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Opioid prescriptions decline across the military health system

By Janet Aker
Military Health System

The Military Health System has shown a significant decline in prescriptions for opioids as a primary tool for pain management.

The decline in prescriptions for opioid medications - like morphine and oxycodone - highlights the success of the Defense Health Agency's training and education programs aimed at reducing the risks linked to opioid medications.

The most dramatic decline in recent years was reported among active-duty service members, but military health data shows reductions in opioid prescriptions across the entire Military Health System including among non-active-duty beneficiaries under age 65 and non-active-duty beneficiaries 65 and over.

Opioids have been prescribed as a pain reducer for many years, but the medical community has grown increasingly concerned about their risk of addiction and potentially fatal overdoses. To reduce those risks, the MHS has mounted a force-wide effort to curtail the prescribing of opioids in favor of other effective pain management techniques.

"The MHS, like all civilian medicine organizations across the nation, has been working hard to raise awareness of the specific risks associated with opioid medications. The data indicate that our providers have integrated this into their prescribing practices," said Kevin Galloway with the Defense and Veterans Center for Integrative Pain Management, the DOD's center of excellence for pain management located at the Uniformed Services University of the Health Sciences in Bethesda, Maryland.

Declines across the system

Among active-duty service members during the period from April 2017 to July 2021, military health data shows a 69% decline in prescriptions filled for opioids at a strength of 50 morphine milligram equivalents (MME) per day or more.

For beneficiaries who are not on active duty and are under the age of 65, the decline for the same period was 47%. And for non-active-duty beneficiaries 65 or older, the decline was 32%, according to data from the MHS Information Platform maintained by the Program Executive Office, Defense Healthcare Management Systems.

The MHS is also reporting fewer opioids

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(U.S. Air Force photo by Chief Master Sgt. Jaimee Freeman)

As an outcome of the 101st Air Force uniform board, Air Force women will be able to wear their hair in up to two braids or a single ponytail with bulk not exceeding the width of the head and length not extending below a horizontal line running between the top of each sleeve inseam at the under arm through the shoulder blades.

Air Force Women's Initiative Team champions women's health care

By Shireen Bedi
Air Force Medical Service

The Air Force's Women's Initiative Team has multiple lines of effort addressing barriers through policy change. The members of the WIT's Female-Specialized Health Care Programs have a vision to build an Air Force health care system that strengthens high quality women's care.

"Our goal is to remove barriers so that it is easier for women to continue serving in our Air Force," said Lt. Col. Jeanette Anderson, perinatal nursing consultant to the U.S. Air Force Surgeon General. "If we can provide the support they need from a health perspective, then we can ensure they are able to stay in the Air Force and are medically ready."

According to Maj. Emily Yates, a WIT co-lead and health care integrator with the 633rd Medical Group at Joint Base Langley-Eustis, Virginia, her team's work is crucial to retention.

"We have discovered that one of the reasons women leave the Air Force has been tied to medical barriers," said Yates. "Through our health-focused line of effort, we are working on strengthening a health care system that meets our Airmen's needs."

In the past year, the WIT's Female-Specialized Health Care Programs have driven several policy changes. In

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February, hair standard policies were changed based on feedback received from Airmen who identified numerous health concerns around the bun.

"The WIT conducted polling, interviews and other grassroots data and we found that women were experiencing headaches, hairline cysts and hair loss as a result of hair policies," said Master Sgt. Johnathon Lind, Department of the Air Force Barrier Analysis Working Group for the WIT. "We also learned from Veterans Affairs that 40% of hair issues came from women, but women only make up 20% of the force. We knew we had to update our policies surrounding hair.

"It was through the WIT that we were able to gain the support from other Air Force entities, major commands and wing leadership. We briefed Gen. Charles Brown, Jr., Air Force Chief of Staff, and Chief Master Sergeant of the Air Force Joanne S. Bass on the proposed changes."

Read more: Air Force to allow longer braids, ponytails, bangs for women [www.af.mil/News/Article-Display/Article/2478173/air-force-to-allow-longer-braids-ponytails-bangs-for-women]

Another completed initiative pushed by this team is lactation accommodation for Air Force service members and civilian employees.

"Finalized this summer, this policy change allows those who return to work, after giving birth, the appropriate accommodations to express milk while they are at work so they can both feed their baby and maintain their health," said Anderson.

Read more: Air Force improves lactation support for nursing mothers [www.af.mil/News/Article-Display/Article/2351342/air-force-improves-lactation-support-for-nursing-mothers]

The U.S. Air Force also updated its convalescent leave policy for Airmen and Guardians who experience a miscarriage or stillbirth, allowing them the time to heal and recover.

With this policy update, as outlined in Air Force Manual 41-210, there will be standardized convalescent leave, distinct from parental leave policies, for service members who experience perinatal loss. This change provides a critical update to support women who do not qualify for parental leave.

"Prior to this, women would only be eligible for parental leave if they had a qualifying birth event, meaning they delivered a baby and took that baby home with them," said Lt. Col. Larissa Weir, chief women's health consultant to the Air Force Surgeon General. "But for women who experienced a loss, we were seeing significant variation in the duration of leave they received. We put together this update to standardize that leave based upon how far along in the pregnancy they were."

Specifically, this policy grants up to 42 days of leave based on the woman's gestational age and any additional medical provider recommendations. The policy also includes Airmen and Guardians who decide to place their baby for adoption immediately following birth.

The WIT is entirely made up of volunteers ranging in ranks and backgrounds who are driven to create necessary policy changes that removes barriers to service. For Lind, women's health issues is not a women's-only issue and should be something in which the entire Air Force should be involved.

"The WIT isn't just for women and I am trying to be an example of that," said Lind. "Any issue they are experiencing is also my issue. That's what drives me to be a part of this team. When you are a minority population within a group, it can be tough to make necessary changes, so it is important we bring the whole team together to solve these problems."

For those who are interested joining the WIT can find more information on the WIT's Air Force Portal page [www.my.af.mil/gcss-af/USAF/ep/globalTab.do?channelPageId=sC9710F91735E613101735E85027F0040] *[Note: This site is restricted and requires a common access card; users without a common access card will receive a website error message].*

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prescribed to people in another risk category - those who are co-prescribed opioids and benzodiazepines, such as Valium or Xanax. The combination of those two types of medications can be dangerous and increase the risk of an overdose.

MHS beneficiaries who are on long-term opioid therapy - defined as taking opioids 90 days or more out of the past 180 days, also has declined.

The declines are good news, but should be seen in the context of a larger effort across the MHS to improve the quality of pain management.

"Our numbers are looking better, but the pain program is so much more than just getting the numbers down. We need to provide pain care in locations where it is needed so opioids become one of a number of options in our toolbox," said Army Lt. Col. Lori Whitney, director of the Army Comprehensive Pain Management Program.

Why the Declines?

The lower number of prescriptions is attributed in part to the recent emphasis of non-pharmacological approaches to pain management. At the same time, new education programs for health providers and patients have increased awareness of both the risks of opioids and the complementary forms of pain management therapy.

Provider training includes:

• Emphasis on avoiding routine prescription of opioids as a first-line therapy for minor pain conditions

• Developing pain management plans that ensure patients are taking the lowest effective dose of opioids for the shortest time

• Monitoring patients' conditions closely with the aim of risk mitigation

(Photo by Janet Aker, Military Health System)

Opioids are one of a number of options in the MHS pain management toolbox.

"The training provides a whole array of data and data tools that allow the prescriber to compare their prescribing practices to their peers at the level of the MTF [medical treatment facility], region, and market," Whitney said. These tools can also be used by leadership.

Patient and provider education follows the Step Care Model of pain management that was developed by the Department of Veterans Affairs, where the goals and emphasis is on the "return to function and restoration of health."

Other interventions focus on:

• Non-opioid pain management treatments such as nonsteroidal anti-inflammatories

• Complimentary pain management techniques like chiropractic manipulation, acupuncture, and massage therapy

• Behavioral interventions such as cognitive behavioral therapy and mindfulness meditation

• Patient lifestyle components like sleep and diet

Improving the quality of pain management in the MHS has been a key priority for the Defense Health Agency in recent years. The objectives of the DHA's pain strategy are designed to:

• Educate patients in effective self-management of pain and injury rehabilitation

• Educate clinicians regarding effective pain management and opioid safety

• Provide tools, including those through the MHS GENESIS, Carepoint, and legacy electronic health records systems to assist clinicians in evidence-based and patient-centered pain management

• Conduct pain research to continuously improve the approach to pain management

Additionally, the MHS Prescription Drug Monitoring Programs electronic database collects prescription data on controlled medications dispensed to TRICARE beneficiaries within the MHS. MHS then shares prescription drug monitoring information from military hospitals, clinics, and pharmacies with civilian health care providers and pharmacies.

"It's important that the MHS is leading this effort in that both federal partners, such as the VA, and civilian health care teams are looking to replicate our successes," said Dr. Christopher Spevak, an anesthesiologist and pain physician at Walter Reed National Military Medical Center in Bethesda, Maryland. Spevak leads the National Capital Region Pain Initiative and Tele-Pain Program.

86th OMRS mental health flight supports military, evacuees

By Senior Airman Milton Hamilton
86th Airlift Wing/Public Affairs

During Afghanistan evacuation operations, the 86th Operational Medical Readiness Squadron's mental health flight has been targeted to care for the military and evacuees.

Many Airmen have been working longer hours than usual — often outside their career fields — assisting in food distribution, donation deliveries, tent build-ups and trash collection within the transient lodging areas.

In such an uncertain time, it's important people know there are several resources available for service members who might need help processing experiences from supporting evacuation efforts.

"Anytime there's a real-world event, team members from Disaster Mental Health (DMH) are able to offer several counseling sessions for individuals to process the event, in which no notes are entered in their medical record," said Capt. Anna Davis, 86th OMRS disaster mental health team chief. "This applies to anyone who has participated in (the evacuation), who could benefit from processing experiences and reactions directly related to this mission."

Service members can go to the mental health front desk and request DMH services to speak to a provider.

"In the military, support is always within reach, sometimes we just have to take that first step outside of our comfort zone and talk to someone we trust," Davis said. "It's not always easy, but I've rarely heard someone be shunned or denied when they reached out for help whether it was from a chaplain or mental health provider, or a friend or co-worker."

The mental health team has also been available to help evacuees cope with being in a new environment, far away from home.

"The DMH team has worked with the medical staff to respond to evacuees with depressive and anxious symptoms, grief, trauma, and feelings of hopelessness," said Maj. Rachel Wiley, 86th OMRS mental health flight commander. "We have had the opportunity to sit with evacuees, hear their stories, help them feel less alone through this process and advocate for individuals who have mental health needs."

In addition to supporting the mental health of military and evacuees, the mental health flight has also provided volunteers to aid in the physical well-being of the evacuees.

"We have been transporting patients, helping the USO and Red Cross pass out donations and water bottles, finding tents and cots for women and families, creating safe coloring spaces for children while waiting to in-process and helping with food preparation," Davis said. "In these moments, we are always wearing our mental health hats. We might be setting up a tent with someone while asking questions about their experiences and allowing them space to discuss challenges they have faced while being involved in the mission."

To continue supporting evacuees while at Ramstein, it's imperative Airmen remain resilient and mentally tough. In the event they're not or need a few new coping skills, there are several resources and recommendations provided by the mental health flight for those who might experience adverse thoughts and emotions.

"We talk a lot about self-care in mental health. But self-care is not just taking bubble baths and meditating once a week," Davis said. "Self-care is connecting with others in a meaningful way and increasing activities that engage your brain, body, mind and spirit. Decompressing can look different for each person. It is important for each person to find what allows them to recharge."

The second core value of the U.S. Air Force is Service Before Self; in order to serve others, Airmen must take care of themselves, physically, spiritually and mentally.

"The mission never stops and it is extremely important for us to be checking in with each other," Wiley said. "We all need time to connect and decompress and we can mitigate total exhaustion and burnout if we take care of ourselves and reach out to those who need extra support."

If an individual would like to engage in general mental health services they can call the front desk at DSN 314-479-2390 and set up an appointment or walk into the medical clinic if they have acute needs during duty hours. Other resources include the Military and Family Life Counseling Program, Military One Source and speaking to a Chaplain.

(U.S. Air Force photo by Senior Airman Milton Hamilton)

U.S. Air Force Tech. Sgt. Evans, 86th Operational Medical Readiness Squadron mental health noncommissioned officer in charge, assists an evacuee during a measles, mumps and rubella vaccination program at Ramstein Air Base, Sept. 17, 2021.

Uniformed Services University's MIRROR Team investigates new minimally-invasive carpal tunnel surgery

By Dillon Parker
Uniformed Services University

The first-ever Ultrasound Guided Carpal Tunnel Release (USCTR) procedure conducted in the military was performed at the Walter Reed National Military Medical Center (WRNMMC) June 9 to kick off the Uniformed Services University's (USU) Musculoskeletal Injury Rehabilitation Research for Operational Readiness (MIRROR) team's clinical trial of the new procedure.

USU's MIRROR program is on the front lines of the fight against musculoskeletal injuries, which affect approximately 800,000 service members annually and result in 25 million days of limited duty. This trial is one of the team's 33 ongoing projects that will generate evidence-based approaches for treating and preventing these highly prevalent conditions.

"This is a unique opportunity to critically review a complementary approach to carpal tunnel release that is less invasive and allows for a quick return to activities," said Dr. Nelson Hager, Director of the MIRROR program. "This study aims to expand the current treatment options available within the DoD and decrease the recovery time from treatment, allowing service members and their family members suffering from Carpal Tunnel Syndrome to potentially return to duty and/or activity sooner."

The ongoing clinical trial compares the safety and efficacy of USCTR to traditional mOCTR, which is currently the most commonly utilized method to perform carpal tunnel release. Participants will be separated into two groups, with one receiving USCTR and the other traditional mOCTR. Over two years, the groups will then be compared on several variables such as pain, return to duty time, and functional return to normal activities of daily living.

"USCTR allows physicians to use ultrasound to view the anatomy in the wrist and hand prior to performing the carpal tunnel release," said Hager. "The surgical device is passed into the carpal tunnel through a small wrist incision created with a scalpel. Once the position of the device is confirmed using ultrasound, small balloons are inflated to create space between the cutting blade and the critical anatomic structures. The blade is then activated to cut the ligament. The traditional mini-open Carpal Tunnel Release (mOCTR) procedure is a bit more invasive, typically involving opening the palm to expose the carpal tunnel."

(Courtesy photo)

Staff Sgt. Osuna Castro creates a custom fit brace for a carpal tunnel patient's wrist.

Carpal tunnel syndrome occurs when one of the major nerves to the hand, the median nerve, is squeezed or compressed as it travels through the wrist causing pain, numbness, and tingling in the hand and arm. According to Defense Medical Epidemiology Database information, in 2016, there were 16,823 active duty service members, across the Army, Navy, Air Force and Marines diagnosed with carpal tunnel syndrome.

"Anything we can do to cut down on the recovery time of carpal tunnel release surgery can give us a lot of lost duty days back," said Hager. "Quicker recovery times are not only important for return to duty, they're absolutely critical for our service members experiencing limb loss or using wheelchairs. Shorter recovery times would benefit them immediately, lower extremity limb loss and depending on assistive devices or wheelchairs for primary mobility. Shorter recovery times would benefit them immediately and allow them to get their mobility back as quickly as possible."

USCTR may not only reduce recovery times, but it also has the potential to improve access to treatment.

"USCTR can be done by well-trained sports medicine fellowship folks with training in musculoskeletal ultrasound, in an office setting as opposed to the operating room," said Hager. "This can increase the accessibility of the treatment, especially at more remote sites with less orthopedic capacity or limited operating room times."

Another crucial benefit of USCTR is that it allows physicians to see the structure of the nerves and vessels in the wrist and hand prior to and during the release, which limits the risk of neurovascular injury and makes the procedure minimally invasive.

"With advancements in ultrasound imaging and training, minimally-invasive procedures such as Carpal Tunnel Release can now be performed with maximal visualization," notes Dr. Matthew Miller, one of the investigators on the study. "USCTR allows physicians to use ultrasound to review the anatomy in the wrist and hand throughout the procedure. This enables the clinician to assess for any unique or atypical anatomic features of concern in the surgical area of interest. The use of ultrasound also allows the clinician to enter the tunnel through a very small (< 5 mm) incision in the wrist. This avoids a palmar incision while maintaining excellent visualization of the surgical field."

The MIRROR team is working closely with surgeons from WRNMMC like Army Maj. (Dr.) David Reece, an associate investigator performing the USCTR procedure alongside Miller.

"USCTR is performed by clinicians with specialized training in musculoskeletal ultrasound techniques, in partnership with surgical colleagues like we are doing at Walter Reed." said Hager. "We are tremendously grateful for our colleagues in the WRNMMC Department of Orthopedic Surgery who have joined this study to help investigate whether USCTR could potentially provide faster relief for our warfighters with CTS. They are equally invested in achieving decreased pain associated with the procedure and recovery, as well as the earliest return to normal activities of daily living and duty requirements.

While the procedure could potentially have a huge impact on the treatment of carpal tunnel, Hager notes this trial by the MIRROR team is ongoing.

"Before we adopt new approaches or devices, we critically examine whether it's going to make a significant difference and impact our service member's quality of life, function, and return to duty," said Hager. "There are many questions out there in this Musculoskeletal Arena, and we (MIRROR) look forward to finding new ways to do everything we can to optimize musculoskeletal treatment options for our warfighters."

How to save a life: 9th ESB Marines learn TCCC

By Lance Cpl. Courtney Robertson
3rd Marine Logistics Group

CAMP HANSEN, Okinawa, Japan—On Sept. 8, 2021, a group of Marines with 9th Engineer Support Battalion, 3d Marine Logistics Group, listen intently to their instructors as they begin a Tactical Combat Casualty Care course. TCCC is the first step in a trauma life support situation to reduce preventable deaths while operating and maintaining mission success in a forward deployed environment. Upon finishing the course, Marines will become Combat Life-Saving certified with a completion of TCCC.

In the early 90s TCCC was introduced as a Naval Special Warfare biomedical project and was used by the Navy SEALs, Army Rangers, and Airforce Paratroopers. The project focused on improving the ability of special operators to provide timely care when higher echelon medical support is not immediately available. Studies showed that 90% of combat deaths happened before reaching any treatment facility. The majority of these deaths were from extremity hemorrhages, in other terms, bleeding out. This in turn proved that tourniquets are one of the most effective death-preventing tactical medicines available.

"Why is this course important to our mission, and the Marine Corps Expeditionary Advanced Base Operation concept?" asks Lt. Col. Marcus Gillett, the battalion commander of 9th ESB, to the group of Marines. "If doc' becomes the casualty who is going to continue to provide aid to him and to the potential Marines to the left and right of you? The more Marines who can provide life-saving aid enables us to be ready for combat."

Gillett plans for every Marine in the battalion to participate in the TCCC courses and to become CLS certified. HM3 Justin Harvey, and HM3 Anthony Nail, both corpsmen with 9th ESB, are tasked with the job to provide the training to each of the Marines.

"Realistically the ratio between Marines to corpsmen is about 100-1. The more Marines that are educated, the more lives could be saved on the battlefield. I also know I am not going to have my entire medical team with me, so if I go down I want to feel confident that my Marines will know what to do," says Nail.

Harvey and Nail are conducting the first iteration of the TCCC courses during this mass training. Both the corpsmen work together to make the curriculum appropriate for each style of learning and to make sure each Marine is given the tools to properly conduct life-saving tasks.

"I am very passionate about anything medicine, teaching these Marines gets me so excited and pumped!" Nail exclaims. "Not only does it make me happy to teach something I am so passionate about, it makes me really happy to know that I am bettering Marines to my left and right and teaching them potentially life-saving skills."

Harvey and Nail share the responsibility and the passion of medicine and are eager to get Marines trained to the best of their abilities.

"The biggest thing to me is to get people certified in the highest level of care that is possible for them. These trained Marines and this program is the future of combat medicine," adds Harvey.

The course they have conducted involves 2 days of formal learning in a classroom setting, with practical applications during the lessons.

Harvey and Nail spend plenty of time going over the useful mnemonic device "MARCH PAWS", a checklist to follow during the tactical field care and evacuation portion of TCCC. MARCH PAWS stands for Massive hemorrhaging, Airway, Respiratory, Circulation, Head, Pain, Antibiotic, Wounds, Splint.

"TCCC is the most important role in traumatic medical care – without effective TCCC our wounded have no chance to make it to the next echelon of care. TCCC is the first responders, and they are the first to spot the injuries and to treat them accordingly," Harvey

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(U.S. Marine Corps photo by Lance Cpl. Courtney A. Robertson)

U.S. Navy Hospital Corpsman 3rd Class Justin Harvey, a Tactical Combat Casualty Care instructor with 9th Engineer Support Battalion, 3d Marine Logistics Group, instructs proper TCCC on a simulated casualty on Camp Hansen, Sept. 9, 2021.

New medical squadron activated at Geilenkirchen NATO AB

By 1st Lt. Megan Morrissey
52nd Fighter Wing Public Affairs

Geilenkirchen NATO Air Base, Germany— The 470th Medical Flight has transitioned to the new 852nd Medical Squadron and was officially activated under Spangdahlem Air Base's 52nd Medical Group during a ceremony Oct. 1, realigning administratively to better support Airmen and their families.

The 852nd MDS, which previously belonged to the 470th Air Base Squadron and 52nd Mission Support Group, is tasked to operationally support and care for the 52nd Fighter Wing's 10 Geographically Separated Units (GSUs) within three countries, including Germany, the Netherlands, and Belgium.

"The 852nd Medical Squadron represents decades of hard-work in a distinguished operating environment," said U.S. Air Force Lt. Col. Phillip Pope, who took command of the squadron during the ceremony. "I'm excited for the team and for those who came before us to make this culminating event possible."

This history began in 1982 when the United States began to use the first and second floors of NATO dorms as the U.S. clinic.

"This transition completes the strategic alignment of healthcare operations of the U.S. clinic at Geilenkirchen NATO Air Base, to Spangdahlem's Medical Group," said Pope. "The squadron will now resemble other like units structurally in comparison to meet the Defense Health Agency's requirements."

This change will benefit the unit's more than 60 medical personnel, including active-duty, contractors, local nationals and U.S. government employees.

U.S. Air Force Col. Peter French, 52nd MDG commander, was the presiding officer at the activation ceremony.

"Aligning with the 52nd Medical Group provides multiple opportunities for reducing administrative overhead on Airmen that are already filling multiple roles at a standalone medical treatment facility," French said. "It is my desire that this alignment will expedite resources and reduce administrative overhead, providing returns to the mission, our Airmen and their families."

Knowing the mission well, French and his wife both served for two years under the 470th ABS at the Geilenkirchen Clinic.

"This realignment will deepen ties and support already in place, give the clinic a larger voice as it advocates for resources and aligns incentives in operations," said French

French said this change has been years in the making.

"In the end, this change would have never happened without the support by the 52nd MSG commander, 52nd FW commander, and United States Air Forces Europe and Air Forces Africa Commander," said French. "This accomplishment is largely the result of work from those that came years before me, and the local medics (at Geilenkirchen and Spangdahlem AB) that saw it across the finish line."

(U.S. Air Force photo by 1st Lt. Megan Morrissey)

U.S. Air Force Col. Peter French, 52nd Medical Group commander, passes the 52 MDG guidon to U.S. Air Force Lt. Col. Philip Pope, the incoming 852nd Medical Squadron commander, during the 852nd MDS activation ceremony at Geilenkirchen NATO Air Base, Germany, Oct. 1, 2021.

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(U.S. Marine Corps photo by Lance Cpl. Courtney A. Robertson)

U.S. Navy Hospital Corpsman 3rd Class Anthony Nail, a Tactical Combat Casualty Care instructor with 9th Engineer Support Battalion, 3d Marine Logistics Group, teaches a TCCC course on Camp Hansen, Sept. 9, 2021.

expresses. "I want to trust and know that from what I teach, that they are going to be able to be a first responder effectively and save lives."

On top of in-class instructing, Marines are led to a training facility where they practice on lifelike and anatomically correct simulation dummies. The dummies can have injuries ranging from gunshot and burn wounds, to loss of entire limbs. They also bleed and even have the ability to talk to the trainees and express pain.

"I think the TCCC mannequins are a wonderful resource because of how realistic they are and the capabilities they have to offer," Nail explains. "Using them gives the trainees the most authentic training without actually being in those situations. You never know what it is actually like to apply the medicine you've learned until you actually get to use it in the real world. These dummies are the closest we can get them to that experience."

While the TCCC course is focused on timely medical care on the battlefield, it also holds strong value as a useful skill in everyday life, a fact one of Harvey and Nail's students can personal attest to.

Sgt. Alexander Koeneke, an explosive ordnance disposal technician with Explosive Ordnance Disposal Company, 9th ESB, is a returning TCCC student. He participated in a CLS course in 2016, and is taking this TCCC course as a refresher. Koeneke describes this course as "leaps and bounds" better than the previous PowerPoint and lecture-based methods used to teach TCCC in the past.

"There is a lot more than just the added confidence on the battlefield to take away from TCCC. In life you're going to run into situations outside of the Marine Corps, where people are going to get hurt," says Koeneke. "For example, I once ran into a motorcycle accident, and the guy had a pretty bad traumatic amputation to his leg. I had to apply the skills I learned in TCCC in 2016, and put on a tourniquet! You just never know when you're going to find yourself being the first responder for someone in need."

TCCC is a quintessential skill for any person to have whether or not on a battlefield or in your hometown. Harvey and Nail help 9th ESB's mission of all the Marines to be 100% TCCC qualified and ready. This enables the Marines to provide effective tactical medical care and to be confident in knowing what to do in situations where a corpsman cannot be provided.

I am Navy Medicine and Navy Surgical Tech: Manamon

By Douglas Stutz
Naval Hospital Bremerton/Navy Medicine Readiness and Training Command Bremerton

From the Sterile Processing department to the Main Operating Room - and all places in between - there's a group of Navy hospital corpsmen like Hospital Corpsman 2nd Class Stephanie Manamon providing timely and continuous surgical support.

Manamon, a Falmouth, Massachusetts native and Falmouth High School 2013 graduate, is one of approximately 15 corpsmen with surgical technologist specialty skill assigned to Navy Medicine and Training Command (NMRTC) Bremerton.

Manamon and her surgical technologist colleagues – generally referred to as surgical techs – are considered the backbone of the departments where they work and irreplaceable assets of a Navy Medicine command currently providing operational support to far flung locales.

"Without them, day to day operations would be major impacted. They're invaluable whether it's assisting in a variety of surgical cases or ensuring proper procedures in the sterile processing department [SPD]. They make it happen," said Senior Chief Hospital Corpsman Xavier Guy, Director for Surgical Services leading chief petty officer.

National Surgical Technologist Week was held Sept. 19-25, 2021, yet there was really no down time for the surgical techs at NHB handling various duties for the Main Operating Room (OR) and in other clinical areas such as Oral Surgery, Ophthalmology, and Labor and Delivery.

Which suits Manamon just fine working in SPD of the Main OR. She has been in the Navy for eight years, with the last two as a surgical tech.

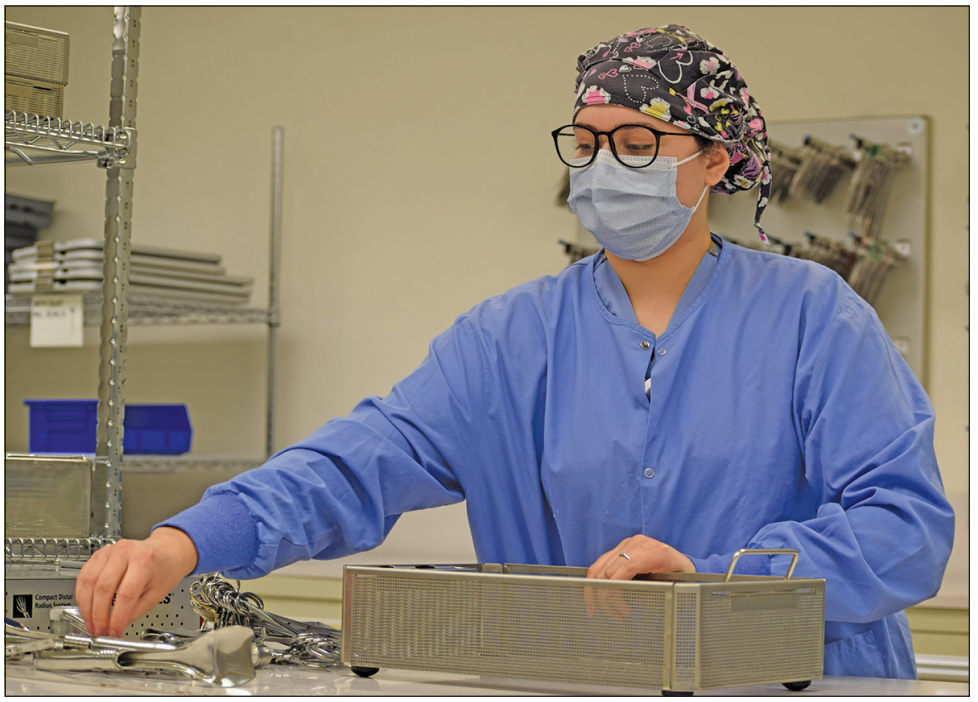
"Surgical techs assist in many facets of the Main OR setting. Every instrument that is packaged for a patient, used, and reprocessed is touched by a surgical tech. When in the operating room, we ensure that the room is clean, instruments are sterile, and that the entire team maintains a standard of aseptic technique and patient safety. We assist in all procedures either maintaining the back table or in direct care with the surgeon," said Manamon, who decided she wanted to serve in the military after the Boston Marathon bombing in April, 2013.

"I knew I wanted to be in the medical field. I chose to become a hospital corpsman. My father was a Navy Seabee and I grew up listening to stories about how amazing Navy corpsman were," Manamon said.

Her initial duty station was at Naval Health Clinic New England, Newport, Rhode Island from 2014 to 2016. She then transferred to Naval Hospital Bremerton from 2016 to 2019 and worked in Labor and Delivery department.

It was after observing numerous code purple - obstetrics emergency – situations and watching surgical techs taking care of the newborn that she decided to become one herself.

"I saw how adaptive, talented, and fearless they were and I wanted to be a part of the operating room family," noted Manamon, who is also studying pre-nursing at a local college. Yet her training is only part of her personal Navy career, to date.



(Official Navy photo by Douglas H Stutz, NHB/NMRTC Bremerton public affairs officer)

Hospital Corpsman 2nd Class Stephanie Manamon, and surgical technologist, assigned to Navy Medicine and Readiness Training Command (NMRTC) Bremerton, is responsible for ensuring proper procedures in the sterile processing department for all gear used in surgical cases.

"Navy Medicine has taught me how to be a selfless medical provider. It has given me opportunities to further my education, learn how to be an effective leader, and work as a team player. I have discovered what it truly means to serve others and to serve the mission. I feel happy knowing that Navy Medicine has given me a sense of self and inspired me to further my personal aspirations," explained Manamon.

A typical day for Manamon has her and other surgical techs assisting in the Main OR during all surgical cases. They clean, disinfect, and ensure proper sterilization has taken place for all gear being used. They pull all the instrumentation and consumables required for each surgery performed and help prepare the room with the circulating nurse. Upon completion of every surgery case, they then take charge of all the used equipment to prepare for the disinfection and sterilization processes. That rinse and repeat process is stringently replicated for all cases.

Although days can be challenging due to long hours, Manamon affirms that her career choice is rewarding.

"Working in sterile processing, it is gratifying to know that the instruments that I send to the outlying clinics are meticulously handled and sterilized. I feel good knowing every item I handled was processed with attention to detail to ensure our patients and staff are taken care of," said Manamon. "Although I do not always work with patients directly, I feel good knowing that I took part in them receiving good care and lowering their risk of infection. Patients expect for the instruments to be clean when used on them and I can ensure that it happens."

As with the rest of the command, the past 20 months have seemingly revolved around trying to stop the spread of COVID-19. Surgical techs have been an integral part of the command, as well as Navy Medicine, ready medical force responsible for ensuring the Navy has a medically ready force when called upon.

"During this time, we have deployed to assist in ensuring our Sailors are ready. While serving in the NMRTC, we contribute to the readiness of not only active duty but their families. By helping all areas of the Navy team, we ensure that not only the Sailor is ready and healthy but so are their families," stated Manamon.

When asked to sum up her experience in Navy Medicine in one sentence, Manamon replied, "Navy Medicine has taught me the basic skills needed to be successful and to always put patients before myself," she said.

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