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The cavalry has arrived

Story by Sgt. Kaden Pitt

Defense Department Support to FEMA COVID-19

COEUR D'ALENE, Idaho – For hospital staff across the country, the last year and a half has consisted of long hours, little rest and more patients than ever. It's not hard to see why these healthcare workers, who have been fighting to save lives day-in and day-out under stressful conditions, might begin to feel like relief is never coming. So when a team of U.S. Army medical professionals arrived at their doorstep, eager and willing to lighten the load, it was as if the cavalry had finally arrived.

"We really needed the help," said Jasmine Carrier, a civilian respiratory therapist at Kootenai Regional Health Center. "Having them here to help has been exceptional. We really needed [their assistance] and we are really grateful."

The medical response team assigned to the 627th Hospital Center, arrived at Kootenai Regional Health Center in Coeur d'Alene, Idaho on Sept. 4, 2021. After a short training period, the team began working directly with hospital staff.

"We've really been filling in a lot of the gaps in the nursing model," said Capt. Corrine Brown, a critical care nurse assigned to the 627th Hospital Center. "We've mostly been working as floor nurses in the COVID intensive care unit. Day-to-day, we're assessing patients, monitoring their drips, updating families and providing medications. Overall, the staff has been really grateful for us being here because we came ready to work."

These individuals bring not only a willingness to step up and help but also crucial experience. The team consists of numerous medical specializations from respiratory specialists to nurses, both critical care and medical-surgical and physicians. In addition, many team members have conducted similar operations previously.

"For most of our staff this isn't their first COVID mission," said Lt. Col. Ramona Decker, the medical response team officer in charge, assigned to the 627th Hospital Center. "The team has a lot of experience treating COVID and they are doing amazing. The hospital staff is just awesome, so it was really incredible to see them look up to our team because of their positive attitudes and great work ethic."

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Best Medic Competition 2021

By Spc. Kelsey Simmons

4th Infantry Division Public Affairs Office



(U.S. Army photo by Spc. Ruby Torres)

Staff Sgt. Ismael Marquez (left), and Spc. Brandon Gracia (right), assigned to 3rd Squadron, 61st Cavalry Regiment, 2nd Stryker Brigade Combat Team, 4th Infantry Division, pose as the winners of the Ivy Best Medic Competition, Oct. 7, 2021, Fort Carson, Colorado. The two combat medics will move on to the Army Best Medic Competition in January 2022.

FORT CARSON, COLO. — The 4th Infantry Division hosted the Ivy Best Medic Competition, from Oct. 4-6, Fort Carson, Colorado. Five Soldiers from across the installation participated in the three-day competition to identify the two best Ivy Medics.

"The Ivy Best Medic Competition is a great opportunity for medics to come out and show their skills, represent their companies, represent the 4th Inf. Div. and represent the Army," said Master Sgt. Brandon Plunkett, the noncommissioned officer in charge of the Ivy Best Medic Competition.

The competition is designed to physically and mentally challenge the participants as well as test their tactical medical proficiency.

"It's a super grueling event filled with obstacle courses, ruck marches, and other things like that," said Spc. Brandon Gracia, a combat medic assigned to 3rd Squadron, 61st Cavalry Regiment, 2nd Stryker Brigade Combat Team, 4th Inf. Div. "A lot of medical skills are involved. Unfortunately, there's not a lot of rest time, but we do get to joke around with the other competitors. It's been an awesome and friendly environment."

The first day of the competition consisted of three events — a Chemical Biological Radiological Nuclear skills test, a 12-mile ruck and a medical skills challenge.

"So far, the event has been pretty fun," said Staff Sgt. Ismael Marquez, a combat medic assigned to 3rd Sqdn., 61st Cav. Reg., 2nd SBCT, 4th Inf. Div. "The 12-mile took a bit out of me, but other than that, both my Soldier and I finished as the top two. I'm pretty excited about that."

The second day consisted of four events — an Army Combat Fitness Test, a swimming challenge, an obstacle course and a medical evacuation challenge.

"You think you're good at swimming until you do it with a uniform on, and suddenly, you're almost drowning," Gracia said. "It's definitely one of the things I need to work on."

The third and final day consisted of only one event

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BJACH orthopedic dedicated to meeting patient needs

By Jean Graves

Regional Health Command - Central

FORT POLK, La. — Bayne-Jones Army Community Hospital's Orthopedic Department has a robust staff of highly skilled specialists to support mission readiness. BJACH recently hired a new civilian and active duty orthopedic surgeon to round out the team at the Joint Readiness Training Center and Fort Polk, Louisiana.

Cynthia Nelson, practice manager for BJACH surgical services department, said the addition of the new orthopedic surgeons is a big win for the hospital.

"Now we can take care of our patients right away, we don't have to go through referral management to send our Soldiers to a civilian provider," she said. "Having this capability in house supports Soldier readiness not only at JRTC and Fort Polk, but in our operating room. The increased number and variety of surgical procedures offered at

BJACH gives our operating room staff the opportunity to learn new and master current skills, which is important to them and our patients."

Nelson said having a full staff in the orthopedic department will allow specialists the time to focus on providing the highest quality of care to our beneficiaries.

Dr. Edward Southern, orthopedic surgeon, arrived at BJACH in August. Before his arrival he completed a pediatric and spine fellowship.

"Arthritis, traumatic fractures, rotator cuff tears, ACL tears, sports and training related injuries are some of the most common issues we treat here," he said. "I see a lot of patients with back pain, because I am a trained spine surgeon as well."

Southern said the local civilian orthopedic doctors already have extremely heavy patient loads and having a full staff at BJACH alleviates long wait times for Soldiers and their families.

"We have a good range of practitioners in our department," he said. "We have a foot and ankle specialist, our podiatrist, Dr. Destefano. Lt. Col. White, is a sports medicine expert, who has alleviated our shoulder and knee backlog. I treat pediatric and spine patients so they no longer need to be referred out. And our PA, Lim Ferguson is a former Special Forces provider and has been managing this department on his own for a while now."

Southern said other than severe trauma, which require an intensive care unit, the orthopedic team at BJACH can handle just about any injury that is presented to them.

Lt. Col. Jeffery White, orthopedic surgeon, arrived at BJACH in July and specializes in sports related injuries; shoulder and knee scopes, hands, minor trauma, ankle and wrist fractures.

"Ankle fractures, shoulder separations and sprains are common injuries associated with airborne operations and normal field work," he said. "Identifying those injuries, doing surgery if necessary, getting our Soldiers into rehab and back to their units quickly is important to Army readiness. Having a full orthopedic staff here and a great physical therapy department makes it much easier than if we had to refer people out to larger military treatment facilities or civilian hospitals."

White said coming to BJACH was a great opportunity for him to continue working in the operating room and practicing orthopedic care on a daily basis.

"Here I thought I'd be alone, I was thrilled when Dr. Southern showed up," he said. "He is the perfect piece to the puzzle. He's a spine surgeon and is comfortable doing pediatrics, he's willing to pull on call and it's really nice to have another surgeon to learn from and rely on."

White said coming to BJACH has been beneficial because he has the



(Photos by Jean Graves)

Above: Pictured from left are Lt. Col. Jeffery White, Limuel Ferguson, Dr. Edward Southern are members of the robust staff of highly skilled specialists working in the Bayne-Jones Army Community Hospital Orthopedic Department. The department is fully equipped to support a wide range of orthopedic services to the Soldiers at the Joint Readiness Training Center and Fort Polk, Louisiana. Below: Dr. John Destefano, podiatrist, examines the toes and foot of a patient at Bayne-Jones Army Community Hospital.

opportunity to continually be in the operating room and treat patients. He also said having Southern as a counterpart compliments his training and expertise.

Southern said he came to Fort Polk because he wanted to work for the Defense Health Agency.

"I have previous experience working for the Air Force and I wanted to get back to the defense health system," he said. "I thought working with a younger active duty population [versus working for Veterans Affairs] would be a great way to learn more about sports medicine. I have a great teacher here with Lt. Col. White and I'm getting up to speed on the sports aspect of this department which is quite a heavy workload. It's very different from what I was doing before."

Limuel Ferguson, has been an orthopedic physician assistant at BJACH since 2002 as a Soldier and now as a civilian.

A PA since 1994, Ferguson retired from active duty at BACH before taking a civilian position here.

"I enjoy orthopedics because of the unusual stories associated with injuries, especially on weekends. I see severed appendages from table saws, fights resulting in hand fractures, sky diving injuries, I just like helping Soldiers," Ferguson said. "We've got a great team now. We've got guys skilled in sports surgery, guys skilled in trauma surgery and guys skilled in the Army."

Ferguson said the growing staff allows BJACH to do more things locally now instead of sending people to outside



facilities for care.

Dr. John Destefano, a podiatrist at BJACH, has been a member of the orthopedic team for three years.

Destefano said he primarily sees patients for planter fasciitis, bunions, ingrown toe nails and hammer toe.

"Podiatry is part of the orthopedic team," he said, "We just work with smaller bones. A Soldiers' foot health is very important to their ability to do their jobs."

The BJACH orthopedic team is ready to serve all beneficiaries with muscular skeletal needs. The addition of two surgeons to the team will enable the hospital to provide the best to our Soldiers and Families to improve quality of life and support mission readiness.

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P.O. Box A3434
Chicago, IL 60690
Phone: 312-368-4884
Fax: 312-425-0203

To reach us:
advertising@militarymedical.com

Peter R. Bourjaily
Publisher

Maria Ceska
Production Manager

Jim Henry
Account Manager

Jack Shannahan
Account Executive

David Scott
Account Executive

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Account Executive

Denise Kay
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• Cavalry (Continued from front page)

The collective sigh of relief that has been felt throughout the hospital can't be overstated for many of the hospital staff.

"Having the ability to take a couple of days, to rest, recover and be able to be efficient again for the patients is irreplaceable," said Carrier, a Coeur d'Alene, Idaho native. "It's huge, and I'm really grateful that we have the support to do that because we didn't before"

The hospital has shown a great deal of trust in the Department of Defense team, allowing them to take on even more critical roles to provide much-needed support.

"The team hasn't just been working in the COVID floors. We've been filling in wherever the hospital needs us," said Decker, a Clayton, California native. "The team has been working in increasingly more core staff positions with many of them taking on lead nurse responsibilities. The patients and the workload they've been taking on has gotten more complex and difficult, but the team has risen to the demand every time."

Despite the demand that is placed on the team, they have managed to keep level heads and positive attitudes. Many members credit this to the efforts to support cohesion amongst the team.

"We all work the same days so having other people who are going through the same thing has been really helpful because if I need to, I can call over one of the other nurses and say, 'Hey can I vent to you,'" said Brown,

an Arlington, Washington native. "What's really gotten me through a lot of crummy days though is seeing people who get better and knowing they get to go home and tell their families how serious [COVID] is. It's good to know that we're making a difference in their lives and in the community."

The combination of keeping close with teammates and making a real difference in people's lives has kept many members of the team operating with high spirits. One such individual, Capt. Jason Webb, a critical care nurse assigned to the 627th Hospital Center, while speaking on the differences of this mission from his last, still sparked a smile across a tired face pocked with the markings of nearly 12 hours straight in personal protective equipment.

"We've gotten to see a lot more patients leave the ICU with positive outcomes and that doesn't really happen everywhere, which is just great to see," said Webb. "We're a super tight-knit bunch. Everyone is professional and has dove in to make this mission as successful as possible."

The medical response team has shown the impact-driven professionals who are bent on making a difference can make. Lucky for many struggling hospitals around the country, they don't plan on stopping.

"We do this because it's what we're passionate about," said Brown. "It's hard being away from friends and family, but this is what we were called to do. We are going to keep working wherever we're needed."



(U.S. Army photos by Sgt. Kaden D. Pitt)

U.S. Army Capt. Jason Webb, a critical care nurse assigned to the 627th Hospital Center, notes the time on medical tape used for an intubated COVID-positive patient during the COVID response operations at Kootenai Health regional medical center in Coeur d'Alene, Idaho, Sept. 30. U.S. Northern Command, through U.S. Army North, remains committed to providing flexible Department of Defense support to the whole-of-government COVID response.



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U.S. Army Capt. Corrine Brown, a critical care nurse assigned to the 627th Hospital Center, checks fluid levels of an IV bag while caring for an intubated COVID-positive patient during the COVID response operations on Sept. 29.

Optimizing sleep as a soldier

The science, challenges and significance

By **Gabriela Okhuysen**

Walter Reed Army Institute of Research

SILVER SPRING, Md. — Imagine you start the day with your phone charged to 80%. However, there won't be any outlets to recharge until the end of the day. Phone calls, text messages, social media breaks — it adds up. Will 80% be enough to last the average work day?

That is essentially how people function with even mild sleep debt, which is something most of us suffer from. A third of US adults report that they usually get less than the recommended amount of sleep, according to the Centers for Disease and Prevention.

Sleep debt can be accumulated over days, weeks and years of inconsistent sleep patterns, so every time you don't receive a full seven to eight hours of sleep per night, that loss is added to your existing sleep debt and can be severely impairing.

Consequences of sleep debt include impeding our ability to regulate stress, emotions and cognition. Researchers from the Center for Military Psychiatry and Neuroscience (CMPN) at the Walter Reed Army Institute of Research are responsible for investigating the relationship between sleep and how it optimizes human performance. Their efforts provide information to leaders who can better prepare their Soldiers for missions and their post-Army futures.

"It is important to understand that when you are sleep deprived, you don't perform as well," said Dr. Janna Mantua, CMPN Operational Research Team, lead scientist.

There are two major types of sleep that your body cycles through to get a good night's rest: non-rapid eye movement sleep and rapid eye movement, or REM, sleep. While non-REM sleep is essential for hormone regulation and protein synthesis during muscle recovery, REM sleep is important for emotional processing and boosting good mental health.

Rapid eye movement sleep comes at the end of the night, so it is the sleep stage that is most likely to be missed if one isn't getting enough sleep.

"If you are not getting enough REM sleep, it is possible that you will have more emotional disturbances whether or not you have preexisting psychological distress in the form of anxiety or depression," Mantua said. "Those



A soldier demonstrates how on of the sleep study suites are used at the Center for Military Psychiatry and Neuroscience of the Walter Reed Army Institute of Research, Oct. 26, 2021. WRAIR conducts sleep restriction and deprivation studies and evaluates countermeasures to develop knowledge products and materiel solutions to enhance Soldier alertness, decision-making, and performance.

(U.S. Army photo by Arlen Caplan)

emotional disturbances can be in the form of increased stress, burnout or poorer mood."

As the night goes on, the proportion of your sleep cycle that is REM gets longer and longer, which is why you tend to wake up remembering the final dream of the sleep period. Mantua said that each sleep cycle doesn't stand alone, and all of them are required in order to get a good night's sleep.

"If you have good quality sleep and are getting enough hours of sleep then you are getting all the sleep stages you need," Mantua said.

The benefits of getting good sleep can go beyond daily performance and can, in some cases, prevent long-term problems.

This is because everything you experience is predominantly filed away into your long-term memory during sleep, and when your brain does this filing, it is also assigning the proper emotional response to each memory. Sleeping helps regulate this emotional labeling.

For Soldiers who experience something traumatic, sleep will help them process events and reduce the chances of serious long-term emotional dysregulation, such as post-traumatic stress disorder.

"If you were to be sleep deprived and experience something very emotional, the emotionality of it stays really high," Mantua said. "But if you sleep, you save the memory and the emotionality is slightly reduced."

The frontal lobe regulates emotions and processes events and it does not function as effectively during periods of sleep deprivation. This means during stressful events, sleep-deprived individuals may perceive something as overly negative and respond disproportionately to the event.

"Our ability to translate what is a threat and not a threat and respond appropriately is critical, especially when you are working with the same team all the time, making decisions and regulating the perception of a

threat," said Lt. Col. Vincent Capaldi, CMPN senior medical scientist.

There are experiences that will remain traumatic memories, however. Taking the extra time to sleep and recover over several nights following a traumatic event will help to file your memories away in the proper place with the proper amount of emotional response from your brain, minimizing some effects of acute stress disorder and PTSD.

"[Sleep debt] doesn't necessarily create the pathologic conditions but it can certainly make the pathological conditions worse, but if we get enough quality and quantity of sleep then we will mitigate a lot of the symptoms that are associated with these conditions," said Lt. Col. Scott Williams, CMPN director.

This article is the first of a series that explores the relationship between sleep and mental health and how this correlation affects Soldier and unit readiness.

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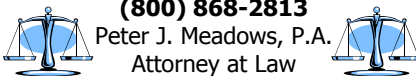
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First-ever malaria vaccine has roots in army medical research

By RAMIN KHALILI
Medical Research and Development
Command

Following decades of research, the officials at the World Health Organization recently recommended the widespread use of the RTS,S/AS01 malaria vaccine for at-risk children across Africa. The vaccine—the first of its kind and specifically intended for use in regions with moderate-to-high malaria transmission—was borne from research initially conducted at the U.S. Army Medical Research and Development Command's Walter Reed Army Institute of Research nearly 40 years ago.

"We tested [the vaccine] in pre-clinical and clinical trials," says Col. Jason Regules, director of the Malaria Biologics Branch at WRAIR and a scientist who led some of those early clinical trials— which were, in part, aided by pharmaceutical company GlaxoSmithKline. "We were doing a lot of those seminal studies on formulations as the adjuvants evolved here at WRAIR."

The story of the RTS,S/AS01 vaccine (or simply RTS,S) begins at WRAIR's Entomology branch in the 1980s. Scientists there performed the first controlled human malaria infection studies, in which lab-hatched mosquitoes were infected with lab-cultured malaria parasites and then allowed to feed on human volunteers. The development of this model was a turning point for global malaria vaccine research and, through decades of refinement, has supported almost 40 years of efficacy testing of a suite of antimalarial vaccines and drugs—including three decades of testing on RTS,S. Indeed, the first-ever study on RTS,S took place at WRAIR as well. Its efficacy was established in a Phase 3 clinical trial that concluded in 2014.

At a granular level, the RTS,S vaccine aims to coax a person's immune system into defending against the first stages of malaria when the parasite enters the bloodstream through a mosquito bite and then infects liver cells. In short, the vaccine is designed to prevent the parasite from infecting the liver, where it can mature, multiply, reenter the bloodstream, and then infect red blood cells, which can lead to disease symptoms. Malaria is no longer found in the U.S., but it remains one of the most important infectious disease threats to Service Members deployed to tropical and subtropical regions.

"Over the years, it's been shown

that this [vaccine] does have clinical impact, and that's why the WHO has recommended it," says Regules, noting that WRIAR also pioneered the use of a regimen—or a specific dosing schedule—to further the impact of the vaccine. Says Regules, "It's really the regimen that improves the impact."

An additional USAMRDC connection to the vaccine comes via the command's Military Infectious Diseases Research Program, which provided funding in the early stages of development; malaria research being one of the program's core focal points.

"The recommendation of this vaccine by the WHO underscores the importance of early research investment by the military infectious diseases research program in novel and innovative medical solutions," says Col. Stuart Tyner, director at MIDRP. "In conjunction with approved malaria prophylaxis and treatment drugs, this vaccine will go a long way towards facilitating the global fight against malaria."

Malaria remains one of the greatest infectious disease burdens in the world, with more than 229 million cases worldwide in 2019 (the last year for which comprehensive data is available, according to the WHO) and more than 409 thousand deaths. The impact of the disease on young children—specifically children under five years old—accounted for more than 67 percent of malaria deaths in 2019. This statistic was a direct factor in the WHO's recommendation of RTS,S. The announcement comes following the results of an ongoing pilot program in Ghana, Kenya, and Malawi that has reached more than 800 thousand children since 2019, according to the WHO.

"We have long hoped for an effective malaria vaccine and now for the first time ever, we have such a vaccine recommended for widespread use," said Dr. Matshidiso Moeti, WHO Regional Director for Africa. "[This] recommendation offers a glimmer of hope for the continent which shoulders the heaviest burden of the disease and we expect many more African children to be protected from malaria and grow into healthy adults."

WRAIR is currently testing a new malaria vaccine candidate—one known internally as FMP013/ALFQ—using the aforementioned controlled human malaria infection model, which WRAIR hopes will broaden the immune response and improve both the longevity and impact of protection.



(Photo courtesy: AFC Kimberly Barrera)

Mosquitos – like this one, collected as part of a military study in North Carolina – were used during USAMRDC's initial RTS,S vaccine studies nearly 40 years ago.



Percy Bonefish

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Air Force medics welcome Afghan evacuees, provide support

By Shireen Bedi
Air Force Medical Service

When a crisis emerges, the nation can rely on medical Airmen to quickly lend their capabilities to support a whole-of-government response. Amid Operation Allies Welcome, these Airmen are playing a critical role in providing medical care to more than 50,000 Afghan evacuees.

“Air Force medics across the country are providing a full range of support from medical screening and vaccination support to basic primary care through trauma and critical care capabilities, as well as providing any ancillary care required to sustain that service,” said Col. Colin Smyth, U.S. Air Force Director of Expeditionary Medical Policy and Operations. “Additionally, medics are providing significant support in locations where transiting Afghan personnel and families may be required to stay for a short period of time.”

In support of the Department of Homeland Security, nearly 500 medical Airmen are working alongside sister services and interagency partners to ensure Afghan evacuees get the medical treatment and screening they require. Some of the medical teams deployed include primary care, pediatrics, outpatient, obstetrics/gynecology, mental health, dental and lab.

“Air Force medics remain fully trained and ready to support all of our medical operations, including foreign humanitarian assistance and defense support to civil authorities,” said Smyth.

Since the end of July, medical Airmen have been deployed to be a part of different task forces positioned at military bases across the country.

As part of Task Force-Liberty at Joint Base McGuire-Dix-Lakehurst, New Jersey, Air Force medics worked to rap-

idly set up medical facilities to provide care and administer vaccines. U.S. Air Force 1st Lt. Megan Busellato, assigned to the 445th Aeromedical Staging Squadron, Wright-Patterson Air Force Base, Ohio, was one of many health care professionals providing immunizations.

“Everything we’ve trained for and have done with COVID response has, in a way, given all of us a sense of preparedness for such a monumental moment,” she said.

To date, Task Force Liberty has provided support to more than 9,000 evacuees.

In Virginia, the Airmen assigned to Task Force-Eagle at Fort Lee and Task Force-Pickett at Fort Pickett have aided in administering vaccines to Afghan evacuees, as well as helped in streamlining processes and the flow of personnel. Approximately 6,500 Afghan evacuees have received care at these two locations.

At Holloman Air Force Base, New Mexico, Air Force medics helped to care for more than 4,000 evacuees. Lt. Col. Kristen DeWilde, Operational Medicine chief assigned to Task Force-Holloman, describes how her team arrived with nothing more than a tent in an open field. They quickly set up a 12-tent hospital with ER, family medicine and pediatric care.

“We are seeing these families who have gone through so much,” said DeWilde. “I tell our medics every day, ‘You’re building Americans here, so let’s figure out the most efficient way to do that.’”

“The Air Force Medical Service has shown its inherent flexibility in the face of crisis,” said Smyth. “We have demonstrated an ability to immediately adapt to an emerging requirement to accomplish the mission.”



(U.S. Air Force photo by Staff Sgt. Kenneth Boyton)

A C-130J Super Hercules carrying Afghan patients taxis on the ramp at Holloman Air Force Base, New Mexico, Aug. 31, 2021. The Department of Defense, through U.S. Northern Command, and in support of the Department of Homeland Security, is providing transportation, temporary housing, medical screening, and general support for up to 50,000 Afghan evacuees at suitable facilities, in permanent or temporary structures, as quickly as possible. This initiative provides Afghan personnel essential support at secure locations outside Afghanistan.



(National Guard photo by Master Sgt. John Hughel, Washington Air National Guard)

U.S. Air Force 1st Lt. Megan Busellato, assigned to the 445th Aeromedical Staging Squadron (ASTS), Wright-Patterson AFB, Dayton, Ohio, provides an immunization to an Afghan evacuee at Liberty Village, Joint Base McGuire-Dix-Lakehurst, New Jersey, Sept. 11, 2021.



(U.S. Marine Corps photo by Cpl. Eric Ramirez)

U.S. Air Force Senior Airman Victoria Southern, a medic with the 96th Medical Group, interacts with Afghan children at a COVID-19 vaccination site in support of Operation Allies Welcome in Fort Pickett, Virginia, Sept. 15, 2021.



(U.S. Air Force photo by Airman 1st Class Jessica Sanchez-Chen)

Airmen with the 635th Material Maintenance Squadron, 49th Civil Engineer Squadron, and the 49th Wing set up the foundation of a housing tent as part of Task Force-Holloman, Aug. 27, 2021, on Holloman Air Force Base, New Mexico.

• **Medic** (Continued from front page)

— Urban orienteering. For this event, the competitors were given five different points throughout Fort Carson to find. They were given four hours to locate every point and make it back to the starting line.

After all the points had been totaled from each of the events, Gracia and Marquez were announced as the winners of the competition during a ceremony at the 4th Inf. Div. Headquarters.

“My platoon now has back-to-back division Best Medic titles, so now the rest of them will be pumped to compete next year,” said Marquez.

Following the Ivy Best Medic Competition will be the Command Sgt. Maj. Jack L. Clark Jr. Army Best Medic Competition, from Jan. 24-28, 2022, at Fort Hood, Texas. The AMBC is a 72-84 hour, two-Soldier team competition that challenges the Army’s best medical teams in a demanding, continuous and realistic simulated operational environment. The winning team will claim the title as the Army’s top combat medic team for 2022.

“We’re going to need that time to work on our communication skills, getting physically fit and medically prepared for all the events that are going to come out,” Gracia said. “So far, this competition has been amazing. I’m really looking forward to what’s next.”



Left: Staff Sgt. Ismael Marquez, assigned to 3rd Squadron, 61st Cavalry Regiment, 2nd Stryker Brigade Combat Team, 4th Infantry Division, performs cardiopulmonary resuscitation on a mannequin during the Best Medic Competition, Oct. 5, 2021, at Ivy Gym, Fort Carson, Colorado. The swim and CPR challenge was the second event of the day, following an Army Combat Fitness Test. Right: Two candidates for the Best Medic Competition apply Tactical Combat Casualty Care to a mannequin, Oct. 4, 2021, at the Medical Simulation Training Center, Fort Carson. Competitors participated in many combat medic-related events to prove who was worthy of earning the title, “Best Medic.”



(U.S. Army photo by Sgt. Matthew Rabahy) Spc. Brandon Gracia, assigned to 3rd Squadron, 61st Cavalry Regiment, 2nd Stryker Brigade Combat Team, 4th Infantry Division, climbs a rope during the Best Medic Competition, Oct. 5, 2021 at Fort Carson, Colorado.

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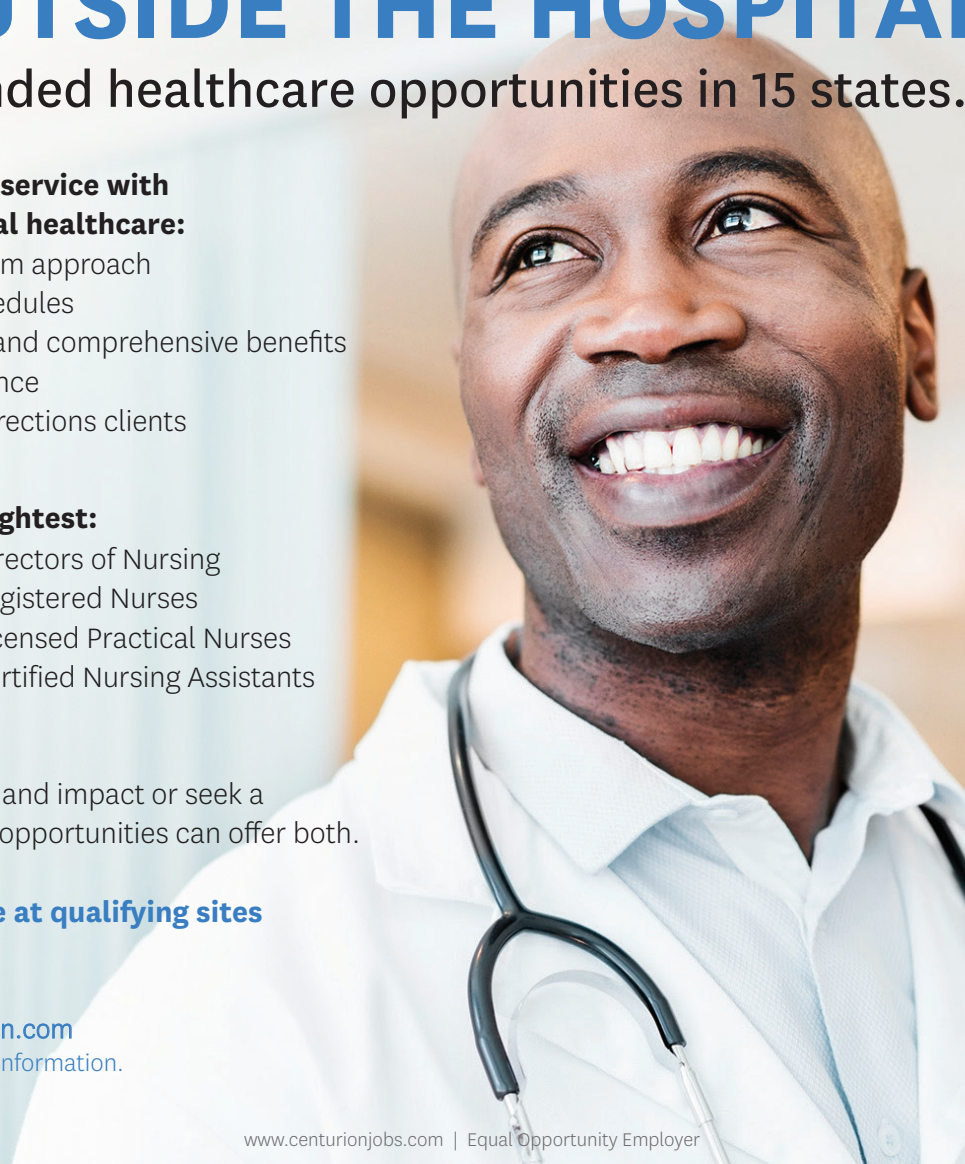
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