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Enhancing medical expertise

Quarterly training elevates skill proficiency

By Emily McCamy

Navy Medicine and Readiness Training Command
Guantanamo Bay

GUANTANAMO BAY, Cuba – Some skill sets are too important to lose, that’s why round-robin training is held quarterly at U.S. Naval Hospital Guantanamo Bay.

Director of Expeditionary Medicine and Department Head of Staff Education and Training (SEAT), Cdr. Alexis McDermott, coordinated the Jan. 25 event to familiarize Sailors with medical situations and techniques that are not often encountered here. The training included five different stations: Advanced Trauma Life Support “quick hits,” litter-bearer training, intravenous (IV) start in the dark, crash cart familiarization and safe food handling.

The round-robin training involved diverse scenarios, ranging from emergency response simulations to medical procedures. Sailors rotated through these stations, enhancing their proficiency in various aspects of healthcare delivery. This approach reinforced individual skills and fostered teamwork and adaptability in a medical setting.

“This training is important because we are a forward-deployed, low-volume hospital,” said McDermott. “Some sailors haven’t started an IV since being stationed here because it’s not a skill they use in the department where they’ve been assigned. These skill sets can be lost very quickly; we don’t want them to lose operational relevance.”

All employees were invited to attend the training, regardless of their background or experience.

Hospital Corpsman Almer Vincent Samaniego, a dental technician, was assigned to U.S. Naval Medical Readiness and Training Command (USNMRTC) Guantanamo Bay, as his first duty station.

“We practiced packing a gunshot wound in a field environment and then helped control bleeding on a wound that required the use of a tourniquet while at the Advanced Trauma Life Support station. I experienced this training in ‘A-school,’ but the training here was interesting and a good refresher,” Samaniego said, referring to the Navy’s

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Seeing wavy lines or missing parts of your vision?

By Janet A. Aker
Defense Health Agency

Age-related macular degeneration may cause a gradual reduction in your central vision over time, so you might not recognize AMD at first.

According to U.S. Air Force Col. (Dr.) Kristine Pierce, with the 96th Medical Group at Eglin AFB, “The change can also be immediate. You can go to sleep one night and wake up with blurry vision or loss of vision.”

Another symptom of AMD is that “the perfectly straight edges of a doorframe may appear distorted and wavy, and you have missing areas of vision such as a blind spot or spots. These signs can happen equally,” she said.

Pierce, a vitreoretinal surgeon, sees a number of retirees and beneficiaries at Eglin Air Force Base Hospital, Florida. Roughly 50% of her patients have AMD, she said, adding, “I’m a retina specialist, so I see it every day.”

According to the National Eye Institute, damage from aging to the macula – “the part of the eye that controls sharp, straight-ahead vision” – is the cause of AMD. “The macula is part of the retina (the light-sensitive tissue at the back of the eye),” NEI stated.

It’s the leading cause of permanent impairment of reading or close-up vision. AMD doesn’t usually cause complete blindness, but losing your central vision can make it harder to see faces, read, drive, or do close-up work like cooking, needlework, or fixing things around the house.



U.S. Navy photo by Deidre Smith, Naval Hospital Jacksonville/Released

Lt. Joseph Jeskie, an optometrist at Naval Branch Health Clinic Kings Bay, performs an eye exam on a patient. Jeskie, a native of Bowling Green, Kentucky, holds a doctor of optometry degree from University of Houston College of Optometry. World Optometry Day is March 23. Optometrists provide primary vision care, ranging from sight testing and correction to the diagnosis, treatment and management of vision changes.

The Defense Health Agency’s Vision Center of Excellence recommends watching out for these signs of AMD:

- Blurry or fuzzy vision
- Difficulty recognizing familiar faces
- Bumping into walls, steps, or other obstacles

- Straight lines appear wavy or missing areas
- A grayed out, dark, or missing area in your central vision
- Definitive areas (blind spots) of missing vision
- Decrease or loss of central vision

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CRDAMC wraps up its Best Leader Competition

By Rodney Jackson

Carl R. Darnall Army Medical Center

FORT CAVAZOS, Texas – Carl R. Darnall Army Medical Center finished its brigade level Best Leader Competition Feb. 28 on Fort Cavazos and winners will be announced in a ceremony 1 March.

The top junior officer, senior and junior noncommissioned officers, and three junior enlisted Soldiers will move on to compete at the Medical Readiness Command, West Best Leader Competition in May.

The competitors endured tests in combat water survival, physical fitness, Army warrior tasks, a weapons stress shoot, an obstacle course, day and night land navigation, mystery events, and an 8-Mile foot march.

the competitors but also serves as leader development for the NCOs and Soldiers running the lanes,” said Command Sgt. Maj. Anthony Forker Jr., senior enlisted advisor, CRDAMC. “It provides experiential learning in planning, resourcing, and executing tough, realistic training for unit members.”

U.S. Army photo by Spc. Dario Hansen
Soldiers assigned to the Medical Readiness Battalion from Carl R. Darnall Army Medical Center, conduct a six-mile road march during their brigade level Best Leader Competition Feb. 28, 2024, on Fort Cavazos, TX, to select the top junior officer, as well as two noncommissioned officers, and three enlisted Soldiers to compete at the Medical Readiness Command, West: Best Leader Competition in April 2024.



“The competition not only challenges

• Vision (Continued from front page)

Monitor Your Eyesight Regularly and Amsler Grids

Because of the differences in when AMD shows up, it’s important to get your eyesight checked on a regular basis by an optometrist to see if you have or are developing the disease.

“If concerned, talk to your health care provider and have a routine eye exam with an optometrist. TRICARE covers optometry/routine eye exams every two years. No referral is required to see a local optometrist who takes TRICARE,” Pierce said. You can also see an ophthalmologist for diagnosis or treatment if they are covered by TRICARE.

If you’re already concerned about changes in your eyesight, your doctor most likely will give you an Amsler grid to test your vision loss every day at home. You look at the grid – heavy paper stock with black-and-white, equally spaced, horizontal and vertical lines printed on it – to see if the lines are becoming wavy, distorted, or have spaces missing.

Diagnosing AMD is a combination of examining the retina and optical coherence tomography imaging, Pierce said.

To examine the retina for AMD, the eye specialist will dilate the pupils with eye drops, which may take 15-20 minutes to work fully. Dilation allows the eye doctor to obtain a wider and more detailed view of the retina and the internal eye structures. Also, necessary diagnostic testing is easier to accomplish.

Testing the back of the retina takes a few minutes per eye. The eye specialist will also perform a test called optical coherence tomography, or OCT, to observe the layers of the retina a direct examination cannot see.

It’s non-invasive and uses light waves to take cross-sectional maps of the retina’s thickness and layers. It’s like putting a dye in your eye (fluorescein angiography) but without the dye and, it’s quicker. OCT

can identify the earliest changes in AMD and can help to diagnose and monitor for small progressive changes.

Lifestyle and Other Risk Factors for AMD

Age-related macular degeneration can develop at any time, even as early as your 50s, Pierce said.

Dr. David Eliason, an ophthalmologist and deputy chief for the VCE, cautioned about these lifestyle and other risk factors for AMD:

- Older age
- Presence of AMD in the other eye
- Family history of AMD
- Smoking
- UV light exposure
- High blood pressure
- Body mass index of 30 kg/m² or higher (overweight or obese)
- Diet low in omega 3 and 6, vitamins, carotenoid, and minerals
- Diet high in fat
- Lack of exercise

“Smoking and UV light exposure definitely play a role” in the development of AMD, Pierce said. “There is a much higher risk for the wet form of macular degeneration versus the dry form if you are or have been a smoker.”

She added, “Genetics is still debatable. There are lots of factors to include in possible genetic” relationships to the development of the disease.

Three Stages of AMD and Possible Treatments that May Slow Progression

There are three stages of AMD:

- Early (dry)
- Intermediate (dry)
- Advanced/late (wet)

Dry AMD happens when the macula thins out and breaks down over several years and occurs in early, intermediate,

and late stages, according to the NEI. There’s currently no treatment for early AMD, so your doctor will keep track of how your eyes are doing with regular eye exams. While there’s no treatment for early dry AMD, there are ways to make the most of your remaining vision by using low-vision techniques and training.

The Age-Related Eye Disease Study 2, a large research study sponsored by the NEI, found taking certain nutritional supplements every day is an intervention to slow progression of AMD once the disease is diagnosed at the intermediate dry stage. Specific formulas contain:

- Vitamin C (ascorbic acid) 500 mg
- Vitamin E 400 international units
- Lutein 10 mg
- Zeaxanthin 2 mg
- Zinc (as zinc oxide) 80 mg
- Copper (as cupric oxide) 2 mg

Medications injected into the eye, known as anti-vascular endothelial growth factors, or anti-VEGF drugs, have proven helpful for AMD.

Photodynamic therapy, which combines eye injections and laser treatment, has also helped slow or halt progression of the disease, VCE stated.

Low-vision Aids

Low-vision devices such as magnifying glasses, telescopes, closed-circuit televisions or monitors, large-print text, glasses-mounted cameras, increased illumination sources, smartphones, and smart watches are some of the low-vision techniques that can help you maintain vision and improve your quality of life with AMD.

These devices in combination with low vision care or blind rehabilitation by a low-vision optometrist or a vision rehabilitation specialist at a Military Health System hospital or clinic or the Department of Veterans Affairs also can help those with AMD enjoy a better quality of life.

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Medical Readiness Command, Europe leadership visits U.S. Army facilities forward stationed in Poland

By Kirk Frady

Medical Readiness Command, Europe

POZNAN, POLAND – The command leadership team from Medical Readiness Command, Europe travelled to Poland Feb. 21-23 where they toured U.S. Army and host-nation medical facilities, received briefings by U.S. Army and Polish military medical officials, and had the opportunity to meet and talk with U.S. Army medical Soldiers assigned to military treatment facilities.

Brig. Gen. Roger Giraud, commander of Medical Readiness Command, Europe, and command surgeon for U.S. Army Europe and Africa, along with Command Sgt. Maj. Jesus Gonzalez, spent several days travelling around Poland to better synchronize and integrate medical efforts between the U.S. and Polish military.

“It was a real privilege and honor to meet and talk to our Soldiers and their leaders who are serving our Nation so proudly, so far away from home,” said Giraud. “This visit not only allowed us to gain a better understanding about the existing Army Health System in Poland, but it paved the way for future key leader engagements involving the U.S. Army Garrison Poland leadership and the Polish military.”

One of the first stops during their visit to Poland was to the town of Poznan, where they met with U.S. Army V Corps Headquarters officials and U.S. Army Garrison Poland (USAG) leadership at Camp Kosciuszko. During their visit to Poznan, Giraud and Gonzalez received a briefing by Col. Chris Church, USAG Poland Garrison Commander, who outlined the existing military logistical and life support infrastructure in Poland. As the eighth permanent U.S. Army garrison in Europe, Camp Kosciuszko stands alongside similar installations in Belgium, Italy, and Germany, the latter hosting five such garrisons.

“Our visit to Poland only reaffirmed my belief that the United States of America continues to have some of the finest and most professional Soldiers in the world,” said Gonzalez. “These Soldiers work tirelessly day in and day out ensuring that the citizens of our great country remain free and safe from harm. They are, the best of the best, hands down. It is an honor to serve by their side.”

In addition to meeting with host nation and USAG Poland personnel, the Medical Readiness Command, Europe leadership team had the opportunity to meet and talk with members of the 3rd Infantry Division Sustainment Brigade.

Outreach visits like the one conducted by Medical Readiness Command, Europe leadership are just one of a series of ongoing engagements

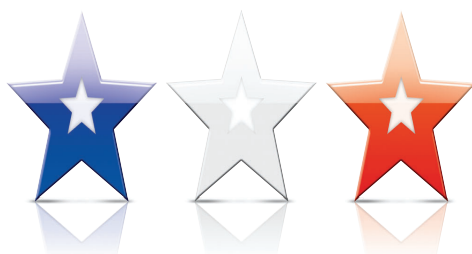


Photos by 1LT Ian Parker

The command leadership team from Medical Readiness Command, Europe travelled to Poland Feb. 21-23 where they toured U.S. Army and host-nation medical facilities, received briefings by U.S. Army and Polish military medical officials, and had the opportunity to meet and talk with U.S. Army medical Soldiers assigned to military treatment facilities.

between the U.S. Army and Polish military medical officials.

Plans are currently being made by Medical Readiness Command, Europe headquarters to conduct the 31st Annual Multi-National Military Medical Engagement (MMME) in Poland this fall. As with all MMME's, the engagement will include military medical officials from the U.S. Army along with NATO and Allied Partner nations.



• Expertise (Continued from front page)

Accession School where Sailors develop a working knowledge of basic principles and techniques in their career field.

“Cdr. [Andrew] McDermott did a really good job explaining how to pack a gunshot wound,” Samaniego continued. “He explained every detail and talked about the equipment and hemostat gauze in very simple terms that made it easy for anyone – even employees without medical knowledge – to understand.”

Samaniego, originally from Cavite City, Philippines, moved to Vallejo, Calif., in 2019. He lived there until he joined the Navy in 2023.

“I have never started an IV in the dark, Samaniego said, referring to the station where teams had to begin an intravenous infusion in a dark room using only a flashlight. “It was challenging and fun; it was interesting because it’s rare to practice an IV in the dark. I think it’s important training because if the power goes out, or if I am deployed and there’s a tragedy, I would be more comfortable starting an IV.”

While assigned to USNMRTC Guantanamo Bay, Sailors can focus on education and certification, so they are more skilled, confident and ready to execute the mission at their next duty stations.

In November, the hospital held a mass-casualty exercise where Sailors needed to transport patients on litters. This exercise revealed the need for litter-bearer training.

“We were transporting patients in unison, as a team, and realized this was something we could improve on,” McDermott said. “We decided that addressing it during round-robin would be a good way to get a lot of sailors trained.” In a clinical setting, the assembly and use of a litter is not common.

“We get familiar with what we do on a day-to-day basis,” McDermott said. “Getting these basics is a good way to offer the fundamentals of how to move a patient effectively.”

“Working with Marines, working on a ship or being an individual augmentee, you never know when you may be in a situation that requires your help,” said Hospital Corpsman 2nd Class Gregory Joyce, who led the litter-bearer training. “If you find yourself in an operational environment, you might be asked to be on a litter team. It’s important that you get to know your team, work with your team and get familiar with the equipment. You don’t want to go out there and have no

understanding of what you’re doing. Having these fundamentals and doing quarterly training is vital, especially for patient safety.”

Joyce shared his real-world experience, taking Sailors through the basics of how to set up a litter, when to use it and how to use it successfully. He emphasized the importance of communication as the team members worked together to load, pick up and carry a patient.

“I was on a litter team when I was deployed to Afghanistan,” said Joyce, a laboratory technician. “You never know when a situation is going to come up and you need to help.”

Prior to the mass-casualty drill, Sailors practiced radio etiquette, knowing it would be tested during the exercise. Round-robin training was used to help them prepare.

“If you aren’t using radios all the time, you forget how to do it,” McDermott said.

“At the round-robins, I often ask if sailors have any topics they would like to learn about or would like to teach,” McDermott continued. “The feedback I get keeps our training team busy with plenty of topics.”

Topics also come from relevant situations encountered at the hospital.

“For the next round-robin, the dental crew has already reached out to me to teach about dental emergencies,” McDermott said. “Tooth emergencies come up, we want to train sailors what to do about them.”

Navy Medicine’s mission is to serve as a Maritime Medical Force ensuring its healthcare professionals are trained and prepared to support the fleet by caring for the health of fellow service members in any environment to keep them in the fight.

“These initiatives contribute to a culture of excellence, where U.S. Navy medical personnel are well-prepared to handle any challenges that may arise during their deployments or assignments,” said Capt. Richard Zeber, hospital director and commanding officer of USNMRTC, Guantanamo Bay.

“As these dedicated Sailors continue to sharpen their skills through initiatives like quarterly round-robin training, the hospital stands poised to provide excellent care to our community,” Zeber said.

U.S. Navy photo by Emily McCamy
Petty Officer 2nd Class Gregory Joyce, and Petty Officer 3rd Class Clayton VanStry, assigned to U.S. Navy Medical Readiness and Training Command Guantanamo Bay, demonstrate how to set up a litter for patient transport during round-robin training.



U.S. Navy photo by Emily McCamy

Hospital Corpsman Almer Vincent Samaniego, a dental technician, and Hospital Corpsman Mykayla Simmons, assigned to U.S. Navy Medical Readiness and Training Command Guantanamo Bay, work on a team to stop simulated bleeding while another team member applies a tourniquet during round-robin training. Naval Hospital Guantanamo Bay conducts quarterly skills training to improve knowledge and readiness of the staff.



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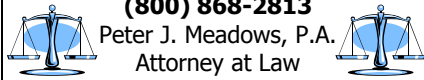
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VSFB medical professional selected as Innovator of the Year

By Senior Airman Tiarra Sibley
Space Launch Delta 30

U.S. Air Force Maj. Stephen Emmerthal, 30th Medical Group diagnostics and therapeutics flight commander, was awarded the 2024 Association of Military Surgeons of the United States Premier Innovation Award.

The innovation award is presented to individuals who have made outstanding contributions to military or federal medicine by developing and/or implementing novel approaches to overcome complex and persistent challenges in health care delivery and/or readiness. Emmerthal was one of 15 award winners, who were selected from more than 400 nomination packages.

Emmerthal's innovative mindset and direction increased collaboration and advancements in efficiency across government agencies.

"I think it starts with great leadership and an amazing team," said Emmerthal. "Then you add an opportunity masquerading as a catastrophe and you have everything you need to break glass ceilings."

When catastrophe struck, Emmerthal led his team to successfully collaborate with Travis Air Force Base at short

notice during an unexpected flood in the Vandenberg SFB pharmacy.

"Our first catastrophic opportunity was the great pharmacy flood we nicknamed 'Pharmageddon.' We leveraged the new Electronic-Health Record to send our prescriptions to Travis Air Force Base, where they were filled and next-day mailed back to Vandenberg," said Emmerthal.

"With Travis' help and one of our techs willing to deploy there with 2 hours' notice, we restored 95% of pharmacy services in 24 hours. I cannot put in words how proud I was that our team was on board with trying something that had never been done in the Air Force."

Emmerthal's innovative solution is now used as the model for pharmacy disaster response at 76 Military Treatment Facilities on five continents.

In addition to revolutionizing collaborative pharmacy support, Emmerthal pioneered COVID-19 at home testing for the Department of Defense.

When the Defense Health Agency (DHA) first offered mass shipments of at-home tests, he quickly devised a distribution plan through the pharmacy

See **INNOVATOR**, Page 6



U.S. Space Force photo by Senior Airman Tiarra Sibley

U.S. Air Force Maj. Stephen Emmerthal, 30th Medical Group diagnostics and therapeutics flight commander, works with a colleague to fill prescriptions at the 30th Medical Group pharmacy at Vandenberg Space Force Base, Calif., Feb. 7, 2024. Emmerthal was recently awarded the Association of Military Surgeons of the United States Premier Innovation Award for his innovative process improvements in pharmacy collaboration and advancements in efficiency across government agencies.

Physician



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• **Innovator** (Continued from page 5)

team to include tracking, testing, and follow-up. He published local guidance and launched his plan, expediting the delivery of 5.6 thousand tests to Airmen, Guardians, and space launch partners responsible for the U.S. Space Force's West Coast Spaceport and Test Range.

His plan was briefed at the White House as a model for distribution at federal facilities.

Additionally, Emmerthal's implementation of this early warning tool led to lower transmission rates than community averages and to the safeguarding of 14 thousand beneficiaries.

"Maj. Emmerthal's superior and sustained efforts in delivering, optimizing, and innovating health care have not only revolutionized care at Vandenberg, but have consistently met the challenges set out by the DoD to increase readiness for the future fight while having notable applications in federal disaster response roles," said Lt. Col. Tonya Barry, 30th Healthcare Operations Squadron



U.S. Space Force photo by Senior Airman Tiarra Sibley

U.S. Air Force Maj. Stephen Emmerthal, 30th Medical Group diagnostics and therapeutics flight commander, works to fill a patient's prescription at Vandenberg Space Force Base, Calif., Feb. 7, 2024.

commander. "His dedication to continuous process improvement and innovation are unrivaled and he is truly an asset to our healthcare team here at Vandenberg."

Physician

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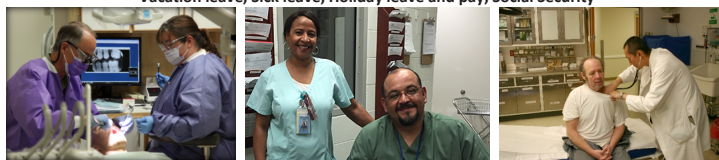
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