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ACUPUNCTURE IN BATTLE? SOME EXPERTS SWEAR IT'S POSSIBLE

By Airman 1st Class Joshua Joseph Magbanua
86th Airlift Wing

CIRAMSTEIN AIR BASE, Germany — Military aerospace medical experts from around the Kaiserslautern Military Community and allied countries gathered on Ramstein to discuss various topics surrounding aerospace medicine.

During the annual conference, which was a collaboration of the Ramstein Aerospace Medicine Summit and the NATO Scientific Technical Organization, discussions ranged from factors influencing flight fatigue, preventing cardiovascular disease in aviators, medical evacuations in remote areas, to space medicine as an example of international cooperation.

“It’s open to all flavors of aerospace medicine across those countries,” said Col. Billy D. Pruett, U.S. Air Forces in Europe and Air Forces Africa aerospace medicine division chief. “We have flight surgeons, nurses, aerospace physiologists, and more. This allows aerospace medicine professionals to keep up on current research and standards from across our allies, and to help with interoperability and cooperation for standards and the challenging environments of aerospace medicine and aeromedical evacuation.”

One of the topics presented was battlefield acupuncture.

Acupuncture is a form of alternative medicine believed to originate in Ancient China. It involves inserting needles into a patient’s body with the intention of curing ailments such as pain and headaches. The practice eventually made its way into western medicine.

Although acupuncture itself has existed for thousands of years, the battlefield method has emerged relatively recently, said Pruett.

The modified version of the ancient therapy was created in the early 2000s by retired Air Force Col. Richard C. Niemtow, a radiation oncologist. Although Niemtow initially intended it to be a fast and reliable pain treatment for troops in a combat zone, the practice soon spread into non-combat environments.

While traditional acupuncture is applied to different parts of the body, Niemtow’s battlefield acupuncture focuses mainly on the ear.

Pruett explained that in hostile environments such as combat, the ear is generally more accessible than other parts of the body.

“The idea is to provide quick access to acupuncture sites in a challenging environment, and to provide rapid pain relief not only in a war zone, but also in challenging training environments,” Pruett explained.

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(U.S. Air Force photo by J.M. Eddins Jr.)

Lt. Gen. (Dr.) Mark A. Ediger, the Surgeon General of the Air Force, speaks with a reporter from Airman Magazine during an interview at Headquarters U.S. Air Force, The Pentagon in Arlington, Va., Jul 8, 2016. General Ediger serves as functional manager of the U.S. Air Force Medical Service and advises the Secretary of the Air Force and Air Force Chief of Staff, as well as the Assistant Secretary of Defense for Health Affairs on matters pertaining to the medical aspects of the air expeditionary force and the health of Air Force personnel.

The State of Air Force Medicine

By Joseph Eddins,
Airman Magazine

Interview with Lt. Gen. Mark Alan Ediger, U.S. Air Force Surgeon General

Airman Magazine: What is the state of the Air Force Medical Service in terms of the current mission and what are your priorities?

Lt. Gen. Ediger: The Air Force Medical Service is

strong. The men and women who serve our Air Force as medical professionals are actively engaged in the three main components of our mission and they are balancing them very well. Those three components are: supporting Air Force operations day to day wherever they occur, maintaining a ready medical force prepared to deploy, and then providing high-quality,

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Brooke Army Medical Center welcomes new command sergeant major

By Maria Gallegos

Brooke Army Medical Center Public Affairs

JOINT BASE SAN ANTONIO-FORT SAM HOUSTON, Texas — Brooke Army Medical Center Command Sgt. Maj. Albert Crews relinquished the organization colors to Command Sgt. Maj. Diamond Hough during a change of responsibility ceremony at the Warrior and Family Support Center March 17.

Brig. Gen. Jeffrey Johnson, BAMC commanding general and the ceremony's host, praised Crews for his continued support for BAMC and his dedication and commitment to the organization. Crews assumed responsibility in October 2015.

Speaking directly to Crews, Johnson summed up their time together at BAMC as "One fast - A ticket ride."

"We have been 'Battles' for almost a year," he told Crews. "And it has been such an unforgettable experience and together I feel we have made a lasting impact on the organization."

He continued with Crews' accomplishments and noted BAMC's many new programs and initiatives during his time as command sergeant major.

"During his tenure, BAMC achieved substantial increases in quality, performance and productivity. Through his constant emphasis on the importance of the NCO (our backbone) and Soldiers' roles in efficiency and accountability, BAMC saw an increase in outpatient encounters and the number of operating room cases," he said.

The general also highlighted Crews' leadership style and his implementation in development and maintenance of critical wartime readiness skills.

"Command Sgt. Maj. Crews worked diligently with the Health Readiness Center of Excellence to elevate the level of enlisted Phase 2 training," said Johnson.

"He was also an instrumental force in the initiation of the new 68W Utilization Program. While this program is just starting, it has the potential to be a watershed moment in how BAMC grows its readiness.

"We are well on our way to becoming a high reliability organization and we continue to make many improvements in and around our facilities," he added. "Thank you for all you have done [Crews] and for the unwavering support you have provided me."

Johnson also welcomed BAMC's incoming Command Sgt. Maj. Diamond Hough, who he had met at Fort Benning, Georgia earlier in their careers.

"When we last bid farewell in 2014, I said we need to work together again in the future, and here we are today," said



(U. S. Army photo by Robert Shields/Released)

Brooke Army Medical Center's new Command Sgt. Maj. Diamond D. Hough renders a salute to BAMC Commanding General Brig. Gen. Jeffrey Johnson during BAMC's change of responsibility at the Warrior and Family Support Center Freedom Park Amphitheater March 17. Command Sgt. Maj. Albert Crews, who has served since October 2015, relinquished his responsibilities to Hough during the ceremony.

Johnson.

"Command Sgt. Maj. Hough you have my complete trust and confi-

dence as you take on this new role of great responsibility, serving as the senior enlisted leader for Brooke Army Medical Center. I am certain that your role in our leadership team at BAMC will lead to even greater accomplishments for this storied organization," he concluded.

Crews bid farewell and reflected on his time at BAMC.

He thanked his family, current and former leaders, and the BAMC staff for coming to the ceremony. He also reflected on his tenure at BAMC, noting he has "walked with many giants" symbolizing the current and former leaders who have led him where he is today.

"The dedication of this team is what has impressed me the most. The staff here cares about their patients, and it shows," he added. "Thank you for giving your all. I was very proud to be the command sergeant major of this great organization. Take care of each other and your families and foster strong relationships."

Following Crews' remarks, Hough expressed his excitement to serve at BAMC and thanked Johnson for choosing him for the position.

"I stand here today humbled and honored," Hough said. "Honored to be selected to a historic institution; humbled with the opportunity to serve so many people.

"I thank God all the time for all he has done for me and for all of the opportunities, especially like this one to serve others," he said.

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Intrepid Spirit Center tackles TBIs: Yoga, acupuncture part of center's multidisciplinary approach

FORT CAMPBELL, Ky. — Since Fort Campbell's Intrepid Spirit Center opened more than two years ago, it has allowed staff to take a multidisciplinary approach to treating traumatic brain injuries and associated conditions.

The center consolidates many different specialties under one roof to optimize the efficiency of the treatment offered to patients. Elsewhere, the National Intrepid Center of Excellence close to Washington, other similar centers such as the one at Fort Hood, along with centers operated by the Navy and Marine Corps all have the same treatment philosophy as Fort Campbell's Intrepid Spirit Center.

The Intrepid Spirit Center is using the heightened awareness about brain injuries during the Brain Injury Awareness Month observances in March to increase education about TBI on Fort Campbell. The monthlong observance is sponsored by the Brain Injury Association of America and supported by the Defense and Veterans Brain Injury Center.

Staff members from the center go to clinics and educate providers about TBI, said Dr. Lynn Giarrizzo, who has been at Fort Campbell since 2007, first as an active-duty officer where she served as chief of the anesthesiology department for two years at Blanchfield Army Community Hospital. As a civilian she came back and stood up the pain program at BACH, which is now part of the center.

"We're educating about what we do, about what brain injury is, educating about the referral process and when we would like to see patients," Giarrizzo said. "Because Fort Campbell is an active-duty installation and it is a constantly changing population of providers. Every year we'll go out and there are people who haven't heard the story."

Since 2000, approximately 350,000 Soldiers have been diagnosed with a mild TBI. Approximately 3.5 million people sustain a traumatic brain injury each year and 12 million Americans live with the impacts of a TBI, while 5.3 million have TBI-related disabilities. On a daily basis 137 people in the U.S. die from brain injuries.

While Soldiers often experience TBI during combat deployments, Intrepid Spirit Center staff are working to dispel the stereotype that this is the only way Soldiers sustain brain injuries. A Soldier can sustain a brain injury while doing training in the field, during combatives, because of a fall, or in a motor vehicle accident. Also, some less likely causes of TBI include electric shock, near drowning, seizures, strokes, substance abuse and as a result of an infection of brain tissues.

"Many patients who experience a traumatic brain injury also have chronic pain associated with that," Giarrizzo said. "There is the triad, if you will, of



Photo By Leejay Lockhart

Charles Brill, a physician's assistant who works at the Fort Campbell Intrepid Spirit Center, uses acupuncture to relieve a patient's pain March 20, 2017. After inserting all of the needles, Brill will use a small amount of electricity to stimulate the needles, which often results in lowered chronic pain for patients at the center, which uses a multidisciplinary approach to treat traumatic brain injuries.

[post traumatic stress disorder], traumatic brain injury and pain. Those three go together quite frequently."

Brain injuries can cause headaches, visual disturbances, balance issues and memory loss. Chronic pain associated with TBI can negatively affect a Soldier's cognition.

"The majority of patients who experience a mild TBI improve on their own by following the protocol of rest, avoiding further high impact exercises," Giarrizzo said. "The majority of people get better just by doing that. But if there is somebody who has persistent headaches, memory loss, or just their symptoms do not resolve ... then the primary care provider can put in a referral to the Intrepid Center."

The patients referred to the center receive an evaluation by a primary care provider and undergo a series of test to screen them and help determine the treatment they receive. The tests include checks of Soldiers' ability to multi-task, plan, prioritize and problem solve. Communications tests measure Soldiers on their oral expression, reading comprehension and writing ability. Memory tests gauge Soldiers on both short-term memory and long-term memory. The center also checks Soldiers' attention span and to see if they can focus or if they have divided attention. Soldiers will receive a treatment plan for each area that they struggled with during the testing.

"Say someone comes in and they are having headaches and memory issues, the screening shows that they have severe insomnia and they are not sleeping, so before they come into the program they may be referred offsite to a

sleep center," Giarrizzo said. "But by and far, most people if they've had a concussion or event in their past, they go into a process we call INSPIRE."

INSPIRE stands for Intrepid Spirit Introduction and Reception Meeting, where the patient will meet with team members including nurse case managers, primary care providers, physical therapists, speech therapists, behavioral health and occupational therapists.

"The whole idea behind the INSPIRE interview is that the Soldier comes in and tells their story one time," Giarrizzo said. "Because if they see the whole team ... they [won't] have to tell their same story six plus times. And sometimes the story is traumatic for them, so it's better to get them in the room and have them tell their story and everybody hears the story and everybody has an opportunity to ask questions."

Based on the INSPIRE interview the Intrepid Spirit Center sets up a series of appointments for the Soldier with various sections housed in the Intrepid Spirit Center. The multidisciplinary approach was in its infancy at Fort Campbell before the opening of the center, but it has become the standard practice today.

Left untreated TBI can cause difficulties in Soldiers doing their job, and a lack of treatment can have a negative impact on Soldiers' personal lives including personal relationship. The Intrepid Spirit Center, educates the Families of Soldiers afflicted with TBI and provides strategies to those Families for dealing with the injury, while the center also treats the Soldier.

The center has a yoga room, intake rooms, exam rooms, plus space for

Family wellness, speech therapy, art therapy, occupational therapy, acupuncture, a gym, and a variety of equipment and devices to conduct all the tests. Among those devices are a quantitative electroencephalogram to help diagnose problems, as well as neurofeedback and biofeedback devices for treatment.

"[The Intrepid Spirit Center] will work on all aspects related to a traumatic brain injury," Giarrizzo said. "So if a Soldier takes a concussive wave that can affect [his or her] balance ... so physical therapy's treatment plan will be working on balance and occupational therapy's treatment plan will be working on cognitive strategies."

For chronic pain management the center has transitioned away from the use of opioids for most conditions instead using integrative strategies including non-medication devices, such as alpha stimulation units, yoga, acupuncture, massage therapy and meditation. Soldiers can use these strategies even after they are discharged from the treatment program.

Heide Burton, an occupational therapist, helps Soldiers employ some of these strategies to assist them with pain.

"The key to pain is really self-awareness," Burton said. "So through mindfulness meditation [patients] are able to internalize, doing a body scan, realizing that they may be holding tension in some of those muscles and learning how to relax them. So if they are going to have to live with chronic pain, they do not have to live with chronic pain on the high end, but they can learn to live with chronic pain on the low end of the pain scale."

"Treatment of pain is an important part of the treatment for TBI," Giarrizzo said. "Because you can give [patients] all kinds of cognitive strategies and put them through the program, but ... they continue to be preoccupied because their headache is so severe or their back pain is so severe."

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• Air Force

(Continued from front page)

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Airman Magazine: How has the mission adapted to meet the current operations and how will you adapt in the future?

Lt. Gen. Ediger: As we know, Air Force capabilities are in high demand and the mission around the world is really requiring our Airmen across the Air Force to be innovative and adapt their capabilities to meet the operational challenges. As they do that, we in Air Force medicine must adapt with them to ensure that we are giving them the medical support they need to be fit and healthy and prepared to provide everything the mission requires.

That involves physical performance, as well as cognitive performance and the ability to have sustained attention to missions that require a great deal of vigilance and critical thought. So, as Airmen go to new locations and operate under new operational scenarios, we need to stay with them to ensure that we are giving them everything they need to be able to perform.

Then, should they have operations-related health issues that arise by virtue of the mission, we need to be there to give them the medical support they need to recover from either injuries or illnesses.

Airman Magazine: When you look back on the last 15 years of war in Iraq and Afghanistan, what kind of lessons have you learned at the AFMS that can be applied today?

Lt. Gen. Ediger: We have learned a great deal from the last 15 years of war

and we have really learned those lessons as part of a joint team. The medical support in the extensive military operations over the last 15 years has been provided in a very joint manner.

We collaborated with the Army, the Navy, and the Marines to create the Joint Trauma System during that period of time. This Joint Trauma System has served us and those to whom we provide care very well, particularly in Iraq and Afghanistan, but also in current combat operations across North Africa and the Middle East.

By standing up the Joint Trauma System we have learned a great deal about how to adjust our trauma practices to save lives and salvage limbs. Those advances in trauma care have been adopted internationally and they have really advanced the art and science of trauma medicine around the world.

A lot of the things we have learned and the techniques we have applied to improve outcomes in combat support have become standard practice now in trauma centers, internationally. We have also learned that we can innovate and take techniques that formerly were only found in medical centers and take those into the operational environment. By doing so, we can apply medical interventions to disease and injury at an earlier point and improve outcomes.

That work continues; we know that is an effort that can never really stop. We must continue to ask our clinicians to innovate and take the best practices out of our medical centers and find ways to apply those in a field hospital, but also in an aircraft as we conduct aeromedical evacuation.

Airman Magazine: It sounds like we have come a long way since 2005, when someone would be wounded and taken to the field hospital at Balad, compared to what we have today.

Lt. Gen. Ediger: Yes. I think these innovations really started while we were operating in the trauma hub at Balad, Iraq, and they have progressed and continued in our operations in Afghanistan. We continue to operate the trauma hub at Bagram Airfield in Afghanistan.

I can give you one example, vascular surgery is a specialty that prior to these last 15 years of war we would not have really deployed.

Previously, an Airman or a service member would not have come under the care of a vascular surgeon until they had returned to a medical center in the U.S.. Our vascular surgeons did remarkable innovative work in taking new vascular techniques into the field hospital.

This started at Balad, but extends today to Bagram, where they now have the abilities to repair blood vessel injuries that previously would have resulted in an amputation in the field hospital setting and restore blood flow by using advanced techniques, thereby enabling the salvage of a limb.

Also, they have proven we can now stop a previously unsurvivable hemorrhage of large blood vessels within the

abdomen and chest—in a field hospital setting.

That is the sort of innovation we see making a difference and will continue to make a difference as we identify more ways we can take advanced care further forward.

Airman Magazine: Could you explain what constitutes Invisible Wounds and what is the Air Force Medical Service's role in IW research?

Lt. Gen. Ediger: When we use the term "Invisible Wounds" we're really talking primarily about traumatic brain injuries and posttraumatic stress disorder and we call them invisible wounds because, while they are not outwardly evident to other people, they nonetheless impose some significant challenges for the Airmen who are dealing with those.

While, our primary focus is on injuries that are related to performing their duties as an Airman, we know we see a significant number of Airmen who develop traumatic brain injury or posttraumatic stress from exposures that occurred outside of duty, sometimes during sports activities, but also sometimes even prior to service.

So regardless of the original precipitating event, our focus is on developing the most effective processes to help those Airmen recover and to support them so that they can return to full function both personally but, especially, professionally as an Airman.

The Air Force is conducting several research trials on PTSD and Invisible Wounds with funding from the Defense Health Program's Psychological Health & Traumatic Brain Injury Research Program.

Airman Magazine: What are your biggest challenges today and what kind of solutions are you finding to solve them?

Lt. Gen. Ediger: Our biggest challenge is always maintaining a ready medical force. As I have described, we are taking more advanced care into the operational environment than ever before and that requires us to have deployable teams with very sophisticated capabilities. Our challenge is to keep those teams current and ready to deploy at any given time.

In Air Force hospitals and clinics, we have a relatively healthy population that we support, so we have had to evolve our clinical practices to ensure we keep teams ready to manage trauma and critical care patients.

To do that, we have evolved into an open type of practice for our trauma, critical care, and emergency medicine specialists by leveraging partnerships. This gives our specialists the time and opportunity to take care of more complex patients than our population typically provides.

In some cases, those partnerships involve referral of patients from the VA [Veterans Affairs] to our hospitals. Sometimes those partnerships also involve sending our specialists to practice in trauma centers and academic institutions outside of the Department of Defense.

I believe this is our biggest challenge going forward in medical readiness; iden-

tifying the processes and partnerships to sustain a force with the kind of sophisticated medical capability that we know will make a difference in the future.

Airman Magazine: Gravity-induced loss of consciousness research by Air Force medical personnel has led to the adoption of a full coverage G-suit for our pilots. Is there research in other medical areas that we can expect with a similar impact on the health and safety of pilots and other personnel?

Lt. Gen. Ediger: We conduct a great deal of research focused on human performance and the safety of the operator.

As new weapons systems and capabilities evolve in the Air Force, our focal point for this research is the 711th Human Performance Wing at Wright-Patterson Air Force Base, part of the Air Force Research Lab (AFRL). They work within AFRL to conduct a variety of human performance-related research and actually develop products that can be transitioned into the operational environment.

They have been doing a great deal of work on oxygen systems in the new generation of fighter aircraft. They are also developing sensors that can be used to actually monitor the performance of the operator and the aspects important to the health of the operator: things like oxygen levels, level of alertness, and techniques for assessing and measuring visual performance.

The new generation of fighter aircraft have very advanced displays for the pilot. (The displays) give the pilot a much greater field of view and the ability to operate weapons by having displays, helmet-mounted in many cases. These displays are all color based so they really require that the pilot have a specific capability in terms of visual performance. They continue to do remarkable research in terms of developing the ability to assess the visual performance of a pilot of advanced aircraft.

These are just a couple of examples; the 711th has a lot of work in this area in progress.

Airman Magazine: In the area of vector-borne illnesses, are their specific things we have learned from mosquito surveillance programs in the Air Force that are helping us in fighting these diseases?

Lt. Gen. Ediger: Yes. Mosquito surveillance is something that the Air Force has always conducted, because we know vector-borne disease is a significant threat to health during deployed operations, but also, sometimes at home station. We have diseases of concern, such as West Nile (virus), that are transmitted in certain parts of the country.

We are using that capability to work with the Centers for Disease Control (CDC) to monitor the types of mosquitoes present at Air Force installations and reporting the extent to which we are seeing the mosquitoes that most commonly transmit the Zika virus in the endemic

• Acupuncture

(Continued from front page)

Retired Air Force Col. Thomas R. Piazza, M.D., Air Force Acupuncture Program director, discussed how to apply battlefield acupuncture. After lecturing the conference attendees on the topic, he showed them how to apply their newly gained knowledge.

Piazza advocated for the practice, saying he has seen positive effects from patients who received it. He gave an example of a patient who came into his clinic with chest pain. The patient was sent home with some Motrin, but came back the next day with no improvement. That's when the personnel at the clinic tried a different treatment.

"The flight surgeon was trained in ear acupuncture, so he administered a simple ear acupuncture technique," Piazza said. "The patient experienced an essentially immediate relief of pain."

As the exchange of information flowed, the conference served as a medium for medical practitioners from different nations to work together in a field of study where developments are constant.



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• Spirit Center (Continued from page 3)

To help Soldiers with sleep, therapists assist Soldiers at the center improve their sleep hygiene and employ other strategies such as controlled breathing that result in Soldiers falling asleep faster and getting more sleep.

Liz Lee, a speech therapist, assists Soldiers with strategies for memory problems, planning issues, decision

making, prioritization and communication issues.

Her patients often start multiple projects but are unable to finish any of them and many are easily distracted. She said since the center uses a holistic treatment approach, it can help provide treatment to Soldiers having issues with pain as well as trouble sleeping. Pain and lack of sleep contribute to cognitive problems, so by assisting Soldiers with those it makes the overall treatment more effective.

Consolidating into a central facility and taking the multidisciplinary approach has resulted in care that efficiently provides treatment for patients, but it also allows the Army to maximize its combat readiness.



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• More Air Force (Continued from page 4)

countries in this hemisphere. We know we have the Aedes aegypti mosquito prevalent across the southern portion of the United States and we are reporting the types of mosquitos we are trapping to the CDC.

We are also participating in testing the mosquitos that we trap for the Zika virus and reporting that to the CDC. That is an important part of the U.S.'s monitoring plan for Zika virus. As we saw in the latter part of 2016, mosquito-transmitted Zika virus occurred in parts of south Florida and south Texas. Monitoring efforts, coupled with targeted control measures, were essential to stop local transmission. Our installations are prepared to work with their local communities and take the same actions if, in fact, we see mosquitos carrying the Zika virus on or near Air Force installations in the U.S.

Airman Magazine: When we talked with Col. James A. Mullins, (the Surgeon General's consultant on public health), he said one huge change from past years is that the focus has shifted from not just focusing on deployed troops, but to more stateside. What big changes has that shift brought about in the way you are fighting that battle?

Lt. Gen. Ediger: Well, we know the nature of the Air Force mission is such that we conduct Air Force operations every day from our installations within the U.S. So we have always had a focus on operational support at every Air Force hospital and clinic because of the nature of that mission.

Missions such as remotely piloted aircraft, intel ops centers, nuclear deterrence, global mobility – all of these are examples of missions conducted from installations within the U.S. that require good operational medical support.

In regard to Zika virus, this factors right in to our operational support mission from our medical groups at our installations. The fact that this particular infectious disease threat is actually of concern within the continental U.S. has enabled us to use our operational support capability at our installations and to advise installation commanders on the threat they may have locally.

Our public health experts in our medical groups do this in close coordination with local public health authorities in the communities where installations are located.

The fact that Zika is a concern in the U.S. has generated this kind of health concern, but I think our monitoring is robust and I think that will help us a great deal in terms of understanding if we see Zika virus transmitted by mosquitos on or near an Air Force installation in the U.S. Monitoring certainly was a useful tool in stopping the local transmission that occurred in south Florida and south Texas in 2016.

Airman Magazine: What measures are the AFMS employing to shift from an era defined by combat to more of a peacetime footing?

Lt. Gen. Ediger: We really feel like in Air Force medicine, just like the

Air Force, that we are not really on a peacetime footing. Even though we see that the number of wounded we are moving and caring for from operations around the world has come down to a very low level, thankfully, we continue to have a high volume of Air Force operations being conducted around the world and from home station.

We have over 700 medical Airmen deployed today in support of combat operations. We also have a high tempo of global health engagement missions in progress around the world, such as the very large global health mission that recently finished in the Dominican Republic.

Maintaining our readiness and continuing to support operational medicine really doesn't allow us to ever transfer to what we would consider a peacetime setting. We work day to day to balance operational support, our deployed operations, and provision of our day-to-day health care. The commanders of our hospitals and clinics work day to day to ensure that those three main components of our mission are all given appropriate priority.

We really believe that if we started to think about what we do as being either peacetime or wartime, we would put our own ability to support the mission at risk by diverting our focus from one of those three components.

Airman Magazine: How important is maintaining the connection with other federal medical institutions and medical research outside the Air

Force?

Lt. Gen. Ediger: It is critical to our ability to meet our mission requirements in the future. The partnerships we have with civilian institutions are essential to our ability to maintain a ready force and essential to our innovative work in bringing more advanced capabilities into our deployed operations.

We have major partnerships where we have permanently embedded Air Force medical personnel with institutions such as Baltimore's [R Adams Cowley] Shock Trauma Center, University of Cincinnati, St. Louis University, University of California-Davis, University of Nevada and University of Alabama-Birmingham. At each of these sites we have permanently assigned Air Force medical personnel, specialists in trauma and critical care, and they are part of the care teams at these institutions.

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