

# MEDICAL NEWS

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## MISAWA MEDIC CHILLS IN ANTARCTICA, SUPPORTS OPERATION

### DEEP FREEZE

By Airman Xiomara Martinez  
35 Fighter Wing Public Affairs

Most humans will never venture as far south as Antarctica. The seasons rarely change with every dawn lighting up the snowy white tundra void of vegetation. The chilly air feels crisp as ice pierces even the thickest of garments.

Nestled deep within these chilling, often sub-zero conditions, McMurdo Station's mission trudges forward, often-requiring medical services.

U.S. Air Force Lt. Col. Tory Woodard, the 35th Aerospace Medicine Squadron commander, recently joined Operation Deep Freeze for a 60-day deployment with Joint Task Force-Support Forces Antarctica as their flight surgeon.

"It was an amazing experience and really cool to get picked for this mission," said Woodard. "I worked with a great group of people and together we made a difference. Even though the weather is bad at times, when it clears up, it really is beautiful."

U.S. Air Force National Guard members fill two medical positions, while active-duty physicians fill the other. Woodard served as a local validating flight surgeon. He coordinated civilian and military assets to support medical evacuation missions in Antarctica.

"I believe they chose me for this mission because of my military medicine background and training," said Woodard. "I am double boarded in family medicine and aerospace medicine, so I have the experience and variety of missions in my background making me well suited for deployment to this remote environment."

During his tenure, Woodard supported all research projects in Antarctica and used aircraft and assets to help with airlift and create solutions for transportation of personnel. McMurdo Station uses specially modified C-130 Hercules heavy lift aircraft with skis allowing them to land on ice and snowy runways at various locations across the continent.

With extreme weather conditions the norm, Woodard made sure personnel had everything they needed to work safely and complete their missions among the harsh conditions.

"My concern was making sure everyone was healthy," he said. "The base is very small; there's only about 700 to 900 people and not a big medical footprint. So I augmented the other providers there in case we had an emergency."

He took care of the maintainers, who are also out working on ice and in the snow on the aircraft. Confirming all medical needs were good to go, he also supported the civilians working in the clinic.



(U.S. Navy photo by Mass Communication Specialist Seaman Caledon Rabbipal/Released)

## Veterinary service clinic held

U.S. Army Spc. Diamond Dewindt administers an I.V. to a canine patient during a Pacific Partnership 2018 (PP18) veterinary service clinic held at Dom'Iglas Community Center. PP18's mission is to work collectively with host and partner nations to enhance regional interoperability and disaster response capabilities, increase stability and security in the region, and foster new and enduring friendships across the Indo-Pacific Region. Pacific Partnership, now in its 13th iteration, is the largest annual multinational humanitarian assistance and disaster relief preparedness mission conducted in the Indo-Pacific. See story on page 2.

## INDEX

Soldier applies training; saves a life.....	page 4
The Verdict is Out: Trials Advance Ebola Vaccine.....	page 5
Career opportunities.....	pages 6-11

# Where There is No Vet:

## U.S. Army provides animal care, surgeries in Yap during Pacific Partnership 2018

YAP, Federated States of Micronesia (NNS) — Two U.S. Army veterinarians and an animal care specialist conducted surgeries on dogs and cats and shared knowledge and practices with local volunteers during Pacific Partnership 2018 in Yap, Federated States of Micronesia, March 26-29.

Veterinarians Capt. Adam Boe from Fort Shafter Hawaii, Capt. Trevor Tenney from Naval Base Yokosuka, and animal care specialist Spc. Diamond DeWindt from Kadena Air Base Okinawa provided vaccinations and conducted spay and neuter surgeries to nearly fifty animals.

“There are no practicing veterinarians in Yap,” said Boe. “The U.S. Army is the only branch of service with clinical veterinarians, and we are honored to be here in Yap working side-by-side with local professionals.”

Prior to conducting surgeries on March 23, the three veterinarians met with volunteers from the Yap Animal Protection Society (YAPS) to discuss

about basics of first aid, euthanizations, preventative medicine, zoonotic diseases, animal husbandry and other common animal diseases.

“YAPS consists of nearly twenty volunteers dedicated to bringing veterinarians from nearby countries through donations and fundraising campaigns,” said Tenney. “YAPS is a great resource, and we realized that by sharing techniques and practices, YAPS volunteers will be able to better assist veterinarians during surgeries.”

As part of the Pacific Partnership 2018 mission to provide sustainable practices in Yap, the veterinarians shared knowledge to improve and increase efficiency of food production from chickens and pigs through discussions on nutrition,

housing and medical care.

“As the animal care specialist, Spc. DeWindt’s expertise in these areas was truly appreciated by YAPS,” said Boe. “Spc. DeWindt encounters every aspect of animal care, and she is a vital member of our Pacific Partnership team.”

The veterinarian team also participated in the Community Health Engagement (CHE) at the Yap Memorial Hospital as part of a team of more than 35 Sailors, Soldiers and Airmen from U.S., United Kingdom, Australia and Japan.

“The most important aspect we, as visiting veterinarians, can do is to provide the necessary education to the local community about animal care so that the knowledge and experiences we share together during this year’s

Pacific Partnership will last well into the future,” said Tenney.

The U.S. and the Federated States of Micronesia continue a long history of friendship, having participated in the Pacific Partnership mission as host nation for five years with many Micronesia men and women having served or currently serving in the U.S. armed forces.

Since 2006, 22 partner nations around the globe in 18 host nations have participated in Pacific Partnership providing medical care to more than 300,000 patients, veterinary services to nearly 40,000 animals and completed nearly 200 engineering projects while building meaningful and close partnerships throughout the region.

## • Medic (Continued from front page)

However, due to Antarctica’s hostile landscape, Woodard encountered many medical variations.

“You can only hope everyone stays healthy, but when an emergency occurs someone with some experience is needed,” explained Woodard. “We can treat anything from diving illness to altitude sickness.”

Some days, the weather is in control of everything. Until it clears up, patients in need of transporting have to wait two or three days. Woodard explained that preparation is crucial in a remote location.

“It is not much different from a deployment at a small base anywhere in Afghanistan or anywhere else,” he stated. “You have to know the available resources, train your team to use those assets and do the best possible with what is accessible.”

Like any remote location, the internet and phone systems are slow, due to limited satellite coverage, but Woodard said, there is a lot to like too.

“McMurdo has a lot of great recreation,” he said. “I traveled over to the New Zealand research station at Scott Base a lot and shared meals and met many other international scientists, researchers and specialists. We had a weekly lecture series on topics such as NASA research, climate change and animal research. On the nice days, I ran and hiked on some beautiful local trails, explored the ice and enjoyed the incredible scenery. We even had mountain bikes and cross-country skis to check out and use to explore the area around the base.”

For Woodard, one of his most memorable parts was a 10-mile loop. It lead up to “Castle Rock” with a view of Mt. Erebus (the southern-most active volcano in the world).

“We toured and saw one of the original explorer’s huts called ‘Discovery Hut’ dating back to 1902,” he recalled.

“That site has been surprisingly well preserved in the dry, cold climate. It was filled with clothing, food, tins, research items and penguin skeletons preserved for more than 100 years.”

Woodard said while extracurricular activities were a great way to fill his free time, he missed his family and the communications challenges due to degraded internet access were a struggle, but they made it through just like they’ve always done in his nearly 20-year career. Woodard’s family has learned how to be resilient through many prior deployments.

With no cell phone or Wi-Fi service available at McMurdo Station, his wife, Pamela, said frequent landline phone calls kept them connected.

“This made being deployed over the holidays more enjoyable,” she said. “He’s always made an effort to stay in

touch and that’s what really matters—that we have some sort of communication with him.”

The deployment may have only lasted 60 days, but Woodard said the experience provided him with a better understanding of the unique joint operations required to support the Antarctic research operations.

“I got to experience one of the most challenging medical and aviation operations in the Air Force,” he said. “I realized there is always something new to learn and challenges always present—opportunities to improve yourself and those around you. I brought back some rich experiences, hundreds of photos, some unique gifts and the rewards of knowing I applied my training to support the mission in a place only a few have ever experienced.”

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# Soldier applies training; saves a life

By Capt. Gregory McElwain  
56th Stryker Brigade Combat Team,  
28th Infantry Division

At 12:40, Tompkins, a combat medic with Headquarters and Headquarters Company, 2nd Battalion, 112th Infantry Regiment, 56th Stryker Brigade Combat Team, 28th Infantry Division, Pennsylvania Army National Guard ran over to the man and helped lower him safely to the ground, while announcing that he was a trained medic.

"My first thought was, oh no, this guy is having a heart attack," Tompkins said.

He shouted for someone to call 911 and asked for the Automated External Defibrillator. Instantly, Tompkins began CPR.

James Lutey, a Customs and Border Protection Officer with Homeland Security arrived shortly after Tompkins started chest compressions and rescue breathing.

"When I got on scene, he was getting out the AED and hooking it up. I assisted, but he directed everything. It was clear he was experienced," Lutey said.

For 15 minutes Tompkins worked between the AED and CPR to resuscitate the man.

"I put my heart into this, my biggest

fear was losing him," Tompkins said. "Of course there was anxiety I did not want to lose this guy. When I was treating him, it hit close to home, because my grandfather just suffered a major heart attack the day before."

"It was muscle memory, it worked like clockwork," he said, speaking of his medical platoon with the 2/112th Infantry. "Last month we did CPR retraining to stay current. Being a Medic is a perishable skill. We all have civilian jobs, I am a sales [representative] for a home building company, I have no Medical practice outside of the army. When we have drill, we train hard. There is a lot of muscle memory."

At 12:52 Tompkins regained the pulse and the individual began breathing on his own. He rolled him over onto his side and put him in the recovery position so that he could maintain a clear airway.

"I was elated that I had restored his pulse, but I monitored him every 15 seconds. I knew I may have to start CPR again."

As they waited for EMS to arrive, Lutey noticed that Tompkins had absolute control and maintained professionalism the entire time. "It is clear that he is well trained and is able to perform admirably in uniform and outside of his military

duties," Lutey said.

"The man was aspirating. He had a partially blocked airway so I tried to clear his airway," he said. No one in the gathering crowd had a suction device, so Tomkins adapted to overcome the challenge.

"I was working to create a suction device out of an eyedropper bottle and straw, but then EMS arrived," he said. EMS arrived at 12:57.

Edward Troy, a Homeland Security Special Agent, witnessed the resuscitation and watched as Tompkins handed over responsibility and care of the man to EMS. "He used professional terminology that the EMS crew understood. If I could be one-tenth as professional and calm as he was during an emergency, I would feel lucky," Troy said.

Special Agent Troy presented Tompkins with a challenge coin commend him on his actions.

"At the end of the day I was just doing my job," Tompkins said. "When you see someone go down, it is just second nature. As a medic, you are the deciding factor whether or not they get to go home. I wanted to make sure that this guy went home."

"When I was finished, I realized



Photo By Staff Sgt. Coltin Heller

*Spc. Trevor Tompkins, a combat medic with 2nd Battalion, 112th Infantry Regiment, 56th Stryker Brigade Combat Team, 28th Infantry Division, Pennsylvania Army National Guard stands in front of an MRAP vehicle during a field training exercise at Fort Sam Houston in 2015.*

that a crowd had gathered," he said. Troy said that many in the crowd were shaking Tompkins' hand and thanking him for his quick thinking. "He just kept saying, 'This is my job.' Tompkins is mature beyond his years, very calm, cool, and collected."

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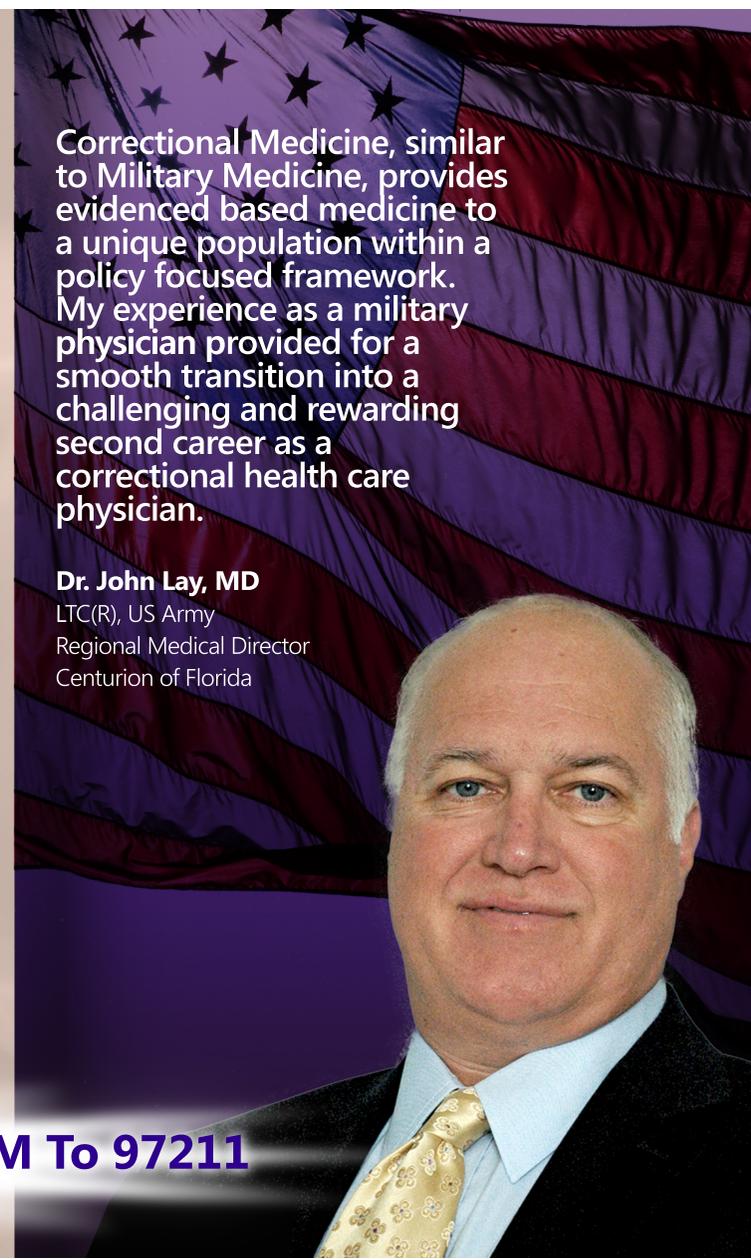
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# The Verdict is Out: Trials Advance Ebola Vaccine

**Courtesy Story**

*Defense Threat Reduction Agency's Chemical and Biological Technologies Department*

It turned from a localized problem to pandemic – first hundreds, then thousands, then tens of thousands were infected. The 2014 West Africa Ebola outbreak grew exponentially worse despite efforts to slow its spread. Similarly, Polio was once one of the most serious communicable diseases the world faced, but today, it is nearly eradicated due to vaccine development. The Ebola virus is just as lethal, but there is no Food and Drug Administration approved vaccine for it...yet.

The Defense Threat Reduction Agency's Chemical and Biological Technologies Department partnered with the U.S. Army Medical Research Institute of Infectious Diseases (USAMRIID) and Merck to develop a vaccine to protect warfighters and the public against future Ebola outbreaks.

Scientists at USAMRIID completed four non-human primate studies to evaluate the protective efficacy of Merck's Ebola vaccine, V920. Researchers also tested the vaccine in clinical trials with-

in the United States, Canada, Europe and Africa.

USAMRIID examined the durability of immunogenicity and protection post-vaccination correlation. This data will be pivotal in extrapolating human immune response statistics. Further, researchers will also use the information to predict populations at risk for Ebola.

Conducted at USAMRIID's biosafety level 4 laboratories, which are also operated under the Good Laboratory Practice, this joint effort will be instrumental when applying for licensure with both the FDA and the European Medicines Agency.

DTRA's continued effort to enhance the combat support mission also advances public health services by developing innovative technologies that protect against biological threats.

The Joint Program Executive Office for Chemical and Biological Defense partnered with DTRA CB to provide additional funding for this effort. Through sustained government and industry partnerships, DTRA is making the world safer for the warfighter and the public one countermeasure at a time.



Courtesy Photo

Amy Shurtleff, Ph.D., works in a biosafety level 4 laboratory at USAMRIID. Shurtleff is part of a team that evaluated the protective efficacy of Merck's EBOV vaccine, V920.

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## Nurse Advice Line launches in PACAF

By Airman Xiomara Martinez  
35th Fighter Wing Public Affairs

The Military Health System Nurse Advice Line, a service available to military health care beneficiaries living in the U.S. and Europe since 2014, is now available to those in the Pacific Air Forces.

The MHS NAL allows service members and their families to speak with a registered nurse 24/7 at no cost. A registered nurse will help choose the right level of care, schedule medical appointments, and much more. If patients are enrolled in Tricare, the MHS NAL will update patient care information to their home team. If a health concern arises and they can't access their local clinic hospital or if they are not sure whether their health concern warrants a visit to a health care provider, they now have the option to call the MHS NAL.

"The nurse advice line is something that has been in the U.S. Air Force for some time--in PACAF, we are just getting the line," said Col. Jeanette Frantal, the 35th Medical Group deputy group commander and chief nurse. "It is another service we can offer to our patients to receive the care needed. If a parent is home alone, deployed or training elsewhere they now have the option to receive medical care over the phone."

The advice line offers recommended home remedies, advice on provider follow-up and symptom assessment.

The new MHS NAL Beneficiary Portal also gives patients the option to discuss their health concerns with a registered nurse in a secure web chat or video chat.

"This is convenient because people won't need to go to the Urgent Care Center for non-emergent things," explained Frantal. "Maybe they just need reassurance they're making the right decision for themselves and children. It gives patients the opportunity and accessibility to call from the comfort of their home. I think it's a good service offered to our patients and I look forward to Team Misawa taking advantage of this program."

At Misawa AB, the MHS NAL can be reached at 0066-33-821820, the regular appointment line through DSN at 226-6111 or call commercially at 0176-77-6111. For DSN and commercial phones after calling, click option 3.

The MHS NAL is not for emergencies. Contact the UCC for emergencies at DSN 226-6647 or commercially at 0176-77-6647.



(U.S. Marine Corps photo by Lance Cpl. Betzabeth Y. Galvan)

Mr. Arnold Fisher, the honorary chairman of the Intrepid Fallen Heroes Fund, middle right, cuts the ribbon to officially open the Intrepid Spirit Center on Camp Pendleton, Calif., April 4, 2018. The Intrepid Spirit Center will work together with Naval Hospital Camp Pendleton to treat traumatic brain, physical and psychological injuries. This location is one of nine centers being opened nationwide.

## Intrepid Spirit Center brings hope to traumatic brain injury patients

By Cpl. Dylan Chagnon

Marine Corps Installations West - Marine Corps Base Camp Pendleton

The Intrepid Fallen Heroes Fund, in conjunction with Naval Hospital Camp Pendleton, opened an Intrepid Spirit Center on Camp Pendleton, Calif., April 4, 2018.

Intrepid Spirit Centers are built nationwide to treat traumatic brain injuries and psychological conditions affecting service members.

With over 45,000 Marines and Sailors, Camp Pendleton supports military operations on a global scale, making it a prime location to have such a resource operating on the installation.

"This [Camp Pendleton] is really the epicenter of operational forces in the region," said Cmdr. Paul Sargent, Department Head of the Intrepid Spirit Center - Naval Hospital Camp Pendleton. "We've had referrals from [Naval Base Coronado], special operations units, and others from the region who can get access to care more readily because of the special services we provide."

The Intrepid Fallen Heroes fund has a profound history of treating service members by instilling in them hope and comfort while dealing with their conditions.

Retired U.S. Marine Corps Maj. Steve Taylor shared how the organization impacted his life when he was struck by an improvised explosive device in Afghanistan in 2010.

"Right away coming home, my family started noticing issues with my behavior. Simple tasks, like tying my boots, suddenly became a daily challenge," said Taylor, afterwards, jokingly putting blame on him reaching the age of 40.

However, as time passed and his symptoms worsened to memory loss and excruciating migraines it became evident that aging was not the issue.

In 2012, Taylor underwent an MRI and was diagnosed with traumatic brain injury.

"I wasn't the same person I was before

I left; everyone could see it but me," said Taylor, attempting to avoid drowning in his words. "I was in a leadership position having to make critical decisions, but I couldn't even remember if it was Tuesday or Wednesday, or what grade my son was in. I began struggling everyday to mask these symptoms that were consuming every aspect of my daily life."

As his condition kept worsening day by day, he faced an ultimatum from his family: Get help or get out.

"At this point I had to ask myself, 'what's more important, my career or my health?'" he said.

Shortly afterwards, Taylor, with the support of his family and chain of command, checked into the National Intrepid Center of Excellence at Walter Reed National Military Medical Center in Maryland.

"The medical treatment was like nothing I ever experienced," he said. "I received the most comprehensive medical evaluation of my life; I estimate it to be 10 years worth of treatment in the short four weeks I was there."

After a four-week period of complex psychological and therapeutic treatment, Taylor found himself with a renewed spirit and a well-developed recovery plan, which he still undergoes to this day.

His inspiring story is only one of many by service members like him who have undergone treatment at an Intrepid Spirit Center. According to Taylor, researchers with Intrepid report a 92% success rate with patients seeking treatment with the organization.

With the opening of the Camp Pendleton center, the staff has one priority in mind: The mental health of service members.

"When I've seen stellar careers end prematurely, it's usually because of a behavioral health or brain health issue," said Sargent. "If I can help keep Marines brains healthy, then they're going to make better decisions, and they're going to be better Marines."



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For more information, contact Melinda Carey, HR Specialist, at 315-765-3360 or Melinda.Carey@omh.ny.gov



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The Penn State Health Milton S. Hershey Medical Center Department of Psychiatry is currently recruiting board eligible/certified psychiatrists for inpatient and outpatient positions in both adult and child psychiatry.

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With our clinical partner, the Pennsylvania Psychiatric Institute, the Department staffs several outpatient and partial hospital programs for children and adults, 89 inpatient beds, ECT and other neuromodulation services, specialty sleep and eating-disorders programs, and expanding psychiatric consultation and integrated care programs for Hershey Medical Center.

Successful candidates will have strong teaching as well as clinical skills and optimally, potential for scientific and scholarly achievement. We offer an attractive compensation package commensurate with qualifications. Tenure track positions are possible.

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[jspangler2@pennstatehealth.psu.edu](mailto:jspangler2@pennstatehealth.psu.edu)

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# RSS, 2CR Scalpel Medics conduct first live fire exercise

The Scalpel Medics of Charlie Troop, Regimental Support Squadron, 2d Cavalry Regiment started the year with a “bang” by conducting their first Defense of Convoy Live Fire Exercise at the Grafenwoehr Training Area, Germany, Feb. 12 2018.

C TRP, RSS, 2CR initially prepared by practicing battle drills as well as the Reconfigurable Vehicle Tactics Trainer, which allowed them safe opportunities to familiarize themselves with the tactics and techniques necessary for success.

Second Lieutenant Katalina Freeman, Evacuation Platoon Leader, C TRP, RSS, 2CR, and event officer in charge, provided the Scalpel Medics a mission brief upon their arrival at the training site. The goal of the scenario was to send a small convoy with limited personnel on a mission to pick up casualties from the battlefield and move them to the Medical Evacuation point.

While conducting the mission, the Soldiers needed to be fully prepared to react to contact, return fire and conduct recovery operations while in contact with enemy forces.

“The LFX was a fun experience and an excellent way to demonstrate how to effectively perform convoy defense to new troopers,” said Pvt. Gerrame Dickson, an evacuation ambulance aide and driver, C TRP, RSS, 2CR.

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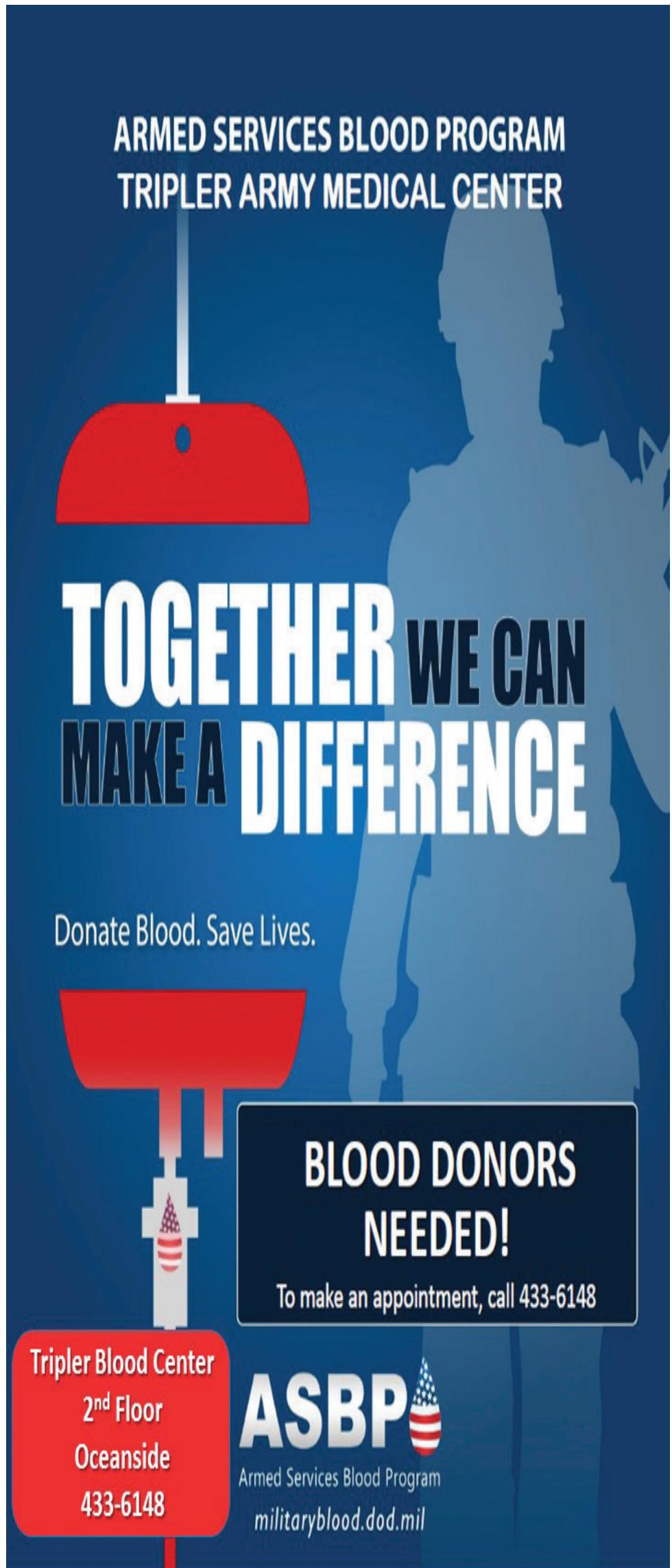
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