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CONTINUING PROMISE MEDICAL TEAM COLLABORATES TO SAVE UNEXPECTED PATIENT

By Mass Communication Specialist
3rd Class Deven Leigh Ellis

PUERTO BARRIOS, Guatemala - In each country they visit, the Continuing Promise 2015 (CP-15) team embarked aboard the Military Sealift Command hospital ship USNS Comfort (T-AH 20) stretches their arms wide, eager to welcome the multitude of prospective patients who are seeking medical care.

Thousands of host nation citizens determinedly pursue the treatments Comfort offers, often planning weeks ahead to meet the ship and her caregivers.

But sometimes the role reverses, and the provider pursues the patient. The human condition fosters a connection that cannot be denied, and the altruism of a group of people permanently touches the life of another.

Lt. Davi Mack, a psychiatric nurse and native of Virginia Beach, Va., assigned to Naval Medical Center Portsmouth, Virginia, had been assigned to his first subject matter expert exchange (SMEE) at a local hospital in Puerto Barrios, Guatemala, the second mission stop in support of CP-15.

During their SMEE, Mack took the initiative to engage Guatemalan medical personnel on the needs of a potential patient he encountered during his visit to the local hospital.

One patient in particular, a toddler, caught Mack's attention. A large mass had overtaken the right side of the boy's face, distorting his features. Not knowing whether the doctors aboard Comfort could assist in alleviating the condition, Mack, in coordination with the hospital staff and the patient's family, gathered the patient's medical records and contact information in hopes the CP-15 medical team could do something for the boy.

Numerous medical officers, including Capt. Miguel Cubano, executive officer of the Medical Treatment Facility (MTF) aboard Comfort, assessed the boy's records and were able to facilitate a trip for the boy and his mother to come aboard Comfort for an examination.

The team determined the boy had a malignant tumor, ultimately determined to be acute myeloid leukemia, and Comfort did not have this capability that would be required to save this young man's life.

"We knew the boy would require additional testing and chemotherapy, but the nature of the CP-15 mission is such that we are unable to stay in any one country for more than eight or nine days at a time and cancer care is a long-term process," said Cmdr. Coleman Bryan, a native of Roanoke Rapids, North

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(U.S. Air Force photo by Marie Floyd)

Toby, People Utilizing Pet Services program therapy dog, visits with Douglas Haas, Surgical Inpatient Unit patient, during the first PUPS program visit at the Keesler Medical Center Sept. 24, 2015, Keesler Air Force Base, Miss. The program allows dogs that are certified through the Delta Society, based in Gulfport, Miss., to visit patients at the medical center.

PUPS program kicks off at 81st MDG

By Senior Airman Holly Mansfield,
81st Training Wing Public Affairs

KEESLER AIR FORCE BASE, Miss. — Medical patients received their first visit of the People Utilizing Pet Services program Sept. 24 at the Keesler Medical Center.

The program, which allows certified dogs to visit with patients, brought joy and a morale boost to patients recovering from surgical procedures. Jan Tucker, Visiting Pet Teams of South Mississippi volunteer, and her dog Toby were allowed to visit several patients throughout the Surgical Inpatient Unit.

After two years of planning, Sandie Schlett, VPTSM coordinator and longtime Keesler volunteer, was able to see her dream of the hospital getting a pet therapy program with the help of Keesler leadership and 1st Lt. Jessica Bertke, 81st Inpatient Operation Squadron clinical nurse.

"When I found out about the VPTSM group in Gulfport I realized they were going to different places in the area but at that time Keesler had no pet therapy program," said Schlett. "Fortunately, I was able to meet a general here on base in 2013 who was also a

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Tripler Army Medical Center partners with USO to provide programming for mothers of newborns

By Emily T. Yeh, TAMC,
Public Affairs

HONOLULU — Mothers of newborns, and families from the Tripler Centering Pregnancy Program (TCPP) had a unique opportunity to meet with Ms. Heidi Murkoff through a partnership between Tripler Army Medical Center (TAMC) and the USO-Hawaii's efforts to provide quality programs to the local military community.

The September 16th event aligned with the USO's mission to lift the spirits of America's troops and families, as well as TAMC's mission of providing quality care to patients; serving those who are active duty, retired or family members.

"Working with Tripler Army Medical Center is a perfect example of how the USO-Hawaii fulfills its mission to support Warrior and Family Care initiatives," commented Mr. Carlos Rowe, Director, USO-Hawaii. "Our missions align with providing critical support to those in need, supporting our military communities with programs and services that make a difference in their lives."

Tripler's Centering Pregnancy Program families are one of the groups that got an opportunity to meet with Murkoff.

Tripler is one of the few military treatment facilities that have a program like the TCPP. The program allows families a chance to increase their educational awareness about all aspects of a pregnancy through a group setting.

TCPP is a great example of providing positive patient care experiences.

"We, as healthcare professionals,



Heidi and Eric Murkoff, alongside Mrs. Debbie Dunning, Maj. Valerie Palacios and SSG Carolyn Lange visit with a family who recently gave birth at Tripler Army Medical Center.

photos by Ms. Emily Yeh, TAMC, PAO

want to positively affect the wellness of our military families and pregnancy is the perfect touch-point," states Ms. Christine Host, Tripler's Centering Pregnancy Program Coordinator. "It is a time when families naturally evaluate their wellness and are motivated to make positive changes. This can have lasting benefits for the whole family

and for future generations," added Host.

Expecting families typically first learn about the program when they begin pre-natal care. After an initial screening to ensure they qualify to be in the program, they begin their TCPP experience. The program is in a group environment with a total of 10 pre-natal sessions and one post-partum session.

Expectant families learn about physical therapy, nutrition and lactation, among other health promoting programs.

Through the TCPP "mothers have learned to own their overall health and well-being, and especially their pregnancy," remarked Host. "The centering model increases engagement in wellness activities, increases empowerment and builds lasting support systems," added Host.

The TCPP program has been a huge success. Not only has it provided positive lifestyle changes, lifelong friendships are developed through the group bonding that takes place during the sessions. Many mothers continue to share experiences and recommend the program to future mothers and families. It has also increased access, provided continuity and education so patients feel they are taken care of when they are at Tripler.

Everyday TAMC works hard to enhance the quality care experience for patients; the Murkoff visit was a fun and unique way to do that. "Our patients are a top priority in the Maternal Child Product Line," remarked Maj. Manushka Angoy, CNOIC, TAMC OB clinic. "Partnering with the USO to bring Murkoff to our community of expecting and new families was an exceptional opportunity. This small gesture is one of many ways we express our gratitude and our honor to those we serve."



Tripler's Centering Pregnancy Program families met with the Murkoffs during a Sept 16th visit to the hospital. TAMC and USO partnered to bring this quality program to the military community at Tripler.

Preventing suicide: Reaching out, saving lives

AVIANO AIR BASE, Italy — As the U.S. Air Force gets smaller and areas of responsibilities grow, Airmen are encouraged to take care of themselves to successfully complete the mission.

“Our job is to fight and win the nation’s wars. We’ll never be good enough at it; we’ve got to get better every day. It’s not an easy task, which is why Comprehensive Airman Fitness is so important,” said U.S. Air Force Chief of Staff Gen. Mark A. Welsh III. “Our focus is on the well-being and care for ourselves, each other and our families so we can be more resilient to the many challenges military service brings.”

“Mental,” one of the pillars of CAF, plays an important role in suicide prevention, the second leading preventable cause of death for all service members. It remains a major concern since 59 active-duty members and 36 Air National Guard, Air Force Reserve and

civilians committed suicide in 2014. So far in 2015, there have been 58 total force suicides, according to the Air Force Suicide Prevention Program manager.

“The Air Force counts on people to be [well-balanced], that’s why we have so many resources to help people improve their lives,” said Capt. Derandoria Young, 31st Fighter Wing suicide prevention program manager. “I think the Air Force requires a lot of us and so they invest a lot in us as well. You can’t help anyone else or be effective toward the mission or your family if you’re stressed out or tired.”

In addition to discussing suicide prevention during annual face-to-face and small group training, Airmen can use the Wingman Toolkit. The toolkit is designed to ensure Airmen have quick and easy access to the latest CAF resources. The toolkit is also available



(U.S. Air Force photo illustration by Senior Airman Areca T. Bell/Released)

as a mobile application. It includes videos, stories and testimonies to help users improve mental, physical, social and spiritual fitness. Airmen can also track physical training workouts, set up spiritual reminders and track their sleep patterns.

Although resources are available, Airmen should remain alert for risk factors and warning signs, to render assistance when needed.

Some risk factors include:

- Existing mental health conditions such as depression or bipolar disorder
- Alcohol, drug or substance abuse
- Serious or chronic health conditions or pain
- Exposure to someone else’s suicide, or to graphic or sensationalized accounts of suicide
- Access to lethal means to commit suicide, including firearms and drugs
- Prolonged stress factors which may include harassment, bullying, relationship problems or unemployment

Some warning signs include:

- Expressing feelings of hopelessness or helplessness
- Acting recklessly
- Changes in appetite, sleep habits, mood or energy levels
- Looking for ways to kill themselves, such as searching online for materials or means
- Withdrawing from activities
- Isolating from family and friends
- Visiting or calling people to say goodbye
- Giving away prized possessions

Airmen are encouraged to use the acronym ACE if they witness the above changes in their wingman.

“We have the acronym ACE--ask, care and escort. I would say the biggest part is care. If you care you’re going to ask. If you care you’re going to escort

Service members are reminded to put the fear of hurting their careers aside and seek the mental help they may need. Additionally, they are encouraged to use the acronym ACE--ask, care and escort to care for their wingman. For assistance, call the Aviano Mental Health Clinic at 632-5321 or the Chapel office at 632-5211.

or make sure they get the help needed,” Young explained. “Taking the time to care is really hard sometimes because we’re all so busy and everybody’s got a million and one things to do, but to ask you have to know a person; you have to care to intervene.”

Service members are also reminded to put the fear of hurting their careers aside and seek the help they need.

“For the most part, I think people are really good about coming in when things start to get out-of-hand. Most people come here and their supervisor never knows unless they tell them,” said Young. “The earlier they seek help the better. When your stress levels are at a moderate level, then things tend to be more manageable.”

For assistance, call the Aviano Mental Health Clinic at 632-5321 or the Chapel office at 632-5211.

For additional information and support, the following agencies can also be contacted:

- Military and Family Life Consultants at 632-5029
- Airman and Family Readiness Center at 632-5407
- Family Advocacy at 632-5667
- Alcohol And Drug Abuse Prevention And Treatment at 632-5321
- Military One Source at (800) 342-9647
- Confidential chat at VeteransCrisisLine.net or (800) 273-8255

Winn ACH Hospital staff delivers baby on the front lawn

By Lt. Col. John Tongret

FORT STEWART, Ga. — When Master Sgt. Carl Holt came back to work at Winn Army Community Hospital, he had no idea he would be delivering a baby. As he walked toward the hospital main entrance, he noticed a woman on the ground and his training as a Soldier kicked in and he engaged the situation.

“She was already well into child-birth,” said Holt when asked about the situation. Holt directed other Soldiers to go inside and get medical staff to help. Before the hospital clinical staff could arrive, the baby was born and he removed the umbilical cord from the baby’s neck.

For Kayla and Micah Owens, this was not their first child-birth experience. They already had two other children.

“This is an experience I will never forget,” said Micah, who also assisted in the delivery.

The new baby, named Greyson, is doing well and the mother and son were discharged from the hospital with a unique story to tell.

Commenting on his involvement, Holt said, “I think anyone would have done it, I just took the initiative to hold the baby.”

Maj. Sarah Boldt, Chief of Pediatrics at Winn ACH said, “Several of us heard the call for assistance over the intercom.”

Soon, people were rushing to the lawn where staff from Pediatrics, the Mother/Baby Unit and the Emergency Room responded to the



Micah Owens holds his newborn son, Greyson Owens at Winn Army Community Hospital at Fort Stewart, Ga., on Wednesday, Sept. 17, 2015. The baby was delivered on the hospital lawn by Owens and a Soldier who happened to pass.

situation.

When asked about how the hospital responded, the hospital commander, Col. Patrick Ahearne said, “The way the staff responded shows our core ability to respond to an emergency in a professional manner.”

“The training of our medics and the experience gained over the past 10 years was evident in the response of the Soldiers,” said Ahearne.

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• PUPS

Continued from page 1

dog lover and asked him about starting a program at the Keesler Medical Center and he was all for it. Over the past two years, all of the process has been worth it because the program is finally kicking off today."

Douglas Haas, Surgical Inpatient Unit patient, was able to receive one of the first visits. After more than 24 hours at the hospital, according to Haas he was thankful for the visit because Toby reminded him of his dog at home.

"The dog was so cute when he came in," said Haas. "I have a small dog myself so it was nice to see him come and visit. I have family who comes and visits me but sometimes it gets lonely so I believe it's a wonderful idea to have the dogs come and visit the patients. I think it's going to boost the morale of the patients and also the people working here."

Haas, who is a first time patient at Keesler Medical Center, also believes

that the program will make the already great hospital even better.

"I've been in many service hospitals to get treatment and Keesler Medical Center is the best one I've ever been to," said Haas. "By adding this program, it's taking an extraordinary hospital and making it even better."

For those wanting to volunteer their dog for the PUPS program, contact Bertke at 228-376-5612 or the VPTSM at 228-265-0336.

• PATIENT

Continued from page 1

Carolina and pediatric hematologist-oncologist aboard Comfort.

As the ship sailed to its next mission stop, Bryan and other members of the pediatric team reached back to colleagues in the states as a final effort on behalf of the boy.

Eventually, word made its way to Operation Blessing International, a non-governmental organization (NGO) with a humanitarian focus aimed at alleviating human suffering. The organization was then able to assist with providing follow-up care for the patient.

A few months later, a chance encounter revealed the story's happy ending, providing Mack with an update on the patient.

Mack was coordinating host nation volunteer logistics ashore in Honduras when he struck up a conversation with David Andrews, director of International Shipping, Operation Blessing, who revealed to him that, through the aid of Comfort, Guatemalan and American doctors and NGOs, the boy had been transported to Guatemala City and had begun chemotherapy at a local hospital.

"A perfect combination of partnership, cooperation, tenacity, and patient-centeredness led to the successful outcome of this case," said Andrews. "It's an illustration, too, that together we're greater than the sum of our parts."

Through the combined efforts of the CP-15 team and Operation Blessing

International, the young patient was able to receive the critical care needed in order to receive treatment. The boy is one of more than 120,000 patients who have received care during the CP-15 mission. Continuing Promise is a U.S. Southern Command/U.S. 4th Fleet-conducted deployment to conduct civil-military operations including humanitarian-civil assistance, subject matter expert exchanges, medical, dental, veterinary and engineering support and disaster response to partner nations and to show the United States' continued support and commitment to Central and South America and the Caribbean.

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Small team keeps large mission up and running

By Maj. Tony Wickman

BAGRAM AIR FIELD, Afghanistan - A key part of the 455th Air Expeditionary Wing's mission is providing extraordinary Role 3 medical care here on the combat frontier.

But before a medical technician can take a patient's vital signs or a surgeon can operate, they must first have a facility and medical equipment that is ready to go.

That responsibility falls onto a small team of Airmen who provide the logistics and facilities management needed to keep Craig Joint Theater Hospital ready to care for patients.

"We're the backbone to make the hospital go. We're the support side of things; we make sure the clinicians have all the things they need and that the facility is functional and in good condition so the providers can come in and focus on their duty," said Maj. Thomas Naughton, 455th Expeditionary Medical Group hospital administrator for CJTH. "We work daily on repairs and maintenance to make sure services are available when needed. We're a 24/7 operation and regardless of how a patient comes to the clinic - whether it's medevac, aeromedical evacuation, driven to the emergency department or



(U.S. Air Force photo by Tech. Sgt. Joseph Swafford/Released)

U.S. Air Force Tech. Sgt. Scott Hatch, 455th Expeditionary Medical Group biomedical equipment technician and Craig Joint Theater Hospital facility manager, performs maintenance on a blood testing machine at Bagram Air Field, Afghanistan, Sept. 24, 2015.

patients walk in - the hospital is ready to go to provide patient care."

As the hospital administrator, Naughton said his responsibilities

include overseeing the logistics section that provides the maintenance and supplies to keep the hospital working, as well as handle administrative duties to

process the reports needed for higher headquarters. Some of his other duties include supporting manpower assessments and medical planning requirements needed during the drawdown.

One of the three Airmen keeping CJTH up and running is Tech. Sgt. Scott Hatch, 455th EMDG biomedical equipment technician and facility manager, who ensures the clinic has the utilities, power, oxygen and supplies to operate.

"We make sure the staff has the equipment that they need and the facility is ready to support the mission," said Hatch. "Our physicians are capable of working in any environment, but the specific capabilities CJTH provides is a stable platform for advanced medical care. The facility management team has to make sure the facility is ready to treat patients at all times."

In a combat zone like Afghanistan, the facility manager also plays a key role in guaranteeing the facility is good to go during or after attacks.

"If something happened during an IDF (indirect fire) attack, I'd coordinate with first responders, contractors and all the other agencies on Bagram to get the

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From UHS' website, you would select Employment, then Careers, and then select the opening for which you are interested.

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mogram – the screening test for breast cancer – can help find breast cancer early when it's easier to treat.

National Breast Cancer Awareness Month is a chance to raise awareness about the importance of early detection of breast cancer. Make a difference! Spread the word about mammograms and encourage communities, organizations, families, and individuals to get involved.

How can National Breast Cancer Awareness Month make a difference?

We can use this opportunity to spread the word about steps women can take to detect breast cancer early.

Here are just a few ideas:

- Ask doctors and nurses to speak to women about

the importance of getting screened for breast cancer.

- Encourage women ages 40 to 49 to talk with their doctors about when to start getting mammograms.
- Organize an event to talk with women ages 50 to 74 in your community about getting mammograms every 2 years.

How can I help spread the word?

We've made it easier for you to raise awareness about breast cancer. This toolkit is full of ideas to help you take action today. For example:

- Add information about breast cancer screening to your newsletter.
- Tweet about National Breast Cancer Awareness Month.
- Add this Web badge to your website.

Breast cancer is the second most common kind of cancer in women. About 1 in 8 women born today in the United States will get breast cancer at some point. The good news is that many women can survive breast cancer if it's found and treated early. A mam-

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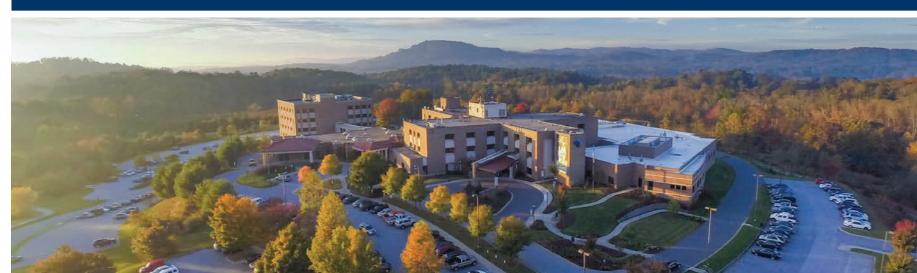
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If you are interested, please contact Dr. Les Veskrna at: Ph: 402-327-6901 or Lincoln Medical Education Partnership, Attn: Dr. Les Veskrna, MD, 4600 Valley Road, Lincoln, NE, 68510-4891.
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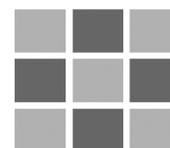
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(U.S. Army photo by Sgt. Anthony Hewitt/Released)

Medics assigned to 1st and 3rd Brigade Combat Teams, 82nd Airborne Division, perform cold load training of a casualty onto a UH-60 Black Hawk helicopter at Simmons Army Airfield on Sept. 15, 2015. The medics are training to compete in the 82nd Abn. Div. Best Medic Competition.

Airborne medics train 'All the Way' to be the division's best

By Sgt. Anthony Hewitt

FORT BRAGG, N.C.—The lights go out and a room immediately becomes dark inside the Taylor-Sandri Medical Training Center on Fort Bragg. Airborne medics begin assessing and treating a casualty in a simulated environment equipped with fog machines, speakers, strobe lights, and radio communications.

A select group of medics assigned to the 82nd Airborne Division—Sgt. Roberto Sanchez, assigned to 3rd Brigade Combat Team, and Sgt. John

Reilly, Spc. John Yevak, Spc. Seth Green and Spc. Dillon Marker, assigned to 1st BCT—are preparing to compete in the 82nd Abn. Div. Best Medic competition, scheduled Sept. 24-25.

The medics have been training extensively both physically and academically since July 7, said Sgt. Maj. Carl Youngs, chief medical noncommissioned officer for the 82nd Abn. Div.

The medics, whom are detached from their units, are on a special, organized and rigorous schedule each day, Youngs continued.

The initial phase of the training began

with attending and graduating the Fort Bragg Pre-Ranger Course. FBPRC is a physically and mentally demanding two-week course that familiarizes Paratroopers with small-unit tactics and puts students in graded leadership positions.

After that the medics began a training regimen developed by Youngs emulating tasks and obstacles the medics will encounter in the division competition.

The schedule has included land navigation, casualty movement, rope bridges, obstacle courses, long classroom hours and trauma training with simu-

lated effects.

"We'll train within ourselves and create scenarios for each other using strobe lights and limited visibility," said Sanchez, a Paratrooper assigned to Headquarters and Headquarters Troop, 5th Squadron, 73rd Cavalry Regiment, 3rd BCT. "We'll go into a scenario not knowing what to expect—sometimes involving up to three patients—[and] give the assessment and treat them as fast as possible."

In addition to the training Youngs

See MEDICS, Page 15

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EOE

Yakima Valley Farm Workers Clinic

Yakima Valley Farm Workers Clinic
Family Medicine, Family Medicine w/OB, Internal Medicine

Dedication That is what you will find in the provider teams & support staff that make up the healthcare teams of the Yakima Valley Farm Workers Clinic. Have you have been searching for a practice opportunity that allows you to see patients from newborns to geriatrics & multiple generations of the same families? Do you desire to truly make a difference in the communities that you serve? If so, please consider learning more about our 17 different medical clinics in Washington State & Oregon. *We are currently recruiting for Family Medicine, Family Medicine w/OB, & Internal Medicine.* YVFWC has clinics in communities that range in size from 5,000 to 610,000. You can live in a small farming community filled with local pride & access to an endless supply of fresh fruits & vegetables from May to October or you could choose to live in a metropolitan area with easy access to a thriving downtown scene. With a commitment to providing the highest quality of healthcare to our patients, regardless of their ability to pay, YVFWC offers state of the art clinics & a long list of support services.

A few of our benefits include:
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About YVFWC
Yakima Valley Farm Workers Clinic serves over 120,000 people across 27 clinics & programs in two states. We have exp & ed medical care to include dental, orthodontia, nutritional counseling, autism screening, & behavioral health. We also offer community programs that offer assistance with employment & training, after school education, rental & shelter assistance, energy assistance, weatherization, HIV & AIDS counseling & testing, home visits, tobacco cessation, & three mobile medical/dental clinics.

If this sounds like the opportunity you have been looking for, please contact:
Tanya Gutierrez Leishman, Provider Recruiter
Email tanyag@yvfwc.org. Call us toll free at 877.983.9247
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Enlisted Joint Medic Panel kicks off Asia Pacific Military Health Exchange

By Jim Goose Guzior,

Tripler Army Medical Center Public Affairs

DA NANG, VIETNAM — “Medic!” is the call heard through the billowing smoke on the battlefield. A U.S. Army Soldier with the familiar ‘aid bag’ strapped to his back runs to the injured patient. He immediately assesses the seriousness of the patient’s condition based on the level of distress and mental status. This patient must be medically evacuated from the battlefield. He calls in the 9-line MEDEVAC request and within minutes a Marine Air Wing Corpsman is running from an aircraft to help get the patient aboard. In the air, the assessment and treatment continues. On the horizon, a U.S. Navy hospital ship awaits the injured. A Navy Independent Duty Corpsman meets the aircraft and helps load the patient on a stretcher. The patient is stabilized but must be transported to a military Medical Center. Once on the aircraft, equipped to care for the critically injured, the patient is placed into the hands of yet another team. This team is made up of a flight nurse and two enlisted Air Force medics.

This scenario was the basis of the presentation, “Role of Medical Non-Commissioned Officer Panel” at the Asia Pacific Military Health Exchange (APMHE) in Da Nang, Vietnam on September 14, 2015. Over 400 participants from 23 countries listened to the enlisted medic Joint panel describe the interoperability of today’s U.S. Military Medic in the Pacific.

“They understand the ranks, live and work alongside the troops they care for



photo provided

HMCM Alberia Davis, HMCS Michael Gutierrez, MSG Michael Freeman, CMSgt Russell Thomas make up the Joint enlisted panel of the Asia Pacific Military Health Exchange (APMHE) in Da Nang, Vietnam.

and are critical for the successes we experience today,” said Fleet Master Chief Mark W. Rudes, U.S. Pacific Command senior enlisted leader, to the international military audience of the APMHE. “We’ve learned that training jointly has improved our capabilities while finding efficiencies, streamlining infrastructure and saving money. We now train as we fight, jointly. Logically, this has the potential to benefit us globally with other nations moving to professionalize their non-commissioned force,” he added.

Many nations in the Indo-Asia-Pacific region are just beginning to understand that the “backbone of the U.S. mili-

tary” is the professional non-commissioned officer corps. Indonesia’s first Warrior Leader Course or inaugural NCO course, led by Tentara Nasional Indonesia – Angkatan Darat (TNI-AD), or Indonesian army, graduated in 2009. Other Pacific nations like Nepal and Mongolia have followed the path of professionalizing their NCO Corps. Some nations, like the Philippines, Australia and New Zealand are comparable to U.S. military NCOs and are already utilizing their NCOs in high capacity to include medics and health care professionals.

“Once cultural biases are broken and the fear of losing authority with delega-

tion is suppressed, a country can really begin embracing a professional enlisted force and our global health care continuum will see accelerated and rapid growth,” said Rudes.

As U.S. medic teams train with partner nations during exercises there is a two-fold benefit of U.S. joint training and NCO development of partner nations.

“We just recently had our (Medics) jointly deployed on U.S. Navy ships in support of Pacific Partnership all across the Pacific,” said U.S. Army Master Sgt. Michael Freeman Jr. during his panel remarks at the APMHE. “Supporting humanitarian assistance missions in Kiribati, the Federated States of Micronesia, Solomon Islands, the Philippines, and right here in beautiful Vietnam, conducting medical health exchanges with host nation countries, is invaluable training for NCOs,” Freeman added.

The enlisted medic panel, including medical NCOs from the U.S. Army, Navy, Marines and Air Force took questions from the audience about training and joint work. In closing, U.S. Air Force Master Sgt. Yvette Rose, International Health Specialist for Pacific Air Forces, brought the joint picture into focus with the battlefield scenario described.

“These enlisted medics used their knowledge and training to help the injured Soldier survive from point of injury all the way to the large, joint medical facility,” said Rose. “This is one example of how well-trained enlisted medics can jointly contribute to saving lives in our military,” Rose added.

Tripler Fisher House supports military family’s road to recovery

By Staff Sgt. Chris Hubenthal

TRIPLER ARMY MEDICAL CENTER, Hawaii — Service members and their families can face challenges unique to a military lifestyle but sometimes an unexpected turn of events can add additional tests.

For Guam resident Helen Chaco and her family, that turn started in 2014 when she was diagnosed with cervical cancer. Due to the cost of moving to Hawaii to get treatment, Helen and her family were discouraged but thanks to the Tripler Army Medical Center Fisher House, she was able to receive support while undergoing oncology treatment.

The Fisher House Foundation is best known for its network of comfort homes where military and veteran’s families can stay at no cost while a loved one is receiving medical treatment at major military and VA medical facilities. The Tripler Fisher House is one of 65 Fisher Houses spread throughout the continen-

tal United States and can accommodate 19 families at any given time.

“It really helps financially,” Helen said. “This place being a home away from home is definitely a great setting. I wouldn’t be alive really if there was no Fisher House. I think that if we were renting a hotel at \$3,000 dollars a month or paying a car rental I would probably just give up the fight and go home but the Fisher House is an awesome place to be, I’m very grateful for it.”

Helen’s husband, U.S. Air Force Tech. Sgt. Ed Chaco, Guam Air National Guard, attributes the Tripler Fisher House for providing a comfortable place to live during Helen’s treatment process.

“It’s really dear to my heart,” Ed said. “The first thing that I actually experienced when we first came here was the immediate financial burden that was taken off of our shoulders. As you can imagine we’re in Hawaii and the cost of rentals are off the charts. It was really

unsettling because I have kids back home on Guam and I take care of my wife here, so that was the first thing that [Fisher House] helped us with.”

The Tripler Fisher House made it easier for the Chaco family to tackle the financial challenges of moving from Guam to Hawaii but being able to meet other families going through similar trials is equally beneficial to Ed.

“This house is a house of healing,” Ed said. “There are people here with different types of ailments and injuries. Cancer patients can interact and get advice from the experiences that they’ve had and I think that’s one of the most beneficial things about being here.”

Ed believes that a part of the reason they were able to take advantage of what Fisher House has to offer so quickly was largely because of the Tripler Fisher House Manager, Anita Clingerman.

“Anita I would like to say is our

angel,” Ed said. “She’s the right person for this position.”

The Chaco family is just one family that Clingerman and Tripler Fisher House employees and volunteers work to help and accommodate.

“When working here and knowing the families, you can’t help but be involved and be a part of the family,” Clingerman said. “This is a home away from home and my mission here is to make them feel at home and feel normal. Whenever they need anything my door is always open, I’m on 24/7 and am happy to help. I’m overwhelmed on what Fisher House does for our military families.”

According to the Fisher House official website Fisher house served more than 25,000 families and saved them more than \$47 million in lodging cost, food and transportation in 2014.

For more information visit the Fisher House website at <https://www.fisherhouse.org/about/>.

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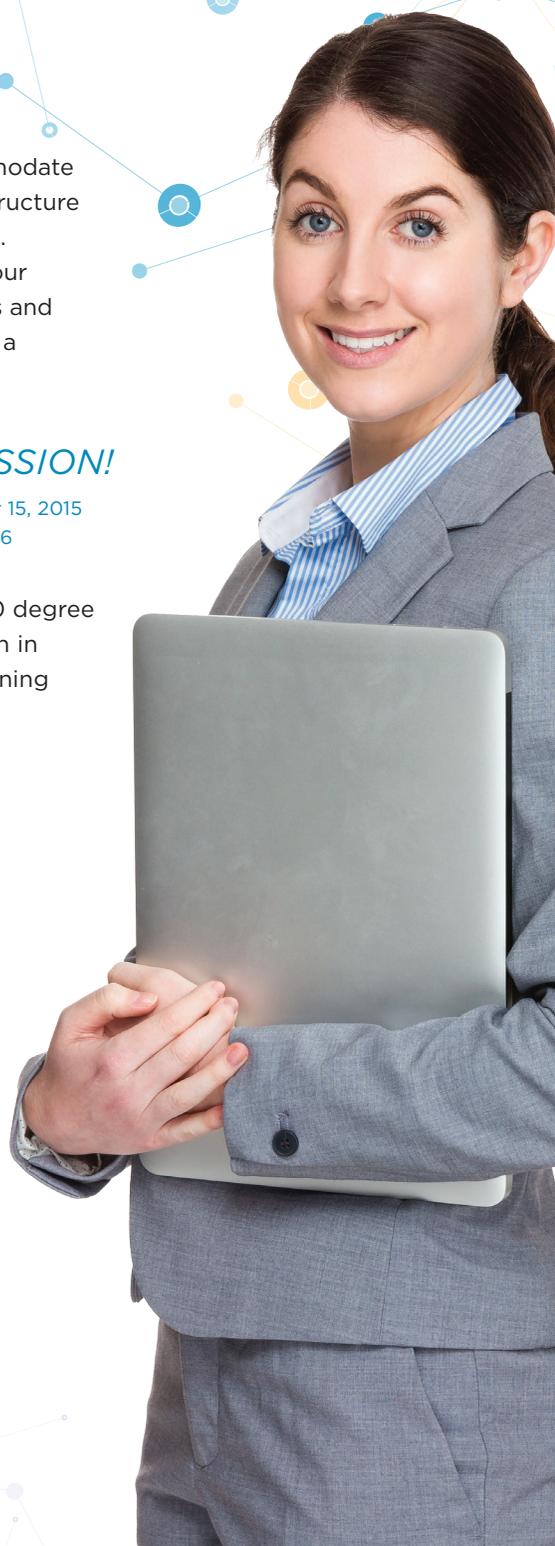
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• **MEDICS**

Continued from page 12

scheduled for the medics, the team has also received support from the Taylor-Sandri instructors in advanced cardiac life support, loading casualties into a UH-60 Black Hawk helicopter and equipment operations in an medical evacuation aircraft.

"We have dedicated instructors that are teaching us new things that pertain to our job and will help us in this competition," said Sanchez.

Sanchez said the group has developed camaraderie and professionalism among one other during their strenuous schedule.

"Respecting one another, even though we're competitors, is the culture we've developed," Sanchez continued.

To ensure the Paratroopers are maintaining high standards of physical readiness, a specific fitness program was assigned to them.

"They are all in phenomenally good shape," said Youngs. "They continuously work out, conducting two-a-day [physical training] sessions and [are] constantly conducting foot march rucks."

The winners of the division event will continue to train for an additional four weeks and then travel to Fort Sam Houston, Texas, to compete in the Army Best Medic Competition slated for late October.

The 82nd Abn. Div. has a long lineage of success at the Army Best Medic holding the record for most wins—six—since the competition began in 1994.

"The division's expectations are that 'We go down to win'," said Youngs. "We don't want anybody going down there to do anything but win."

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• **MISSION**

Continued from page 6

facility back up and running so we can keep doing our mission,” said Hatch. “My job as a facility manager is to make sure the facility is in intact.”

Part of making sure the CJTH is able to execute its Role 3 mission is making sure the equipment and supplies are ready.

“Over the course of a year, we have

over 2,000 pieces of equipment that we’ll do preventive maintenance on. Everything from thermometers to the CT scanner, which is a vital piece of equipment for us to maintain a 98 percent survival rate of injured patients who come into the hospital,” said Hatch.

For a hospital to get a Role 3 rating, it must be able to provide advanced surgi-

cal services and in-patient bed care. A Role 4 hospital provides rehabilitative services.

“We have the ability to provide surgical services and an intensive care unit that we can house patients in for post-surgery recovery. We also have a ward where we can have patients stay for various amounts of time before they

need to be transferred,” said Naughton. “A big part of Bagram is our aeromedical evacuation mission; we keep patients here until they are healthy enough for transportation to the next level of care like Landstuhl (Regional Medical Center), which is a Role 4 hospital.”

According to Naughton, Hatch and his team have been a part of some big successes to keep patient care moving forward.

“There were a few times when maintenance issues came up in the middle of a mass casualty event and they made repairs on the fly,” said Naughton. “They got the repairs done quickly and got the doctors their equipment so they could continue to provide care.”

Naughton said it would take some time to highlight the great things done by Hatch and his team.

“Sergeant Hatch has done a great job here. It would take me an hour to walk around with you to show you all the improvements he has done to make this a better facility. We’re aren’t just focused on making sure the facility is maintained and ready to go at a moment’s notice, but also drawing down,” said Naughton. “We’ve had a lot of victories in removing unneeded or excess materiel or transferring equipment to meet retrograde requirements. We are balancing all of that and still meeting Role 3 capabilities.”

According to Naughton and Hatch, it was rewarding to be a part of the mission to provide extraordinary Role 3 medical care here.

“For me, it’s rewarding to be here and be part of this mission. I get to see the impact of my work,” said Hatch. “You see patients come into the facility, go into the operating room, see them in the ward a few days later and then see them transported to Germany by the AE team. It’s humbling and amazing to be a part of this.”

“I love the mission and being here. We get to help people with life, limb and eyesight medical care,” said Naughton. “As support personnel, we get to see the medical operations as providers seamlessly care for patients. I like that I get to see patients come in, see the amazing things our medical providers do and then get the patients moved on to higher echelons of care.”

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