

MEDICAL NEWS

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ATTEND MEDAL CEREMONY OF FORMER MEDIC

By Petty Officer 2nd Class Brian Flood

NAPLES, Italy (NNS) — On Sept. 11, 1970, a group of 16 Green Berets and 120 indigenous Vietnamese fighters called Montagnards loaded into helicopters destined for the jungles of Laos. The mission, which at the time did not officially exist, was dubbed Operation Tailwind, and would take these men 70 km over the border into territory controlled by the North Vietnamese Army (NVA). What would follow was a four-day game of cat and mouse that resulted in some of the most astounding bravery of the entire Vietnam campaign. Now, 47 years after the end of Operation Tailwind, and 30 years after its declassification, team members will be on hand to see that bravery finally recognized.

On Oct. 23, Peter Landon, a contractor with Naval Facilities Engineering Command (NAVFAC) Europe Africa Southwest Asia (EURAFSWA), will be in attendance at the White House with his fellow members of Operation Tailwind as retired Army Capt. Gary Rose receives the Congressional Medal of Honor.

In 1970, Landon, then a first lieutenant, was part of Military Assistance Command (MAC), Vietnam – Studies and Observations Group (SOG), 5th Special Forces Group, an elite division of Special Forces who were tasked with leading the U.S. covert war against North Vietnam. Rose, then a sergeant, was their medic.

MAC SOG was tasked with conducting strategic reconnaissance missions in the Republic of Vietnam (South Vietnam), the Democratic Republic of Vietnam (North Vietnam), Laos, and Cambodia. They penetrated deep behind enemy lines to rescue downed pilots, conduct rescue operations to retrieve prisoners of war and a variety of other challenging special operations.

Operation Tailwind was a mission to disrupt supply lines along the Ho Chi Minh Trail and draw attention away from a CIA mission. Landon's unit was expected to move quickly and quietly causing havoc up and down the trail.

Almost immediately upon being dropped in country, the group came under fire from the NVA.

"The [North Vietnamese Army] sent a lot of troops after us," said Landon. "We were under continuous contact for four days."

Over those four days, many of the soldiers were wounded and required medical attention. According to the U.S. Army, Rose "bravely and courageously, with no regard to his own safety, moved through the enemy fire to render lifesaving medical treatment to the mounting numbers of

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(U.S. Air National Guard photos by Tech. Sgt. Annie Edwards/released)

Utah CERFP Airmen compete in 'Tough Blooder' race

Staff Sgt. Brandon Caldwell, (above) a medical technician with the Utah Air National Guard's 151st Medical Detachment-1 and (right) Senior Airman Brooks Anderson works with a member of the Davis County Sheriff's Search and Rescue team to secure a simulated patient for transport during the Tough Blooder competition in Franklin, Idaho on Oct. 14, 2017. See story on page 2.



INDEX

Medical residents aboard Comfort Respond in Puerto Rico.....	page 3
U.S. Marines, Kuwaiti Ministry.....	page 4
Career opportunities.....	pages 5-12

Utah CERFP Airmen compete in 'Tough Blooder' race

Approximately 40 Airmen from the Utah Air National Guard's 151st Medical Detachment-1 participated in a training exercise and "Tough Blooder" race with their civilian counterparts from the Davis County Sheriff's Search and Rescue team and Franklin County Emergency Medical Services here on Oct. 13-15.

The 151st Det-1 is the medical element of the joint Utah Army and Air National Guard's Chemical, Biological, Radiological, Nuclear, and High-Yield Explosive Enhanced Response Force Package (CERFP), which provides search and extraction, decontamination and medical treatment and stabilization during a mass-casualty situation.

This "Tough Blooder" training event allowed the Airmen to test their medical skills in a field environment, while building relationships with the civilian emergency responders that they may be tasked to support in the event of a disaster.

"This is beneficial because it allows us to become familiar with their capabilities, and for them to become familiar with our capabilities and increase our interoperability with one another,"

said Lt. Col. Donald Baker, 151st Det-1 commander.

The training took place over two days and consisted of an educational lecture portion followed by the hands-on "Tough Blooder" competition which was taken in small groups made up of four to five individuals.

The skills portion of the competition challenged participants to put their classroom knowledge to the test, demonstrating their abilities at several different testing stations, all while carrying a team member on a stretcher around an obstacle course.

Steve Petty, a member of the Davis County Sheriff's SAR, said the competition element of the training was very important because it helps to prepare individuals to act in a more stressful situation.

"We integrate competition into our training because it adds pressure," said Petty. "Anybody can do a particular skill with no pressure, but doing it under pressure of time or competition makes it a little more interesting and forces you to be able to act and do it under duress."

In addition to providing the CERFP members with the opportunity for hands-on training during a friendly competition, the event gave the medics in the unit a chance to complete many of their job-specific yearly training requirements.

"[At the Tough Blooder] we did what would normally take a year's worth of training during drill time," said Staff Sgt. Erik Bornemeier, a medical technician with the 151st Det-1, who planned

the event.

Bornemeier added that although computer-based training and classroom education during a drill weekend can be a good way to present information, the hands-on opportunity provided by an event like this is crucial to effectively learn a skill.

"This exercise gives us, in a sense, as much real-world practice as we can have, using the supplies that we will use and going through scenarios that we might likely encounter," said Baker. "Additionally, it gives us the opportunity to be together and develop camaraderie and the sense of teamwork that is so important when we are dealing with an emergency situation."

The "Tough Blooder" race required the teams to demonstrate several prac-

tical skills, including starting an IV, splinting a fracture, securing an airway, stopping traumatic bleeding, cleaning and preparing a wound for sutures, dressing wounds, as well as carrying out a number of other required tasks and answering medical knowledge-based questions.

Trophies were awarded the next morning to the top two teams and to several individuals in recognition of their achievements in different categories during the training event.

"We really appreciate the opportunity to train with the Utah National Guard and to strengthen that partnership we have and expand our circle of friends and colleagues that we have in the emergency medical community," said Petty.

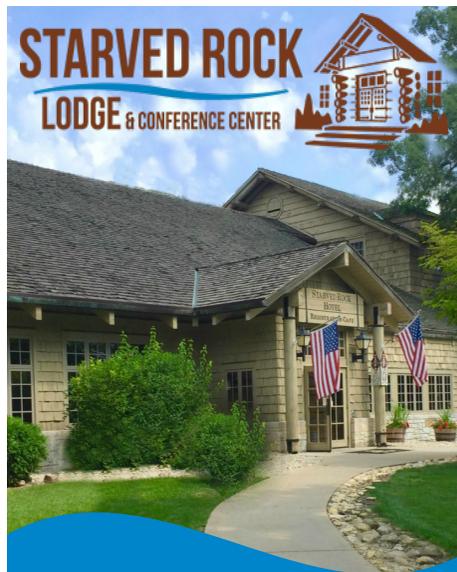
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(U.S. Air National Guard photo by Tech. Sgt. Annie Edwards/released)
Senior Airman Holly McClelland, a medical technician with the Utah Air National Guard's 151st Medical Detachment-1, prepares a simulated wound for sutures during the Tough Blooder Competition, a training event in Franklin, Idaho on Oct. 14, 2017.

Medical residents aboard Comfort Respond in Puerto Rico

By Petty Officer
2nd Class **Stephane Belcher**
Navy Medicine East

Five emergency medicine (EM) physician residents from Naval Medical Center Portsmouth (NMCP) embarked on the Military Sealift Command hospital ship USNS Comfort (T-AH 20) in support of relief efforts for those affected by Hurricane Maria in Puerto Rico, as part of their residency training.

Comfort was to receive four staff emergency physicians from Navy Medicine East when the ship was activated. Cmdr. John Devlin, the residency program director at NMCP, and the medical director of casualty receiving aboard Comfort, presented the idea to take two staff physicians and five residents, giving more physician manpower and allowing residents hands-on learning by executing the mission.

The five are senior residents, who've been through four years of medical school, an internship, are in their third residency year and are only nine months away from graduating.

"I say it's win-win," said Devlin. "The people of Puerto Rico are getting more emergency medicine physician manpower than they would have had, had we gone with the original plan. And from the resident standpoint and the Navy's standpoint, we are getting five junior physicians that, for their entire career, will have this experience base to carry forward to apply to missions in the future."

Physicians in residency typically do not deploy.

"Here, we are coming out and doing medicine in a world that's not at our own institution in response to a natural disaster, and that opportunity just does not happen," said Lt. Cmdr. Christopher Perry, an EM resident from NMCP.

Residents from NMCP embarked on Comfort in the past for Continuing Promise 2015. They came to provide primary care and humanitarian relief ashore.

"While [Continuing Promise] is a really great mission to be a part of," said Lt. Sean Murnan, an EM resident from NMCP, "as emergency medicine residents-in-training, the ideal setting is to work in a place that allows us to respond to situations that receive different emergency patients, and to run an actual emergency room."

Physicians in residency programs, in both the military and civilian sector, already have the infrastructure of an emergency room in place for them in the hospital.

They rarely get a chance to oversee what goes into setting up an emergency room until they're on the operational side, after graduating.

The five residents on Comfort configured the casualty receiving area (CASREC) by combining existing standard operating procedures—those for humanitarian assistance and combat-trauma mass casualty response. The



(U.S. Navy photos by Mass Communication Specialist 2nd Class Stephane Belcher/Released)

Lt. Cmdr. Christopher Perry, an emergency medicine resident from Naval Medical Center Portsmouth and a Navy pilot, embarked on the Military Sealift Command hospital ship USNS Comfort (T-AH 20), plans a patient medevac from Centro Medico hospital in San Juan, Puerto Rico. Perry is one of only two aeromedical dual-designated physician aviators in the Navy, having designations both as a doctor and a pilot. Aboard Comfort, he's in the tower helping coordinate the en route care medevac system. Comfort is underway operating in the vicinity of Arecibo, Puerto Rico, to provide medical services with additional visits being planned around the island. The U.S. Health and Human Services and Puerto Rico Department of Health representatives are prioritizing patients at each stop prior to Comfort's arrival. The Department of Defense is supporting the Federal Emergency Management Agency, the lead federal agency, in helping those affected by Hurricane Maria to minimize suffering and is one component of the overall whole-of-government response effort.

mass casualty operating procedure is geared for support of combat operations during time of war, and humanitarian procedure is geared to support missions similar to Continuing Promise.

"All of us had an individual role,"

said Murnan. "All we had to do was kind of mesh those two together and create a plan that could receive a blend of the sickest patients around the island, which is what we're tending to receive.

With the help of the "Sea Knights"

of Helicopter Sea Combat Squadron (HSC) 22, another opportunity that's offered aboard Comfort is the chance for EM residents to personally medevac intensive care patients, with two physicians per patient treating them in the air.

"We offer a level of critical care in the air that the military system doesn't normally provide," said Perry. "Typically, for military air ambulances, it's 20-year-old marines or soldiers who have traumatic injuries. Flying chronically ill, very sick patients in their 80's and 90s is not something you ever do in a Navy helicopter. So it's a little unique here."

Perry is one of only two aeromedical dual-designated physician aviators in the Navy, having designations both as a doctor and a pilot. Aboard Comfort, he's in the tower helping coordinate the en route care medevac system.

"It's like the perfect scenario for us," said Murnan. "We're actually able to take on these tasks individually, and come together and build this department, and then see how well it does. And so far, everything's been pretty smooth."

Comfort is currently underway operating in the vicinity of Arecibo, Puerto Rico, to provide medical services with additional visits being planned around the island.

The U.S. Health and Human Services and Puerto Rico Department of Health representatives are prioritizing patients at each stop prior to Comfort's arrival. The Department of Defense is supporting the Federal Emergency Management Agency, the lead federal agency, in helping those affected by Hurricane Maria to minimize suffering and is one component of the overall whole-of-government response effort.



Sailors embarked on the Military Sealift Command hospital ship USNS Comfort (T-AH 20) treat a patient from Centro Medico hospital in San Juan, Puerto Rico.

U.S. Marines, Kuwaiti Ministry of Interior practice lifesaving medical care

By Lance Cpl. Jacob Pruitt
15th Marine Expeditionary Unit

The 15th Marine Expeditionary Unit (MEU) took part in a medical exchange with the Kuwaiti Ministry of Interior, Explosive Ordnance Disposal (EOD) Team Sept. 10-14.

During this partnering event, the integrated U.S. Navy and Marine Corps team, deployed aboard the amphibious assault ship USS America (LHA 6), highlighted the importance of “point of injury care,” which is paramount to the survival of explosive-based weaponry casualties.

Over the course of five days, three hospital corpsmen and two EOD technicians assigned to Combat Logistics Battalion 15, facilitated a Tactical Combat Casualty Care Course (TCCC) targeted toward the management of post blast injuries and hemorrhage control.

“Being able to equip them with point of injury care was very rewarding,” said Petty Officer First Class Tonya R. Jury, an independent duty corpsman with CLB-15. “As the course went on, an environment of trust was established and we shared critical information that will ultimately have the potential to be lifesaving in their line of work.”

Through the use of translated slides and a talented interpreter, the team incorporated classroom lecture, practical application and real-life scenario exchange to enable in-depth learning.

“It was a great addition to my personal knowledge and added more information to my previous training with the Ministry of Health,” said Maj. Ahmed K. Al-Mayouf, EOD technician.

Al-Mayouf explained that his favorite part of the course was learning about how to conduct the blood sweep method and using the nasopharyngeal and chest decompression needle.

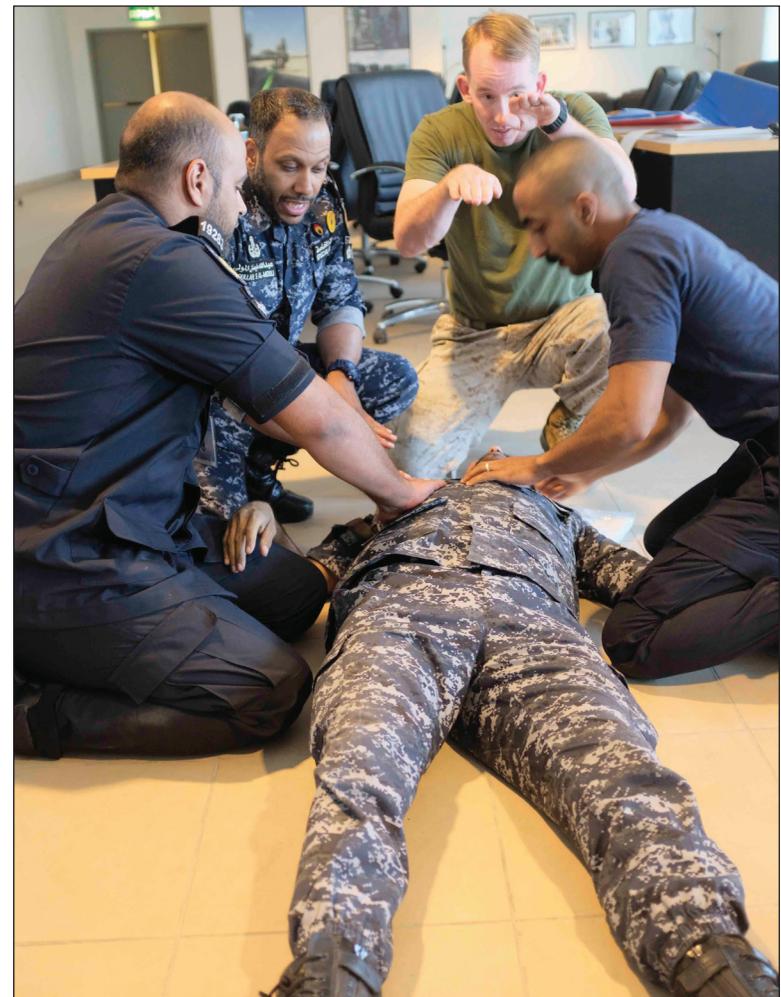
“The experience was mutually beneficial,” said Jury. “The Kuwaitis added to their medical skills and we learned more about their military and culture.”

The America’s Amphibious Ready Group and 15th MEU conduct exercises with regional partners and allies to understand how the partnering militaries can work better together to achieve mutual objectives related to maritime security, humanitarian aid and disaster relief and regional stability and security.

The integrated Navy and Marine Corps team is deployed to the U.S. 5th Fleet area of operations in support of maritime security operations to reassure allies and partners, to preserve the freedom of navigation and the free flow of commerce in the region.

Learn more about the 15th MEU at <http://www.15thmeu.marines.mil/>.

Right: *Members of the Kuwaiti Ministry of Interior Explosive Ordnance Team provide first responder care and a primary exam to a simulated casualty during the final trauma exercise during a medical exchange with the Kuwaiti Ministry of Interior explosive ordnance team in Kuwait. The 15th MEU is deployed with the America Amphibious Ready Group in order to maintain regional security in the U.S. 5th Fleet area of operations.*



Courtesy photo by Hospital Corpsman 1st Class Tonya Jury

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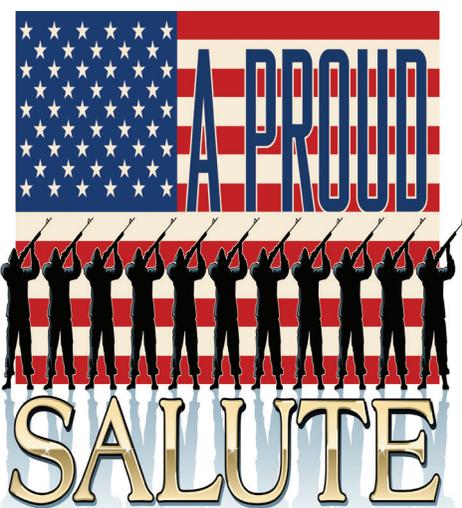


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• NAVFAC

(Continued from front page)

wounded, personally engaging the enemy in order to get to the wounded men.”

“Gary Rose was continually grabbing guys that were wounded and bandaging them and running in and out of enemy fire,” said Landon, praising Rose for keeping his men alive.

In one such instance, Rose ran through enemy fire to a wounded Montagnard who had been separated from the company.

While returning with the soldier, a rocket propelled grenade exploded nearby, showering Rose with shrapnel in his leg and back and putting a thumb-sized hole through his foot.

Landon said despite these injuries, Rose continued to treat the wounded and put himself in danger to help his fellow soldiers.

The company persisted with their mission of disrupting the NVA supply lines by blowing up ammunition bunkers and setting fire to supply camps. All the while, Rose continued to treat the wounded and keep everyone moving with improvised litters and by tying wounded soldiers to healthy ones to keep them on their feet.

“He was instrumental in most everyone getting back,” said Landon, highlighting the importance of Rose being able to keep them moving with the NVA in hot pursuit.

After four days, with ammunition run-

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ning low and the number of wounded rising, it was decided the group would be evacuated.

“[We] got two helicopters full of people out of there successfully,” said Landon, who joined Rose and 54 other soldiers in the third and final helicopter. “We were up at about 3,500 feet and I heard another anti-aircraft round go off and suddenly we started [to go down].”

“[As we were going down] we hit a branch and lost the tail rotor,” said Landon. “This caused the helicopter to rotate 90 degrees and roll when it hit the ground.”

When the helicopter rotated, Rose was thrown clear. Landon crashed with the helicopter.

“In the crash I hit my head and cut my eyelid,” said Landon. “[Rose] dragged me out of the helicopter.”

Rose pulled many of the men from the wreckage and then continued to administer medical treatment to the wounded until another helicopter arrived to evacuate the men.

According to an Army report, Rose cared for 60 to 70 wounded personnel with only three casualties over the four day mission.

For his efforts over those four days Rose was awarded the nation’s second highest medal for valor, the Distinguished Service Cross, in 1971. Many in his unit thought he deserved more.

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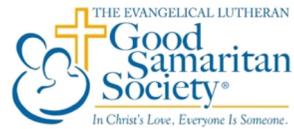
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MCS instrumental in EUA approval of Nerve Agent Autoinjector

In April, the U.S. Department of Health and Human Services (HHS) signed a declaration authorizing emergency use of injectable treatments to counter effects of nerve agents and certain insecticide poisoning. The Chemical Defense Pharmaceuticals (CDP) product management office within the Department of the Army's Joint Program Executive Office for Chemical and Biological Defense (JPEO-CBD), Joint Project Manager for Medical Countermeasure Systems (JPM-MCS) provided atropine in autoinjectors to protect military service members and first responders under this authorization.

HHS concluded that there is substantial potential for a public health emergency involving nerve agents and certain insecticides. The usage of these agents can affect national security as well as the health and security of U.S. citizens living abroad.

The Food and Drug Administration (FDA) authorizes use of an unapproved drug or unlicensed biological product in cases of threats to civilians and militaries. Emergency Use Authorization (EUA) authority is a legal mechanism that enables the FDA to strengthen the nation's public health readiness against potential chemical, biological, radiological, or nuclear (CBRN) events.

In this case, the Centers for Disease Control and Prevention (CDC) requested the EUA to support preparedness for possible public health threats but not as a response to a specific incident. Thus, the FDA authorized the use of a 2mg atropine autoinjector, a drug which treats the symptoms and effects of nerve agent attacks and certain pesticide poisonings.

Approximately 95% of the current FDA-approved autoinjectors are set to expire within the next five years, and the commercial market has limited capability to replenish the Strategic National Stockpile housed at the CDC. Pending the availability of such products, the EUA ensures that the devices are available and rapidly administered in the event of a public health emergency. This further enables the DoD to mitigate risks related to autoinjector manufacturing by diversifying its contract portfolio.

The Chemical Defense Pharmaceuticals product management office was able to respond to the EUA through its contract with Rafa Laboratories Ltd., an Israeli firm that works through U.S. sales and distributions, to manufacture atropine autoinjectors. As of August 2017, Rafa is manufacturing the products, which allows U.S. government agencies, including the DoD, the capability to procure the device in advance of full FDA licensure.

"Emergency Use Authorization for use of products like atropine autoinjectors is vital to protecting our Service Members and civilian populations from the frightening and lethal effects of nerve agents like 'soman,'" said LTC Matthew Clark, Joint Product Manager for CDP.

He added, "We at Chemical Defense Pharmaceuticals are always looking for ways to be more cost-effective and efficient in our product development. By partnering with other pharmaceutical companies like Rafa, we are increasing competition within

the federal acquisition process and driving down costs, which ultimately benefits U.S. taxpayers. The approach also ensures the readiness of our military and civilian first responders to respond to this deadly threat."

MCS was heavily involved in the pre-EUA process, actively participating in DoD pre-event planning and preparedness activities. MCS further provided the CDC with referenced data from Rafa, which was essential to submit the EUA, and lent regulatory and technical expertise to the CDC as they prepared their EUA submission.

Additionally, MCS contracted Ology Bioservices (formally Nanotherapeutics) to provide regulatory support as the U.S. agent for the device, acting as a liaison between the FDA and Rafa.

Ology Bioservices also manages the DoD-owned Advanced Development and Manufacturing (ADM) facility in Alachua, Florida, a Biosafety level 3 (BSL-3) certified manufacturing facility that enables researchers and scientists to work with microbes which can cause serious and potentially lethal disease via inhalation. The ADM provides the DoD with the capability to support medical countermeasure development from research through licensure.

The DoD, MCS, and CDP anticipate these relationships to expand to support additional urgent DoD requirements for other medical countermeasure autoinjectors. The effort to achieve an EUA approval and procure atropine autoinjectors highlights the collaborative approach between U.S. government agencies to rapidly respond to CBRN threats and mitigate risks associated with limited product supplies.



General Cardiologist Position

The Cardiovascular Division of The University of Toledo Medical Center, Toledo, Ohio has an opening available for a fellowship-trained General Cardiologist. Candidates should be BC/BE, with strong interests in clinical care teaching.

The Cardiovascular Division is an 18-member group that includes general cardiologists as well as specialists in electrophysiology, coronary and peripheral interventions, vascular medicine, heart failure, pulmonary hypertension, cardiac rehabilitation, congenital heart disease, and basic research. An expertise in autonomic dysfunction draws worldwide referrals.

The University of Toledo Medical Center maintains a fertile environment for career advancement. Dramatic near-term growth is anticipated as the University forms a major academic affiliation with the region's Promedica Health Care System. Professional development in the disciplines of patient care, teaching, and research is strongly supported. Our physicians benefit from competitive salaries and a generous benefit package.

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Electrophysiologist Position

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Heart Failure Cardiologist Position

The Cardiovascular Division of The University of Toledo Medical Center, Toledo, Ohio has an opening available for a fellowship-trained Heart Failure specialist. Candidates should be BC/BE, with strong interests in clinical care and teaching.

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