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MEDICAL NEWS
Volume 32, Number 3 www.militarymedical.com March 2025

Finding a 'fortune' in radiology

By Airman 1st Class Skylar Ellis
Joint Base Langley-Eustis

There's an old saying that goes "luck is what happens when preparation meets opportunity." So what happens when a "fortune" becomes a diagnostic imaging technologist with the 633d Surgical Operations Squadron.

For Airman 1st Class Terrence Fortune, the answer to the riddle is simple. He uses-skill, technology, and teamwork to play a critical role in keeping service members ready for duty by identifying injuries and aiding in their treatment.

The road to becoming a diagnostic imaging technician wasn't always a clear one. Fortune's journey began when he enlisted in the U.S. Air Force without a guaranteed job assignment, a path known as "open general." It's a gamble that sometimes offers recruits a better chance at landing the job they want, but it also comes with the risk of being placed wherever the service needs them. Fortune already had a biology degree and hoped to work in the medical field so it was a chance he was willing to take.

During basic military training, he learned he'd be entering radiology, a discipline in the medical field he admittedly knew little about. Still, he approached it with curiosity and determination.

"I had no idea what it was going to entail, but I was excited to dive into something new," Fortune said.

The two phases of radiology training are known for being academically rigorous. The first phase is five months of academic study focused on understanding imaging technology and medical protocols. After completing the bookwork and theory, Fortune began the clinical phase, a nine-month crash course in real-world experience with advanced imaging equipment. Fortune spent those months mastering X-rays, fluoroscopy, and computed tomography (CT) scans.

Despite his year of training, Fortune still did not realize the importance of radiology until he watched skilled surgeons rely on his visual data to guide them throughout a surgical procedure.

"That made me realize just how critical our role is in patient care," Fortune said. "Knowing that what we do helps service members get the care they need so they can return to duty is meaningful."

Like many Airmen, Fortune has hit a few rough patches along the way. Radiology's demands are intense, requiring not only a deep understanding of medical imaging but also the

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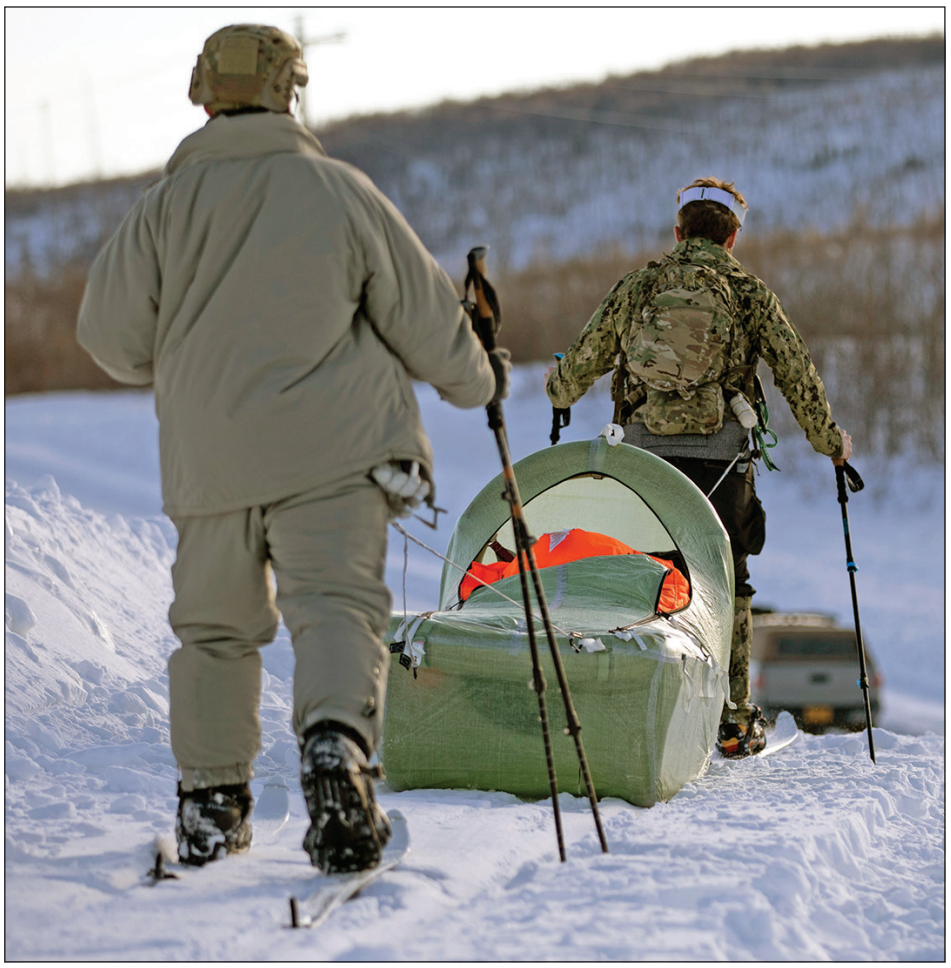
Alaska Army National Guard flight surgeon creates innovative casualty care system for the arctic warfighter



Alaska National Guard photo by Seth LaCount

Exercise Special Operations Forces Arctic Medic 2025 participants transport a simulated combat casualty using a CASEVAC Ecosystem sled prototype during Special Forces Arctic Medic 2025 at Yukon Training Area, Alaska, Feb. 18, 2025. SOFAM 2025 prepares medics to operate in arctic or extreme cold environments and to provide safe medical care in a "bubble of warmth" in austere conditions.

By Staff Sgt. Seth LaCount
Alaska National Guard

Historically, battles are won by the side that carries momentum throughout the fight. Taking casualties can stop that momentum in its tracks. In Alaska, those tracks are complicated by extreme cold, ice and snow, making casualty care in arctic environments a challenge in the heat of combat.

Alaska Army National Guard Maj. Titus Rund, a flight surgeon assigned to the 207th Aviation Troop Command, spent the last several years addressing some of those challenges facing the arctic warfighter.

"Doc Rund", as he's affectionately known in the AKNG aviation community, in coordination with the Program Executive Office Soldier, Project Manager Soldier Medical Devices (PM SMD) and U.S. Army Combat Capabilities Development Command (DEVCOM) Soldier Center, designed a casualty care system that may revolutionize the way military medics and combat life savers execute casualty care and movement in arctic or

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• Arctic

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extreme cold environments. This is accomplished by creating a "bubble of warmth" around a patient, the medic and the treatment being conducted.

"My goal is that Soldiers get the best care possible and back to their families on the worst day of their lives," Rund said. "When time is tissue, the urgency to effectively treat patients in the extreme cold is crucial."

The Casualty Evacuation (CASEVAC) Ecosystem's Casualty Protection Unit sled inflates at the point of injury, acting as both an environmental shelter and a casualty movement platform ready for movement within 10 seconds.

The sled is then moved to the Casualty Collection Point shelter which creates a secondary "bubble of warmth" around the medic and patient. The built-in portal design allows up to four casualties to slide directly into the tent for expedited assessment.

The shelter also helps retain heat which has the added benefit of reducing the heat signature, making it harder for enemy forces to detect. Rund is working with PM SMD to integrate active rewarming measures into the system's design.

The CASEVAC Ecosystem patent was filed in December of 2022, and an early prototype was created and tested in March 2024 at the Arctic Edge medical experimentation exercise.

DOD used the most recent prototype during Special Operations Forces Arctic Medic exercise that took place near Fairbanks, Alaska from Feb. 9-22, 2025.

In partnership with PM SMD and Virginia based Ryzing Technologies, a research and development company that specializes in textiles and rigid, inflatable structures, Rund brought his vision to life and fielded the system in the austere terrain of the U.S. Army's Yukon Training Area near Ft. Wainwright alongside some of the nation's most elite warriors.

"This exercise was a great way for us and for this system to get the best exposure possible, and we got some great feedback from the troops throughout the exercise," said Ryan Gundling, the principal engineer for Ryzing Technologies. "This environment was particularly useful in developing several different use cases for the ecosystem. We look forward to fine tuning it in future exercises in Alaska."

Time and distance present significant challenges as the state's roads and medical infrastructure off the road system are not able to support contingency operations, especially timely surgical care.

Traditional tow-behind stretchers can be cumbersome and require extra time for the patient to be loaded and secured. The inflatable design streamlines this process. The durable material allows the sled to be moved easily via snowshoe, ski or snow mobile. The inflatable design keeps the head and torso elevated, increasing the casualty's chances of survival while en route to the next level of care.

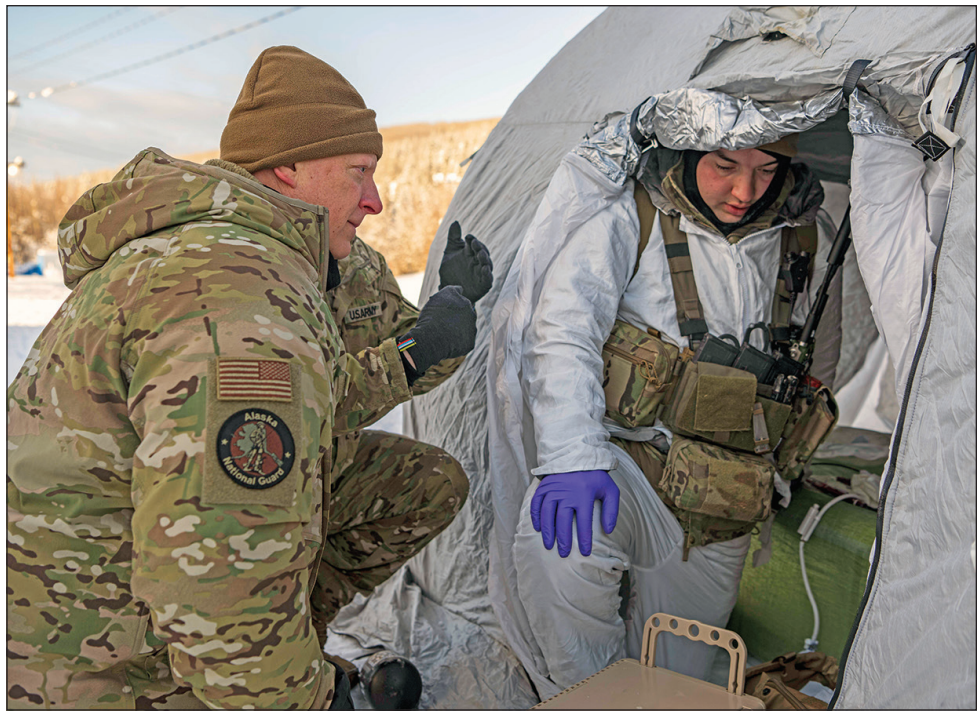
"We aimed at testing the sled at a 500-meter distance but ended up being able to observe its effectiveness over a six-and-a-half-mile route with over 1,000 feet of elevation gain," Gundling said. "The overall structure is solid, and this was a great test of durability for us."

In Tactical Combat Casualty Care, medics refer to the term "golden hour" as shorthand for evacuating a patient to surgical care within 60 minutes of a traumatic injury, this is essential to a good outcome for the patient. However, current assessments on early trauma deaths conclude that this window of time may be as short as 19 to 23 minutes, particularly in arctic or extreme cold environments, where traumatic hypothermia can dramatically endanger a casualty's survival.

In an article published in the International Journal of Circumpolar Health – Arctic Military Conference in Cold Weather Medicine, Rund asserts that arctic or extreme cold environments can cause a traumatic injury to go from being treatable to life-threatening in a matter of minutes and that managing hypothermia with a "bubble of warmth" is a top priority, second only to massive hemorrhaging in the triage of care.

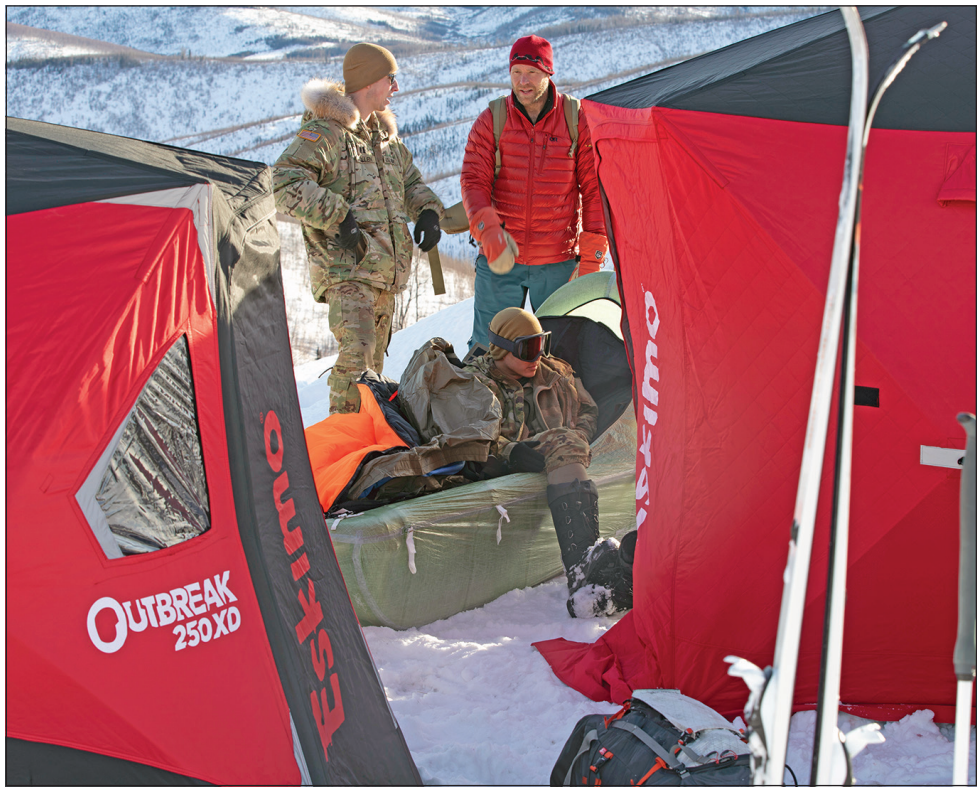
According to Rund, the goal of his research and prototype is to raise awareness, stimulate research, drive technological innovation, jumpstart development of new equipment and training, and generate requirements that can be actioned by DOD.

As an active-duty physician in the AKARNG, Rund submitted this design concept to the DOD. The DOD then filed for U.S. and international patent applications. The specialized device could be available for units to purchase by the end of the year.



U.S. Navy Photo by Mass Communications Specialist 1st Class Trey Hutcheson

Maj. Gen. Torrence Saxe, Alaska National Guard adjutant general, observes the casualty collection point shelter of the CASEVAC Ecosystem during Special Operations Forces Arctic Medic (SOFAM) 2025 at Fort Wainwright, Alaska, Feb. 12, 2025. SOFAM 2025 prepares medics to operate in arctic or extreme cold environments and provide safe medical care in a "bubble of warmth" in austere conditions.



Alaska National Guard photo by Seth LaCount

Exercise Special Operations Forces Arctic Medic 2025 participants familiarize themselves with a CASEVAC Ecosystem sled prototype during Special Forces Arctic Medic 2025 at Yukon Training Area, Alaska, Feb. 18, 2025. SOFAM 2025 prepared its participants to conduct medical operations in arctic or extreme cold environments.

Military Medical News

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115th Field Hospital hones readiness during Operation Forge

By Jean Graves
Bayne-Jones Army Community Hospital

FORT JOHNSON, La. – The 115th Field Hospital, 32nd Hospital Center, 1st Medical Brigade, honed its medical readiness during a 12-day field training exercise, Feb. 24 – March 7, at the Joint Readiness Training Center and Fort Johnson, Louisiana.

As part of Operation Forge, Soldiers demonstrated their ability to rapidly deploy and operate a 42-bed field hospital, providing Role 3 health service support to friendly forces in a simulated corps support area. According to Health.mil a Role 3 field hospital provides the full range of preventive, acute, restorative, and convalescent care typically found in Unites States based hospitals and robust overseas facilities.

Medical units, like the 115th Field Hospital, are unique, with a percentage of medical providers working in Army Medical Centers, hospitals, and clinics across the force. These professionals come together for collective training exercises like Operation Forge, ensuring they are ready to deploy at a moment's notice to provide critical medical support wherever needed.

Maj. Carmen Salcedo, operations officer for the 32nd Hospital Center, was heavily involved in the planning efforts for this exercise.

"Our goal for Operation Forge was to increase our collective training, readiness, and proficiency as an expeditionary Role 3 medical treatment facility," she said. "The challenge was to exercise our unit's core mission in a large-scale combat operational environment."

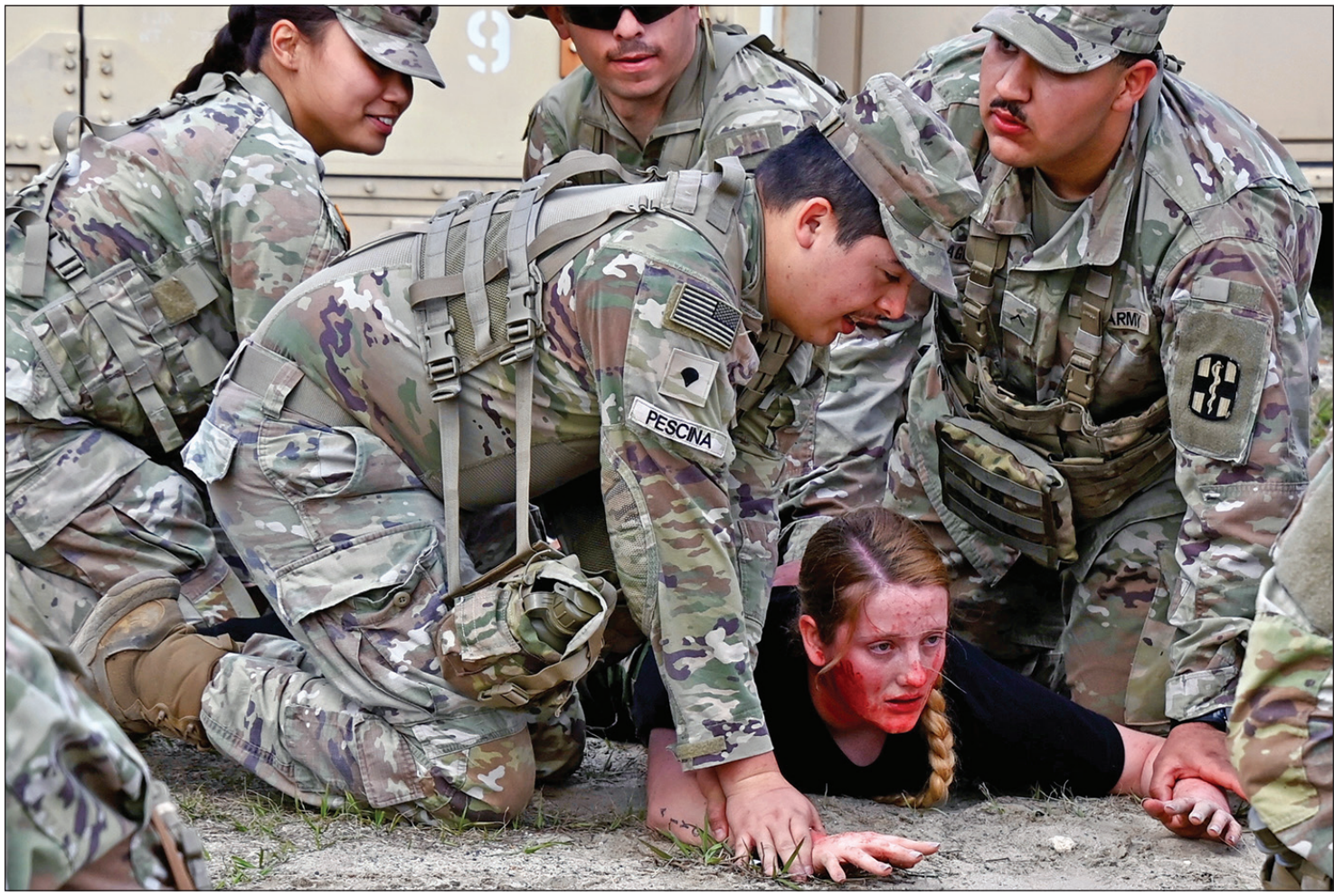


Photo by Jean Graves

Medics from the 115th Field Hospital physically restrain a patient during Operation Forge, March 3 at the Joint Readiness Training Center and Fort Johnson, Louisiana.

Salcedo emphasized that the 115th Field Hospital must be capable of deploying on short notice to provide health service support and force health protection to U.S. troops and allies almost immediately upon arrival in a combat theater.

"If called, our unit will provide damage control resuscitation and surgery as far forward as the division support area," she said. "The 32nd Hospital Center staff provides medical command and control for up to two field hospitals."

Lt. Col. Andrey Tsepelev, commander of the 115th Field Hospital, noted that the expeditionary nature of the unit has not been tested extensively during the Global War on Terrorism but remains critical in preparing for future conflicts.

"This training was designed to increase the proficiency and collective tasks of our Soldiers, with a focus on expeditionary deployment operations," he said. "This will improve our ability to deploy and set up in a variety of austere environments quickly and efficiently."

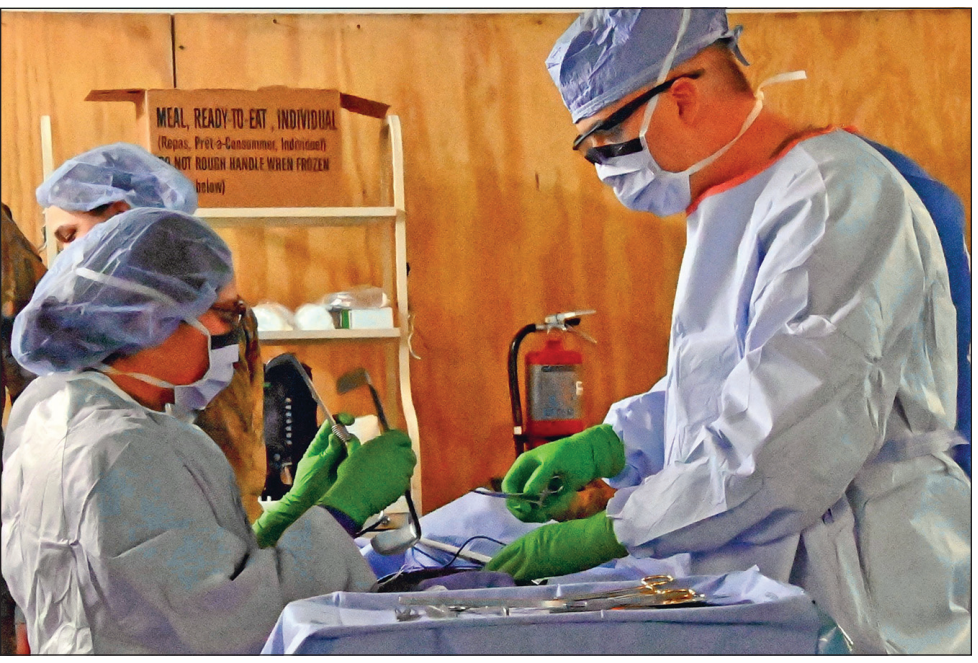


Photo by Jean Graves

Col. Nathan Carlson, trauma surgeon, assigned to the U.S. Army Military-Civilian Trauma Training Team, Milwaukee, Wisconsin and Pfc. Angelina Reyes, operating room specialist from the 115th Field Hospital perform a notional surgical procedure during Operation Forge, March 3 at the Joint Readiness Training Center and Fort Johnson, Louisiana.

Tsepelev stressed that contested environments will be a major factor in future conflicts, particularly against near-peer adversaries.

"We developed this training exercise as if freedom of movement might be limited," he said. "We conducted a three-day phased arrival, including an advance party, main body, and trail elements, simulating a scenario where we deploy overseas under constrained conditions to execute our mission."

First Sgt. Samuel Garcia, a combat medic and senior enlisted advisor to the 115th Field Hospital commander, praised the expertise and dedication of the unit's Soldiers.

"We are medically sound, always training, always studying," he said. "Medically, these Soldiers are amazing, and they are some of the best clinicians I've had the privilege to work with. However, we don't always get the chance to practice the tactical side. This exercise has been a great opportunity to improve, refine, and integrate those critical skills."

Over the course of the exercise, Garcia said the unit demonstrated proficiency in both individual and collective tasks, reinforcing their ability to operate effectively in combat conditions.

Col. Werner Barden, brigade commander, 1st Medical Brigade, Fort Cavazos, Texas, traveled to Fort Johnson to observe the training firsthand.

"The unit put months of preparation into planning this exercise, and it shows," he said. "I applaud the 32nd Hospital Center for testing current lessons learned in simulated large scale combat operations outside of traditional fixed facilities. This break beyond established doctrine demonstrates how hospital centers can shape the expeditionary environment while remaining effective and efficient."

Barden emphasized that exercises like Operation Forge offer Soldiers the opportunity to not only practice but demonstrate both individual and collective medical proficiency.

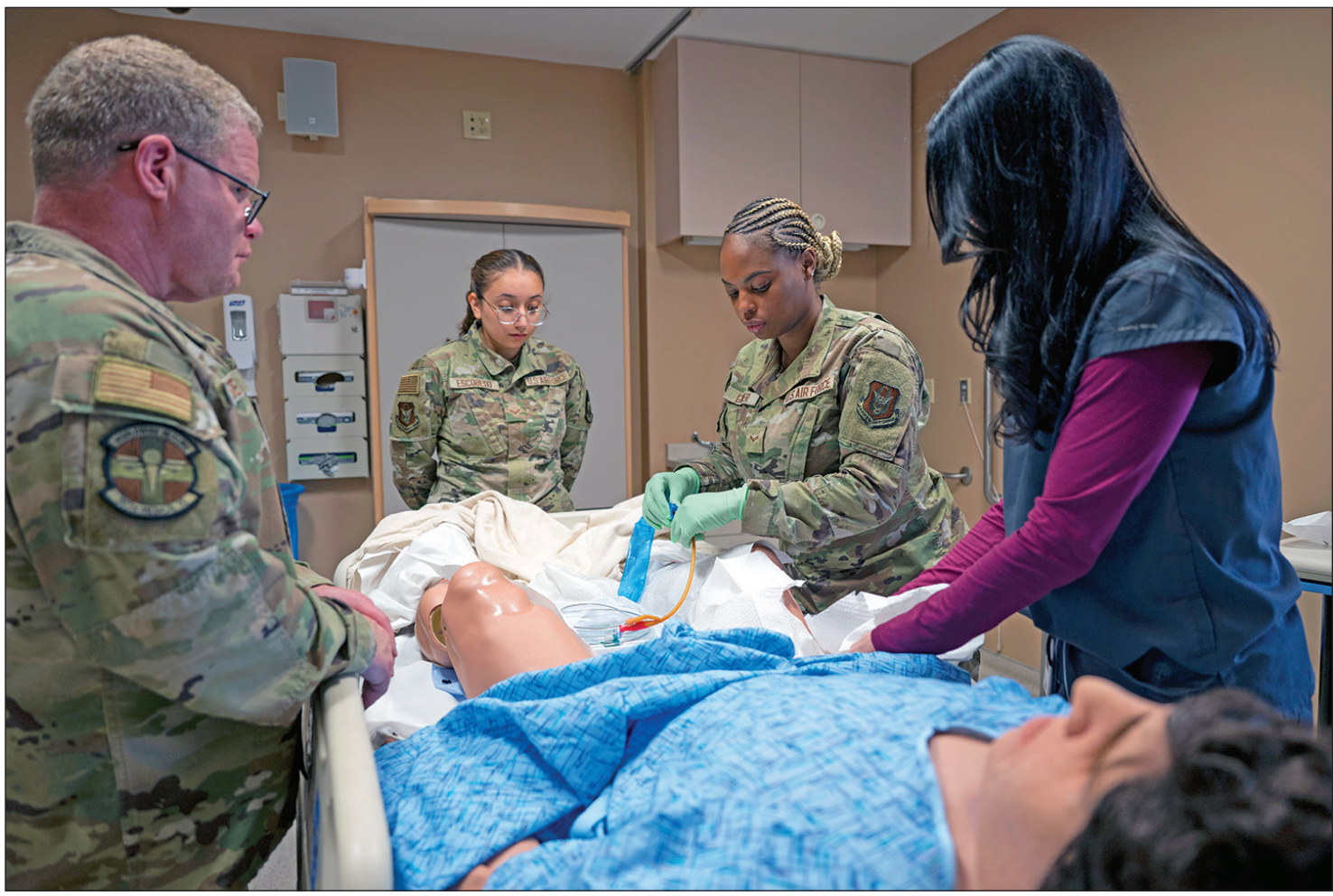
The 115th Field Hospital's mission directly supports the Secretary of Defense's priorities, particularly strengthening force readiness and preparing for large-scale combat operations. By training in a realistic, contested environment, the unit ensures that Army Medicine is postured to provide expeditionary medical support in an era of strategic competition. Their ability to rapidly deploy and sustain life-saving medical care aligns with the Pentagon's focus on ensuring military forces remain agile, resilient, and prepared for future conflicts.

Note: This story was written in cooperation with Maj. Samuel Burns and Spc. Marjory Wood, Unit Public Affairs Representatives for 1st Medical Brigade and the 32nd Hospital Center. Their insight and assistance ensured the accuracy of this story and the efforts of their unit.

An innovative partnership

307th Medical Squadron trains with civilian counterparts

By Airman Justin Moore
307th Bomb Wing



U.S. Air Force Photo By Senior Airmen Justin Moore

U.S. Air Force Airmen assigned to the 307th Medical Squadron and a Willis Knighton clinical simulation educator apply a colostomy bag to a patient simulator at Willis Knighton Innovation Center in Bossier City, Louisiana Feb 21. 2025. Willis Knighton educators set up five different stations and scenarios and conducted medical training on state-of-the-art training equipment not readily available to 307th MDS Airmen.

Airmen assigned to the 307th Medical Squadron traveled to the Willis Knighton Innovation Center (WKIC) in Bossier City, Louisiana Feb. 21 to participate in a collaborative training effort.

The training is part of a unique, ongoing, innovative partnership between the military and civilian medical entities.

"Our mission is to ensure forces are ready, fit to fly, fight, and win," said Maj. Micole Williams, 307th MDS chief nurse. "Many of our Airmen do not practice in their civilian roles as medics, so providing them with life-like clinical experiences is crucial for them to excel in their Air Force specialty role."

WKIC has state-of-the-art training equipment not readily available to 307th MDS Airmen, including patient simulators that present life-like conditions and critical care scenarios.

During Friday's effort, Airmen initially trained on five base stations with five stations, applying IV drips, tourniquets, urinary catheters, and pain medication, as well application of tourniquets to different areas, applying a urinary catheter, application of pain medication, and patient intubation.

"They have provided us with the opportunity to train in an environment very well suited to learning and with many resources," said Tech Sgt. Antonio Zinc, assigned to the 307th MDS. "You can't speak to its value enough."

After members completed all five stations, they returned to the classroom to review what they had learned before they applied it in one of two training scenarios: a gunshot wound and blunt force trauma with amputation.

"This training provides Airmen with an opportunity to get hands-on training," said Williams. "By collaborating with our civilian counterparts, we have the opportunity to exchange invaluable knowledge and experiences that enhance our overall capabilities."

The scenarios also simulated different environments tailored to train Airmen to operate outside of hospital conditions.

"The majority of the time the scenarios were envisioning what it was like if we are to get deployed, but sometimes they do mix in scenarios like you're working on the ICU floor, "said Senior Airmen Kennedi Lubale, 307th MDS medical technician "So it's a good mix that they drill into us because you need to know what to do under intense pressure in certain situations."

Quality of training wasn't the only motivating factor during the training, according to Lubale. She also cited the passion exhibited by the WKIC training staff.

"When you have someone who is excited about teaching, it makes you excited about learning," said Lubale. "I feel like constantly seeing excited teachers makes us more amped up to learn, especially if it's hands-on skills."

The ongoing partnership with WKIC provided innovative training platforms for Airmen and allowed training staff at the facility to gain unique insight into the military medical training protocols while providing a flow of ideas across entities.

"I enjoy getting to see what [the military medical technicians] actually do and the autonomy they have," said Jordan Logan, WKIC Clinical Simulation Educator. "I think it's really great that we both get to see how the other works."

• Radiology

(Continued from front page)

ability to apply that knowledge in high-pressure situations. The learning curve was steep, and the fast-paced environment meant there was little room for error. Lives are at stake, and the accuracy of each scan can directly impact a patient's diagnosis and treatment.

Fortune credits his support system of his classmates during technical school, and coworkers at the Langley hospital for helping him push through and build confidence. Whether it was late-night study sessions, troubleshooting difficult scans, or simply offering words of encouragement, they all played a key role in his growth.

Now fully qualified, Fortune is paying it forward by keeping service members mission-ready. He uses advanced imaging tools to help spot diagnoses that could otherwise go undetected. His quick and accurate diagnoses often determine whether someone can return to duty or needs more treatment.

"When a pilot or security forces member comes in with a potential injury, getting them the right care quickly can mean the difference between returning to duty or being sidelined," he explained. "It feels good knowing I can be part of that process."

A team player, Fortune knows ensuring the best possible care doesn't happen in isolation. He works closely with physicians, physical therapists, and other specialists to make sure service members receive quality comprehensive care.

"Whether it's determining the next steps for their recovery or deciding whether they're ready to return to duty, we work together to figure out the best course of action for each patient," he said..

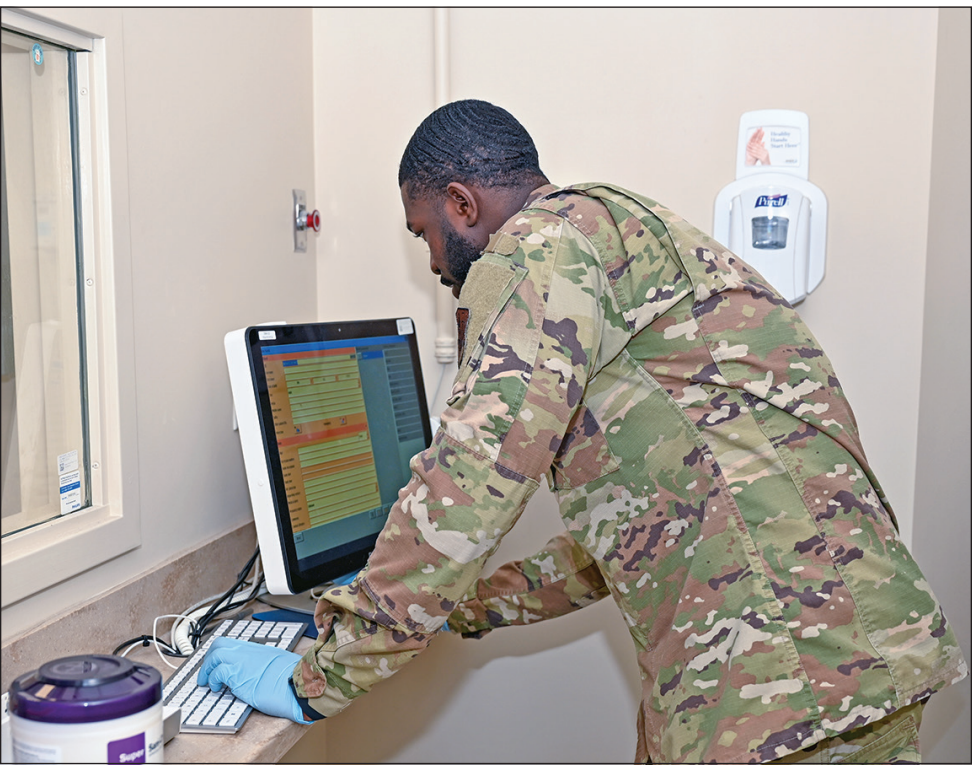
Left: U.S. Air Force Airman 1st Class Terrence Fortune, 633d Surgical Operations Squadron diagnostic imaging technologist, prepares an X-ray imaging system at Joint Base Langley-Eustis, Virginia, Feb. 13, 2025. X-rays allow doctors and other medical professionals to assess injuries and medical conditions to determine the best course of treatment for patients.

U.S. Air Force photo by Airman 1st Class Skylar Ellis

The hospital's upgraded digital imaging systems have enhanced the patient quality of care by speeding up processing times and delivering sharper images. Fortune said, these improvements help doctors make faster and more precise decisions.

Looking ahead, Fortune is excited about how continued advancements in radiology will further improve patient care. He hopes to specialize by gaining advanced expertise in CT imaging, a field he also finds both challenging and rewarding. Through this focus, he aims to continue enhancing the services available at Joint Base Langley-Eustis.

While Fortune may refer to himself as "lucky," his success is clearly built on hard work and commitment to the mission. Fortune's journey, marked by dedication, adaptability, and teamwork, shows the essential role surgical imaging technologists play in keeping the Air Force ready and capable.



U.S. Air Force photo by Airman 1st Class Skylar Ellis

U.S. Air Force Airman 1st Class Terrence Fortune, 633d Surgical Operations Squadron diagnostic imaging technologist, inputs information on a computer at Joint Base Langley-Eustis, Virginia, Feb. 13, 2025. Diagnostic imaging technologists record relevant clinical information details to assist the physician such as a patient's name, date of birth, exam type, body part being imaged, positioning used, technical settings, and any.

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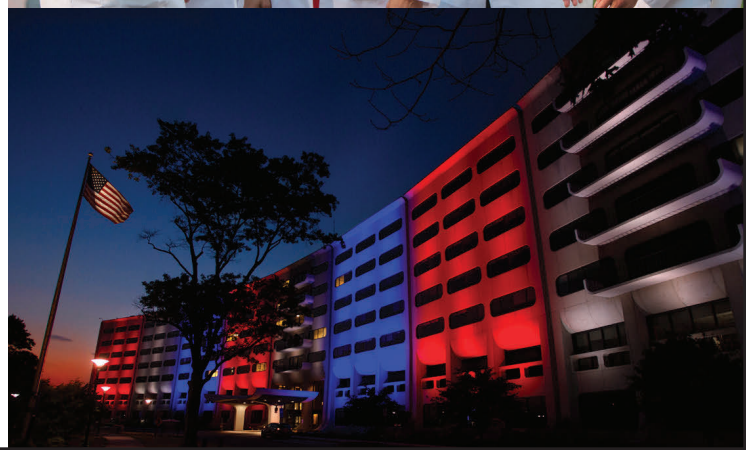

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