational,” said Welder. “We assess the student’s ability to react and perform their medical skills in an austere environment when placed in uniquely stressful situations (emotional). At the same time, we’re able to observe their performance after exertion and using the gear required for their and the patients movement in, around, and through the environment (physical). We help them to understand how to take the didactic skills (clinical) used in the Military Treatment Facility (MTF) and transform them to the environment. Finally, the confidence and skills gained help them develop the ability

to interact with and become an asset to the line (operational) units.”

These readiness goals and environmental challenges are exactly what the students expect to achieve and overcome during the training.

“I’m interested in the emotional readiness aspect of the course and how the environment impacts the response,” said 1LT (P) Hannah Martinez, a Clinical Psychologist and USU student. “I’m here to show what psychologists can bring to the table in this environment, and how they can and should be integrated into the operational setting.”

This is precisely the type of adaptation the directors of the training are seeking to accomplish.

“Readiness is more than volume acuity and diversity in a hospital,” added Welder. “While that prepares you clinically, and is extremely important, it doesn’t always transfer well to the operational environment. Our goal is to expose the medical and nursing students to the environmental diversity and help them learn how to apply their skills in a variety of environmental settings.”

According to Wedmore, success in the training and the environment comes down to physical and mental flexibility.

“Everyone we train in the military medicine are among the best at what they do, but they don’t necessarily know how to adapt their skills outside of the hospital setting,” said Wedmore. “The people who excel are the ones in reasonably good physical condition and have the mental flexibility to know you don’t always need to treat a patient in a certain manner or always use a certain piece of equipment.”

For many of the students this is the first time they have been placed in an austere environment, and the challenges of working in that environment can be daunting. Learning how to overcome these challenges are critical to mission success.

“If you don’t know how to apply a skill or a piece of equipment in the environment where you’re operating, then you’re battling the environment and not the enemy,” said LTC Matt Brown, Commander, USAMWS. “They learn this in first few days of the training.”

“I’ve never been ice climbing and have a fear of falling to my death and functioning in the cold that I must overcome,” said Dr. Genevieve Hillis, a course student and a US Army Captain and acting Emergency Room (ER) Chief at Fort Carson, Colorado.

Hillis also pointed to the fact that communication is important in any setting but especially in one where unfamiliarity exists. While very skilled at what they do, the students found the training helped them identify communication gaps.

“There are challenges in the course created by all the levels of skill people involved bring to the training,” said Hillis. “Because of this, the communications dynamics can be interesting. While I know how an ER works, and know my staff well, so in that environment the communication flows easily and effectively. However, put me in this cold weather

setting, with new people and unfamiliar equipment and communication and effectiveness is tested.”

Pushing the students outside of their specialty area and their comfort zones is what the training was designed to accomplish. Ultimately, the course helps to bridge the awareness gap between the medical personal in the ER and the medic in field.

“They learn many new skills and gain confidence in a different environment and, in the process, it builds resiliency,” said SFC Jeremy Neskey, Senior Medic Instructor, Army Mountain Warfare School. “It grows their knowledge base and moves them out of the technical aspects of medical support and more into the practical.”

“It helps them to look at things differently,” added Neskey. “Things in the woods or on the side of cliff are a lot different than they are in the ER.”

“When we fight it’s never in ideal settings or circumstances and rarely do you have everything you need or expect,” added Brown. “This training helps the medical professional learn how to adapt.”

While the training helps enhance the readiness and adaptation of medical and nursing students for the operational environment, the partnerships between USU, USAMWS and AWMF has proved mutually beneficial.

“Until we started supporting this training I knew nothing about USU or AWMF and the training provided to military medical professionals,” said ISG Thomas Kontos, USAMWS. “This partnership has been tremendous and allows us to train service members in skill sets that are needed in the field, and should be the norm for all military medical personnel, not the exception.”

“It’s been a great partnership,” added Brown. “USU, and the students going through the training, bring in a skill set and medical expertise that helps build the skills of our trainers. While at the same time, our training helps to enhance the capabilities of military medical support. It’s a win-win.”

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(U.S. Air Force photos by Tech. Sgt. Shawn Nickel)

Local residents walk past their animals on the way to meet U.S. Soldiers with the 403rd Civil Affairs Battalion, Functional Specialty Cell's Veterinary Team, assigned to Combined Joint Task Force-Horn of Africa, during a veterinary civic action project (VETCAP) in the remote community of Oulma, Djibouti, on Feb. 14, 2019. The purpose of Civil Affairs VETCAPs is to build relationships with local community animal health workers and the Djiboutian Ministry of Livestock via animal health surveillance and to improve knowledge, skills, livestock medicine and best practices.

U.S. Army veterinarians visit remote Djibouti village to promote herd health

By Tech. Sgt. Shawn Nickel

Combined Joint Task Force - Horn of Africa

U.S. Army Soldiers from the 403rd Civil Affairs Battalion Functional Specialty Team, assigned to Combined Joint Task Force-Horn of Africa, visited Oulma, Djibouti, Feb. 14, as part of a pre-deployment site visit.

They spent time at the remote village, which survives on goat herding and

vegetable gardening, to engage local pastoralists, promote better herd-health management and facilitate communication for future engagements during veterinary civic action projects.

"With each region being different economically and geographically, you can't take a canned approach to meeting the needs of each group," said U.S. Army Lt. Col. Leah Tingley, a veterinarian assigned to the 403rd CA battalion. "The

key is to get out there and listen to the people and what they need, so we can develop a plan to make a sustainable impact."

The purpose of Civil Affairs VETCAPs is to build relationships with local community animal health workers and the Djiboutian Ministry of Livestock via animal health surveillance, and to improve knowledge, skills, livestock medicine and best practices.

Tingley said that approximately 80 percent of the country relies on agriculture, and improving practices will help Djiboutian communities in the long run as best practices are learned and shared.

With hundreds of animals utilized as food, income and transportation in the Oulma area, having healthy herds is important to improve quality-of-life and sustain the livelihood of the residents and nomads who reside in the oasis location.

"Goats are one of the staple foods here," said Ahmed Ousman, an interpreter and 12-year resident of nearby Obock, Djibouti. "Most families own several

animals that are used for milk, butter and meat. With the Army coming to educate owners and treat animals, there has been a continual improvement in herd health."

Although the VETCAP was aimed to improve herd health, Tingley said there are benefits both ways. She stressed the importance of the experience her team gains while encountering animals they will most likely never see in a traditional U.S. environment.

"It's rewarding to see the light in peoples eyes when they learn something new, but also the other way around when these people help me learn something and the light just turns on," Tingley said. "I can't help but smile."

Serving under the CJTF-HOA, the CA battalion's mission is spread across the combined joint operations area, ranging from veterinarian and medical assistance training to security training, in countries like Tanzania, Uganda and Kenya, to English discussion groups here in Djibouti -- all while working with leaders to foster a safe, stable, and secure Africa.



U.S. Army Lt. Col. Leah Tingley, a veterinarian assigned to the 403rd Civil Affairs Battalion, Functional Specialty Cell Veterinary Team, assigned to Combined Joint Task Force-Horn of Africa, checks a goat's health while meeting with local pastoralists to promote better herd-health management and to facilitate communication for further engagements during a veterinary civic action project (VETCAP) in Oulma, Djibouti, Feb. 14, 2019. The purpose of civil affairs VETCAPs is to build relationships with local community animal health workers and the Djiboutian Ministry of Livestock via animal health surveillance and to improve knowledge, skills, livestock medicine and best practices.



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• Stress (Continued from front page)

followed,” Williams said. “I have no choice but to care about this generation of heroes.”

Another asset available to

Soldiers deployed to the Black Sea area is the Military and Family Life Counseling Program. This program provides non-medical, short-term, situational problem-solving counseling to Soldiers and their families.

Virginia Novak is the current MFLC licensed clinical social worker available to assist Soldiers with their needs at Mihail Kogalniceanu.

The MFLC provides counseling to service members so that they can develop life skills such as anger management, communication, resolving of relationship issues, parenting, conflict resolution, and homesickness. Information provided to a MFLC counselor is kept confidential, except to meet legal obligations or to prevent harm to self or others.

Antoinette Williams can be reached at building 1305B, DSN number 656-5100. Virginia Novak can be reached at building 7106, telephone number +40-729-449-265.



(U.S. Army photo by Staff Sgt. Kris Bonet)

Antoinette Williams, the American Red Cross site lead at Camp Mihail Kogalniceanu Air Base, Romania, spends time with Staff Sgt. Adam Martin, a M1 Abrams battle tank mechanic with 1st Battalion, 16th Infantry Regiment, 1st Armored Brigade Combat Team, 1st Infantry Division, Feb. 21, 2019. The Red Cross Service to the Armed Forces is mandated by Congress to verify an emergency for a Soldier and provide emergency communications.

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Dr. Clayton Ramsue, MD, Retired Lt. Col. US Air Force
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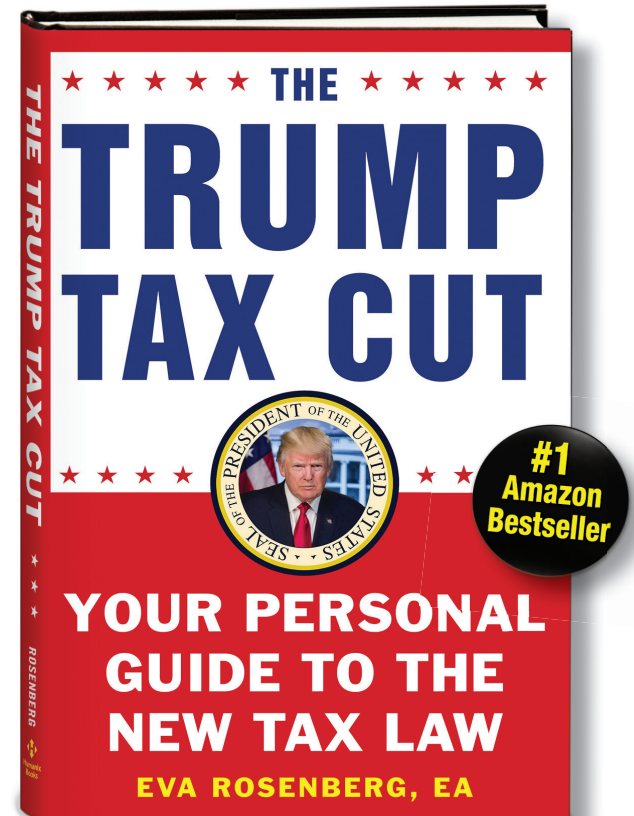
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WBAMC becomes only laparoscopic surgery test site in region

By Marcy Sanchez

William Beaumont Army Medical Center
Public Affairs Office

William Beaumont Army Medical Center was recently reaccredited as a testing site for The Society of American Gastrointestinal and Endoscopic Surgeons (SAGES)' Fundamentals of Laparoscopic Surgery (FLS), the only medical facility to be designated as such in nearly a 400-mile radius.

The designation allows Graduate Medical Education (GME) residents to complete required courses of study for GME programs at WBAMC, and prepare for assignments elsewhere. Additionally, FLS aims to improve the quality of care for patients undergoing laparoscopic surgery while providing a validated tool to measure fundamental knowledge and skills necessary for laparoscopic surgery.

"The American Board of Surgery requires FLS certification for all graduating general surgery residents, so every graduating resident across the country needs to have FLS certification," said Lt. Col. Eric Ahnfeldt, chief of General Surgery Residency Program at WBAMC. "(Surgeons) can only get certified at an accredited FLS testing center. That accreditation process is pretty rigorous, they make sure the site has the right equipment, very specialized equipment, make sure the proctors are trained to administer the tests and the hands-on portion."

According to SAGES, hands-on testing includes evaluating dexterity and psychomotor skills through simulated laparoscopic manipulation including instrument navigation, coordination, and cutting / knot-tying. A total of five hands-on tasks must be completed within prescribed time limits, and with no errors.

Prior to the designation, general surgeons and residents in the El Paso area wishing to test for FLS would need to travel about 400 miles before



(Photo By Marcy Sanchez)

Capt. Derek Kirby, medical resident, General Surgery Program, William Beaumont Army Medical Center, practices laparoscopic techniques using pegs on a laparoscopic simulator at WBAMC's Simulation Center, Feb. 25. WBAMC was recently recognized as a Fundamentals of Laparoscopic Surgery (FLS) testing site, the only medical facility to be recognized as such in a 400 mile radius. This recognition will allow medical residents and physicians to attain the certification locally, a requirement for graduating general surgery residents.

reaching the next test center. Thanks to the WBAMC Simulation Center's efforts, not only do WBAMC Graduate Medical Education residents avoid a long trip but, through a memorandum of agreement, other local, non-military medical residents are afforded FLS opportunities at WBAMC as well.

"It's a great turnaround investment," said Ahnfeldt, who also championed FLS accreditation at WBAMC. "We send our residents out every year and they go all over the country (specifically for FLS designation). Now we're

able to train them here and are proud to be able to test them here."

"Laparoscopic Surgery has been an evolving technology for many years," said Dr. John Schriver, director of Graduate Medical Education at WBAMC. "The acceptance of minimally invasive surgery began a rapid advancement and technological improvement in the 1990's. Today it has become a standard of care for many procedures and is recognized as

a surgical subspecialty."

The minimally invasive surgical technique has spread beyond general surgery to other specialties such as obstetrics and gynecology, becoming a requirement for those residents just last year.

"(FLS) establishes an additional objective measure that all U.S. Surgery Residents and Obstetricians and Gynecologists applying for primary specialty certification must meet," said Schriver. "The goal is to assure residents have an opportunity to learn the fundamentals of laparoscopic surgery in a consistent, scientifically accepted format and to test cognitive, surgical decision-making and technical skills, all with the goal of improving the quality of patient care."

The process for designation consisted of agreements with local health science centers and residency programs, to maximize the value the program will have in the Texas Borderland.

"This is one of those many times that we came together as an institution to make something extraordinary occur," said Thomas Soto, simulation administrator, WBAMC Simulation Center.

According to Schriver, the six-year-long General Surgery Program admits four residents per year, with eight additional residents located in local residency programs. The FLS designation will allow those medical residents the opportunity to test locally, avoiding the time and expense of long travels to other testing sites.

"The FLS is also leading us to great partnerships with local hospitals for residents to use our simulators for their certification," said Ahnfeldt.

The center was also recently recertified as a test center for the Fundamentals of Endoscopic Surgery (FES), by SAGES, another prestigious designation for medical centers.

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First class care for bulldog brigade mascot

By Maj. Anthony Clas
3rd Armored Brigade Combat Team,
1st Armored Division Public Affairs

CAMP HUMPHREYS, Republic of Korea – Care for military working dogs and government-owned animals is not taken lightly in the military; and there are many quality control measures in place to ensure these service animals are getting the care they deserve to accomplish their mission.

Spc. Tank Chester, English bulldog and mascot for 3rd Armored Brigade Combat Team “Bulldog,” 1st Armored Division (Rotational) had surgery to fix a condition called entropion, which occurs when the eyelids roll in, irritating the eye, at Camp Humphreys, Republic of Korea, Feb. 20.

“Certain breeds will get this condition (entropion) due to having excess skin on their face, so when the eyelids roll in, the hair on their eyelids is irritating the eyelid or actually the eyeball and they tear up a lot,” said Capt. Sean Curry, a native of Wooster, OH, veterinarian with the 106th Veterinary Detachment, 65th Medical Brigade. “In Chester’s case, he’s got extra skin folds, so he has water eyes, the water gets down in the skin folds, and it creates a moist environment, which results in bacterial and fungal infections.”

U.S. Army dog handlers and animal control officers spend a lot of time working with veterinarians and veterinary technicians to coordinate care for military service animals like Chester due to the diverse operational requirements placed on these animals.

“Taking care of Chester is a lot like having your own dog, except for there’s more time invested in him because that’s my purpose, just like if he was one of my soldiers,” said Cpl. Mitchell Duncan, a native of New York, animal control officer with 3rd Armored Brigade Combat Team, 1st Armored Division. “It’s my job to make sure that he’s taken care of and since he’s a government-owned animal there are certain procedures we must follow. He’s required to have monthly visits to the vet, and he’s required to maintain a certain weight and health standard. Prior to becoming his handler, I received training from the veterinary technicians which covered everything from emergency care to daily standard maintenance.”

Chester’s entropion surgery was a success and it is the second one he’s endured since he and the Bulldog Brigade arrived to the Republic of Korea in the fall of 2018. Fortunately for Chester, his health and welfare are not only important to Duncan and the Bulldog Brigade, but also one of the biggest reasons why Curry has chosen to serve.

“Dogs like Chester and the working dogs are why I do what I do,” he said.



Cpl. Mitchell Duncan, a native of New York, animal control officer with 3rd Armored Brigade Combat Team, 1st Armored Division, sits with Spc. Tank Chester, English bulldog and mascot for 3rd Armored Brigade Combat Team “Bulldog,” 1st Armored Division, as the 106th Veterinary Detachment prepares to conduct entropion correction surgery on Chester, which is designed to correct his eyelids from rolling in, causing irritation of the eye, at Camp Humphreys, Republic of Korea, Feb. 20.

They’re just unique animals. They represent the unit, and if I can spend the day helping Chester feel better, or helping a working dog complete his job and save soldiers’ lives, then that’s a great day for me.”

(Right) Capt. Sean Curry, a native of Wooster, OH, veterinarian with the 106th Veterinary Detachment, gives two-thumbs up signifying a successful entropion correction procedure for Spc. Tank Chester, English bulldog and mascot for 3rd Armored Brigade Combat Team “Bulldog,” 1st Armored Division



(U.S. Army photos by Sgt. Alon Humphrey)

Capt. Sean Curry, a native of Wooster, OH, veterinarian with the 106th Veterinary Detachment, conducts an entropion correction procedure for Spc. Tank Chester.




Spc. Tank Chester, English bulldog and mascot for 3rd Armored Brigade Combat Team “Bulldog,” 1st Armored Division, is sedated in preparation for an entropion correction surgery.





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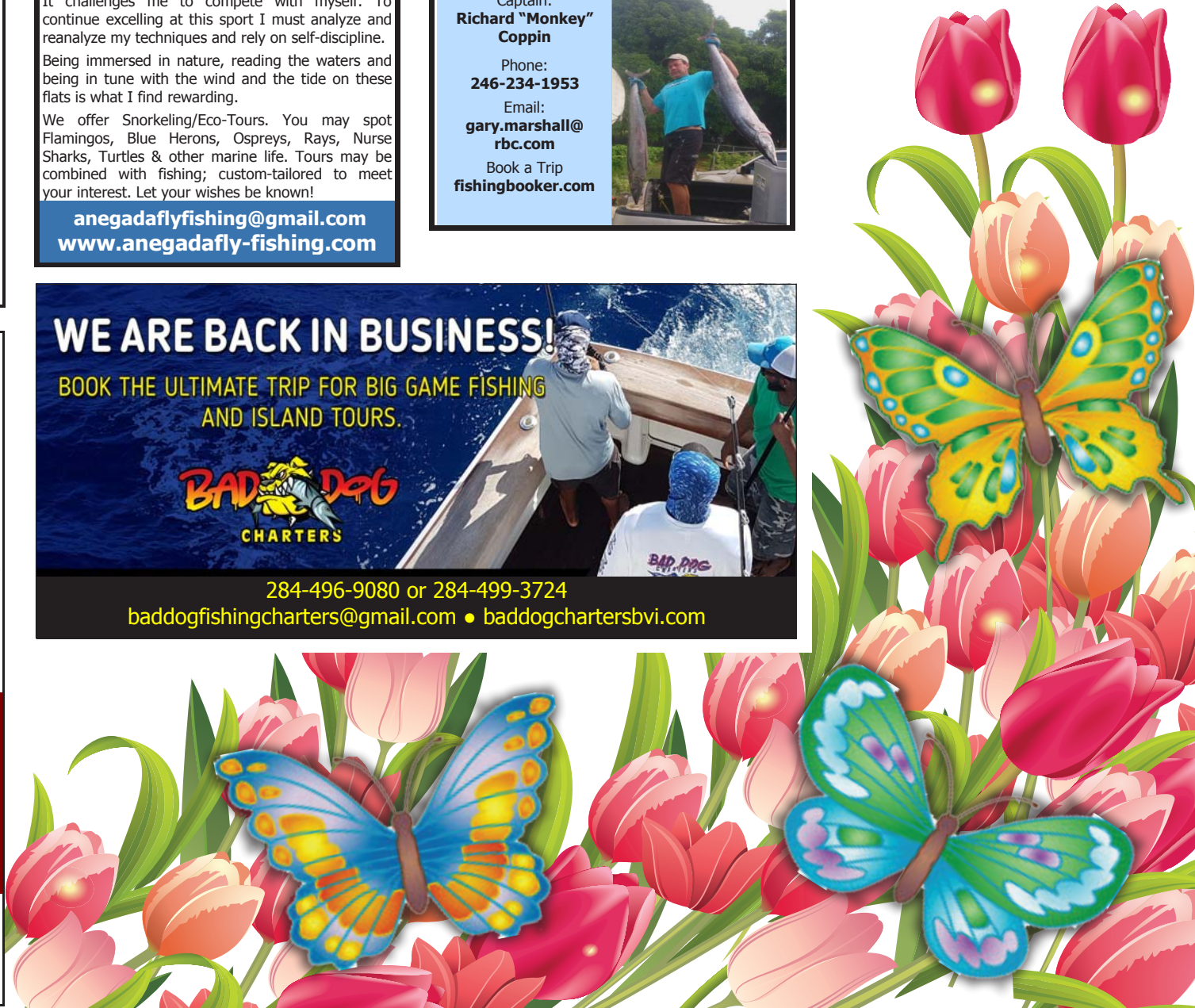
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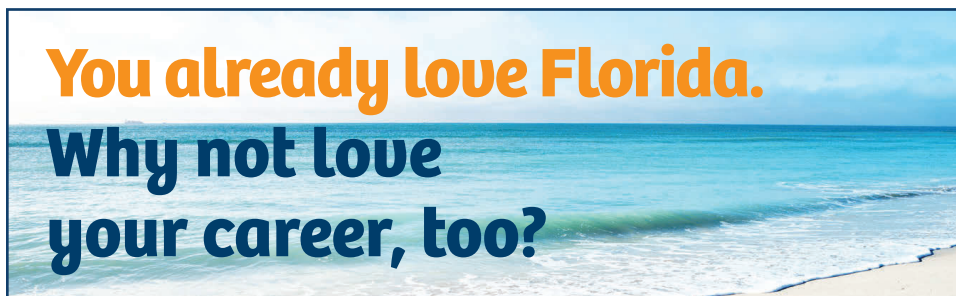
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To learn more, contact Cynthia Fiorito, Medical Staff Recruitment at **484-628-6737** or **Cynthia.Fiorito@towerhealth.org**.

