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USU study:

If you have COVID-19, it's rare you won't have symptoms

By Sarah Marshall
Uniformed Services University

Trina Bailey* was not in a rush to get her COVID-19 vaccination. The healthy 27-year-old was a little hesitant since the vaccines were issued under the Food and Drug Administration's Emergency Use Authorization, and not fully approved. Bailey felt she would take her chances in the meantime, since she had no underlying medical issues. Besides, she had read reports stating that many people get COVID and never know it; they never have symptoms, so how bad could it be? However, it wasn't too long before Bailey started experiencing body aches, fever, sinus pressure and coughing, and was diagnosed with COVID.

The reports Bailey refers to may be in error, according to a new study by researchers at the Uniformed Services University of the Health Sciences (USU). The team suggest that COVID infection without symptoms in generally healthy unvaccinated adults is significantly less common than previously reported. The study, "Prospective assessment of symptoms to evaluate asymptomatic SARS-CoV-2 infections in a cohort of healthcare workers," was published Feb. 14 in Open Forum Infectious Diseases.

The USU scientists sought to define the frequency of asymptomatic COVID, which has been an elusive goal throughout the pandemic. Between August 2020 and February 2021, they followed a group of uninfected, unvaccinated healthcare workers at Walter Reed National Military Medical Center. The healthy study participants, whose age averaged about 41 years old, had not previously had COVID, had no COVID antibodies, and were not among those considered at higher risk for infection.

The study team established a baseline for each participant, and had participants self-report every day they had any symptoms using a questionnaire that measured severity, frequency, and duration of 34 different symptoms in different areas: nasal, throat, eye, chest, gastrointestinal, body/systemic, and sense (taste/smell).

See STUDY, Page ?

Photo by Jose Rodriguez

The U.S. Army Medical Center of Excellence Command Team, Maj. Gen. Dennis LeMaster, alongside Cmd. Sgt. Maj. Clark Charpentier, back center, pose with the new STRIDE, or systemic respect, tolerance, resilience, inclusion, dignity and equity program Soldier advocates, the 32d Medical Brigade Command Team, and representatives from the Brigade Equal Opportunity Leaders, Sexual Harassment/Assault Response and Prevention Coordinators, Victim Advocates, Unit Ministry Teams in front of the Command Headquarters Building, Joint Base San Antonio-Fort Sam Houston, Texas, on Feb. 15.

MEDCoE appoints first STRIDE peer advocates

By Tish Williamson
U.S. Army Medical Center of Excellence

JOINT BASE SAN ANTONIO-FORT SAM HOUSTON, TX –The U.S. Army Medical Center of Excellence (MEDCoE) implements a new strategic program to help eradicate harmful behaviors that erode Army values within the organization and to further the Army's people first initiative.

The program is called "STRIDE," an acronym for systemic respect, tolerance, resilience, inclusion, dignity and equity. The initiative was kicked off in a ceremony hosted by the 32d Medical Brigade Command Team, Col. Marc Welde and Cmd. Sgt. Maj. Gilberto Colon, on February 15, adjacent to the MEDCoE headquarters, Joint Base San Antonio-Fort Sam Houston, Texas.

Also in attendance were the MEDCoE Command

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U.S. Army photo by Staff Sgt. Alan Brutus

Soldiers and Marines stand in formation as graduates of the U.S. Army Jungle Operations Training Course at Schofield Barracks, Hawaii on Jan. 28. JOTC is a 12 day course that teaches basic jungle tactics and survival skills.

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Medics learn unique lifesaving skills

By Staff Sgt. Alan Brutus
3rd Infantry Brigade Combat Team, 25th Infantry Division

The 25th Infantry Division takes pride in being jungle experts and this is on display every few weeks as another class of students gather as graduates of the only Jungle Operations Training Course in the U.S. Army.

The Jungle Operations Training Course teaches Soldiers squad level tactics and survival skills necessary to operate in various jungle environments, which is what the Army would likely find itself fighting in if there were to be a conflict in the Pacific.

While many of the Soldiers assigned to the 325th Brigade Support Battalion, 3rd Infantry Brigade Combat Team, 25th Infantry Division have completed JOTC, the medical company recognized a training gap that they decided to fill on their own.

"The Soldiers are not taught this type of medical training at AIT or at jungle school because the focus is more on trauma and trauma management," explained the 325th BSB Emergency Physician Capt. Kaitlin Harper. "We thought we could fill this training gap with a short week of training focused on realistic scenarios they may face throughout the jungles of the Pacific."

While there is not a lot that can kill a human in the Hawaiian jungles, aside from falls and drowning, this is not the case in other areas of the Pacific. Outside of Hawaii, it would be commonplace for Soldiers to encounter venomous snakes, waterborne illnesses, and a wide range of insects that carry diseases.

Harper further explained, "In the 25th ID we deploy throughout the Pacific for training and if needed for future conflict. This specific type of medical training is important because the reality is that these are things we will very likely face when we do go forward even though they aren't things we face every day here in Hawaii."

U.S. Army photo by 2nd Lt. Sarah Martin

Medics assigned to 325th Brigade Support Battalion, 3rd Infantry Brigade Combat Team, 25th Infantry Division practice moving a patient through jungle terrain using the one rope bridge method at Schofield Barracks, Hawaii on Feb. 24.

Staff Sgt. Able Carlos, a medic and operations noncommissioned officer assigned to 325th BSB emphasized that while treating a patient is important in any situation that it is only the first part of a medic's job.

"Transporting a patient to the next level of care is equally important as treating them and doing that in this type of terrain presents its own challenges," he said. "Being able to safely move a patient through a dense jungle without further injuring them can be the difference between them living or dying."

The two skills taught to the medics while at the 25th Infantry Division's Lightning Academy were how to move patients using a one rope bridge as well as high angle extraction methods, both of which the Soldiers got to try first hand.

The importance of this training was not lost on the Soldiers who were happy to have the chance to learn new skills.

"It was definitely interesting and I really enjoyed it," said Pfc. Coleman Obermeyer, a medic assigned to 325th BSB. "There was a lot that I didn't know that the senior medics were able to give insight on these topics based on their previous training and experiences."

Some of the skills taught in the course were not new to everyone but still provided further insight into some scenarios the medics may face in the future.

"Some of these topics are things I've studied on my own but this helped to go more in depth on things such as treating venomous snake bites," explained Obermeyer.

Looking ahead, the medics of 325th BSB will continue to refine this training and plan to make it a regular part of their annual training plans changing their definition of jungle expert from one who can survive to one who can help others survive.

Presidio of Monterey clinic leads way in digital dentistry

By Winifred Brown
U.S. Army Garrison Presidio of Monterey

PRESIDIO OF MONTEREY, CA– Home to the Army's subject matter expert on digital dentistry, the Presidio of Monterey Dental Clinic is using technology to take care of people, improve readiness and modernize the Army.

Dr. (Maj.) Michael Kroll, officer in charge of the PoM Dental Clinic and promotable to the rank of lieutenant colonel, not only advises the chief of the U.S. Army Dental Corps on ways the Army should incorporate digital dentistry, but has incorporated the technology at the clinic to the fullest extent possible. In doing so, the clinic has become a leader in digital dentistry.

"To my knowledge, we're probably the only clinic in the Army dental care system that is fully digital," Kroll said.

This means service members at PoM, most of whom are students at the Defense Language Institute Foreign Language Center, spend less time at the dental clinic and more time in class performing their missions as military linguists. It also improves the quality of their lives.

Kroll said he loves a quote from Department of the Army Pamphlet 40-507 that reads, "Unsightly oral disease and missing teeth reduces quality of life through negative self-esteem, reduced confidence, and impaired social functioning."

Many people don't appreciate the link between their smiles and their social and emotional well-being, Kroll said, but it is important. "At the end of the day we are here to take care of people," he said.

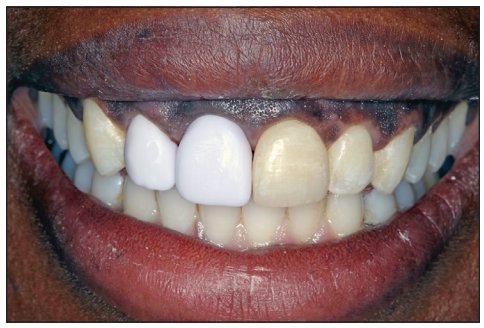
While digital technology also helps the clinic with record keeping and X-rays, computer-aided design and manufacturing equipment, such as 3D scanners and milling machines, have proven efficient ways to make replacement teeth and dental crowns, for example. In addition, the clinic uses 3D printers to create models, night guards and athletic mouth guards.

Nearly gone are the goopy impressions and uncomfortable trays that made patients gag for three to four minutes, Kroll said. At the clinic, the only time personnel need to make an impression is for dentures, and they are not common; 99.9% of the time, impressions are not necessary.

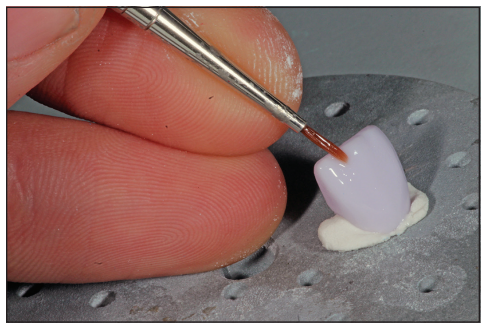
Kroll said studies vary on how much time it takes patients to receive a crown at an Army dental clinic—some say 250 days on average and others put it as low as 180 days—but he knows how much time it takes most patients at PoM: "I would say over 90% of our restorations are done in a single day," he said.

Even for those exceptions the clinic cannot finish in a day because, for example, personnel at Fort Gordon, Georgia, have to fabricate a gold crown, with digital technology, the information is easy to send and the crown is back in about eight days, Kroll said.

In fact, PoM Dental Clinic personnel can usually complete a crown in three



A patient at the Presidio of Monterey Dental Clinic tries out digital-dentistry work for fit, and directly communicates changes she would like made to deliver the "perfect smile."



Dental personnel at the Presidio of Monterey Dental Clinic paint a tooth during digital-dentistry treatment, allowing the dentists at PoM to create custom, world-class esthetic treatment.

hours, and while that service member is waiting, personnel take care of other dental needs such as a cleaning, Kroll said.

Patients are not the only ones happy about the time saved, Kroll said.

"When we can get the patient in for a single three-hour appointment and return them back to their commander, not only does that make the commander happy because they don't have that lost time training, but it should make the taxpayer happy because we're not paying for all these lost wages," Kroll said.

It is important to remember that service members are on duty 24 hours a day, seven days a week, so any time away from the mission is money lost to the taxpayer, Kroll said.

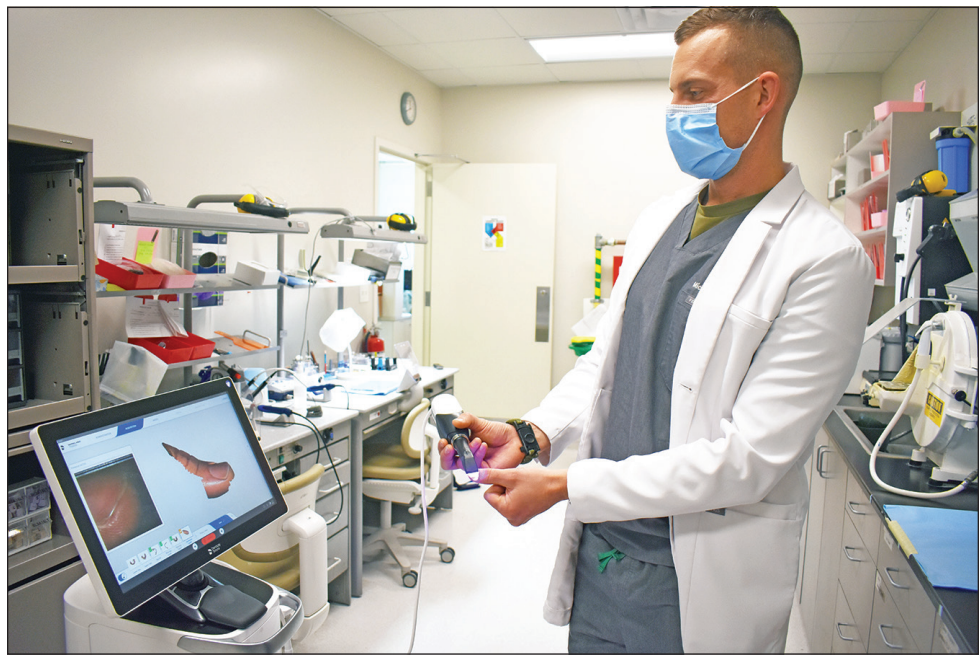
Another benefit to digital dentistry is that Army dentists can work with Army veterinarians to more efficiently treat military working dogs, Kroll said.

Kroll said he has used the technology to help veterinarians treat military working dogs at Fort Sill, Oklahoma. Implanting a new tooth in a military working dog, for example, can extend the dog's career and life.

Kroll said he became interested in digital dentistry during his residency with Dr. (Col.) Michael Mansell, former Army subject matter expert in digital dentistry and now chief of medical readiness integration for the U.S. Army Futures Command.

Mansell fueled his interest in the subject and recommended him for the position when he left for other assignments, Kroll said.

The job includes training residents,



Photos by Dr. (Maj.) Michael Kroll, U.S. Army Dental Corps

Dr. (Maj.) Michael Kroll, officer in charge of the Presidio of Monterey Dental Clinic and subject matter expert on digital dentistry for the U.S. Army Dental Corps, demonstrates how a digital scanner works at the clinic, Feb. 11. The scanner allows dental personnel to create a 3D impression of a tooth that personnel then use in other equipment to create, for example, a crown for a tooth.

Dr. Kroll demonstrates how a four-axis milling machine works at the clinic.

and Kroll said it is one of the most rewarding parts of his job.

Looking to the future, Kroll said he only sees digital dentistry becoming more popular in the Army and the military as a whole.

Kroll is one of only two action officers for the Defense Health Agency's digital dentistry working group, and the position has given him the opportunity to learn about digital dentistry equipment at other military clinics.

"The sprinkling of digital scanners and digital technology is getting to the point where it's almost ubiquitous," Kroll said.

While the degree of digital dentistry at the PoM Dental Clinic is not yet the standard across the Army, Kroll said he aims to make it that way. Not only does it save money and time, it also reduces patient wait times, decreases variability in dental restorations and helps control quality.

"Creating change is hard," Kroll said. "Here at PoM Dental Clinic that change has required the hard work and coordinated effort of local supply technician Gary Christensen, JBLM Dental Health Activity IT Specialist Mr. Phillip Wise, and Soldiers like Sgt. Clayton Baker, Spc. Wilniel Martinez, and Sgt. 1st Class Charles Taupau. The most rewarding part of the digital transformation at PoM is seeing the buy-in from staff, which is the catalyst to lasting change."

• Advocates (Continued from front page)

Team, Maj. Gen. Dennis LeMaster and Cmd. Sgt. Maj. Clark Charpentier, along with nearly 100 other MEDCoE Soldiers and leaders.

Cpt. Chad Beach, Officer in Charge, MEDCoE Diversity, Equity and Inclusion (DEI) Center, who was instrumental in organizing the program, narrated the event. Beach explained that STRIDE was created in the 32d Medical Brigade to improve prevention and response efforts regarding suicide prevention, sexual harassment/assault and racism/extremism by bolstering bystander intervention. He believes peer advocates will serve as enablers towards eradication of these harmful behaviors by leveraging Soldiers; the Army's greatest resource.

"We have other preexisting and embedded assets," Beach said, "however, authorizing the wear of STRIDE tabs will help STRIDE peer advocates be more visible and accessible to our dynamic population of transitional Soldiers," Beach said.

During the ceremony, Welde and Colon signed a formal STRIDE proclamation and presented the first six Soldier volunteers, representing each of the three battalions with Advanced Individual Training (AIT) Soldiers assigned to the 32d Medical Brigade, with a STRIDE tab to wear prominently on their uniforms.

Welde said, "Our STRIDE Peer Advocates will take a pledge to model the Army Values and serve as a critical enabler and link to our existing Army programs."

STRIDE Peer Advocates will also be coached in the effective integration and utilization of Army resources like the Equal Opportunity Leaders (EOL), Sexual Harassment/Assault Response and Prevention (SHARP) Coordinators, Victim Advocates (VA), or Chaplains.

Welde said he modeled the STRIDE program after a similar Training and Doctrine Command (TRADOC) program called Soldiers Against Sexual Harassment, or SASH, when he met Spc. Ruben Prieto, a recent 42A Human Resources Specialist AIT graduate and former SASH Soldier Advocate.

Photos by Jose Rodriguez

Army Col. Marc Welde, 32d Medical Brigade Commander, pins a STRIDE tab on Advanced Individual Training Soldiers assigned to the U.S. Army Medical Center of Excellence during the Kick-Off Ceremony.

"I noticed his distinctive teal SASH tab and took the opportunity to talk to him about the program," Welde said. He was most impressed by how Prieto described the program, his role and how his peers had responded to him. "He was extremely passionate about his impact on unit readiness.

Welde explained that, while the SASH and STRIDE programs are two different initiatives with slightly different missions, their foundations are the same. "They're both aimed at peer advocacy to stop harmful and corrosive behaviors in our formations while improving readiness," Welde said.

Beach envisions STRIDE as a way to better empower MEDCoE's E4s and below, the most susceptible group to external influences.

"STRIDE relies heavily on Soldier volunteers that pledge to serve as active bystanders within their respective formations," Beach explained, "intervening whenever they witness or overhear situations that are inconsistent with Army values and the foundation ideal that all individuals are entitled to be treated with dignity and respect."

In closing remarks for the ceremony, Lemaster offered his deepest thanks to the first STRIDE volunteers for helping the 32d Medical Brigade and the MEDCoE take the important step to better support their people. He encouraged leaders at all levels to continue to foster a culture of systemic respect throughout the command, no matter how long they are assigned to the unit.

"Then when we depart, and our replacements come, it is already hardwired into the institution: we treat each other with dignity and respect, and we get after all of the items that STRIDE stands for," LeMaster explained.

The 32d Medical Brigade is the MEDCoE's sole training brigade, the largest in TRADOC, and is the medical generating force for the Army. AIT is responsible for furthering the Soldiering process for Soldiers arriving from Basic Combat Training prior to graduation and departure to their first operational unit.

To learn more visit medcoe.army.mil/32d-medbde.

The 32d Medical Brigade Commander, Army Col. Marc Welde and Cmd. Sgt. Maj. Gilberto Colon sign a proclamation for the new STRIDE.

30th Medical Brigade Soldiers participate in Joint Medical Exchange to prepare for Near-Peer Conflicts

By Spc. Xuyang Zhao
21st Theater Sustainment Command

U.S. Army photo by Capt. Tynika Reese

U.S. Army medics Sgt. Theodore Esten and Sgt. Cade Cantrell alongside Norwegian Army and U.S. Navy medics in preparation for tactical maneuvers and point of injury training under arctic conditions on Feb. 2.

During Army exercise Arctic Serpent held for three weeks in February, U.S. Army combat medics and nurses increased surgical interoperability for trauma in arctic conditions with medical counterparts from various NATO countries— including the U.K, the Netherlands, and Finland— during an exchange hosted by the Norwegian military.

"Training in austere environments is important in a near-peer threat." said Capt. Tynika Reese, an emergency room nurse with the 160th Forward Resuscitative Surgical Detachment from the Field Hospital. "We have to [be prepared] to stay in these conditions for extended periods when facing an enemy whose capabilities are similar to ours because the option to evacuate casualties may not be immediately present."

The cold weather medical training in Norway prepared Soldiers from the 512th Field Hospital and 519th Hospital Center, 30th Medical Brigade for near-peer conflicts.

Participating teams from each country were divided into two groups. While the surgical teams exchanged practices covering triage, damage control surgery, and post operation care; Combat medics trained extensively on prehospital care as temperatures dropped down to -15 degrees Celsius in the field.

In real combat scenarios, there is a likelihood that patients will have to transfer between medical treatment facilities from various allied forces. So knowing how each of these entities functions is in the cold weather conditions is imperative to working effectively, said Reese.

During this time, Capt. Jeevan Bhatta, a certified registered nurse anesthetist with the 160th FRSD, worked alongside a British team and gained familiarity with the assets, capabilities, and personnel organic to a Role 2 Norwegian hospital.

One important lesson that all medical personnel learned quickly was that the challenging weather conditions meant that modifications to priorities of treatment were required.

"Traditional medical treatment follows the MARCH algorithm: Patients are first evaluated for any massive hemorrhage, followed by the airway, next the respiratory system, then the circulatory system, and finally hypothermia. However, hypothermia can cause a lot more problems than some other injuries in these environments, said Bhatta. Therefore, medical personnel first checked for massive hemorrhage and immediately followed with hypothermia considerations."

Interacting in this environment has taught Staff Sgt. Shneider Altenor, a combat medic with the FRSD, to utilize his critical thinking and build on past training to better take care of patients.

"You figure out real quick that a blanket is not going to stop hypothermia" said Altenor. "I've always known that hypothermia is a big deal, but actually being in an environment where you can see the patient's temperature go down… that is different."

If medics do not do a good job in prehospital treatment, surgeons will not have a patient to operate on. Therefore, medics always have to adapt and use every opportunity to practice their skills. For example, a heated blanket in the conditions present could only raise a patient's core temperatures by 1-2 degrees, which means medics must account for the limited effects of their equipment when treating patients.

Throughout the exercise, the team exchanged vast amounts of medical experience while working with other NATO allies and is now even more prepared for future operations in extreme climates.

Photo by Spc. Xuyang Zhao, 21st Theater Sustainment Command

General surgeon and operating room specialist, Col. Christina Hahn (center) and Staff Sgt. Betico Guirand (left), working with surgeons from the Royal British Navy to discuss damage control surgery techniques within the Norwegian Role 2 medical facility on Feb. 1, 2022. U.S. Army Photo by Capt. Tynika Reese. Interoperability is key to the Army Vision–it is critical that the U.S. stands side-by-side with our allies and partners to maintain overmatch and increase lethality against future threats.

How to tell if you have sleep apnea: Inside a Madigan sleep study

By Claudia Sanchez-Bustamante
Military Health System

Do you sometimes wake up feeling tired, headachy, or have a sore or dry mouth?

These could be symptoms of obstructive sleep apnea, also known as OSA. It's one of several common sleep disorders (www.cdc.gov/sleep/about_sleep/key_disorders.html) affecting service members.

Getting proper sleep (www.health.mil/News/Articles/2022/01/03/Eight-Tips-to-Get-Better-More-Restful-Sleep) means sleeping at least seven hours a night and sleeping continuously through the night. Good sleep remains vital to service members' physical and psychological strength and resilience.

"OSA is the most common sleep-related breathing disorder," said Army Lt. Col. (Dr.) Jennifer Creamer, a sleep specialist at Fort Leavenworth, Kansas. Yet it "remains undiagnosed in most affected men and women."

"It's caused by the repetitive collapse of your upper airway during sleep," she said.

This occurs when your throat muscles relax, blocking your airway while you sleep. That makes it harder to get enough air, which decreases the oxygen levels in your blood, explained Creamer.

Your brain senses your breathing problem and wakes you up briefly throughout the night so you can reopen your airway. Symptoms include loud snoring, choking or gasping. The repeated sleep interruptions can make you feel tired, irritable, or unfocused throughout the day.

"Sleep fragmentation contributes to lighter and less restorative sleep," said Creamer. It can affect your mood, your performance and your quality of life.

Who's At Risk for OSA?

OSA can affect anyone at any age. However, it affects younger men at a higher rate than younger women, Creamer said. Among older people, that gender gap closes. "Sleep apnea increases in women at the time of menopause," she said.

The symptoms for women with OSA are distinct. Women are more likely to have insomnia and less likely to snore or show noticeable pauses in breathing, she explained.

Still, several factors can influence a sleep apnea diagnosis, including excessive weight. Other risk factors include advancing age, having a recessed jaw or enlarged tonsils, Creamer added.

Sleep apnea can also be linked with other health problems, such as heart, kidney, and pulmonary diseases; high blood pressure; and stroke, she said. It can also contribute to depression or anxiety.

How Is It Diagnosed?

Health care providers can evaluate people at risk for OSA and order a sleep study to confirm evidence of the disorder. Some sleep studies require a patient to stay overnight in a sleep lab. Home sleep tests are also available.

During an overnight lab study, a technician attaches electrodes to your scalp to record your brain waves. They also monitor your breathing, the oxygen levels in your blood and your heart rate as well as your eye and leg movements during the night.

The home tests use breathing monitors with sensors that track your breathing and oxygen levels. One type has a probe that goes over your finger and the other has probes over your finger, under your nose, and on chest belts.

How Is It Treated?

Depending on each patient, doctors can recommend numerous treatments for mild OSA. Losing weight can be helpful. Another tactic is to change your sleeping position, such as sleeping on your side if your OSA occurs when you sleep on your back, continued Creamer.

Reductions in smoking or alcohol consumption can also reduce OSA, according to the National Institutes of Health (www.nhlbi.nih.gov/health-topics/sleep-apnea).

Another option is to wear a device over your teeth while you sleep. It fits over your teeth like a retainer to keep your jaw in a forward position and keep your airway open.

For moderate to severe OSA, treatment options include upper airway surgery or Continuous Positive Airway Pressure, known as CPAP, therapy. CPAP machines use a facemask and mild air pressure to keep the airways open.

For more information, or if you're concerned that you may have OSA, see your primary care provider for further evaluation. If you meet criteria, your provider can refer you for a sleep study.

Some sleep studies are covered by TRICARE Sleep Studies page on the TRICARE website.

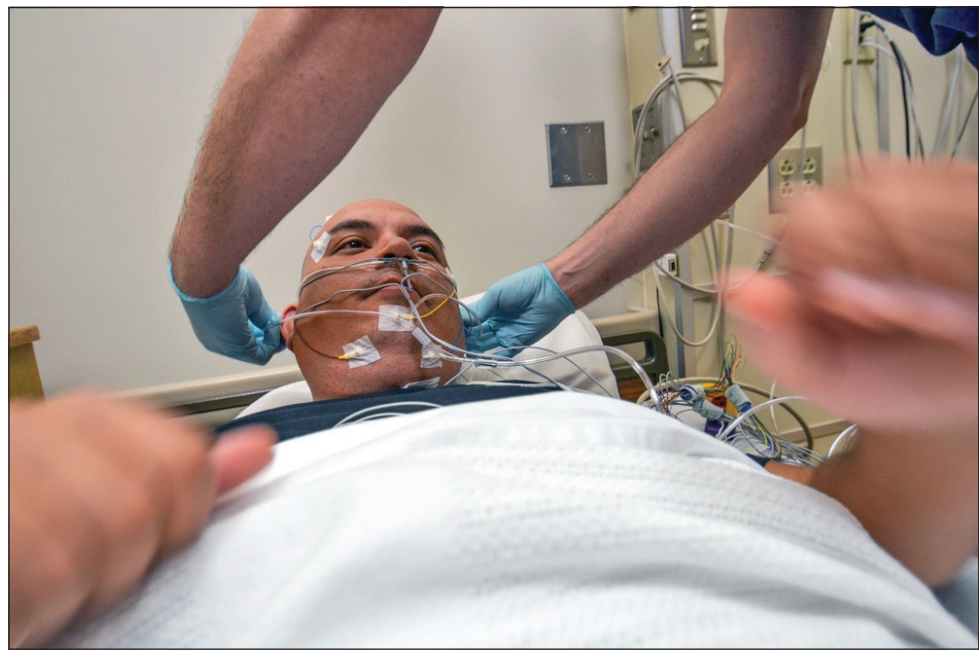


Photo by Sgt. 1st Class Christopher Klutts

U.S. Army Sgt. 1st Class Bobby M. Scharton, a platoon sergeant with 17th Fires Brigade, 7th Infantry Division, lies down during a sleep study at Madigan Army Medical Center, Joint Base Lewis-McChord, Wash., Nov. 22, 2013. Sleep technicians connect 26 sensors to patients that measure eye and muscle movements, brain activity, heart rate and breathing.

• Cavalry (Continued from front page)

Participants were PCR tested whenever they had symptoms and routinely had antibody testing conducted monthly to capture any asymptomatic cases or cases that were missed by PCR testing. The researchers found that 12 of the participants tested positive for SARS-CoV-2 infection and that all 12 had disease symptoms, suggesting that completely asymptomatic infection is likely rare.

"We suspect that we observed a higher rate of symptomatic infection than what has been reported by most other studies because of attentiveness to symptoms by study participants as well as the prospective design of our study in which symptoms were collected throughout the fall and winter season every day a person felt they had any symptoms different from their baseline health," according to the study's lead author Dr. Emilie Goguet, a Henry M. Jackson Foundation for the Advancement of Military Medicine postdoctoral fellow in USU's Department of Microbiology and Immunology.

"Some studies suggest that asymptomatic infection may occur as often as 50 percent of the time. However, if this were true, then it would be very unlikely for us to have observed all 12 infected individuals experiencing symptoms," according to Dr. Edward Mitre, a professor in USU's Department of Microbiology and Immunology and the senior author of the study. "If we compare this to flipping a coin, the likelihood that one flips tails 12 times in a row is only 0.024 percent. Even if the true rate of asymptomatic infection is 30 percent, then the likelihood that 12 of 12 individuals would all be symptomatic is still only 1.4 percent. It is important to highlight that this study was conducted on an unvaccinated population and may not reflect rates of asymptomatic infection in vaccinated individuals."

These results demonstrate that individuals cannot reliably differentiate SARS-CoV-2 from other respiratory tract infections based on symptoms alone. The study also compared symptoms that developed in the 12 individuals diagnosed with COVID-19 with those of 38 participants that developed non-COVID-19 respiratory illnesses, Mitre added. Runny nose, sinus pressure, and sore throat occurred in more than 70 percent of infected participants and in more than 70 percent of symptomatic SARS-CoV-2 negative individuals. Loss of smell or taste, which were the most distinctive symptoms in patients with COVID-19, also did not occur with sufficient frequency or specificity to differentiate SARS-CoV-2 from non-COVID-19 illnesses.

Trina Bailey had the insight to get herself tested for COVID-19 when she started experiencing symptoms, and quickly recovered after her positive diagnosis. With the findings of this new study, hopefully more people experiencing symptoms will take the initiative to get themselves tested as soon as possible.

**Editor's note: Not individual's real name.*

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Mental Health

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Academic Mental Health Positions at the Medical College of Georgia

The Department of Psychiatry and Health Behavior with the Medical College of Georgia (MCG) at Augusta University (AU) is seeking applications for Assistant and Associate Professors in General Psychiatry, Child and Adolescent Psychiatry, and General Psychology. As the state's only academic health sciences center, MCG at AU is in an exciting period of growth in fulfilling its mission of providing state-of-the-art patient care, education, and research.

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The positions will remain open until filled

PennState Health

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The system includes Penn State Health Milton S. Hershey Medical Center, Penn State Children's Hospital, and Penn State Cancer Institute based in Hershey, PA; Penn State Health Holy Spirit Medical Center in Camp Hill, PA; Penn State Health St. Joseph Medical Center in Reading, PA; Penn State Health Hampden Medical Center in Enola, PA, and more than 3,000 physicians and direct care providers at more than 125 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, Horizon Home Healthcare and Pennsylvania Psychiatric Institute.

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Help Wanted

Nurses

Navy restarts medical training with IDF surgeons

By Randy Mitchell
Naval Medical Forces Support Command

LOS ANGELES, CA – Prior to the COVID-19 Pandemic, Navy Trauma Training Center (NTTC) hosted multiple Israeli Defense Force (IDF) surgical teams to teach and reinforce medical procedures to one of our key military allies in the Middle East.

In June 2021, NTTC and Navy Expeditionary Medicine Training Institute (NEMTI) reestablished IDF training at the Los Angeles County's University of Southern California (LAC+USC) Medical Center.

In early February 2022, the first multi-disciplinary IDF team, consisting of three surgeons, one operating room nurse, and one anesthesiologist arrived for the four-day training evolution.

"This opportunity enhances interoperability, reinforces our training partnership with the IDF, and is great for our staff here at NTTC," said Hospital Corpsman 1st Class Diosdado Valera, NTTC Surgical Tech Instructor. "It also strengthens our ongoing collaboration with LAC+USC Surgical Skills Simulation and Education Center and the Fresh Tissue Dissection Lab. The ability to provide training opportunities to our international partners is one of the reasons why NTTC training is so unique and valuable."

Facilitated by the NTTC staff, the curriculum included the Advanced Surgical Skills for Exposure in Trauma course, conducted using fresh cadavers in the LAC+USC Fresh Tissue Dissection Lab.

Additionally, the Combat Orthopedic Trauma Surgery curriculum was provided using a hybrid didactic and practical application model that increases realism and enhances learning. While there, IDF team members also attended virtual teaching rounds with LAC+USC staff and NTTC cadre, strengthening the partnership and reinforcing professional collaboration.

"This training event marked not only the reintroduction of fresh tissue dissection into the program at the Navy Trauma Training Center," said Navy Cdr. Brian Knipp, Surgeon and Clinical Instructor at NTTC. "It also allowed us to incorporate the protocols of the ASSET+ curriculum. The Israeli surgeons found this paradigm exceptionally useful; we look forward to providing the same training opportunities to multiple IDF teams in the near future."