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PCOS common condition for many women

But often goes undiagnosed

By Janet Aker
Military Health System

Polycystic Ovarian Syndrome is experienced by about one in 10 women.

Yet the condition, known as PCOS, is often undiagnosed and misunderstood.

What is it? How does it affect women? Can it be treated or cured?

The National Institutes of Health describes PCOS as “under-recognized, underdiagnosed, and understudied.”

The current definition for PCOS is having two of the three symptoms of hyperandrogenism, ovarian dysfunction and polycystic ovarian morphology.

Hyperandrogenism, which is the overproduction of a male hormone such as testosterone, can cause excessive and unwanted hair growth, also known as hirsutism.

Ovarian dysfunction can result in no periods, irregular periods, or heavy bleeding.

Polycystic ovarian morphology means there are too many cysts in the ovaries, which can lead to enlarged ovaries.

A typical ovary is “the size of a testicle, while an ovary in a woman with PCOS is the size of a plum,” said Dr. William Catherino, chair of the Research Division, Department of Gynecologic Surgery and Obstetrics, Uniformed Services University of the Health Sciences (USUHS) in Bethesda, Maryland.

Before a diagnosis of PCOS can be made, other causes of hirsutism and irregular or infrequent periods must be ruled out – such as hyperprolactinemia, thyroid disease, Cushing’s syndrome, or an androgen-secreting tumor, Catherino said.

“There are multiple mechanisms of disease in PCOS,” he explained. “PCOS is a diagnosis of exclusion. It can manifest itself in different ways that may make it more difficult to treat until there is a thorough understanding of what is driving the disease.”

For example: “We know that insulin resistance can result in androgen excess and androgen excess can result in insulin resistance,” Catherino said. “For some women, it’s an androgen disorder. For some women, it’s an insulin-resistance disorder. And it’s possible that for some, it’s both, and for others, it is neither.”

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Obstetrics team aids in Afghan evacuee birth

By Marcy Sanchez
Landstuhl Regional Medical Center

RAMSTEIN AIR BASE, Germany – Following the landing of a U.S. Air Force C-17 at Ramstein Air Base, Germany, Aug. 21, a team of obstetrics specialists from Landstuhl Regional Medical Center (LRMC) assisted an Afghan evacuee in labor, delivering a healthy baby girl minutes after the C-17 landed at Ramstein Air Base, Germany, Aug. 21.

The medical response is part of ongoing U.S. military evacuation efforts of U.S. citizens, Special Immigrant Visa applicants, and other at-risk Afghans from Afghanistan.

Initially the team was responding to what they believed was a mid-flight childbirth. The team had 10 minutes to respond to the incident, but when they got to the aircraft, the mother was still in labor.

“We were initially told that the mom had already given birth on the plane,” said U.S. Air Force Staff Sgt. Lamaar Melvin, an aerospace medical technician assigned to LRMC’s Labor and Delivery unit. “We got everything together, went out to the C-17 and checked to see how the baby is... but mom was barely crowning.”

Despite communication differences, U.S. Army Capt. Erin Brymer, a nurse with LRMC’s Labor and Delivery unit, took immediate action and tended to the Afghan evacuee just as she would any other patient.

“I was just trying to make eye contact with her and let her know that everything was OK, that she



(Photo by Marcy Sanchez)

(From left) U.S. Air Force Maj. Kristin Blouin, neonatal nurse, Neonatal Intensive Care Unit, Landstuhl Regional Medical Center, and native of Tennessee Colony, Texas, and U.S. Air Force Staff Sgt. Lamaar Melvin, aerospace medical technician, Labor and Delivery, LRMC, and native of Newburgh, New York, were part of an obstetrics team which responded to an Afghan evacuee newborn delivery which occurred minutes after an aircraft landing, which transported the evacuee, at Ramstein Air Base, Germany. The team, part of U.S. Armed Forces medical efforts in response to the Afghanistan evacuations, is one of many 24/7 medical teams staged at Ramstein Air Base, which has transformed itself into the logistical hub for the evacuation of people from Afghanistan in less than a week.

can deliver this baby safely and that we were ready for her,” said Brymer. “We were past the point of no return.”

The team, part of U.S. Armed Forces medical efforts in response to the Afghanistan evacuations, is one of many 24/7 medical teams staged at Ramstein Air Base, which has transformed itself into the logistical hub for the evacuation

of people from Afghanistan in less than a week.

Brymer said her team was “expecting the worst, hoping for the best.”

Additionally, the team roles were suddenly swapped to exclude Melvin, who normally assists at the bedside during delivery, from

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• PCOS (Continued from front page)

Get a Diagnosis

"It is important to get the actual diagnosis," Catherino said, because women can have hirsutism but not have PCOS, or they can have irregular menses but not PCOS, or have both and still not have PCOS.

"Many women live with the symptoms like irregular periods," Catherino said. They may use razors or depilatories to take care of the extra, unwanted hair. "Women may use oral contraceptives to control the irregular periods, and when they use methods to control hair growth, it may make the diagnosis more difficult to determine since the symptoms are hidden," Catherino explained.

"They deal with the symptoms but don't address the causes. We can help this problem," he said.

However, he said, there is no cure at present.

A primary care physician or internist could diagnose PCOS if a woman complains of hirsutism or acne, and irregular periods. That might then mean referral to a dermatologist, and to an endocrinologist who specializes in sex hormone disorders, who might prescribe oral contraceptives and provide long-term care.

However, in Catherino's practice, "the diagnosis occurs around the issue of infertility and also will require long-term follow-up," he said. That means seeing a gynecologist or reproductive endocrinologist.

If insulin resistance is found, the patient will have to see an endocrinologist for life and maybe also a cardiologist. That is because there is a danger of developing Type 2 diabetes and having the concurrent health issues that arise from Type 2 diabetes, such as heart problems.

Clinical diagnosis is difficult among the youngest military service members and dependents because, as teenagers, acne and menstrual irregularities can be expected more often, Catherino explained.

Other Health Implications

The disorder increases the risk of obesity, and obesity increases problems with the disease. Women tend to develop apple shapes, with fat deposits around the stomach area, which is typically a male pattern for fat deposition.

"Increased obesity can lead to worsening disease that cycles on itself," said Air Force Lt. Col. Natasha Best, USUHS family nurse practitioner, Women's Health Nurse Practitioner Program.

Because of this metabolic syndrome, women with PCOS can have disordered sleep, sleep apnea, preeclampsia (dangerously high blood pressure during pregnancy), and miscarriages.

Depression or anxiety also can result

• Birth (Continued from front page)

direct contact with the evacuee as religious and cultural mores rarely allow males as part of women's health care teams.

"When we get out of the ambulance and into the (C-17), the evacuees were saying 'no males, no males,'" recalls U.S. Air Force Maj. Kristin Blouin, a neonatal nurse at LRMC's Neonatal Intensive Care Unit and native of Tennessee Colony, Texas. "Our planning kind of went up in air."

As part of the response, Blouin was attached to the team to assess the newborn for signs of complications but found herself filling in for Melvin to assist with the delivery.



(Photo by Janet Aker)

Navy Lt. Cmdr. Christine Higgins, a certified nurse midwife at Naval Hospital Jacksonville, performs an ultrasound during a prenatal appointment.

from PCOS.

Best said Black and Latina women can have higher diagnosis rates compared to White women.

For military women, PCOS can have an impact on careers and readiness, especially through weight gain, failure to pass an annual physical, or symptoms that cannot be managed easily, Best said.

Ways to Care for PCOS

Military women who are diagnosed with PCOS can have their condition dealt with in a variety of ways that allow them to continue in service.

Depending on the symptoms, providers may suggest that patients reduce their body mass by 10% through a heart-healthy diet, Best said.

Catherino said patients can be put on oral contraceptives for irregular periods or heavy irregular periods or hirsutism and stay on that regimen "until they are ready to have children. Then they would work with their reproductive endocrinologist to achieve a pregnancy and deliver a child," he said. He also suggested "medication holidays to determine if they still require treatment."

For insulin resistance, there are dia-

betes drugs like metformin.

If patients are trying to get pregnant or return to a normal menstrual cycle, metformin may be used. "But what works best is letrozole or clomiphene," Catherino said. "If medications are used, they should be carefully monitored by a reproductive endocrinologist using an ultrasound."

If women with PCOS are depressed or anxious, there are psychotherapeutic drugs and counseling for those issues.

Besides drug therapy, other ways to improve PCOS are "watchful waiting (except for the risk of cardiovascular events), sleeping right, exercising and being as healthy as possible," Best said. Watchful waiting is useful to see if the disease is worsening.

"It's a lifelong issue," Catherino said. "When young, affected women are concerned about hair growth and acne — androgenic symptoms — then, later in their lives, they are concerned about difficulties with pregnancy, then about the cardiovascular effects and insulin resistance; it's very easy to get frustrated and depressed," he said.

Best said: "We know now that if you look healthy, you can still have PCOS. It's not as black or white as it has looked in the past."

"I've been in 21 years and seen a lot but never delivered a baby on a C-17," said Blouin. "This stuff doesn't happen without a good team."

As the largest U.S. hospital outside the United States and the only forward-stationed medical center for U.S. and Coalition forces, Department of State personnel, and repatriated U.S. citizens, LRMC is assisting with the evacuation efforts by providing medical screenings and care to evacuees upon arrival to Ramstein Air Base. LRMC was recently verified as a Level II Trauma Center by the American College of Surgeons, the only Level II trauma center overseas.

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2021 Army Medicine Best Leader Competition winners

Regional Health Command Pacific wins the 2021 Army Medicine Best Leader Competition

By Stephanie Abdullah
U.S. Army Medical Command

Honolulu, Hawaii – The Army's Regional Health Command-Pacific (RHC-P) is the winning team for the U.S. Army Medical Command (MEDCOM) 2021 Best Leader Competition, which took place at Schofield Barracks on the island of Oahu from July 25-30. Regional Health Command-Central (RHC-C) is the runner up for this year's competition. The winners were announced in an award ceremony held at Tripler Army Medical Center in Honolulu on July 30. General officers from throughout the MEDCOM attended the event.

The Winners

Winning Team: Regional Health Command-Pacific

1. 1st Sgt. Amy Davis, Combat Medic, Medical Department Activity, Korea
2. Capt. Jason Christman, Optometrist, Desmond Doss Health Clinic, Hawaii
3. Staff Sgt. Israel Rivera, Combat Medic, Desmond Doss Health Clinic, Hawaii
4. Spc. Jarrett Rodriguez, Combat Medic, Desmond Doss Health Clinic, Hawaii

Second Place Winner/Runner Up: Regional Health Command-Central

5. Capt. Megan Balcom, Physical Therapist, Irwin Army Community Hospital, Fort Riley, Kan.
6. 1st Sgt. James Buchanan, Combat Medic, U.S. Army Medical Department Activity, Fort Polk, La.
7. Staff Sgt. Edward Nelan, Combat Medic, Soldier Readiness Unit, Brooke Army Medical Center, Joint Base San Antonio, Texas
8. Spc. Totaram Dhanpat, Preventative Medicine Specialist, Carl R. Darnall Army Medical Center, Fort Hood, Texas

Individual Winners

1. Officer Category: Capt. Jason Christman, Optometrist, Desmond Doss Health Clinic, Hawaii
2. First Sergeant Category: 1st Sgt. James Buchanan, Combat Medic, U.S. Army Medical Department Activity, Fort Polk, La.
3. Non-commissioned officer Category: Staff Sgt. James Gabisum, Combat Medic, Landstuhl Regional Medical Center, Germany
4. Soldier Category: Spc. Jarrett Rodriguez, Combat Medic, Desmond Doss Health Clinic, Hawaii

Individual Runners Up

1. Officer Category: Capt. Megan Balcom, Physical Therapist, Irwin Army Community Hospital, Fort Riley, Kan.
2. First Sergeant Category: 1st Sgt. Yakima Sanderlin, Combat Medic, Headquarters Company, Troop Battalion, Womack Army Medical Center



(Photo by Stephanie Abdullah)

Regional Health Command Pacific's winning team is Capt. Jason Christman, 1st Sgt. Amy E. Davis, Staff Sgt. Israel R. Rivera and Spc. Jarrett P. Rodriguez. The 2021 Army Medicine Best Leader Competition took place July 25-30, 2021, at Schofield Barracks, (Oahu), Hawaii. Sixteen Soldiers from the U.S. Army Medical Command's four regions endured arduous combat focused events such as a taxing obstacle course; night land navigation through the jungles of Schofield Barracks; simulated combat medical care; and weapons fire under stress.

3. Non-commissioned officer Category: Staff Sgt. Israel Rivera, Combat Medic, Desmond Doss Health Clinic, Hawaii
4. Soldier Category: Spc. Totaram Dhanpat, Preventative Medicine Specialist, Carl R. Darnall Army Medical Center, Fort Hood, Texas

Staff Sgt. James Gabisum was recognized as the Army Medicine NCO of the Year and Spc. Jarrett Rodriguez as the Army Medicine Soldier of the Year. Gabisum and Rodriguez will move forward and compete as the U.S. Army Medical Command representatives in the Army's Best Leader Competition in the fall.

"When I arrived to my first event of the competition," said Lt. Gen. R. Scott Dingle, the Army Surgeon General and Commanding General of the U.S. Army Medical Command, "I thought we had made a wrong turn. I thought we had stumbled upon the training site of the 25th Infantry Division. I caught myself and said, no. This is us. We're in the exact right location because the best leader for the United States Army is a medical Soldier. A Soldier Medic is the Army's reigning champion," said Dingle who spoke at the winner's announcement ceremony.

Dingle reminded the audience that it is the cry for the "medic" that is heard across the battlefield when the casualties begin to mount in combat.

"When the Army is called upon, Army Medicine is always there, conserving the fighting strength by returning Soldiers to duty," said Dingle.

Dingle recalled a moment he shared with the winning team, Regional Health

Command-Pacific. "I asked the first sergeant how she was doing," he said. "She couldn't look me in the eye because she was hurting so bad. She thought that if she had to do one more ruck march, she wouldn't be able to make it. They had to do a ruck march as part of the 'mystery event'. As tears built up in her eyes and her body felt as though it had failed her, her team held her up. Together they said they would do it. They did it. They did it together. As a tribe...as a team," said Dingle.

which was a skill that one team had to employ when their boat overturned during the final event on Hickam Beach, a grueling obstacle course, day and night land navigation, and a "stress shoot" where the Soldiers had to be able to accurately hit a target after experiencing high-energy stressful engagements that involved simulated casualties.

The competition also included a "mystery event". The mystery event, which was held at Hickam Beach required the Soldiers to navigate through water after a long morning ruck march. This event was designed to mentally and physically challenge the competitors' ability to shoot, move, communicate, and provide combat casualty medical care under pressure.

The Army's most senior Combat Medic Command Sgt. Maj. Diamond D. Hough provided closing remarks. "Army Medicine will always be ready," said Hough, who serves as the U.S. Army Medical Command-Command Sergeant Major. "We will be ready and responsive to the needs of our Army and always have a team ready to go."

The competition was hosted by RHC-P and included Soldiers from each of the MEDCOM's four regions.

The winner's announcement ceremony can be viewed here: www.dvidshub.net/video/808602/army-medicine-best-leader-competition-results.

All images, videos, and articles from the competition can be found at this link: www.dvidshub.net/feature/ArmyMedicineBestLeaderCompetition.

Individual images of the competitors are here: www.flickr.com/photos/army-medicine/albums.

For additional assistance regarding the 2021 Army Best Leader Competition, please contact: Stephanie Abdullah at stephanie.p.abdullah.civ@mail.mil or 571-205-2491.

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(U.S. Army photo by Cpl. Andrew Garcia)

U.S. Army Staff Sgt. James Gabisum, and Sgt. Brenden Lopez, from Regional Health Command Europe, drag a skedco during the U.S. Army Medical Command (MEDCOM) 2021 Best Leader Competition, July 29, 2021, at Hickam Beach, Hawaii.

Soldiers build field hospital while training at Fort McCoy

By Staff Sgt. Brigitte Morgan
354th Mobile Public Affairs Detachment

Imagine building a hospital from nothing. When you arrive at the grid coordinates provided, you find an open field surrounded by thick underbrush and tall conifer trees. As you begin work, your boots become caked in mud from the morning downpour, and sweat soaks your shirt in the hot afternoon sun. The air feels sticky and the mosquitoes are thriving.

Your mission is to create a fully functional hospital with the capability to quickly assess casualties and perform advanced medical procedures in an austere environment.

This action described was part of training for the 78th Training Division Combat Support Training Exercise (CSTX) 78-21-04 and the Global Medic 2021 exercise at Fort McCoy in August 2021.

Col. Michael Magner, commander of the 410th Hospital Center, said that setting up a field hospital from the ground up is not a new skill, but one less practiced in the last 20 years of war in Iraq and Afghanistan.

“(The) Combat Support Training Exercise is really about taking our own equipment out to the field, pulling it out, setting it up, making sure it works, making sure that we are trained to use it and trained to set it up properly, and go through a lot of realistic scenarios,” Magner said.

Previously, U.S. Army Reserve Soldiers deployed overseas to bases already equipped with the comfort of hard-wall infrastructure. This CSTX rotation prepared Soldiers for future



(U.S. Army Photo by Staff Sgt. Brigitte Morgan)

Spc. Charles Meeks, a U.S. Army Reserve combat medic with the 311th Medical Detachment (Surgical), uses a hammer to drive a tent stake into the ground during a field hospital set up on an improved tactical training base Aug. 10, 2021, at Fort McCoy, Wis. The field hospital was set up as part of Combat Support Training Exercise 78-21-04 and Global Medic 2021. The Medical Readiness and Training Command provides annual joint collective medical training exercises to support the U.S. armed forces.

combat operations — expecting Soldiers to become more self-sufficient.

The 78th Training Division designed this CSTX to encompass realistic training scenarios to prepare Soldiers for the potential of a near-peer fight in a multidomain environment. The Medical Readiness and Training Command provides annual joint collective medical training exercises to support the U.S. armed forces. The exercise was spread across various improved tactical training bases on Fort McCoy from Aug. 7-21.

“We don’t have engineers who come out to build our hospital,” Magner said. “It is all our medics, or nurses, or physical therapists, or doctors ... out there pounding the stakes (for the tents).”

The field hospital construction team was divided into three sections — the staking team, water power team, and tent team.

Maj. Lucas Marcum, a critical care nurse with the 348th Field Hospital and a member of the staking team, said that the field hospital is designed to accommodate 94 hospital beds and consists of two intensive-care units, three intensive-care wards, two minimal-care detachment wards, computer tomography, X-ray, pharmacy, blood lab, two operating rooms, central sterile processing, and patient registration.

Many Army Reserve units came

together to collectively train and make the field hospital possible, including the 311th Medical Detachment (Surgical), 901st Medical Detachment, 348th Field Hospital, 378th Field Hospital, 410th Hospital Center, 624th Forward Surgical Team, 1st Forward Surgical Team, and the 336th Training Squadron from the Air Force.

Sgt. Serene Fanfair, a patient administration specialist with the 348th Field Hospital, said she was most proud of the collaboration between her team and the other sections in the exercise.

“It’s our first time working together as a hospital. So, all of these different units coming together from different places and getting to work with each other is really kind of an exciting thing,” said Fanfair.

Fanfair said this was not her first time participating in CSTX, and that one of the improvements she noticed were the new medical tents.

“They’re easier to set up,” said Fanfair. “A few Soldiers have been shown how to set up (the tents), and they will teach others.”

Fanfair said some of the highlights of the new tents included built-in floors, air conditioning, and lights easier to hang than previous sets.

Spc. Tiffanie Mondina, a surgical technician with the 378th Field Hospital,

said CSTX was her first annual training since joining the Army Reserve. “I was very excited to learn how to set these (tents) up,” said Mondina. “Now, since doing that, I’m excited to learn what my job is ... if and when we actually deploy.”

The skills learned during CSTX and Global Medic prepares Soldiers to be able to mobilize quickly and employ the necessary capabilities to win the future fight.

“It’s been fun. You learn each other’s strengths. You learn challenges that you need to work on when you come back and how to help other battle buddies,” said Mondina. “I’m really proud of my team ... and I feel very confident in us if something were to happen.”

During CSTX and Global Medic, exercise participants also constructed a field hospital near the Fort McCoy Regional Training Site (RTS)-Medical facility on the cantonment area on post. RTS-Medical is one of three regional medical training sites available to units in the Army Reserve.

It specializes in training service members to set up hospitals from bare ground and keep them running in a deployed or austere environment. The organization has been a tenant activity and training partner at Fort McCoy since 1991.

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AUAB medics adapt to support Afghanistan evacuation

By Staff Sgt. Kylee Gardner
379th Air Expeditionary Wing Public Affairs

AL UDEID AIR BASE, Qatar – “My faith in humanity is challenged every day by seeing the people we have to treat and the injuries they’re sustaining,” said Dr. (Maj.) Elaina Wild, 379th Expeditionary Medical Group chief medical officer. “But it’s restored every time I see what our medics and our people on the front lines are doing to save the lives of the evacuees.”

Since Al Udeid Air Base, Qatar, became the main stopover location for qualified evacuees from Afghanistan on Aug. 14, 2021, the entire installation and all of its personnel have had to adapt at a moment’s notice in order to support the Afghanistan evacuation operations.

According to Wild, the 379th EMDG’s patient population increased tenfold on the first day of the operations, forcing them to adjust and act swiftly in order to help anyone in need of treatment.

“It’s interesting how the universe works, because the group of people that are here right now are exactly the group of people that we needed when this hit,” said Wild. “Most of our team here are Reservists who have different jobs outside of their Air Force career, but turns out they had skill sets from their civilian jobs that were extremely useful.”

While some of the National Guard and



Reserve members of the 379th EMDG may work as Optometrists or Physical Therapists in the Air Force, they are fully qualified emergency medical technicians or labor and delivery nurses

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(U.S. Air Force courtesy photos)

Above: Members of the 379th Expeditionary Medical Group take a picture while supporting Afghanistan evacuation operations at Al Udeid Air Base, Qatar. The 379th EMDG, which was originally postured as a small expeditionary medical clinic, has had to adapt in order to support the thousands of qualified evacuees who evacuated Afghanistan to Al Udeid AB since Aug. 14, 2021. The members of the 379th EMDG have successfully treated evacuees who were in labor, who were in a state of diabetic ketoacidosis, who had open wounds, and other medical emergencies.

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Army medical maintenance ensures blood support readiness

By C.J. Lovelace

U.S. Army Medical Logistics Command

CAMP CARROLL, South Korea — Monthly quality control checks are a staple of regular maintenance for the 95th Medical Detachment (Blood Support) as it provides critical blood product support to the Korean peninsula.

Regular quality assurance measures ensure the 95th MDBS, a tenant unit under the U.S. Army Medical Materiel Center-Korea, maintains a high level of readiness of the largest forward-deployed frozen blood supply in the Department of Defense.

USAMMC-K is a direct reporting unit to Army Medical Logistics Command, the Army's premier medical logistics organization and life cycle manager for medical materiel.

The 95th MDBS uses 32 automated cell processors between its blood depots at Camp Carroll and Camp Humphreys. Regular equipment maintenance and the skillset refreshers for operators are crucial to the safety and efficiency of the deglycerolization process to prepare frozen packed red blood cells (RBCs) for use.

"Performing monthly quality control is a critical task in the process of providing blood product support to the Korean Theater of Operation (KTO)," said Maj. Clifford Wong, commander of the 95th MDBS.

In order to freeze blood, glycerol must be added as a preservative agent within six days of collection. Once frozen, the

blood product is good for 10 years.

To return it to a transfusable product that can be used for a patient, the process must be reversed to remove the glycerol through the use of specialized instruments that "wash" the RBCs and ready them for use within 14 days.

Wong said the 95th MDBS regularly receives frozen RBCs from the Armed Services Whole Blood Processing Laboratory as pre-positioned Class VIIIB stock for the KTO. It takes roughly 3 ½ to 4 hours to complete the deglycerolization process through the use of a blood thawer, blood cell processor, and a sealer and segmenter.

"Every month, the process to prepare blood products for transfusion is performed on these instruments to ensure they are able to perform their required function," Wong said. "Passing results are documented and are valid for one month which allows the instruments to prepare blood products at any time without further validation testing."

If an instrument fails, the results are documented and the instrument is taken out of service. Action is then taken to troubleshoot the issue.

The monthly quality checks allow the unit to follow through on its mission and top priority, ensuring all Soldiers and beneficiaries are able to receive life-saving blood products at a moment's notice.

"It provides a ready posture for the 95th MDBS to immediately execute the process of preparing blood products for the requesting unit to transfuse into a patient," Wong said.



(U.S. Army photos by Maj. Clifford Wong)

Members of the 95th Medical Detachment (Blood Support) receive units of packed red blood cells for processing July 29 at Camp Humphreys, South Korea.



Members of the 95th Medical Detachment (Blood Support) perform cell processor checks



Members of the 95th Medical Detachment (Blood Support) perform deglycerolization and blood washing quality control checks

• Adapt (Continued from page 5)

outside of the military.

Among those with skill sets outside of their duties, originally designed to support normal operations at Al Udeid AB, is Wild who is a family medicine doctor back at her duty station.

"My team and I have successfully helped deliver nine babies since the first group of evacuees landed here," said Wild. "Our medics have stepped up, doing whatever they can to help and because of that, the babies and their mothers we've helped are now safe and healthy."

Since the 379th EMDG is an expeditionary clinic and was not originally postured to support neo-natal care, medics had to overcome the circumstances and improvise with the supplies and knowledge they had in order to treat their patients.

"Every one of my medics has stepped up to this challenge and I couldn't be

more proud of them," said Wild. "We've had to treat people who came to us in labor upon landing, people in diabetic ketoacidosis, people with open wounds, and we've been able to successfully deliver and care for nine babies."

Thousands of evacuees have come through Al Udeid AB and a large number of them have needed medical treatment once they arrived. It's because of the innovation and sacrifice of the 379th EMDG that those evacuees were able to receive the critical medical care they needed.

"I couldn't be more proud of the medics on my team," said Wild. "They put everything aside; sacrificed their sleep, skipped meals to give their food to their patients, saw cold children and literally gave them their blouse to make them a little more comfortable. These service members are saving lives and I am filled with pride to work alongside them."

Modern tech aids medics in prepping for real-world scenarios

By Spc. Amanda Treible

326th Mobile Public Affairs Detachment

"Help! Help us!"

Medics in the field hospital run outside to respond to the Soldier holding her military working dog who fall out of the Humvee. The canine is bleeding out from a missing limb while the handler screams for someone to save her companion's life. The injured canine is placed on a litter and brought inside the field hospital with the handler following close behind.

The handler clutches the controller for the animatronic canine as she operates the training aid as part of a scenario at Fort McCoy, Wisconsin.

Sgt. 1st Class Kristina Boettcher, the non-commissioned officer in charge of the Effects and Enablers (E&E) for Global Medic led by the 78th Training Division as part of Combat Support Training Exercise (CSTX), is an experienced actor for training scenarios, including being a canine handler.

The animatronic canine in question, nicknamed "Diesel," is used to expose Soldiers to canine medical care. The E&E uses modern technology like "Diesel" to create more effective and realistic training for U.S. Army Reserve Soldiers.

U.S. Army Reserve Soldiers at the E&E prepare for many medical training events, including mass casualty scenarios, medical evacuations and ambulance arrivals.

The mass casualty event encompassed live role players with prosthetic wounds and

faux blood as well as manikins, synthetic human figures used for medical or scientific training purposes, with missing limbs, burns and head injuries. New manikins are accompanied by a controller who operates the manikins' bleeding, pulse and movements.

"When I was going through [combat medic] school, we never had this opportunity," Boettcher explains. "The leaps and bounds that the Army has made in providing these type of products is astronomical and I only hope they continue further down the simulation path."

Boettcher, from the 7306th Medical Exercise Support Battalion, role plays as Diesel's handler for the training exercises. A key part of caring for an injured military working dog is not separating the canine from it's handler.

"I really do enjoy [role playing with] the dog because when you're the handler, you have the ability to emotionally connect with the dog," Boettcher says. "Even though it's a robot, you can emotionally connect."

Michael Roth, simulations technician and instructor at regional training site-medical, explains how the improved technology changes the way Soldiers react to their manikins.

"As simple as it sounds, making a sound changes the dynamic completely in the hospital," Roth said. "That really makes people feel that this isn't just a piece of plastic, even though it really is."

Diesel's ability to pant, bark, growl and

whine gives Soldiers the most realistic training, especially for those who are not used to seeing a canine in the hospital. Diesel can also have various injuries including a gunshot wound and missing limb.

The human manikins are also becoming more versatile with interchangeable legs, wounds, and internal injuries. Versatility ensures that Soldiers do not get used to certain injuries and are always on their toes, according to Boettcher.

Global Medic is part of the Army Reserve Medical Command's larger mission to provide trained, equipped and combat ready units and medical personnel which are ready now to support the total force on the battlefields of today and tomorrow.

"We want the training to be as realistic as possible because it does engage the training audience," Boettcher said. "We do a lot of wound coaching here. We explain to the live role players if you have a certain type of injury how would you react or how would you present your illnesses even though they're not real."

The scenario on Aug. 14, 2021, is a C130 crashed after being hit with a rocket propelled grenade. Boettcher prepared live role players and Multiple Amputation Trauma Trainer (MATTs) at Young Army Air Strip



(Photo by Spc. Amanda Treible)

Two Blackhawk helicopters with U.S. Army Reserve Soldiers from the 5-159th General Support Aviation Battalion respond to the mass casualty event as part of Global Medic for Combat Support Training Exercise at Fort McCoy, Wisconsin, Aug. 14, 2021.

and awaited the arrival of medical evacuation from Blackhawk helicopters and ambulances.

"We try to progress it to the point where they treat their Soldiers like the Soldiers and not like just some manikin," Roth said. "We don't want to make it easy for the [medics] to do their job because in real life they're job isn't easy."

Physicians



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