



GLOBAL INFORMANT

Issue 1, June 12, 2008

CAMP PARKS

News and Information in Support of Global Medic 2008



Global Informant

Issue 1

June 12, 2008

**Published by the
362nd Mobile Public Affairs
Detachment**

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*** Cover photo by Sgt. Jeremy Fowler**

The Global Informant is an unofficial publication for the members of the Global Medic Exercise at Camp Parks and community. This magazine is an unofficial publication for members of the Department of Defense, under the provisions of Army Regulation 360-1. The opinions and views expressed in this publication are not necessarily official views of, or endorsed by, the U.S. Government, Department of Defense or Department of the Army. The editorial content of this publication is the responsibility of the 362nd Mobile Public Affairs Detachment, 64 Harvey Rd. Londonderry, NH 03053.

FOB Mayor Notes

Welcome to Camp Parks and Global Medic 2008. The 2ND Medical Brigade established the Reception, Staging, Onward movement, and Integration (RSOI) for Forward Operating Base (FOB) Victorious at Camp Parks. The FOB is sustained through a partnership with the Installation and Garrison Commanders, the 2nd Medical Brigade Commander, RTS-MED, and the FOB Mayor Cell.



Lt. Col. Craig A. Myatt

The FOB Mayor Cell is operated by the 145th Multifunctional Medical Battalion. Lt. Col. Myatt, along with the FOB Command Sergeant Major, Command Sgt. Maj. Trotter, are here to support you and your unit throughout your Extended Combat Training.

CSM Trotter requests your full participation in complying with uniform standards, smoking restrictions, and traffic management. Wear reflective belts when off the Tent City Compound. Smoke only in designated smoking areas, park only in authorized parking areas.

Let's be safe and have fun with our training at Global Medic 2008. Be Hooah, think smart, and be ARMY STRONG!

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Streamlined System for a Streamlined Army

Story and photos by Spc. Matt Wisnieski, 362nd MPAD

CAMP PARKS, Calif. — A young sergeant called “shot gun” and took his seat in the front passenger side of the tan military truck. He can feel the heat radiating off the sun baked fabric into his back. Just another day in Iraq he thinks.

As the convoy pulls out of the Forward Operating Base (FOB), the sergeant thinks about the few days that he had left to serve in Iraq before he could see his daughter. His wife had given birth to the sergeant’s daughter after he had been deployed for three months. He thinks about her tiny hand grasping his finger and...

The sergeant is brought to a FOB hospital. His convoy was hit by an improvised explosive device. Shrapnel lodged itself in his leg, as he lays unconscious with Army nurses and doctors rushing around him. The sergeant is allergic to penicillin and has been documented by healthcare professionals to have low blood pressure. This is extremely important information needed for treating the sergeant, but where are his medical files?

“That’s the problem with papers, they get lost,” says Ernest L. Miller a retired Army practical nurse and currently a contracted instructor. Miller saw the problems with the old system of keeping medical records for military personnel deployed in-theater. Papers got lost and this created much havoc for the military



Allen A. Chambers, a patient administration specialist with the 2nd Medical Brigade out of San Pablo, Calif., utilizes the Medical Communications for Combat Casualty Care (MC4) during a class. MC4 is a new military medical history and tracking program. Military medical professionals combined tactical and clinical instruction during their annual training at the Global Medic Exercise here at Camp Parks, June 10.

medical personnel and also the ailing servicemember. To alleviate this issue, contractors were hired to teach military healthcare professionals to use Medical Communications for Combat Casualty Care (MC4). Beginning in 2007, the system streamlined the military healthcare system.

“The military is always trying to improve health care,” said Sgt. Allen A. Chambers, a Patient Administration specialist with the 2nd Medical Brigade out of San Jose, Calif.

According to Chambers, who utilizes the system at his civilian work as well, MC4 allows the medical team to work closer together. Working in a hospital is a team effort.

“The system provides efficient

patient care,” Chambers said. The streamlined program makes it possible for various healthcare providers to be linked even from great distances.

“MC4 is a database program used for tracking,” said Chambers. The system allows servicemember patients to be admitted, track patients while in care, or transfer them to another location.

Chambers and other military healthcare professionals took classes on MC4 and its composite programs while at the 2nd Medical Brigade’s

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“Streamlined,” cont. from page 3

extended combat training named Global Medic.

Global Medic is an exercise that is taking place simultaneously in four locations around the United States. The primary locations are in Fort McCoy, Wis.; Fort Gordon, Ga.; Camp Parks, Calif.; and USNS Comfort, located in Charlestown, S.C. according to exercise planners. The joint operation is a scenario-based simulation that focuses on the development of both technical and tactical skills. As part of the overall exercise, classes were held, including the MC4 classes, for various military healthcare professionals.

Harry S. Santiago, a contracted instructor, came to Camp Parks and held classes for doctors, nurses and patient administration specialists

Santiago was quick to point out that MC4 is an umbrella program and servicemembers would be learning programs underneath the main program. TC2 is the main program that allows various military healthcare professionals to register, track, check in patients and check out patients.

Miller, who was a contracted instructor during the exercise from Defense Health Information Medical System (DHIMS) out of Falls Church, Va., said another important and unique part of the system is the main database, or Clinical Data Repository (CDR). The CDR holds all the information that the MC4 program sends out. Then the CDR can be utilized by various other healthcare hubs to share pertinent

information on patients.

“Other places can get the data while accessing these programs through the CDR,” said Delois Clemm, another instructor contracted from DHIMS.

Miller said too much time and effort are spent looking for lost things. The MC4 system mitigates loss and allows for quick access.

Another key program is the Armed Forces Health Longitudinal Technology Application (AHLTA). Clemm said the AHLTA program is more utilized for outpatient service such as pharmaceuticals. This system again relays information to the CDR.

With these systems the Army has streamlined the military medical operations. The benefits of these programs make it possible for military medical professionals to see medical histories. It also ensures that redundant tests or treatments do not happen on the battlefield.

More importantly, the system restructures the way medical care works for both servicemembers in the battlefield and medical professionals. Military personnel do not need to remember their full medical history if they were unable to do so due to an injury.

“These classes are really helpful. If they do go on deployment then they are going to use it. This is their job and these classes can only help,” Miller said.

The most important thing, Miller said, was and always will be the servicemember. This system allows military personnel to stay healthy.

The young sergeant woke dazed and confused but alive. Doctors and nurses had tracked the sergeant from his first minute in the hospital with the MC4 system.

His allergy to penicillin was noted along with the sergeant’s history of low blood pressure. MC4’s capabilities were used fully by the medical personnel and this helped save the young man’s life.

A nurse walked next to the sergeant’s bed. She told him about the explosion and said that he was going to be alright. The nurse’s voice was drowned out as the sergeant thought about his daughter and wife. Only a few days left.



Harry S. Santiago, a contracted instructor, coaches military medical professionals on a new medical history and tracking program called Medical Communications for Combat Casualty Care (MC4), June 10. Soldiers from the 2nd Medical Brigade came to Camp Parks as part of the Global Medic Exercise during their annual training.

For four days, Soldiers from the 2nd Medical Brigade have spent their Extended Combat Training...

Learning How to Save a Life



Photo by Spc. Matt Wisnieski

Staff Sgt. Edward D. Montemayor of A. Co., 352nd Combat Support Hospital, provides cover during a lanes training exercise for the Combat Medic Advanced Training that took place at the Camp Parks Reserve Forces Training Area June 12. The four day CMAST training teaches combat medics the advanced skills that will help them to save lives on the battlefield by utilizing such techniques as applying a tourniquet, opening an airway and initiating an intravenous line. Soldiers wrapped up their training, responding to simulated casualties under fire and providing care in a tactical situation.

Story and photos by Sgt. Jeremy Fowler, 362nd MPAD

CAMP PARKS, Calif. --In preparation for the Global Medic exercise, Soldiers from the 2nd Medical Brigade (2nd MB) and Western Area Regional Support Group (WE-MARSG) have been receiving training in a variety of medical classes from June 9-11 as part of their extended combat training.

In the early, sweltering, days of their Extended Combat Training, medics and support

personnel from various units under the 2nd MB were trained and certified in a number of courses that were offered here.

Soldiers were selected to receive training based on their Military Occupational Specialty needs. As medical personnel, these Soldiers must maintain their proficiency, lives depend on it. These Soldiers, many of them combat medics and combat support hospital personnel, constantly

train to hone their skills and must be recertified in relevant medical skills every two years. Soldiers were certified in courses such as: Combat Life Saver (CLS) course, Basic Life Support course (BLS), Pre-hospital Advanced Life Support (PALS), Combat Medic Advanced Skills Training (CMAST), The Emergency Medical Response to Weapons of Mass Destruction course (EMRWMD),

"Life," see page 8

Responding



Lt. Col. Earl White 2nd Med. Bde. explains v
tion equipment to Soldiers in MOPP at the

to a WMD



Various nuclear, chemical and biological detection and decontamination equipment used during the EMRWMD course offered here during the Global Medic exercise.



Capt. Kari J. Sack of APMC practices initiating a saline lock in MOPP4 as part of the EMRWMD course that was offered here at Camp Parks, Calif., as part of the Global Medic exercise.



Cpt. Chris W. Keating from the APMC, (left) assists PFC Lorena Morales of the 185th Dent. Co. (right) as they attempt to intubate a patient in MOPP gear.

"Life," cont. from page 5

Advanced Cardio Life Support course (ACLS) and Cardio Pulmonary Resuscitation (CPR) certification, among others.

Courses such as the EMRWMD introduced new training to many of the Soldiers. The three-day course introduced 46 Soldiers to a substantial amount of knowledge that first responders and medical-care providers need to know to recognize the signs and symptoms of, and treat casualties associated with, nuclear, biological and chemical weapons.

"It's absolutely critical," said Sgt. 1st Class Frank Clark, Non-Commissioned Officer In Charge for the course. "This will prepare people to know what they are dealing with when they come across it and what to do when it happens."

As part of the course,

Soldiers had to perform basic medical treatment in a field environment while assuming Mission Oriented Protection Posture level 4 (MOPP4). The hot California sun added to the stress and became a training obstacle for the Soldiers who wore a gas mask and donned the notoriously warm chemical protection suits while performing such tasks as opening an airway and starting an intravenous line on a patient.

"I learned a lot," said Spc. Tanya Johns from the 185th Dental Company. "You don't realize the difference when you have your mask on; if it fogs up, if you don't have a good seal, wearing the gloves and taking into consideration the heat and the sun, how hot it is...so I think it is good training in case you are ever in theater."

Other courses, such as the CMAST training, were administered to combat medics to completely qualify them in their MOS. The medics learned and performed practical exercises in a variety of life-saving skills that will allow them to be more effective at saving Soldier's lives. Among other things, Soldiers in the course learned to use the new Fast 1™ sternum intravenous device which decreases the amount of time to initiate an IV on a patient. The students will conduct lanes training to finish out the course this morning.

Maj. Cynthia Kline, assigned to 344th Combat Support Hospital from Fort Dix, NJ, administered the Advanced Cardiac Life Support course. The joint training included 13 Soldiers from the 2nd MB as well as two Airmen from the 349th Airlift Wing, an Air Force Reserve unit based at Travis Air Force Base, Calif.

"It was excellent teamwork between the students and that's key," Kline said. "As it turned out, the hardest part for most people was the test; actually recognizing cardiac rhythms... but overall they did really well."

These training courses are critical for Soldiers and Airmen to help save lives on the battlefield, as well as to be fully trained healthcare providers and first responders at home. The new and reviewed skills will be again tested when these Soldiers participate in the Global Medic exercise that takes place here this weekend.



Cpl. Joe D. Duncan, CMAST instructor from the B. Co. 352nd CSH demonstrates how to insert a nasopharyngeal tube in Sgt. 1st Class Bill K. Lewellyn, also an instructor from A. Co. 352nd CSH, as part of the CMAST course that took place here as part of the Global Medic exercise.

Things Are Heating up at Camp Parks

Heat Category	WBGT Index, °F	Easy Work		Moderate Work		Hard Work	
		Work/ Rest	Water Intake	Work/ Rest	Water Intake	Work/ Rest	Water Intake
1	78-81.9	NL	1/2	NL	3/4	40/20 min	3/4
2 (Green)	82-84.9	NL	1/2	50/10 min	3/4	30/30 min	1
3 (Yellow)	85-87.9	NL	3/4	40/20 min	3/4	30/30 min	1
4 (Red)	88-88.9	NL	3/4	30/30 min	3/4	20/40 min	1
5 (Black)	> 90	50/10 min	1	20/40 min	1	10/50 min	1

Photo Illustration by: Sgt. Jeremy Fowler

Global Medic is heating up and so is the weather. And that means there is a high risk for heat injuries.

Many military personnel here are from other parts of the U.S. and weather acclimation can take up to 14 days. That means that many of us will not be acclimated to the weather while you are here.

Even if you live where the weather is similar, it does not mean you are safe. The best way to fight against heat injuries is to hydrate.

Proper hydration differs by heat category. For heat categories one and two, ½ a quart of water per hour is great. For heat categories three and four than ¾ of a quart an hour is perfect. During heat category five at least one quart of water should be drank every hour.

Indications of possible heat casualty includes: dizziness, headache, nausea, unsteady walking,

weakness or fatigue, muscle cramps, vomiting, weak or rapid pulse or even coma. And check your battle buddies too. If you think there is a problem let your first line supervisor know.

A heat casualty should be removed from training and needs to rest in a shaded area. Unneeded equipment can be taken off and uniform loosened. Water should also sipped. Guzzling water can make a heat casualty sick to their stomach.

It is important that a medic be called to evaluate the Soldier. If the heat casualty has severe signs of a heat injury than professional medical attention is required. Undressing the Soldier, as much as possible, should be done while waiting for the proper aid. Also, ice can be placed on the person's body.

Remember we are all safety officers. Keep your battle buddy safe.

Chaplain Services	
Muslim Prayer Service:	Friday, 1200
Seventh-Day Adventist Service:	Saturday, 1000
Liturgical Service:	Sunday, 0800
Gospel Service:	Sunday, 1100
General Protestant Service:	Sunday, 1600
All Services will be held at the 352nd Chaplain's Tent	
Please check Chapel Bulletin Board for additional services and information	

Getting Around at Camp Parks

The command introduces a new way to get around during Global Medic



Shuttle Schedule:	
Departure times from RTS MED	*Service not available during field exercise.
1030	
1315	
1500	
1600	
1800	
2000	
2200 Last Pickup of the Day (at MWR)	
Route:	
-Start @ building 860A, at the intersection of 4th St. and Lackland St.	
-Stop @ building 670 (PX Stop) at Davis St. and Powell.	
-Stop @ building 340 (Global Medic DB Designated Parking) at Davis St. and 9th St.	
-Stop @ building 331 (Barbershop, Laundry Facility) at 10 St. and Smith St.	
-Stop @ building 303 (MWR Stop) at 9th St. and Bryant Ave.	
-Stop @ building 670 (PX Stop 2) at Davis St. and Powell.	
-Return to building 860A	

Words from the FOB CSM

Exit Plan: The FOB Victorious Mayor Cell began planning for redeployment yesterday. All units must be prepared to turn in the equipment that it signed out during RSOI process upon arrival at Camp Parks.

Ice: Units requiring ice are asked to send their unit supply sergeants to the FOB Mayor Cell for ice distribution to FOB units. Units are expected to store rationed ice in ice coolers.

Uniform Notes:

Away from tent city, between the hours of 2100 and 0700 a reflector belt must be worn. Reflector belts must be worn at all times while performing physical training. Additional belts will be distributed in the next 48 hours.

Laundry:

FOB laundry is located by the showers. Drop off hours are 0500-0730, pickup hours are 1700 to 2230, the same day. 19 items plus one bag is the maximum. The bag must have your last name and last four on it. Additional self-service laundry is available on the backside of building 332 (DFAC). Code for the door is 543. Bring your own soap.



Command Sgt. Maj. Peter Trotter

Keeping the Force Fit: Army Preventative Medicine

Story by Spc. Matt Wisnieski, 362nd MPAD

CAMP PARKS, Calif. — Military healthcare professionals from the 2nd Medical Brigade have come to Camp Parks for their annual two week training. The training exercise, named Global Medic, is scenarios and operations that military medical professionals would face in deployment.

Global Medic is an exercise that is taking place simultaneously in multiple locations around the United States. The primary locations are in Fort McCoy, Wis.; Fort Gordon, Ga.; Camp Parks, Calif.; and USNS Comfort (Hospital Ship) located in off the coast of Charlestown, S.C. according to exercise planners. The joint operation is a scenario-based simulation that focuses on the development of both technical and tactical skills.

During the Global Medic Exercise, Army Preventive Medicine (PVNTMED) specialists had a specialized scenario specifically for their job. The

exercise highlighted tasks the PVNTMED specialists' would face during pre-deployment operations and deployments.

The pre-deployment exercises included classes that covered medical issues that the PVNTMED specialists would see in the field said Col. Virginia M. De Swarte, a Environmental Science Officer and instructor from the Central Health Program for Preventive Medicine (CHPPM).

The scenarios, according to a statement released by Col. Steve Horosko (a preventive medicine sciences officer), would range from assessing battlefield data to planning and conducting environmental health site assessments. This was not the first time CHPPM had done training for PVNTMED units. In past years, the Global Medic Exercise was called the Golden Medic Exercise and De Swarte had instructed at least five similar classes and scenarios during the past exercises.

"Any time I get CHPPM training it is invaluable," said Staff Sgt. Terry J. Scribner, a PVNTMED specialist from Clinton, WI with the 180th Medical Detachment, Scribner has taken CHPPM training in the past but still saw the importance of the training. He said he has seen new information added into the current class and he said all information was always important. Hearing the information again was not a bad thing for Scribner.

In his release, Horosko noted that it is hard to find good technical training opportunities for PVNTMED personnel. The specialized equipment is difficult to maintain due to expendable components. Also, there are just not the opportunities they need which raised the importance of Global Medic for the PVNTMED unit. The CHPPM training allows the PVNTMED personnel to hone their skills and learn new facets of their duty.

