

# MEDICAL NEWS

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## Medics

*The force amplifiers of the Army*

By Staff Sgt. Matthew Lumagui  
14th Public Affairs Detachment

FORT CARSON, Colo. – Soldiers assigned to the 404th Aviation Support Battalion, 4th Cavalry Aviation Brigade, 4th Infantry Division participated in a Battalion Field Training Exercise for platoon level training in a large-scale combat operation environment from Aug. 18-26 on Fort Carson.

The Medical Support Platoon, a part of 4th CAB, provided their assistance during the 404th ASB mission. During the mission all the medics used their knowledge and skills to aid in tasks that required their help. This large-scale training exercise challenged personnel and tested their capabilities to react in different scenarios as if they were real. This prepares them for situations in which they would need to use these skills and reinforces their muscle memory.

The medics were set up in a large tent which was the access point for all medical issues. This is where the casualties were brought, and received medical treatment. Inside, were two stations where patients obtained care and their wounds were stabilized. The medical supplies and equipment were within close proximity to both treatment stations, guaranteeing that all medics had the ability to reach what they needed, in the event of a mass casualty.

“These training exercises are as realistic as it gets,” said Staff Sgt. Ricardo Zamora, an Army combat medic, assigned to the 404th ASB, 4th CAB, 4th Inf. Div.. “They prepare us to save lives, and how to react under pressure. We are essential personnel, and the main point for any medical issues, if we go down a lot of people wouldn’t make it.”

Army combat medics are pivotal in these trainings because they’re in charge of making sure everyone remains healthy and alive at all times. During this training, there were many role players who acted as the enemy, and as they did mock attacks, there were Soldiers who suffered from simulated injuries. These mock casualties were brought to the medic tent, and their injuries were assessed based on severity. There are three different levels that the medics classified patients under. Routine, which means that they can live when stabilized and their wounds have been treated. Priority, which means that they need a higher level of medical care to ensure survival. And urgent, which means that they require medical attention right

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(Photo by Walter Ham)

*Maj. Jang-woo Lee, the former Biological Threat Assessment Section chief and officer-in-charge of Multifunctional Threat Assessment Troop 1 at the 1st Area Medical Laboratory, forged partnerships with South Korean, German, Canadian and Ukrainian military medical professionals during his time at the command. Lee recently moved to the Walter Reed Army Institute of Research where he serves as the military deputy director of Biologics Research and Development Branch.*

## U.S. Army medical officer strengthens military medical partnerships worldwide

By Walter Ham  
20th CBRNE Command

ABERDEEN PROVING GROUND, Md. – A U.S. Army medical officer has strengthened alliances and built relationships with military medical personnel around the world.

Maj. Jang-woo Lee, the former Biological Threat Assessment Section chief and officer-in-charge of Multifunctional Threat Assessment Troop 1 at the 1st Area Medical Laboratory, forged partnerships with South Korean, German, Canadian and Ukrainian military medical pro-

fessionals during his time at the command.

Lee recently served as the escort officer for Republic of Korea Army Brig. Gen. Byung-seop Choi during his visit to the United States to attend the U.S. Army Medical Research and Development Command and ROK Armed Forces Medical Command Technological Cooperation Sub-Committee Meeting.

The location of the annual meeting alternates between the United States and South Korea. USAMRDC hosted this year’s 50th TCSC Meeting at its

headquarters and invited Choi and his delegates to Fort Detrick, Maryland.

The U.S. Army’s 65th Medical Brigade, which is headquartered on U.S. Army Garrison Humphreys in South Korea, requested Lee’s support during the visit. This was the third time that Lee served as the escort officer for the Technological Cooperation Sub-Committee Meeting. He previously supported the meeting in 2014 and 2018.

“I was honored to support the

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# Pediatric clinic serves military community's youngest members

By Winifred Brown

U.S. Army Garrison Presidio of Monterey

PRESIDIO OF MONTEREY, Calif. — The California Medical Detachment's Pediatric Medical Home Clinic offers a full range of services for the youngest members of the Monterey Peninsula's military community.

Located within the Maj. Gen. William H. Gourley VA-DoD Outpatient Clinic in Marina, the clinic serves the children of military service members who serve at the Defense Language Institute Foreign Language Center, the Naval Postgraduate School and the Presidio of Monterey, among other local military organizations.

Dr. Shelley Yamamoto, a general pediatrician, and Barbara Bielas-Flynn, a pediatric nurse practitioner, treat newborns through 17-year-olds at the clinic. "We're doing the full scope of medical care that a general pediatric clinic can do," Yamamoto said.

The clinic's medical team provides primary pediatric care needs that range from acute visits to well visits, immunizations and overseas screenings. They also perform a variety of procedures, sports physicals and manage any chronic medical problems patients might have, Yamamoto said.

It is also easy to get an appointment, with sick patients able to receive same-day appointments and well patients usually able to receive same-week appointments, Yamamoto said.

Yamamoto, a pediatrician for 20 years, has worked at the clinic for nearly 14 years, and Bielas-Flynn, a nurse and nurse practitioner for 35 years, has worked at the clinic for nearly five.

Yamamoto said she became interested in pediatrics as a medical student on rotation at the Children's Hospital of Los Angeles. She saw the staff help incredibly ill children become healthy in a matter of moments, and witnessing the transformations was inspiring.

"[The] ability to go from super sick to the average well child visit right there in one setting was amazing and I loved it," Yamamoto said. "From that moment I knew I wanted to be a pediatrician. There was no doubt."

She enjoys her job at the clinic helping children stay and become healthy. "I like the variety of things that I see,"



(Photo by Winifred Brown)

**Dr. Shelley Yamamoto, a general pediatrician, cares for a 2-month-old infant at the California Medical Detachment's pediatric clinic within the Maj. Gen. William H. Gourley VA-DoD Clinic, in Marina, Calif., Aug. 10.**

Yamamoto said. "We have so many different kinds of patients."

In addition, Yamamoto said she particularly likes helping service members get ready to go overseas.

"I worked overseas myself in the

Peace Corps, so I enjoy helping other people to go overseas and experience other cultures," said Yamamoto, who spent two years in Ghana, a country in West Africa.

Bielas-Flynn said she has spent a lot of her career teaching and has always aimed to improve the health care of children by influencing others—whether patients, parents or medical professionals.

"These families will eventually go and share some of the things that I have talked about or showed them, and if you influence parents' parenting, then you influence their health," Bielas-Flynn said. "That's always been the foundation [of my work]."

Like Yamamoto, Bielas-Flynn also became interested in pediatrics when during her first rotation in a hospital.

Bielas-Flynn said she was working on her Bachelor of Science in nursing degree and did her first rotation at Johns Hopkins Hospital in Maryland with Dr. Ben Carson, the retired neurosurgeon, candidate for president and secretary of the U.S. Department of Housing and Urban Development.

The experience inspired her to continue in pediatric medicine and she never looked back. "I've been in pediatrics ever since," Bielas-Flynn said. "My mantra all these years has been to influence or affect children's health-care."

The Maj. Gen. William H. Gourley

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(Courtesy photo)

**The California Medical Detachment's family medicine clinic is on the third floor of the Maj. Gen. William H. Gourley VA-DoD Outpatient Clinic in Seaside, Calif. The clinic services active duty, family members and pediatric patients, as well as local veterans. The three-story, 146,000-gross-square-foot facility provides care for approximately 80,000 military veterans living on California's Central Coast, as well as those served by the CAL MED pediatric and family medicine clinics. It is only the second fully integrated VA-DoD facility in the nation.**

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# MEDCoE welcomes 23rd Command Sergeant Major

By Jose Rodriguez

U.S. Army Medical Center of Excellence

JOINT BASE SAN ANTONIO-FORT SAM HOUSTON, Texas – On the bright and early morning of August 26, 2022, the U.S. Army Medical Center of Excellence (MEDCoE) welcomed Command Sgt. Major Victor Laragione as the command's 23rd command sergeant major during a change of responsibility ceremony conducted on MacArthur Field, Joint Base San Antonio – Fort Sam Houston, Texas. Laragione assumed responsibility, beginning his service as the unit's senior enlisted advisor following his predecessor, Command Sgt. Major Clark Charpentier.

As Maj. Gen. Michael J. Talley, MEDCoE commanding general, officiated the ceremony that was attended by over 300 distinguished guests, MEDCoE staff, cadre and over 200 troops assembled on the parade field, he reflected on the careers of both sergeants major.

In his speech, Talley thanked Charpentier for his many years of service and his many accomplishments since assuming responsibility of the MEDCoE on January 31, 2020.

Though Charpentier's list of accomplishments is lengthy, Talley said, some of the highlights include assisting the reorganization of the command and the shift to multi-domain and large-scale combat operations, serving as a proponent of the realignment of the Army Expert Field Medical Badge, and renovating the Project Warrior program.

Shortly after his arrival at MEDCoE, Charpentier also led efforts to combat and persevere over the COVID-19 pandemic, the greatest challenge the Army, and the Nation, have faced in decades. Closer to home, Charpentier helped the command weather the 2021 snowstorm that knocked out power for most of Texas, including Fort Sam Houston.

Talley said Charpentier was vital in the command's efforts to quickly adapt processes and training, ensuring a 99 percent course completion rate, and executing 604 classes while graduating almost 16,000 personnel despite those conditions.

"[He] has been a change agent," said Talley. "I could go on and on about his contributions, but we don't have until sundown. We're talking about probably ten years of accomplishments in a short two-and-half-years. He has led a legacy of excellence, and for that we will be forever grateful," said Talley.

Addressing the audience, Charpentier reflected on his time at MEDCoE, comprised of many achievements and challenges. "How do I sum up two-and-half-years at this great organization," asked Charpentier. "Ultimately, it's about teamwork and growing together. Effective teams come from getting through shared hardships and emerging on the other side victorious."

With much emotion, Charpentier recalled how the MEDCoE, and even his own family—now a Gold Star Family, suffered great losses during his tenure,



(U.S. Army photo by Francis Trachta, Army Medical Department Museum)

**Maj. Gen. Michael J. Talley, U.S. Army Medical Center of Excellence commanding general, passes the unit colors to Command Sgt. Maj. Victor Laragione as he assumes responsibility of the unit during a change of responsibility ceremony held on MacArthur Parade Field, Joint Base San Antonio – Fort Sam Houston, Texas, August 26, 2022. Laragione assumed responsibility, beginning his service as the unit's senior enlisted advisor following his predecessor, Command Sgt. Major Clark Charpentier.**

due to unforeseen illnesses, accidents, and violence.

"Those are the types of things that drew us together as an organization and made us stronger," said Charpentier.

In his closing comments, Charpentier thanked both Talley and Maj. Gen. Dennis P. LeMaster, the former MEDCoE commanding general, and the MEDCoE Soldiers, and civilians.

"Thank you so much for being professionals, and for being strong, fit, and disciplined. A generation of warriors are impacted by what you do at the Medical Center of Excellence."

Talley, who has been in command for just over 60 days, remarked how bitter-sweet the moment was, saying farewell to Charpentier while welcoming Laragione. Talley and Laragione previously served together at the U.S. Army Medical Research and Development Command (MRDC), with both leaders transitioning from MRDC to MEDCoE.

"As part of the life cycle of command we're equally blessed to have a command sergeant major of Victor Laragione's high caliber," said Talley. "This will be the second time that Command Sgt. Maj. Laragione and I will serve together as a command team. I look forward to another great ride with my battle buddy."

Hailing from Corpus Christi, Texas, Laragione is happy for the opportunity to serve in his home state, the first time in his lengthy and distinguished career.

"General Talley, thank you for the kind words and selecting me for this assignment. You knew this was my dream job," said Laragione. "I'm proud to be working with you once again."



(U.S. Army photo by Lauren Padden, U.S. Army Medical Center of Excellence)

**Addressing the audience, Command Sgt. Major Clark Charpentier, the outgoing command sergeant major of the U.S. Army Medical Center of Excellence (MEDCoE), reflects on his time serving as the unit's senior enlisted advisor.**

Laragione, who has also served in multiple state-side and overseas European and Pacific assignments, including deployments to Honduras and Bosnia-Herzegovina, pledged to focus on people during his tenure.

"Team MEDCoE, you can count on me," said Laragione. "I am here to serve you. I promise to be your advocate and look forward to meeting you and working side-by-side."



(U.S. Army photo by Francis Trachta, Army Medical Department Museum)

**The incoming U.S. Army Medical Center of Excellence senior enlisted advisor Command Sgt. Maj. Victor Laragione, addresses the audience during the change of responsibility ceremony. Laragione assumed responsibility from Command Sgt. Major Clark Charpentier.**

Laragione thanked Charpentier for his service and promised to carry on his initiatives.

"Charp, through your superb leadership you have left a mark that will not be forgotten," Laragione said. "I will keep your new number on speed dial. I'll be calling."

During the ceremony the audience experienced not only the time-honored tradition

# Navy post-internship tracks serious but exciting career choices

By Janet Aker  
Military Health System

Navy doctors in training who are past their internships have many opportunities to take dynamic and exclusive career paths.

“We need highly skilled and trained physicians who have developed themselves clinically and operationally as leaders,” said Capt. Rhett Barrett, Navy Bureau of Medicine and Surgery (BUMEDBUMED) medical core career planner.

“This is vital to ensure that the medical corps community helps ensure that the warfighter is ready for any call today – and tomorrow,” Barrett said.

Barrett made his remarks at the annual operational roadshow at the Navy Medicine Readiness and Training Command (NMRTC/NMRTC) San Diego on Aug. 25.

The roadshow highlights the current and projected composition of each Navy operational medicine community. Medical interns attended the presentation to help decide where next to take their Naval and medical careers.

Presenters included senior medical corps officers from BUMED, Navy Personnel Command (PERS), and each of the four major operational medicine communities: Surface Fleet, Undersea Medicine, Aviation Medicine, and Fleet Marine Force.

## Undersea Medicine

One Naval Medical Center-San Diego (NMCS) intern has his heart set on becoming an undersea medical officer.

Lt. Aaron Wickard, a general surgery intern, said: “Today’s briefings were highly insightful as to the various medical communities. For me, it only solidified the fact that I want to serve as part of the Undersea Medicine community.”

Wickard, a 2018 Naval Academy graduate and a Harvard Medical School graduate, is eager to serve with Naval divers.

“I can’t think of anything more enticing than to support the Navy’s dive commu-



(Courtesy photo)  
**Capt. Rhett Barrett (left), Navy BUMED medical core career planner, and Lt. Aaron Wickard, a Naval Medical Center-San Diego general surgery intern, discuss post-internship career opportunities in the four major Naval operational medicine communities.**

nity. And to know that I too would have opportunities to do some actual diving as an undersea medical officer is exhilarating,” Wickard added.

## Aviation Medicine

Aviation Medicine is another crucially needed medical career path.

“As a flight surgeon, the health matters of entire air wing can rest on your shoulders,” Capt. (Dr.) Ian Laughlin, NMCS command intern advisor, told the interns.

“Your leadership will look to you, and you need to be ready to provide the medical expertise expected of you.”

“Any one of these operational medicine communities offer unique opportunities to our interns,” added Laughlin, who is also a Naval flight surgeon.

“There is no better way to learn about the fleet operational environment than to join the fleet,” he said.

“At the end of the day it’s about credibility, and you gain that by being part of a team in an operational setting.”

## The Importance of Selection

Capt. (Dr.) Travis Deaton, a 1st Marine Division surgeon, reminded the audience just how important the medical corps is. “Two years ago, in these same chairs, sat an intern just like you, and one year later — almost to the day — he was in Kabul,” he said.

“Do you remember what happened one year ago?” Deaton asked. “The Kabul airport suicide bombing.”

The armed services’ medical response

to the ISIS attack was quick and life-saving Afghanistan lab workers that day. From lab techs to surgeons, Navy and other services’ medical teams rushed into action to treat both wounded service members and Afghan civilians caught in the chaos and terror.

What do all of the operational medicine communities have in common? At the core, they serve our Naval and Marine Corps warfighters. This is why such post-internship career selections are not to be taken lightly.

NMCS’s mission is to prepare service members to deploy in support of operational forces, deliver high-quality health care services, and shape the future of military medicine through education, training, and research.

## • Command (Continued from page 3)



(U.S. Army photo by Lauren Padden, U.S. Army Medical Center of Excellence)

**The 323d Army Band, Fort Sam’s Own, plays during a pass and review at the ceremony. The band, assigned to U.S. Army North (Fifth Army), performs at events and ceremonies at the Army historic post.**

of the passing of the colors, but a special moment as a UH-60 Black Hawk helicopter assigned to Alpha Company, 7th of the 158th General Support Aviation Battalion from Fort Hood, Texas performed a fly over as a reminder of MEDCoE’s role in aviation medicine. The flight also paid honor to Charpentier, the most senior flight medic in the Army.

In his remarks, Talley highlighted helicopter flyover and the symbolism. “As our narrator mentioned, it is certainly symbolic of Army Medicine and our evacuation functional area,” said Talley. “It is also symbolic of our outgoing Command Sergeant Major Charpentier, who happens to be the senior flight medic in Army Medicine. That’s a tribute to him, and the power of this great institution.”

The ceremony ended with the 323d Army Band, Fort Sam’s Own, playing the Army song after Laragione took charge of the Soldiers on the field.

The spectacular event was a tribute Charpentier’s time at MEDCoE and his steadfast support of Soldiers and families over the past 29 months, most of which were during the global coronavirus pandemic, and signified a new path forward for the new MEDCoE Command Team, Laragione and Talley.

# New medical technology released to Army Reserve Soldiers during Global Medic at Fort McCoy

By **Spc. Frank Alcalá**  
*Exercise News Day*

An Army Reserve medical unit was selected to be among the first to test a new technology Aug. 12 that allows supervisors to monitor Soldier health during exercise Global Medic at Fort McCoy.

"Ten Soldiers from the 901st Minimal Care Detachment (MCD) of West Virginia have been selected to participate in a 72-hour test trial," said Maj. Sanjay Krishnaswamy, commander of the 901st MCD.

The U.S. Army Reserve Command realized the potential benefits with utilizing technology to monitor its Soldiers, while using tracking applications. The Army Reserve partnered with LifeLens Technologies to test trial the Health Readiness and Performance System (HRAPS).

"Our brigade commander, Col. Suarez of the 338th Medical Brigade, suggested that the 901st MCD might be a good unit to test out these eight trap sensors," said Krishnaswamy. "And you see, I'm wearing one of the heart monitors today."

Krishnaswamy has his undergraduate degree in biochemistry and English literature from Harvard University and his doctorate in physics and biophysics from University of California-Berkeley. As an Army Reserve officer, Krishnaswamy specializes in military acquisitions for helping develop new technology. Under the medical research and development command, he has developed new tools for

Soldier medical readiness and Soldier fitness tracking.

"Talking to the developers, I understood the product," said Krishnaswamy. "As a new commander, the idea of having technology helps me better track my Soldiers' well-being and make sure they don't over-exert or overheat is great."

"It can track several things, but we're only looking at some of the data," said Krishnaswamy. "It tracks the Soldier's electrocardiogram, and it uses the information through an algorithm. It was developed at the Walter Reed Army Institute for Research to relay the Soldiers' body temperature and core temperature. It also relays information about their heart rate, exertion level, and variability in their heart rate. The device pairs with an application that can be downloaded on any cell phone and relays geographical locations for all Soldiers wearing the HRAPS," said Krishnaswamy.

"The device is not FDA approved yet, so it's not giving a diagnostic readout, but it gives the nurses a heads up that a specific Soldier needs to be checked out. So, he has chosen to have his nurses monitor the device, because they will have a better idea of what to do when something happens," Krishnaswamy said.

Capt. Kayla Corob, medical surgeon nurse with the 901st MCD, was among the 10 Soldiers who wore the HRAPS as well as monitored the data collected.

Corob joined the Army seven years ago as a medical officer and received

her undergraduate degree in 2010. She is originally from Morgantown, W.V., and works in the medical profession on the civilian side.

"I think it's a great idea medically, for those who are predisposed to heat injury, and those who have a family history of any cardiac issues," said Corob. "Soldiers historically have such a hard time maintaining any type of health fitness levels internally. I was very excited when I heard about this project. In general, I think it's going to have a lot of good that it can do in prevention."

"Soldiers don't go to their checkups unless they are forced to, and they don't take advice from their doctors or their providers of any kind," she said. "So, the fact that this might be able to track a little better is very exciting."

"I think it reflects well that the military is adapting with times, there are a lot of

different applications that this device can be used for," said Corob. "I do think that the military will investigate and invest in all those avenues. I understand and recognize that quantifying those can have pros and cons and can be right and wrong, but I think it would be a really good general guideline to make sure people are safe."

"For nursing, particularly, we were very invested in prophylactic treatment. We're taught from the beginning, that an ounce of prevention is worth a pound of cure. So, I was very excited and felt very privileged that I was able to participate," said Corob.

Technology has played a big part in the way the Army Reserve tracks medical readiness and safety among Soldiers. Soldiers like Krishnaswamy and Corob said they help promote and participate to show that this new technology can pave the way to a more successful Army in the future.

## Help Wanted



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(U.S. Army Reserve photo by Sgt. 1st Class Debrah Sanders, 366th Mobile Public Affairs Detachment)

U.S. Army Reserve Capt. Kayla Corob, a medical surgical nurse, assigned to the 901st Medical Detachment, displays the Health Readiness and Performance System (HRAPS). The Army Reserve is testing the HRAPS as a potential new technology to aid in the readiness of Soldiers.

## • **Medics** (Continued from front page)

away, and their wounds are at the most severe level.

“The patients were brought to us, and our first priority is to stabilize them,” said Zamora. “After being helped, they are put on a helicopter and medically evacuated from the premises to receive a higher level of care.”

The training these Soldiers are experiencing not only guarantees that they can work under pressure, but that they are able to perform these tasks in combat zones.

“This specific training is so that if we ever deploy to a war zone, we are all well equipped and highly trained,” said Sgt. Michael Herrera, an Army combat medic, assigned to the 404th ASB, 4th CAB, 4th Inf. Div.. “This perfects our muscle memory, and trains us on how to deal with mass casualties despite the number of medics on hand.”

Perfecting their craft, while also training alongside each other builds their communication capabilities, as well as their reaction times in serious conditions. They get in the habit of knowing what to do despite limited resources or never having worked together before.

“These trainings are vital just like any other trainings you do in the military,” said Herrera. “Just as you do physical fitness often or qualify

on your weapon, you need to train in these conditions to ensure your muscle memory remains efficient.”

These trainings provide a way for Soldiers to practice their craft, and build comradery between the platoon. It gives them a chance to live alongside each other and get to know one another on a different level than they normally experience.

“Being out here, you develop rapport, a real connection with everyone,” said Herrera. “When we’re treating a patient on the table, you have this sort of psychic link allowing you to know exactly what the other’s thinking. It really helps build friendships and heighten motivation.”

This mission was a great opportunity for many Soldiers to perfect their skills and experience training in a large-scale combat operation environment. According to Zamora, everytime he participates in these trainings, there’s always something new to be learned. Each combat medic had the chance to see what treating mass casualties in a combat zone would entail, and learn how to react under pressure. Moving forward, Herrera and other medics hope to see Soldiers taking advantage of this learning opportunity and putting their skills to the test.



(U.S. Army photo by Pfc. Dominique Mendoza, 14th Public Affairs Detachment)

***U.S. Army combat medics, assigned to the 404th Aviation Support Battalion, 4th Cavalry Aviation Brigade, 4th Infantry Division, participate in the 404th ASB mission, which challenges personnel and tests their capabilities to react in different scenarios during the training held from Aug. 18-26, Fort Carson, Colorado. These Soldiers had the opportunity to perfect their skills while in a large-scale mock combat operation environment, and train under pressure.***



## PennState Health

Penn State Health is a multi-hospital health system serving patients and communities across 29 counties in central Pennsylvania. It employs more than 16,800 people systemwide.

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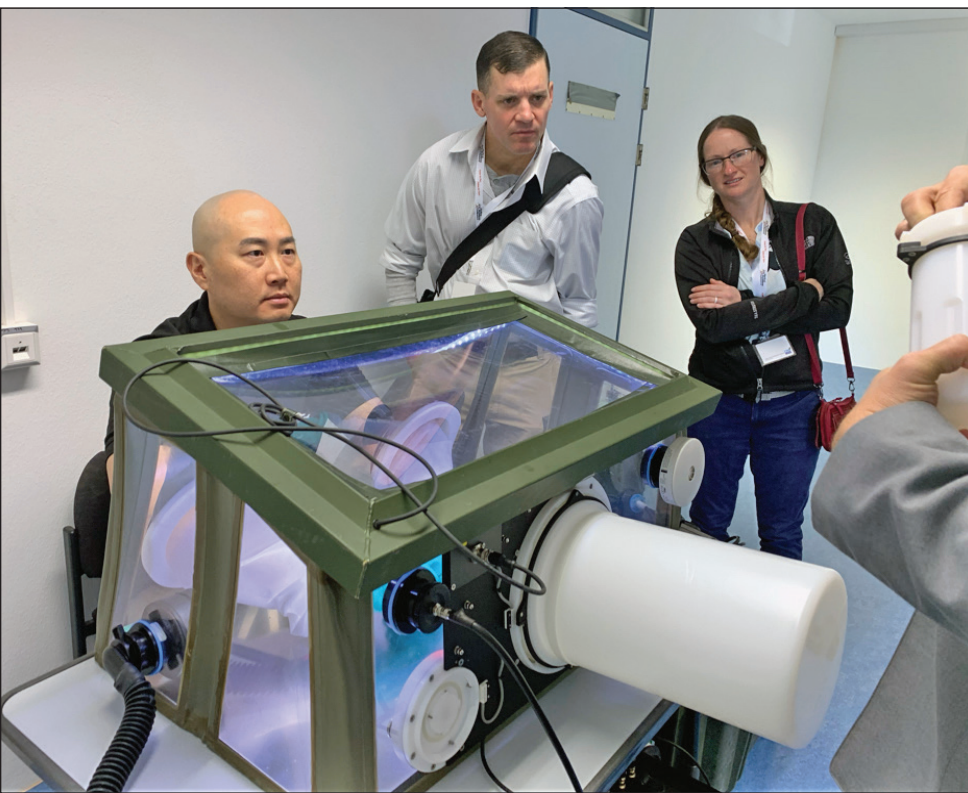
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• **Officer** (Continued from front page)



(Courtesy photo)

*Maj. Jang-woo Lee (left), PhD, the 1st Area Medical Laboratory chief of Endemic Disease and Biological Warfare Assessment, demonstrates the portable class III biosafety cabinet at the German Biodefense Conference in Munich, Germany. More than 250 military science officers and scientists from 41 different nations participated in the week-long conference that focused on a wide variety of medical topics from outbreak response and management to vector-borne and zoonotic diseases.*

strategically significant meeting and to contribute to strengthening the coalition between the ROK Armed Forces Medical Command and U.S. Army Medical Research and Development Command,” said Lee.

A one-of-a-kind U.S. Army formation, the 1st Area Medical Laboratory deploys to perform surveillance, laboratory testing and health hazard assessments of environmental, occupational, endemic disease and CBRNE threats to support force protection and Weapons of Mass Destruction missions.

The Aberdeen Proving Ground, Maryland-based 1st Area Medical Laboratory is assigned to the 44th Medical Brigade and the 20th Chemical, Biological, Radiological, Nuclear, Explosives (CBRNE) Command, the U.S. military’s premier all hazards formation.

Soldiers and Army civilians from 20th CBRNE Command deploy from 19 bases in 16 states to take on the world’s most dangerous hazards.

After three years at 1st AML, Lee moved to the Walter Reed Army Institute of Research where he serves as the military deputy director of Biologics Research and Development Branch.

Military and civilian scientists at the Biologics and Development Branch conduct research and development on quality medical countermeasures against mili-

tary-relevant infectious diseases, including the malaria vaccine and malaria rapid diagnostic test.

Lee said his tour at the 1st Area Medical Laboratory gave him the opportunity to learn lessons from the unit’s commander and sergeant major that will help him through his U.S. Army career.

“The three-year assignment at 1st AML was a very rewarding experience and phenomenal leadership learning opportunity,” said Lee. “The opportunities to build partnerships with allied foreign military including Canadian Forces, German Bundeswehr, Republic of Korea Armed Forces and Ukrainian Ministry of Defense were unforgettable memories and experiences that added to building my military leadership attributes.”

Col. Matthew J. Grieser, the commander of the 1st Area Medical Laboratory, said Lee played an instrumental role in building and strengthening partnerships that will help to safeguard U.S. and allied troops around the world.

“Major Lee served with great distinction at 1st AML,” said Grieser, a native of Mulino, Oregon, who has deployed to Afghanistan four times and Iraq five times and served in Haiti, Panama and New Orleans following Hurricane Katrina. “Major Lee epitomized our ‘Mad Scientist’ ethos of Soldier Scientist and paved the way for future allied operations.”

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• **Clinic** (Continued from page 2)

VA-DoD Clinic, which services active duty, family members and pediatric patients, as well as local veterans, opened in August 2017, and the building continues to have a brand-new feel to it. The three-story, 146,000-gross-

square-foot facility provides care for approximately 80,000 military veterans living on California's Central Coast, and patients of the CAL MED pediatric and family medicine clinics on the third floor. It is only the second

fully integrated VA-DoD facility in the nation.

The clinic is located at 201 9th St. in Marina, near the Ord Military Community, which is where many of the facility's patients live. It is also

less than a half a mile from the Pacific Ocean.

For more information, visit [calmed.tricare.mil/Clinics/Major-General-William-H-Gourley-VA-DoD-Outpatient-Clinic](http://calmed.tricare.mil/Clinics/Major-General-William-H-Gourley-VA-DoD-Outpatient-Clinic).

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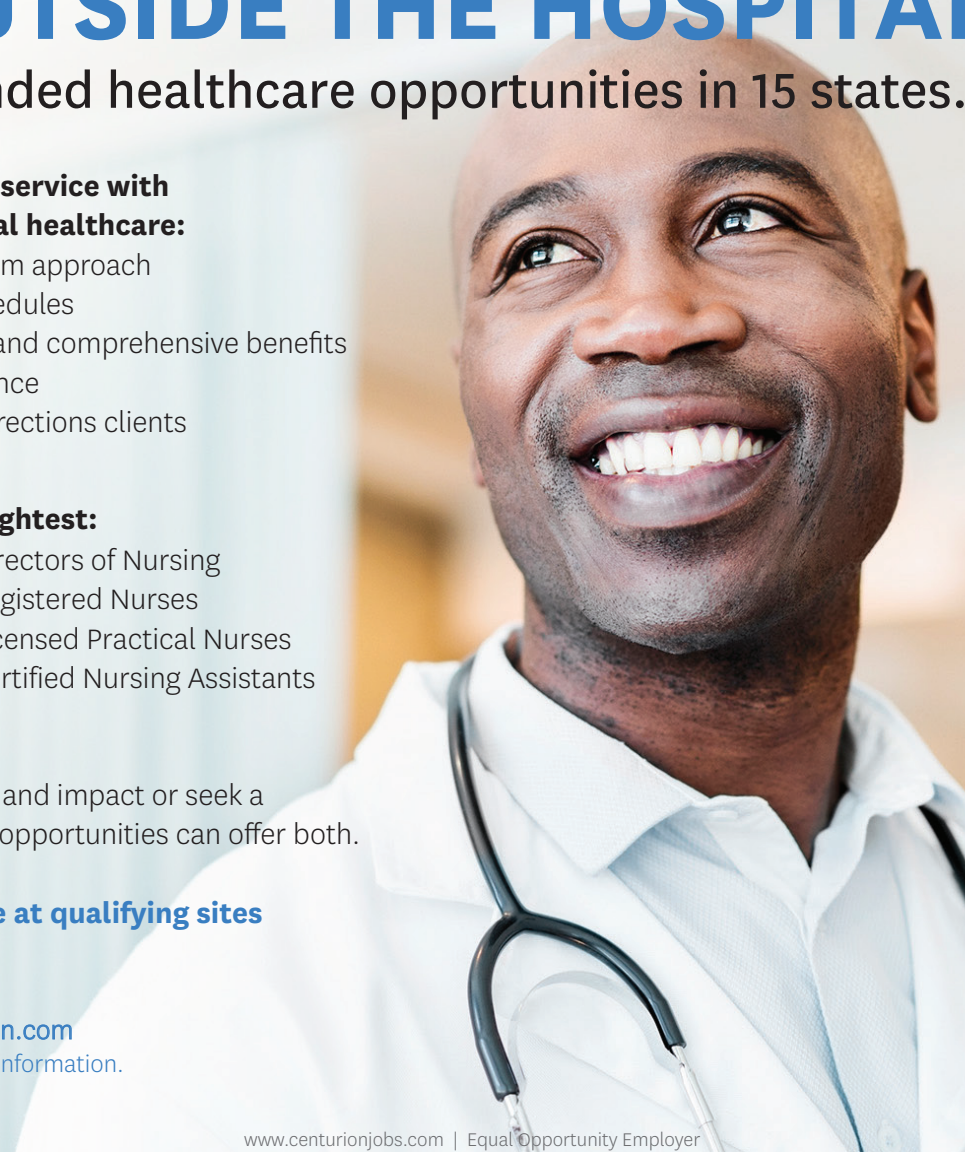
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