



# 2020, First In!





Soldiers of the 3D Medical Command (Deployment Support) have proudly been known as “Desert Medics” since the Gulf War, but in 2020, these Soldiers earned another motto, “First In”. Soldiers from the 3D were the first Reserve Medical Soldiers to enter the COVID fight, as part of newly created, Urban Augmentation Medical Task Force teams.

These stories highlight some of the Soldiers, world-wide missions and significant events 3D Soldiers supported in 2020. These highlights are important vestiges of the capabilities that keep us trained, motivated and ready for any mission, at any time.

Looking forward to 2021, no matter what comes their way, the men and women of the 3D have proven they can meet the challenge head on and succeed.

## Army Reserve Provides Medical Augmentation in Response to COVID-19

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U.S. Army Reserve medical Soldiers are mobilizing in support of a federal response to the COVID-19 pandemic.

Eight Army Reserve Urban Augmentation Medical Task Forces are mobilizing to New York, Connecticut and New Jersey to assist U.S. Army North, the Federal Emergency Management Agency (FEMA) and the Department of Health and Human Services at federal medical sites in cities across the nation.

Four UAMTFs are going to the Jacob Javits Center in New York City, New York, one is augmenting Bennett Hospital in Stamford, Connecticut, and three will go to New Jersey at locations to be determined.

Specifically created to respond in times of crisis, each UAMTF will augment the civilian medical community by delivering a wide range of critical medical capability, including medical providers, nurses, respiratory therapists and an infectious disease specialist. While UAMTFs do not perform surgeries on trauma patients, each 85-Soldier team is capable of supporting 250 low-acuity patients.



"The Army Reserve medical community is comprised of world class doctors and medical professionals who bring critical expertise from the military and from communities and institutions across America. The Urban Augmentation Medical Task Forces will expand the medical community's ability to tend to all patients, to include COVID-19 positive patients, as we work together to combat the spread of the virus and care for those patients requiring supportive medical care," said Col. Mary Reed, U.S. Army Reserve Command surgeon.

The UAMTFs are made up of Soldiers from the Army Reserve's 3rd and 807th Medical Commands (Deployment Support), and Army Reserve Medical Command. Enhanced by civilian skills, training and experience, Army Reserve Soldiers are uniquely suited to support this mission.

"America's Army Reserve is on the leading edge of a massive mobilization in the homeland, supporting our fellow citizens across the nation during their time of greatest need," said Lt. Gen. Charles D. Luckey, chief of Army Reserve and commanding general, U.S. Army Reserve Command. "By leveraging our Ready Force X construct, we were able to reorganize our critical medical capabilities into an entirely new type of unit, assemble 15 of them, and have them ready to deploy to cities across the country — all in less than two weeks. We moved at the speed of heat and it's as awesome as it is amazing. We'd expected a different fight, in a different place, against a different foe, but this is the fight we're in, and we're here to win it."

All UAMTFs will follow Centers for Disease Control and Prevention guidelines and screening precautions to ensure the safety of civilians and service members, balancing the health and protection of service members with the responsibility to treat civilian patients at federal medical sites in cities across the nation.

## 3d Medical Command Rapid Response for COVID Support

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Over 400 Army Reserve Soldiers from the 3d Medical Command (Deployment Support), in partnership with Army Reserve Medical Command, have mobilized as part of a Federal Emergency Management Agency (FEMA) request to support COVID-19 operations. These Soldiers are supporting U.S. Northern Command, in support of FEMA, providing rapid response support capability to the Javits Center, medical facilities in the New York and New Jersey and Bennett Hospital, in Stamford, Connecticut.

Specifically created to respond to crisis, these Soldiers are part of five Urban Augmentation Medical Task Forces (UAMTF). UAMTFs are 85 Soldier teams with medical capabilities to support up to 250 low-acuity patients.

"Our primary mission is to restore peace in times of chaos and this is no different. Just as the Army has done since 1775, we will lead the way with premiere medical support," Maj. Gen. Joe Robinson, Commanding General, 3D (Deployment Support).



Mobilizing in only a matter of days, and going from home station to areas of support, the units rapidly focused on organization and preparation. "As Army Reserve Soldiers, we work and practice every day in our communities. We are proud to do our part to support fellow citizens. This fight required an immediate response and as Soldiers, we are trained and ready to deploy anywhere at any time," said a group of mobilized Soldier as they departed from Gillem, Enclave, Georgia.

With Reserve Soldier support from Maine to Florida, and beyond, this is a both a personal and military mission. "This was perhaps the easiest decision in my life . . . There can never be a better opportunity to serve the American people who are, in many cases, in desperate need of healthcare" shared Maj. Brehon Charles Allen, Jr. an Army Reserve Soldier who is mobilizing in his role as a, 66P, nurse practitioner.

Allen, the officer in charge of the 7404th Troop Medical Clinic and transferred to the 3D MC(DS) for the mission, is employed by the Iowa City branch of Department of Veterans Affairs Health Care System in his civilian capacity.

"This past few weeks have shown more than ever the Army is truly a team sport. AR-MEDCOM has proven the value of the Operational Readiness Units to assist the 807th and 3d MC(DS) fill out their formations to rapidly deploy," said Brig. Gen. Joseph Marsiglia, Deputy Commanding General, Army Reserve Medical Command.

Army health care professionals are equipped with first-rate training, equipment and technology in order to deal with emergent health issues. Soldiers are trained to provide routine and emergency medical support with UAMTFs expanding the medical community's ability to tend to all patients, to include COVID-19 positive patients.

Although this is simply the beginning, there is pride in what has been accomplished and optimism for the future. "Our world-class doctors, nurses, medics are at the forefront of this mission and we are proud to support the whole-of-nation response to the coronavirus. What the Soldiers of the 3D MC(DS) are embarking on, has never been done in the history of Army Reserve medicine," said Robinson.

# Army Reserve Soldiers Double Comfort's Pharmacy Capacity

Pharmacists from the U.S. Army Reserve joined the medical team aboard the Military Sealift Command hospital ship USNS Comfort (T-AH 20) nearly doubling the pharmaceutical support available to the people of New York City and local health officials in response to the nation's COVID-19 outbreak, April 13.

Comfort is taking patients, regardless of their COVID status, in an effort to relieve pressure from hospitals that are near capacity.

The pharmacists aboard the ship, now five in number, ensure that the Comfort's medical staff is able to administer lifesaving medications to its patients and crew.

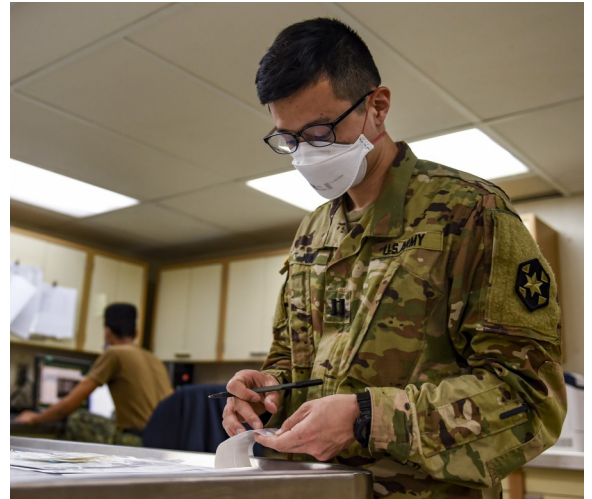
"During previous missions we have had six or more pharmacists onboard and the mission was much more limited in scope, treating more routine issues," said U.S. Navy Reserve Lt. Diana Cowell, a pharmacist on board Comfort, from Operational Health Support Unit, Pensacola, Florida. "Our new Army teammates both have acute care experience; they have dealt with ICU populations before. We'll be able to enhance patient care we are providing to our patients."

U.S. Army Reserve Lt. Col. John Falzone works at the Veterans Affairs Medical Center in Wilkes-Barre, Pennsylvania, and is attached to the 865th Combat Support Hospital, Utica, New York. U.S. Army Reserve Capt. Benjamin Yun, attached to the 804th Medical Brigade, Forest Park, Georgia embarked along with Falzone to arrive aboard Comfort on April 11.

"We literally doubled their capacity in one day," said Falzone. "They had three pharmacists working 24/7 for nearly two weeks straight. When the call went out that they need some in-patient pharmacists we had just arrived at the Javits Center and we both stepped up to help."

Falzone attests that this is his fourth deployment since his first during Operation Desert Storm and described the difficulty leaving his family behind.

"Everyone back home is worried about us, but we are more worried about how they are doing," said Falzone. "When your country calls upon you to serve, you serve."



Yun shares Falzone's concerns as well as his dedication to serving a greater good.

"This is a very unique medical mission and probably the first mission that the medical brigade has had a lead role in," said Yun. "While I never thought I would embark aboard a U.S. Navy vessel, I wanted the opportunity to serve my country and the people of New York City; I am dedicated to do my very best."

Regarding the differences in service between the Army and Navy, Yun and Falzone agree that the Comfort medical staff has made their transition seamless.

"It has been a very easy transition because the Navy staff has been great and very professional," said Yun. "The only struggle is the communication issues due to the lack of the universal electronic healthcare system that I am used to using in a civilian job."

Falzone expresses similar sentiments, stating that, "It is more of the old-school tactics of hand-writing prescriptions and going back to paper charting, which is where I came from, but it is a newer experience for some of the younger members of the team."

The Comfort is comprised of Sailors from around the fleet and civil service mariners from Military Sealift Command with unique capabilities to provide urgent medical support services.

"We appreciate the support from U.S. Army's 804th Medical Brigade for sending two pharmacists to support operations aboard Comfort" said Capt. Patrick Amersbach, commanding officer of the Comfort's Military Treatment Facility. "This will increase our pharmaceutical capacity as we continue to support the people of New York City, treating patients regardless of their COVID status."

Comfort cares for trauma, emergency and urgent care patients without regard for their COVID-19 status. Comfort is working with the Javits New York Medical Station as an integrated system to relieve the New York City medical system, in support of the U.S. Northern Command's Defense Support of Civil Authorities as a response to the COVID-19 pandemic.

Story Courtesy of Chief Petty Officer Gary Keen

# Everything Counts in Fight Against COVID-19

“The fight should not be determined by whether or not you are currently on the front lines or in the support role. We should all understand every little bit helps,” said Sgt. 1st Class Rodrick Mingo with the U.S. Army Reserve’s 424th Multifunctional Medical Battalion, 3rd Medical Command (Deployment Support).

The Middletown, Delaware, native was one of several Soldiers tasked with performing calibration verification on the two different types ventilators that could possibly be used in support of the ongoing response to the COVID-19 pandemic.

“The little bit that we can do to impact the lives of any American in need of these ventilators is a big deal,” said Mingo. “I believe what we are doing is very important. In the event that the ventilators are needed to support the ongoing operations of COVID-19, we want to ensure that they are up and running.”

Medical Soldiers everywhere are working their hardest in order to combat what is now putting the world in a difficult situation. They know what their mission at hand is, and they know how to go about breaking these tasks down into solutions.

“We understand fully that at a moment’s notice, these can be hooked to any one of us, even a relative, and with that in mind we want to ensure that we are doing our jobs to make sure the ventilators are one-hundred percent functional and safe,”

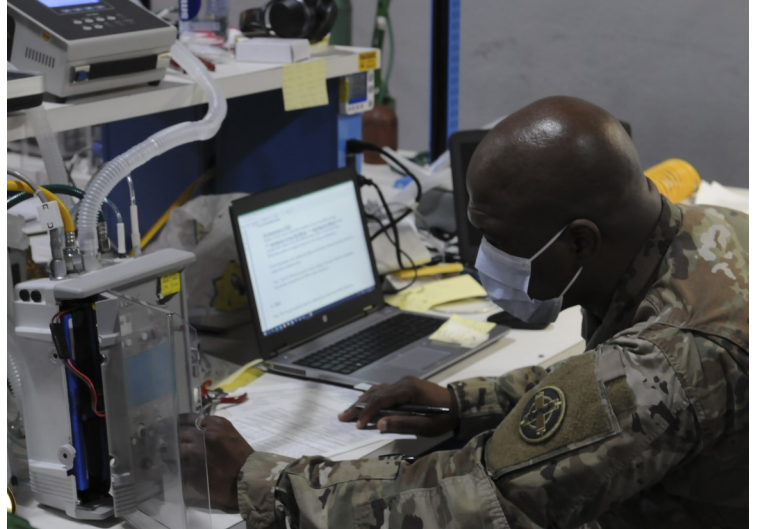
said Mingo.

He and the rest of his colleagues are working in cohesion to prevent any errors that could possibly occur.

“I was trained to do this, and I take it very seriously,” said Spc. Albertico Saldana-Figveroa with the U.S. Army Reserve’s 341st Medical Logistics Command. “Again, it could be anyone on there.

It could be you. It could be a family member. It could be a friend. It could be someone you don’t know. But everyone deserves a fighting chance and we’re giving that to them.”

Story courtesy of Spc. Jakheem Folks



# Call to Service: Army Psychologist on the COVID-19 Battlefield

He knew they weren't calling to say hello. The Army Reserve Soldier expected to be mobilized after images of the USNS Comfort in New York Harbor were on news channels worldwide March 30.

But even as the country faced its worst pandemic in a century, Maj. Paul Harrigan didn't know how fast his call to serve in the fight would be.

A day later, within 24 hours of the call, the Army psychologist joined an Army Reserve Urban Augmentation Medical Task Force, or UAMTF, inbound for Newark, New Jersey -- a few hundred miles from his home, and near the growing epicenter of the deadly virus.



Like many, the Buffalo native had been glued to the news for weeks. He listened to New York's governor, Andrew Cuomo, deliver daily COVID-19-related remarks. He checked in on loved ones, and like many others, followed all safety precautions. But he wanted to do more -- and for Harrigan, a lifelong public servant, that came honest.

"As a Soldier -- or even a citizen -- it's natural to want to be on the frontlines of the fight, or help in some way, especially as your country goes through a crisis," Harrigan explained, and the UAMTF gave him his shot.

Designed specifically for the pandemic, UAMTFs are 85-person teams of doctors, nurses, combat medics, respiratory therapists, and ancillary personnel, tagged to help overwhelmed civilian hospitals on the battlefield of the novel coronavirus.

The Army doc, who usually serves with the 326th Medical Brigade, didn't know what to expect. All he knew was the Universi-

ty Hospital in Newark was 150% filled and the Army was called in.

From day one, "[Harrigan] stood up and volunteered with everything," said Maj. Erin Velazquez, 331-1 UAMTF commander. "In New Jersey, he quickly became the spokesperson for behavioral health. His insight helped us hit the ground running."

"We didn't know the exact mission, or for how long we'd be there," Harrigan said, on his call to action. "I thought of World War II troops who deployed indefinitely, but this was something I could never imagine, yet found myself part of. I'm familiar with the flu of 1918, but to experience this -- I was just as shocked as the rest of the world."

Harrigan didn't just reflect on the bravery found during WWII, he also thought of his own unique military story. The story of a kid from New York, who found himself in the middle of an African civil war, then went on to serve his veteran community, and eventually commission as an Army officer.

His call to serve started long before COVID-19 and acquiring the tools he needed to help people in 2020 started nearly 30 years ago on the other side of the world.

## Operation Sharp Edge

Before he was an Army major, Harrigan started his military career as a young Marine.

Harrigan shipped to Liberia in 1990, where he lived at sea for 110 days with the 22nd Marine Expeditionary Unit. At the time, the 19-year-old thought he was inbound for Russia -- not Liberia. He joked most of them had never heard of the African country before their arrival.

But the western African country, slightly larger than Pennsylvania, had a rich and colorful history that dated back hundreds of years. It was deep in its first civil war after unrest turned violent in 1989. Before the last shot was fired in 1997, the conflict claimed more than 200,000 lives in the nation of just 2.1 million people.

However, a conventional battle wasn't the mission. The Marines were called in to help evacuate American diplomats and civilians from the U.S. Embassy on a peacekeeping mission, after violence spilled into the streets of Liberia's capital, Monrovia, and made fleeing too dangerous.

By day, they conducted non-combatant security operations. At night, all the peacekeepers could do was wait from their cramped quarters floating in the Atlantic, he said. Harrigan felt helpless from the ship. He still vividly remembers staring into the darkness -- lit only by speckled flashes of gunfire from the coast, and accompanied by the familiar loud pops from the muzzles.

"Thousands of people were perishing in the fight," Harrigan said. "By the time we got to the embassy, the Liberians were begging for help. There wasn't too much we could do at the time, because the decision was made that we wouldn't get involved militarily."

Fighting between the warring factions continued and resulted in many civilian deaths. Families were torn apart, and countless survivors fled the war-torn nation. Eventually, Harrigan and the Marines also left Liberia -- but part of the memory stuck with him for decades to come.

## In-between service

Although a ceasefire came a few years later, by the end of the '90s, Liberia would find itself embroiled in a second civil war. By then, Harrigan was out of the Marines and a student at Niagara University -- just outside of Buffalo. He also volunteered his time with the local Vietnam veteran community.

"I was in awe of them," he said. "They fought in battles I only read about, but when I looked around the room, I also recognized a few -- some were the dads of friends I grew up, and I never knew they were in the military.

"During Vietnam, they were in their early 20s -- at most -- and their stories helped me reflect on my service," Harrigan said, like the war zones of Liberia, where the innocent people cried for his help.

"I didn't have an answer for myself then," he said, on the impact they had on him. "All I knew was there was still sorrow in my heart from that terrible civil war, and I carried it with me."

He carried that sorrow to New York City, where he went on to earn a master's degree in counseling from Columbia University. Now in his late 20s, Harrigan found some closure when he met a patient suffering from psychosis.

At least, that was her diagnosis on paper.

She was an African native, and looked "worn and drained out," he said. She was a refugee from the first Liberian civil war, where her brother and father were both killed. For all he knew, the midnight firefights in Liberia could have been where they died.

"As a young counselor, I was nervous about how much to disclose, because I didn't want to interfere with the relationship, right?" Harrigan said. "But, I had to tell her I was there, too. I was one of the Marines at the embassy who the Liberians were crying out for."

She remembered that moment, too, and smiled through her pain.

"It wasn't psychosis, she just had terrible trauma caused by what happened" in Liberia, he said. After a few weeks, they helped each other, through a mutual friendship, and moved on from the war.

"It meant a lot to help at least one person's recovery from that war," Harrigan said, looking back on his early clinical days before going on to receive a Ph.D. from the University of Miami.

Around this time, he also accepted a job with the Department of Veterans Affairs in Buffalo, where he focuses on PTSD, military families, and other issues. After a 20-year hiatus in military service, he went back to the recruiter's office.

Although he admitted this time around he was a little older and slower than he was as a Marine fresh out of high school, it didn't slow down his will to serve.

## Operation Inherent Resolve

By the time 2016 rolled around, an older and wiser Harrigan -- now an Army Reserve medical officer -- went on a nine-month deployment to support Operation Inherent Resolve in Iraq. The mission brought together coalition forces to help train the Iraqi military in their fight against ISIS.

In Iraq, Harrigan was attached to a small medical unit that trekked all over, from Mosul to Baghdad, to Al Asad Airbase, to every outpost around the country.

At every stop, Harrigan and team made their rounds to meet everyone.

We became familiar faces for a lot of units," Harrigan recalled. "A key part of behavioral health is working with chaplains and ministry teams located in all the remote posts, because no matter how remote, there is a chaplain around somewhere."

In those days, then-Spc. George Berko -- today a New York City preacher -- was always by his side. Berko, Harrigan's self-described battle buddy in Iraq, said, "[Harrigan] is an exceptional behavioral health provider, even in Iraq, his doors were always open."

Over time, their walkabouts became a critical part of the behavioral health mission. It wasn't just Soldiers, Harrigan said, but most of the service members, contractors, and Iraqis knew him by name.

Fast forward a few years, and more than 6,000 miles away, and shades of the Iraq deployment helped the doctor fight COVID-19.

## New Jersey frontlines

As the officer-in-charge of the behavioral health team at the University Hospital in Newark, New Jersey, Harrigan's strategy was similar to his Iraq deployment -- simply put, he worked overtime and cared for everybody. At the hospital, he worked in multiple areas: emergency psychiatric, inpatient psychiatry, and with his old friends in the chaplains' office.

But his top priority was simple: go where the caregivers were, he said, and care for them. (Continued p.31)



## ‘Verge of collapsing’: Soldiers Describe Initial Fight Against COVID-19

It’s an invisible enemy. At least that’s how Soldiers felt about COVID-19 after their six-week stint at the overburdened University Hospital in Newark, New Jersey, where they said it was more like a war zone.

They worked countless hours to assist beleaguered civilian doctors and nurses. From the frantic hallways in overcapacity hospitals to quiet moments at a patient’s bedside, holding their hand as they passed away alone, they said.

While there were no bombs or gunfire, the infectious disease still mounted attacks as exhausted healthcare workers hurried to save lives.

Starting in March, the Army deployed thousands of Soldiers to help healthcare providers nationwide.

“Our integration was seamless,” said Maj. Erin Velazquez, following her unit’s warm reception by the hospital staff. “We were greeted with open arms, and we made sure to have the greatest impact possible in all areas [of the hospital].”

Velazquez commanded Urban Augmentation Medical Task Force 332-1, one of the Army Reserve’s 15 task forces that were initially sent to Newark and elsewhere to battle the disease. And now, as cases in the first locations subside, new hot spots have surfaced in southern and western states, with Soldiers preparing to assist again.

The 85-member task forces have critical care personnel who have rapidly deployed across the country, in what has become the largest domestic mobilization in Army Reserve history, they said.

Each team is made up of various medical specialties from doctors and nurses to supply and administrative support. At the height of its overall response in April, U.S. Northern Command had more than 9,000 military medical personnel, including those teams, in the fight.

### ‘At its breaking point’

Early in the pandemic, New Jersey became one of the country’s worst-hit states by the virus and is also where UAMTF 332-1, an arm of the 332nd Medical Brigade out of Nashville, Tennessee, called home for nearly six weeks.

Other units were sent to similar critical areas, including New York City; Baton Rouge, Louisiana; and Seattle.

By the time UAMTF 332-1 arrived on April 14, the Garden State had roughly 70,000 confirmed cases and more than 2,800 deaths. As with other COVID-19 breeding grounds, the exact tally was hard to count and growing by the hour.

It was spring, and the University Hospital in Newark “was at its breaking point,” said Staff Sgt. Mauricio L. Pena,

UAMTF 332-1’s top enlisted Soldier and a respiratory therapist. As cases surged, many hospitals had run out of beds to care for the sick.

In those days, the academic hospital was stretched beyond its limits. “I was taken aback and saddened by the conditions in New Jersey,” he said during a media event Wednesday. “The emergency department was overwhelmed, even though the hospital [staff] was moving as fast as they could.”



The virus had outpaced their best efforts. The hospital’s emergency room was jam-packed with sick people, many of whom with coronavirus-like symptoms. The need for care didn’t slow down even if the hospital reached its capacity, so many patients were forced into the hallways of the emergency room.

“I knew at that moment we had to use our skill set and training to make a positive, impactful contribution,” Pena said, regarding the Reserve troops’

unique ability to combine military training with their civilian medical experience.

Upon arrival, the Soldiers in Newark also noticed that much of the undermanned staff were visibly burned out. The countless, long days at the hospital had worn them down, he said. “They were on the verge of collapsing.”

Before the task force arrived, doctors and nurses had already worked for weeks at a time -- even after many of their colleagues tested positive for the virus, which reduced the number of healthcare workers.

But with each passing day, things inched from chaotic back to stable. On May 20, the unit’s last day at University Hospital, the facility was running smoothly again, Velazquez said.

The cohesion between the Soldiers and hospital staff was immediate, she added. Once integrated, they worked side-by-side to provide support to more than 100 COVID-19 positive patients daily.

Along the way, UAMTF 332-1 went on to assist all around the hospital. The task force didn’t only provide care to COVID-19 patients, but also helped give mental health support to the hospital staff, patients, and other Soldiers, Velazquez said, adding they also volunteered with other daily tasks like N95 mask-fitting and sterilization.

“This was an exceptional mission that provided our Soldiers with the opportunity to support our most burdened communities in a time of great need,” Velazquez said. “Many lives were not only saved but forever touched by the collaborative impact between the Department of Defense and state health care professionals.”

## In the epicenter

Ten miles from University Hospital across the Hudson River was the nation's epicenter of the virus -- New York City. That's where the 44th Medical Brigade assumed the role of Task Force Silver Dragon, which oversaw more than 3,000 troops in medical units across six states as part of Federal Emergency Management Agency operations.

The task force was headquartered in a converted convention center in Manhattan, dubbed the Javits-New York Medical Station, where more than 500 service members treated nearly 1,100 patients, said Col. Kimberlee Aiello, the brigade commander.

Despite daily interactions with COVID-19 patients, service members only had a 0.05% infection rate, Aiello said, adding not everyone was tested due to limited supplies.

"When we looked across the United States, [we] saw there were limited testing capabilities," she said.

"Therefore, we wanted to be good stewards of our nation's resources, [so] we only [tested] those who were symptomatic for COVID-19."

While normalcy returns to parts of the country, the battle against COVID-19 persists elsewhere. About 740 military medical and support personnel have been assigned this week to go to Texas and California in support of FEMA missions, U.S. Army North officials said in a news release Monday.

More troops are on prepare-to-deploy orders, according to Army officials, in case the demand for additional forces are needed in other hotbeds. And if called on again, the Reserve Soldiers will be able to tap into their real-world experience.

"COVID has not stopped. This is ongoing," Aiello said. "We did a great job with what we knew at the time, and we learned from our partners on how to care for patients."

"They should all be extremely proud of what they accomplished during this historic mission."



#ALLINTHISTOGETHER

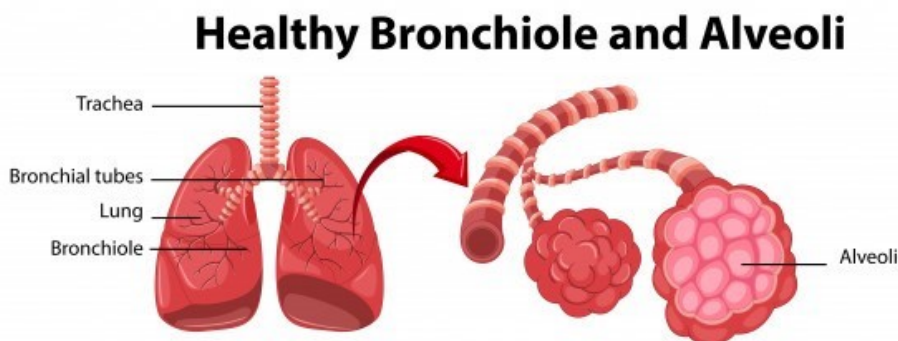
URBAN AUGMENTATION MEDICAL TASK FORCE 332-1



# UAMTFs Support Change and Improved Patient

"I was honored to be a member of Urban Augmentation Medical Task Force 804-1. We provided a vital service to the people of Queens in general, and more specifically to the patients and staff of Queens Hospital Center. To have been a part of this mission to combat the novel coronavirus pandemic is something I will never forget. Our sense of accomplishment at Queens Hospital Center was bolstered by the quality improvements we helped bring about that will hopefully endure long after we've gone home," said Lt. Col. Robert Steckler, 60K, Urologist from UAMTF 804-1.

One of the quality improvements implemented by UAMTF 804-1 was the medical procedure known as prone positioning. Prone is a critical treatment option for COVID-19 patients who have insufficient oxygen within their blood and require mechanical ventilation.



Prone positioning, or lying a patient face down on one's chest and abdomen (prone) as compared with lying on one's back (supine), improves the transfer of oxygen from the lungs into the bloodstream and eventually throughout the body's organs.

Alveoli are the tiny air sacs within the lungs that permit the exchange of oxygen, carbon dioxide and other gases. Prone positioning helps keep more alveoli open and more evenly distributed at the end of expiration, thus improving gas exchange and minimizing ventilator induced damage to the lungs.

Prone positioning is believed to improve survival for some patients with Acute Respiratory Distress Syndrome (ARDS). ARDS is a condition in which fluid collects within the alveoli, thereby depriving oxygen to the organs throughout the body. Oxygenation is significantly better when patients are in the prone position compared to when they are in the supine position. In patients with moderate to severe ARDS, early application of prolonged prone positioning sessions significantly improves oxygenation and reduces mortality.

The technical aspects of prone positioning are not simple, and a coordinated five to seven-person team is required to do it properly. A dedicated team that trains together and refines the procedure through practice and experience is imperative to prone safely, efficiently and with minimal adverse events.

Embedding a Quality Improvement Officer within the Task Force's Command and Clinical Operations structure helped strengthen the integration of the UAMTF 804-1 soldiers into Queens Hospital Center (QHC) and its staff. This model facilitated close collaboration with the QHC leadership and proved indispensable to formulate, obtain buy-in, coordinate and enact quality of care measures to the benefit of the hospital's patients and Force Health Protection. Prone positioning was just one of several quality improvement projects that the Task Force promoted and helped put into action.

"We had the opportunity to work with an amazing group of doctors, nurses, assorted hospital support staff and hospital administrators who were generous with their kindness, support, patience and friendship. Without their open arms and enthusiastic acceptance of our ideas and method of operations, we could not have fulfilled our mission at such a high level," said Steckler.

The success achieved by the UAMTF 804-1 quality improvement prone positioning initiative, combined with the excitement and enthusiasm exhibited by the nurses and doctors of QHC and the Task Force itself, inspired its prone positioning team to implement formal training and more extensive support for the QHC staff so the hospital could carry on confidently long after the UAMTF 804-1 left for home. Explicit procedural steps, a pre-prone positioning safety checklist and post-prone positioning nursing guidelines based on the most current medical literature were written up and were incorporated into the QHC protocols and electronic medical record for documentation purposes. These protocols were subsequently shared with, and are planned to be adopted by, the whole 11 hospital New York City Health + Hospital Corporation system.

Through coordination with the QHC leadership and nursing staff, a simulation laboratory was set up for training, with an intubated mannequin on a mock ventilator, with multiple tubes and lines including EKG leads, a central venous line, peripheral intravenous line, arterial line and a foley catheter. The mannequin and ventilator were generously provided by FEMA. The simulation laboratory greatly accelerated the training and learning curve of the UAMTF 804-1 proning team and the subsequent training of the QHC staff.

Additional guidelines for patient proning were developed and advocated approximately 16 hours of proning along with scheduled times for patient change of position. The recommendation was to schedule and perform prone positioning in the afternoon, and to return the patient to the supine position after the morning change of shift. This schedule provided ample time for patient hygiene, wound care and any other nursing care during the daytime peak staff hours.

The prone positioning project, in addition to elevating the care of ventilated patients with severe ARDS, also improved hospital wide patient care by enhancing hospital morale and job satisfaction, as the nursing and physician staffs incorporated new sustainable techniques to benefit their sickest patients.

Looking back, Steckler remains honored of his team's actions, saying, "I could not be prouder of each team member's attitude and enthusiasm, the quickness with which they mastered proning, and the leadership they demonstrated as teachers of a complex procedure. They epitomized the 'Be Know Do' leadership model that we strive for."



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## Sgt. Workman Balances COVID-19 Response and College Graduation

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COVID-19 complicated college and graduation for virtually every student in the U.S. For Sgt. Melanie Workman, a Soldier with the 75th Field Hospital and a student at Georgia State University, COVID-19 has been life-changing.

For Workman, her final semester before graduating was very difficult to stay on top of, "School started back up the same day that I was activated for a COVID-19 support mission with the Army Reserve. I was at my mobilization base as classes were starting, I was literally clicking between screens of class lectures and FEMA training courses as I prepared to mobilize."

Workman, a Pharmacy Technician for Urban Augmented Medical Task Force 005-1, was assigned to Elmhurst Hospital in New York, as part of the COVID-19 response effort. Although the mission was stressful, Workman found many positives, saying, "It has been fulfilling in so many ways. I am appreciative of the staff I had the honor to work with. I admire their passion, sense of community, support, and professionalism."

Workman also worked as the unit public affairs representative and captured photos. "I have had the pleasure to witness and show my comrades the good they have been doing within the N.Y. community and reveal their passion doing their work through photography," she said.

But balancing the stressful 12-hour shifts with school was a challenge. "Honestly, it was God's grace and strength that aided with managing school, work and the mission. I was so overwhelmed and discouraged with the workload that I considered withdrawing and forfeiting graduation with two weeks left of school. Luckily, I had understanding professors and a command that allowed me to have a more flexible schedule on exam days."



Upon graduating, Workman's team made sure her accomplishment was celebrated with signs, balloons and an impromptu celebration in the hospital.

After earning her B.S. in Biology with assistance from a Pell Grant, Hope Scholarship and the GI Bill, Workman has plans for the future, "I plan to go to occupational therapy school in pursuit of a career as an occupational therapist. I have a passion for pediatrics and heightened curiosity with neurological cases. As experience and knowledge expand, maybe I will focus on one or both of those fields, she said.

Looking back on her time at Elmhurst Hospital, Workman is optimistic, saying, "I wish each individual the best on their future endeavors. May we continue to go far as we beat this virus, as one nation. Hooah!"

## UAMTF Combat Medic Looks Back on COVID-19 Support

Spc. Randall Mulkins, a 68W, Combat Medic, was part of UAMTF 804-2 working with FEMA supporting COVID-19 support at the Javits Center. Now, at Joint Base McGuire Dix Lakehurst, N.J., Mulkins looks back at service in Covid-19 response as part of the whole-of-nation effort.

Supporting this mission was especially meaningful for Mulkins, saying. "I was born and raised in Patterson, N.Y., a small town north of New York City where a lot of residents commute to the city for work. I have friends back home who work in the FDNY, NYPD and other public services within the city."

Mulkins was instilled with a desire to help and support. His job with the task force was to support the providers and allow them to do their job by providing the best possible care, so as a team, they could alleviate the stress on the healthcare system. "I was raised with a strong belief in helping others whenever and however I can. I was a 3rd generation member of my local volunteer fire department and became a certified first responder and a NY state certified firefighter at 16 and joined the Army at 17," said Mulkins.

Mulkins family is extremely supportive of his service, even if some of them were nervous about the situation. "Being from a community so close to NYC my local news is constantly reporting on the situation which has my mother and other family members constantly watching for any updates because they know I am here working. My father was an infantryman and my brother is currently serving in the Army Reserve as a 25C after transitioning from active duty like myself so they are very un-

derstanding and supportive of my service," said Mulkins.

Looking forward, this support confirms Mulkins dedication to service. "I will continue my education at Mount Saint Mary College where I attend full time utilizing my

post 9/11 GI bill benefits. I will return to volunteering my time to the Patterson Fire Department. I also volunteer as a member of the Putnam County Technical Rescue Team in my home county in West Hartford, Conn.," said Mulkins.

Mulkins said, "To other medical providers, I would extend my gratitude and sympathy. I

am proud to be a healthcare worker with them. It has been difficult and stressful for many of them and they are handling it like champions. Seeing how the nurses and other providers are dealing with this motivates me even more to finish my degree and join them. I am proud to have been part of a mission that remains in the capable hands of state and local authorities."

Currently, the US military is returning some medical support in various regions back to their respective home station at the request of local and federal partners. Looking back on his time at the Javits Center, "After the mission, I've gained perspective on how important the mission truly was. For the Army Reserve it displayed the ability to deploy a brand new force with new capabilities in such a short period of time. With that flexibility it shows we are ready for almost any mission in the future."



# Broad Talent Supports UAMTF at University

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Soldiers from Urban Augmentation Medical Task Force 332-1 have been providing assistance at University Hospital in Newark, as part of the Department of Defense response to the COVID-19 pandemic, which is being led by U.S. Northern Command. The Soldiers, including many non-physicians, have been fully integrated into all aspects of the hospital work environment.

The unit is an integral part of the approximately 8,000 active duty and reserve component service members from the Army, Marine Corps, Navy, and Air Force in the U.S. Army North-led Joint Force Land Component Command.

Recently, three UAMTF 332-1 Soldiers sat down for a discussion on their individual duties and to provide insight on the unit's medical support at University Hospital.

Sgt. Miles McCurry, a Physician Assistant, from Lawtey, Fla., has been working with the EMS staff and responding to 911 emergency calls. Capt. Robert Owen, an Occupational Therapist, from Nashville, Tenn., has been working directly with civilian hospital Occupational Therapists. Capt. Holly



Beard, an Entomologist, from Orlando, Fla., has been assisting across multiple hospital sections.

Immediately upon arriving, the team was integrated into a very receptive and welcoming hospital staff. "As soon as we arrived the hospital staff welcomed us as part of the team," Said Beard. "I think they appreciated our fresh attitude and new look."

According to McCurry, although he is a trained paramedic, he had no idea what he would be doing as the unit prepared for mobilization, but quickly integrated into daily operations as an EMT. "When we got to University Hospital the EMS Coordinator asked if we had any paramedics, and soon I found myself working from three to six shifts a week responding to 911 calls."

Owen had a similar experience assimilating into daily operations, saying, "My position as an OT translates seamlessly for evaluating patients, conducting treatments, and contributing to the discharge planning."

We had hospital orientation on the 14th and on the 15th I was integrated in and working."

As an Entomologist, a scientist who studies insects, Beard has a less obvious military occupation, but has been engaged in diverse and critical support with the hospital staff. Beard is part of a team supporting infection prevention at the hospital monitoring proper airflow to prevent airborne contamination. Beard supported PPE Conservation and repurposing with M95 mask sterilization through hydrogen peroxide vaporization. In addition, she supported the staff with food and dining facility safety and training on proper PPE removal. Beard also worked with the N.J. National Guard on ensuring the morgue was properly decompressed for the operators, saying, "I never thought I would work in a morgue, but our entire team's mission is about being adaptable and flexible. So much of what we do rank is less important than being willing and able to help."

These Army Reserve Soldiers are using their military and civilian skills to provide critical support by relieving pressure on the rest of hospital operations during the urgent COVID-19 response.

For Owen, he has seen direct positive impact on patient care, saying, "As an OT, working to evaluate patients, conduct treatments, and contribute to safe and appropriate discharges has resulted in greater successful patient outcomes increasing bed capacity during this critical shortage."

According to McCurry, assisting other EMS personnel has been mutually beneficial. "Everyone I've worked with has been appreciative of what we are doing to lessen their burden and I appreciate being able to support as well. We have a great support platform for each other."

Speaking for all three, Beard said, "Uniform doesn't matter, we are all one team." With Owen adding, "I am grateful to be here, to go to one of the hardest hit areas and contribute."

# Protecting the Protectors: Reserve Soldier on Front Lines Helps Contain COVID-19 Spread

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She left for her first Army mission without knowledge of her final destination, or when she'd be able to return home to her two dogs, cat and bearded dragon.

As she prepared to leave for the mission in early April, Capt. Holly Beard, an Army Reserve entomologist, had only one certainty: she'd be battling against the spread of a deadly virus.

At the time, Beard knew little of [COVID-19](#), apart from information disseminated by the news media and the Centers for Disease Control and Prevention. She received the ambiguous phone call from her unit while visiting family in Florida. The 332nd Medical Brigade, based in Nashville, Tennessee, had selected her to join an Urban Augmentation Medical Task Force and travel to a military base in rural Kentucky for additional training before deploying to an unknown location.

She loaded her suitcases with everything she thought that she needed: her military uniforms, extra clothes, tuna snack packs and toilet paper.

In less than a day's time, she said goodbye to her girlfriend and boarded a plane in a nearly empty airport.

"It happened so fast," Beard said.

After training in Kentucky and taking another flight to Fort Dix, New Jersey, she finally learned she'd be deploying just outside New York City in Newark, N.J., to bring relief to overtasked health care workers in the pandemic's epicenter.

No stranger to changing conditions, Beard welcomed the challenge.



## Overcoming her fears

A competitive cyclist who raced for the University of Florida, Beard had faced uncertain circumstances before, though none this grave. Cycling requires adjustments to the elements, inclines and other cyclists' vying for position.

In one riding season, she had suffered about 10 falls and collisions during races. Beard had to overcome the worry of another accident.

She remembers the burn of those tumbles and how they shook her confidence. Beard's response: push harder. She eventually finished as one of the Gators' top cyclists and earned the school's female athlete of the year award in 2014.

During some races she'd hit a rough patch of gravel, or another cyclist would collide with her. Each time she'd get on her bike, she'd have to learn to mentally block the fear of falling again.

"It's kind of like the catchphrase 'a little progress was made with little risk,'" she said. "I think that's exactly the same mentality that I went into for [the] COVID-19 [mission]."

"You know, the fear ... you can't always be afraid of the unknown. You kind of have to accept that you're already confident in your abilities."

Beard grew up in Boca Roton, along the state's tourist-friendly southeastern coast. The humid Florida heat also conjured a different type of crowd: insects or specifically fire ants, mosquitoes and termites. A 2010 national homeowner's report claimed Florida as the "buggiest state" in the country. Insect behavior and activity fascinated Beard at an early age.

That love of entomology led her to study the field at the University of Florida's Gainesville campus and to take a job as a senior technical sales and research associate for Texas-based Polyguard Products. Beard studied how the condition of a building's envelope including waterproofing and insect prevention, determined a structure's long-term health. She commissioned into the Army Reserve in 2017 after graduating with bachelor's and master's degrees in entomology at UF.

She said she could not have predicted her area of expertise would impact the long-term health of COVID-19 patients. At UF, she read that disease and injury unrelated to the battlefield caused more deaths than combat and she joined the Army Reserve to help protect Soldiers against those illnesses.

Although her role as an Army entomologist focused more on preventive medicine, some of the skills and ability to perform thorough inspections of a structure or space proved critical to COVID-19 patients, and the doctors and nurses charged with their care.

### Providing defense amid the chaos

Inside Newark's University Hospital, which housed hundreds of patients in New Jersey's largest city, Beard and the task force worked behind the scenes and impacted COVID-19 patients from a distance. As of June 21, total coronavirus deaths in the state had climbed to 12,870.



She split her days between inspecting and setting up hospital beds for one of the nation's most heavily-tasked hospitals, with working in the morgue alongside attendants to help coronavirus victims reach their final resting place. The nurses and hospital staff often worked through the night to meet the demand for care in the sprawling complex, logging 18-hour work days.

Beard said often up to 60 patients had to wait as long as four days for one of the coveted hospital rooms. The hospital often housed between 10-15 ventilated patients in the emergency room.

"It's not something that you normally see," said Beard, who also helped convert the New Jersey Convention Center in Edison to a field medical station before arriving in Newark. "The civilian staff was already severely worn down. It was very stressful on the providers and on the nursing staff.

"So I feel like just being able to be there before it peaked, we were able to ... alleviate some of the pressure [off] that staff."

Beard examined each room for environmental safety and hygiene, a crucial step in the critical task of containing a virus. For a complex as massive as University Hospital, preventing the spread became no easy job.

Rooms must meet specific requirements and, in some cases maintain negative pressure to control the virus.

She helped New Jersey hospital workers adjust to the growing cases of patients around them and restore order beneath the chaos.

During her inspections, Beard performed air-pressure checks for each hospital room. Hospitals like University maintain airborne infectious isolation rooms to house COVID-19 patients. Her preventive medicine team also inspected food storage and enforced proper doffing of personal protective equipment in the facility's cafeteria using meticulous precision as a single contaminated item could further the spread.

"[The intent] was to contain the infection within the rooms instead of putting it into the environment that your staff is also working in," she said. "We focused a lot on education and training for environmental services and so your quality checks empowered a staff that felt fear associated to the unknown of COVID."

Her work could often be a thankless job, but on her final days at University Hospital, she and her fellow Soldiers left to applause from hospital workers. In those two short months, she formed such a strong bond with the hospital staff at Newark and her fellow Soldiers in the task force, that she decided to extend her reserve commitment by another four years when she returned home May 20.

"It's an honor to be a part of something like this," Beard said. "It's a humbling experience. It's very different than anything I've ever done before. And I think that it's very rewarding to be able to have an experience like this one.

"As a preventive medicine Soldier you don't always get these types of opportunities."



# Dreams Don't Always Come Easy



**THEN:** Specialist Amelia Keane was burnt out. Dealing with her grief in the wake of her father's passing while handling her myriad responsibilities – which included serving as an Army Reserve combat medic specialist and nurse, completing her bachelor's degree in Biological Sciences at the University of New Hampshire at Manchester with the aid of the Army Reserve's educational benefits and working as a state representative in the New Hampshire House of Representatives – put her in a “pretty rough place,” she says. Spc. Keane had joined the Army Reserve five years previously with the express purpose of going to medical school, but now that the time had come to begin the application process, she wasn't in the right mindset.

But she began to process her loss and find her focus again. “My leadership, the people in my unit and the people closest to me could not have been more understanding and supportive during this time,” she says. Her unit's chaplain visited Spc. Keane and her family while members of her unit collected donations to provide monetary support.

Of course, she still encountered some speed bumps along the road. During her first round of applications, Spc. Keane ended up not getting into any medical schools. But she was determined to make her dreams a reality – full steam ahead.

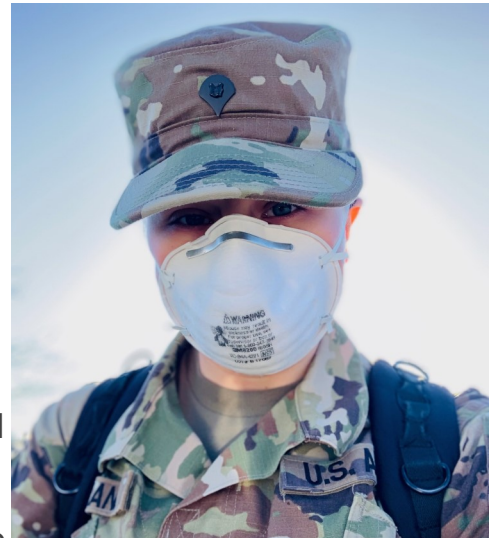
**NOW:** Three years later, Spc. Keane is now a member of the incoming class at The College of Osteopathic Medicine at University of New England. It's the culmination of years of perseverance where the Army Reserve has been invaluable – from helping fund her education to equipping her with the necessary training and licenses to providing eye-opening clinical exposure.

“I wanted to go to medical school before joining the Army, but I think my experiences in the Army really set me on a path to focus on those who need the help the most,” she says. “It helped me realize what type of compassionate doctor I want to be and opened up opportunities that, growing up pretty poor, I wasn't afforded.”

With her civilian career, formerly as a state representative and currently as an independent political consultant, Spc. Keane has consistently displayed the same commitment to making health care accessible for those who need it most. This includes serving on the Veterans Affairs Committee at the State House.

“I'd like to focus on those in the community who really need it most,” she says of her goals.

“Veterans are certainly among those, but also the immigrant community, minority communities and mothers and children as well. I want to address the barriers to health care that they face and help them receive optimal care.”



# STEM Education the Building Bloc for Career

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An education with a focus on STEM encompasses a broad series of disciplines that opens doors to many career fields.

In her own words, Maj. Esther Cleggs-Burns talks about how she began her career with an education in plant science with concentration in biotechnology from Fort Valley State University. Leveraging her skills and education gained at FVSU she expanded her reach working for the U.S. Department of Agriculture, Farm Service Agency as the farm loan chief.

FVSU gave me the foundation to think through problems critically which has assisted in my development as an officer working in plans and operations. In addition, I joined ROTC my junior year which gave me a solid military foundation.

Combining these backgrounds and experiences into a career, I didn't do it alone, I leaned on mentors and family as inspiration.

In high school, I had the desire to pursue biomedical engineering or become a pediatric physical therapist. During my senior year, my vice principal spoke to me about scholarships that were available in agriculture that were not available in other sectors. He enlightened me on different agriculture degree programs that would allow me to take the pre-requisites I'd need to pursue the career I wanted and scholarships that would pay for my education. The USDA gave me a "full ride" to attend Fort Valley State University.

I learned the importance of chosen family while at college. The historically Black college and university experience is like none other. It was a family atmosphere that allowed the freedom to experience life, but also kept me focused on the goal of graduating. My professors, department head, and dean were all integral parts of my matriculation and development as a young adult. They afforded me opportunities for work-study, internships, and serving as an agriculture ambassador. They taught me the importance of building relationships, relationships I still have.



I joined ROTC my junior year which

gave me a solid military foundation as well. A lot of the men in my family served (my dad and all his brothers, my grandfather, my mom's brother, and my brother) and I wanted to follow in their footsteps as well as make them proud as the only woman in my family to serve.

In my military career, I have had the opportunity to deploy with the Army Reserve to both Afghanistan and Qatar. Most recently, I commanded 85 Army Reserve Soldiers, as part of Urban Augmentation Medical Task Force 005-1's, deployment to Elmhurst Hospital, in New York City in support of COVID 19 relief.

As a 70H, health service plans officer, I wasn't dealing directly with COVID patients but utilizing my civilian and Army skills to manage the team and keep these critical medical providers sharp and ready.

I am honored to serve in the military. Every assignment stretches me in a different way which benefits not only my military career, but my civilian career and personal development.

Yes, my family is sometimes nervous, fearful, and disheartened, but they are always proud. I have an extremely supportive husband and family that will be there for him as needed with our two girls. They serve when I serve. Along with family, prayer and meditation is how I deal with stress in my life. I am fulfilled and take pride in what I do and enjoy the duality of having a civilian and military career.

# Army Reserve Soldiers Opportunity to Shine at Sundance

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Maj. Satomi Mack-Martin, a 3d Medical Command (Deployment Support) Soldier, attended the 2020 Sundance Film Festival in Park City, Utah, for the world premiere of *Miss Juneteenth* where she worked as the 1st Assistant Director. The feature film spotlights the annual Juneteenth celebration — a day that commemorates the abolition of slavery in Texas on June 19, 1865, two years after the Emancipation Proclamation — and its staple beauty pageant.

The first assistant director is directly in charge of overseeing all department heads and ensuring entire cast and crew is working on schedule. Plans all film logistics and serves as liaison between director and the rest of the cast and crew.

Mack-Martin, a graduate of University of Southern California, School of Cinematic Arts, brings insight to two seeming contrasting fields of film and the military. "Creating strategic production schedules and reports for film department heads, planning and organizing the movement of equipment and people to various locations under time constraints, and ensuring a director's intent is met with filming all the scenes planned for the day, feels very much like the military," she said.



Also, safety is a big deal under a First AD's direction. "Working alongside producers to bring about safe alternatives to a director is always a challenge. For example, we filmed a scene that had two horses, a group of motorcycle riders, and a huge crowd of people, in front of a busy street. It got really hectic at one point, so I had to take the director's intent (shot list) and break it down into small sections to film, in order to keep the horses calm and prevent

accidents from oncoming traffic. My Army experience and knowledge on creating risk assessments was very key in communicating with other filmmakers," said Mack-Martin.

The Sundance Film Festival is the largest annual independent film festival in the United States and takes place each January in Park City, Utah, Salt Lake City, and at the Sundance Resort. "Out of 15,000 films submitted, only 118 films were selected, making the energy at Sundance amazing! It was a wonderful opportunity to see films before they hit theaters this year with acquisition deals from major players like Netflix, Amazon Studios, Warner Bros, HBO, etc.," said Mack-Martin.

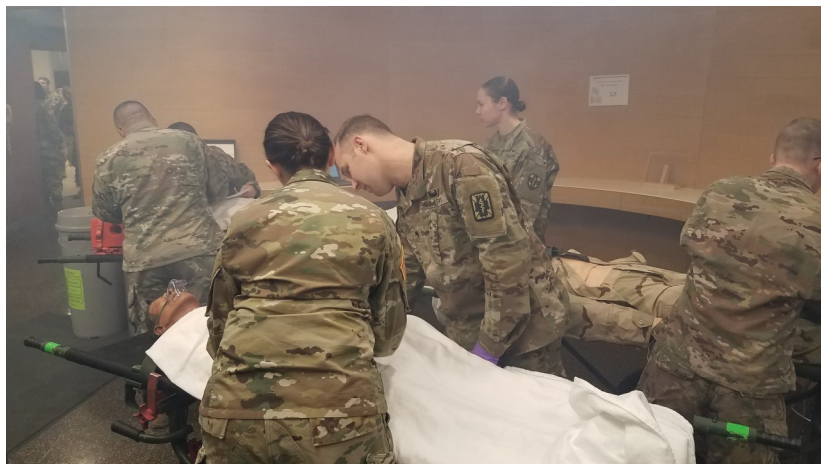
Along with attending the premiere of her film, Mack-Martin attended numerous workshops and panels at the festival such as events at The Blackhouse Foundation, encouraged minority filmmakers with hearing great experiences and tips from established showrunners and directors like Ava DuVernay and Issa Rae, and 'Women on the Front Lines: Changing the Game' panel, saying, "It was all very inspiring."

Mack-Martin hopes this is not an once-in-a-lifetime experience looking forward, "With being a First Assistant Director, it's a job that I love to do. It's a position that comes natural to me," she said.

## TeamSTEPPS helps turn a team of experts into an expert team

“Communication is key” is a cliché that can be overused in sports, business and military circles. But, when it comes to emergency medicine, successful communication is integral to quality care and treatment.

One of the ways the 946<sup>th</sup> and 936<sup>th</sup> Forward Surgical Teams advance communication in preparation for upcoming deployments is completing TeamSTEPPS training at the Mayo Multidisciplinary Simulation Center in Rochester, Minn.



Speaking to Soldiers at the training, 3d Medical Command (Deployment Support), Deputy Commanding General, Brig. Gen. Nelson Rosen said, “TeamSTEPPS gives you tools to conduct critical communication. This is a framework for how to operate and communicate as a team; this training breaks down silos than can occur.”

The key principles of TeamSTEPPS are, communication, leadership, situation, monitoring and mutual support and combines the efforts and support

of Mayo Clinic, AMEDD, MRTC and RTS-MED to provide realistic training and immediate feedback utilizing state of the art equipment.

The Mayo MSC engages Soldiers using computer controlled patient and video recording of events allowing for immediate feedback and areas of improvement.

Col. Joe Johnson, Medical Director for TeamSTEPPS exercise, said, “Teamwork and skills utilize tools, highlight strengths and identify both negative and positive conflicts. This training give Soldiers tools to conduct critical communication and a framework to better operate as a team.”

Maj. Bethany Parker, Commander for the 946th FRST said, “The team building here has been invaluable, we don’t get to work in a clinical setting for a full weekend like we do here.”



Parker added, “The team focused dynamic gives me an opportunity to observe my Soldiers in both large and small teams. When I deployed previously to Afghanistan I was an individual Soldier and didn’t get the opportunity to work with my team prior to deploying.”

After observing a mass causality simulation involving smoke, noise and chaos, Lt. Col. James Williams, a Health Services officer with the 3d MC(DS) supporting the training said, “The value of Mayo would be hard to replicate elsewhere, this facility helps to turn a team of experts into an expert team.”

# Passion To Know Why Leads to Successful Army Career

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Army Reserve Soldier, Col. Jennifer Marrast Host, discusses how her interest in science and biology shaped her civilian and military career.

## Passion To Know Why

Before the term STEM became popular, I was simply someone who loved science and biology. I was the one always taking things apart, trying to figure out why and how things work; sometimes good and sometimes bad. What I loved about science and biology was how to figure out why and how things work, this was my passion. When I was in high school I started to do research with Parkinson's disease because I was curious on what makes the cells of the brain not function properly.

I carried this curiosity with me when I enrolled at Hunter College, in New York City. While there, I shifted my research to vision; specifically, can you regenerate cells for eyes. My love of research was my primary focus in school. I would get up and go straight to the lab where I was researching retinal cells dissociation. It was a successful balance, graduating with a major in Biology and minor in Chemistry, but my priority was labs first and classes second.

My intention was to become a biology professor, but one of my professors had taken note of my, "How things work mentality", and suggested I enroll in medical school. I fought it, I don't know why, especially since I have family in the medical field, but thankfully relented and was accepted to Rutgers, Robert Wood Johnson Medical School.

Medical School was challenging, I never had a hard time in school prior to med school. At med school, I had to put in the hard work to get what I wanted. After putting in the work and preparing for my residency applications, I wanted to pursue a career in emergency medicine, but was met with a roadblock when my dean suggested I apply for family medicine or pediatrics instead. From the moment I first walked into the ER I knew what I wanted to specialize in. It took weekly meetings to lobby my dean before I convinced her, no matter how hard it might be, this is what I wanted.

The entire process reminded me of something my parents told me growing up, "It's better to try and fail than fail to try." I have carried that with me throughout my life.

When the results from residency match day were announced, I got my first choice, St. Luke's-Roosevelt, (Now, Mount Sini West and Morningside) in Manhattan. This was so exciting for me, it took hard work to get through med school, and perseverance to get accepted in emergency medicine.



## Curiosity Did Not End Graduating Medical School

Shortly after finishing medical school, I received a flyer in my mail box from an Army recruiter. Being first generation military, I knew nothing about the Army, but I was curious and wanted to find out what the Army was all about. I met with a recruiter, signed up and went home that evening telling my husband I joined the Army!

Not knowing what to expect, I went in with an open mind and loved it from the very beginning. I felt at home as soon as I set foot in the combat support hospital and it has continued for the last 24 years. Earlier in my Army career, I deployed to both Afghanistan and Iraq as an emergency Department Physician, it is so gratifying to know my medical training has directly impacted Soldiers' lives.

I am now preparing to deploy again, this time as commander of the Theater Enabling Command-Medical, 3d Medical Command (Deployment Support) Forward team to Kuwait. Although I will not be seeing patients, I can provide my team guidance to overcome challenges. Problem solving is still my passion and the skills and experience I have gained over my career from ICU, EMT, and surgery allow me to understand what others on my team are experiencing.

Throughout my career, I have faced challenges and taken chances to do what I love. I am blessed to combine working for a great employer in Kaiser Permanente and serving in the Army Reserve that allow me to continue to serve and pursue my passion and love for figuring out how things work.

# Interview With Lt. Col. Dana Lonis

Lt. Col. Dana Lonis was born in Utica, N.Y., and lives in Syracuse, N.Y. She serves as a 66 Sierra, a critical care nurse. Lonis has worked in critical care for 23 years, then went back to school to become a nurse practitioner graduating in May 2019 just prior to deployment. Married for 17 years with three children and a Great Dane named boom-boom-pow. Her hobbies are spending time with family and friends, going to the beach and skiing. Her motto to live by: "No matter what you're doing, do it well. Everything is important."

Interview of Lt. Col. Lonis by Sgt. Lacey Rogerson:

**Sgt. Rogerson:** Why did you choose to become an Army nurse?

**Lt. Col. Lonis:** I would say a combination of pragmatism and patriotism. I wanted to figure out a way to get an education, it was extremely important at the time, but I have always wanted to wear the uniform.

**Rogerson:** What's the most important piece of advice you would give to a woman thinking of starting a career in the military?

**Lonis:** Absolutely do it if it's in your heart.

**Rogerson:** How important is it for women to lift each other up, and what does that mean to you?

**Lonis:** It's extremely important. Not only for women, but for everyone. Civility in practice, whether it's in the military or in your professional practice, even in your regular life, is important. Try not to bring people down, if you can't, then do it respectfully. Always try to bring people up.

**Rogerson:** Absolutely, I agree. What is the most important message you want to send out to young women thinking about their careers?

**Lonis:** That's a difficult one for me. Career is very important. I have a daughter that I've talked to about this. What's in your heart is what you should put first. Your career might not be that. If it's not that, then go for whatever is in your heart. Like I said, knowing yourself and knowing your goals or rolling with the changes as your goals evolve, is the most important thing. If your career is what's your goal for that period in time, just put that first and go for it.

**Rogerson:** What woman inspires you and why?

**Lonis:** So I told you this was a hard one to answer. I am going to go with Hilary Clinton for this one, because I feel she is a trail blazer. She is certainly someone to look up to. She graduated top of her class at Yale. People should not judge you on any other fact. Definitely not gender, definitely not politics, but on what you are saying. If that's correct, then you have to say it. Just be a trailblazer. It is probably different for younger folks, but for me I guess it would have to be her.

**Rogerson:** Sometimes you might make waves, but that OK if it's the right thing.

**Lonis:** In my opinion, I truly believe a lot of time was spent not making waves just to be able to be heard. But then when you're finally heard, what your saying is important and you finally have a platform, people are throwing stones at you. What you say never gets heard, just the stones are seen.

**Rogerson:** What have you seen change in relation to the women in the military throughout your career and what do you think has been the most significant change?

**Lonis:** Women in the military I feel have always had really strong mentors. As far as females in the military it has evolved and progressed in their way of allowing diversity and things of that nature. I feel that women have certainly been a part of that. Seeing women generals. They used to be sort of really rare, now you do



see a few women with stars on their chest. It's amazing. I feel the military as well as society are realizing that we have equal potential as a gender. We may not have the same physical strength but we have equal human potential, regardless of our gender. It really has little to do with much else than just going for what you want. You can do that in the military.

**Rogerson:** If you could meet any woman living or dead, who would you want to meet?

**Lonis:** Amelia Earhart. I would love to just find her plane.

**Rogerson:** What advice would you give to your 20-year-old self?

**Lonis:** Don't drink so much. :)

**Rogerson:** Do you feel that you have achieved what you wanted to, and is there more to come?

**Lonis:** Yes and yes.

**Rogerson:** How can women develop a long-term career plan and who could they get advice from?

**Lonis:** Developing a long term career plan again has to do with your own personal goals. A lot of times people think that your career has to be perfectly suited to your heart. A lot of times that's not true. If you're waiting tables to try to get through school, or join the Army to finish school because you know you have this end goal, you might not put that much energy into doing that. Being good at whatever you are doing I think is very important, but again, knowing your goals, knowing yourself, knowing where you are going and putting that path as the important thing in your life is what is most important.

# Modernizing COVID Prevention

On the battlefield, a few seconds can be the difference between someone living or someone dying. In the war on [COVID-19](#), time can be an enemy or a friend, as well. The time spent waiting on results is time the virus can quickly spread to other individuals. Military personnel at Camp Buehring, Kuwait, recently acquired a new weapon in their arsenal.

"It doesn't take long to collect a sample at all," said Army Sgt. Christopher Garrett, a medical laboratory specialist from Portsmouth, Virginia, with the 411th Hospital Center.

"Once that sample is processed, I get a result in about 51 minutes flat for a 'yes' or a 'no.'"

The quicker results at the camp were thanks to the addition of a GeneXpert system. The troop medical center on the base began using the system Monday, July 27.

The system checks for the RNA (ribonucleic acid) that makes up COVID-19, stated Garrett.

He continued, "If it detects 200 or more matches, it's going to call it, which is actually very sensitive."

At the start of the outbreak earlier this year, smaller bases like Camp Buehring had to wait up to two weeks to get results back from Germany. As time progressed, larger bases obtained the ability to test, and the waiting time for small bases shortened to approximately five days.

But with the new more mobile technology, Camp Buehring can receive results in less than an hour from four individuals.

Garrett says the service members at the camp have expressed relief and excitement. The quick turnaround means less time worrying about results and far less time in quarantine, which in turn allows troops to focus on their missions.

Having the ability to test subjects on the base quickly has had some positive side effects in other medical areas on the base.

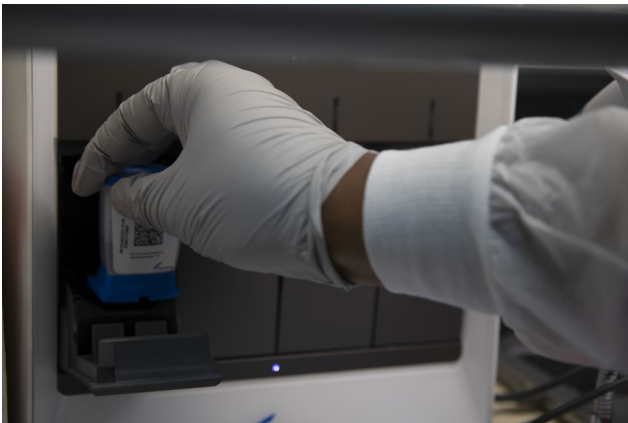
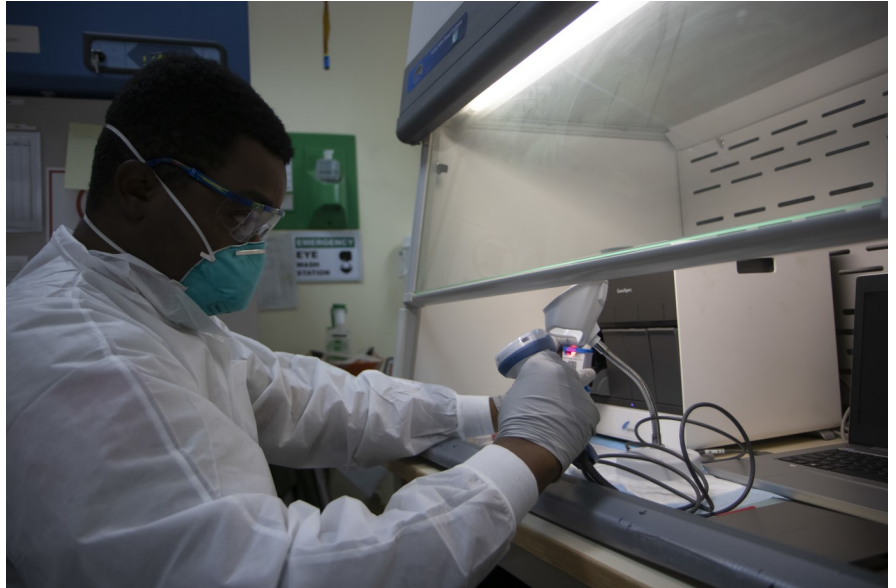
"[The wait for test results] would hold up operations in other areas, such as dental," said U.S. Army Sgt. Antonio Thomas, a medical laboratory technician with the 345th Field Hospital. "Now that we can test within an hour, more Soldiers can get necessary dental work done."

The Army is combining education, modern technology, and preventative practices such as social

distancing and mask-wearing to help prevent the contraction and spread of COVID-19.

"It's certainly humbling to know that everyone at Camp Buehring has so much faith in our ability to test for COVID and those of us on the frontline of this crisis," said Garrett. "But it also feels exhilarating to be able to say that we are the ones pioneering this technology and that we're charging ahead without fear because at the end of the day, it is about protecting Soldiers, and that's why I'm wearing this uniform."

Story courtesy of Staff Sgt. Christopher Osburn



## 3rd MC(DS) and Jordanian Royal Medical Services Exchange COVID Lessons

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U.S. Army Soldiers from the 3rd Medical Command (Deployment Support) conducted a subject matter expert exchange with the Jordanian Royal Medical Services at the Queen Rania Al Abdullah Hospital For Children earlier this month.



The four-day event facilitated discussions on interoperabilities, with special focus on COVID-19 response and requirements.

"It's a new experience for every country," said Maj. Alaa Eddeen, a medical logistician with the RMS. "We need to share our experiences so we learn from each other and make the best preparations for the future."

The 3rd MCDS is the theater-enabling command for medical support. Representing the command were Chief of Staff Col.

Stephanie Wolloff, Sgt. Maj. Thomas Quinn, and Capt. Jason Woodruff, who are in Jordan to assist Area Support Group-Jordan with medical coordination.

"A critical piece at our level is to identify trends we may see in other areas, whether it be in the U.S. or another country so that we may recommend and push resources before something happens to affect our troops," said Quinn.

The RMS-engagement was essential for their leaders to learn from the successful COVID-19 response Jordan has coordinated since the beginning of the pandemic.

Flexibility is key, according to Wolloff. "COVID-19 has shown the importance of providing as much capabilities as you can to your general medic," she said.

Response to critical situations improves when certain skills, such as basic infection control, is common among all medical personnel and standardized between branches.

For Eddeen, the effects of the pandemic on the world's medical supply chain is historic. "We need to analyze and document what we have done, what went wrong, and what we need to do in the future."

The U.S. and Jordanian militaries have worked together in numerous training exercises. Unlike, training events, there is no known end date with COVID-19.

"There's a big difference between theoretical matters, and real world events," said Eddeen. "It's the difference between a driving exam and being on the road. No one can tell us when this will end. So we have to be ready."

The U.S. military is in Jordan to partner with the Jordan Armed Forces to meet common security objectives in the region. Jordan is one of the U.S.'s closest allies in the world.



## Joint Efforts Lead to Life-Saving Transport and Treatment of Military Working Dog

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The sight of a helicopter for the average deployed Soldier is not exactly a noteworthy event. That is unless the passenger happens to be of the four-legged variety.

Cvoky, a 120-pound Belgian Malinois, who serves as a U.S. Air Force military working dog, was recently rushed to Camp Arifjan, Kuwait, with a potentially life-threatening condition.

"He did not seem like himself... we went and took his temperature and found out it was 109.9 deg.," said Cvoky's handler, U.S. Air Force Staff Sgt. Juan Reyes. "We rushed him right to the medical tent."

Cvoky fell victim to what many humans do during the heat of the summer months, a heat injury.

"Heat injuries are very common, both for military working dogs and for humans, especially at this time of year in this part of the world," said Capt. Jon Drake, the veterinarian officer in charge of Kuwait. "Hydration and appropriate work-rest cycles are important for prevention. Fast response in case of an injury makes all the difference."

Although common, heat injuries for MWD's can have severe and long-lasting consequences different from humans, especially if not identified and treated quickly.

"There are a few different things that happen when an MWD has a heat injury," said Drake. "A lot of injuries happen internally; one thing is they stop being able to clot their blood appropriately, which can lead to internal bleeding."

While treatment was being managed at the scene, medical assistance was being arranged and thanks to Task Force Spartan's 1st Battalion, 189th General Support Aviation Battalion, with Soldiers from both the Indiana and Montana National Guard, help for Cvoky was on its way.

"We had a call from a separate location that they had a dog with a heat injury," said Drake. "We immediately notified the rest of our team here [Arifjan]."

"This is my first experience with a military working dog," said Sgt. 1st Class Jerry Davis a medical operations noncommissioned officer with the GSAB. "We have always had training missions, but this is the first real-life experience."

Davis and his team worked to plan the UH-60 transfer of Cvoky from Saudi Arabia to Kuwait.

"This is a first for us doing an international country transfer of a working dog. Hard work, great planning and dedication came from our flight crews, medics and operations staff," said the pilot in command Chief Warrant 3 Brett Milton, from the GSAB.

"Many dogs that reach high temperatures, like this one did, do not survive," added Drake. "So, we were very lucky that this particular instance was caught quickly, and treatment was given right away, and we were able to medevac the dog to give him additional levels of care."

The successful outcome for Cvoky can be directly contributed to and highlights the level of care available in the region.



(Continued on p.31)

# Desert Medics Offer Flawless Medical Support throughout CENTCOM

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One medical unit out of Atlanta, Ga., arrived in theater with the expectation of providing flawless combat healthcare service and support across the Middle East, and they did just that.

The 3rd Medical Command - Deployment Support (MCDS), also known as the, “Desert Medics,” arrived in theater with only 52 Soldiers and were responsible for executing strategic medical operations across the entire U.S. Central Command (CENTCOM) area of responsibility (AOR).

Some key accomplishments of the 3rd MCDS include:

- Conducted missions in ten countries and as many as 25 different locations
- Conducted 140 medical missions for 32 multi-component organizations
- Supported over 90,000 Department of Defense (DoD) members, Coalition Forces, and other personnel

The Desert Medics offered top-notch medical care to all military personnel throughout the CENTCOM AOR.

“Our mission was to fulfill the promise that every Soldier, Sailor, Airman or Marine who becomes injured or ill in this AOR will receive the world-class medical care that they deserve,” said Col. Richard Bailey, commander, 3rd MCDS. “We had a team doing that in just about every country within the AOR.”

They worked closely with their subordinate units to provide support as necessary.

“We oversaw the 10 medical functions for medical units who support the CENTCOM AOR,” said Capt. Richard Benson, operations deputy chief, 3rd MCDS. “We provided additional forces and support, as needed, by our subordinate units – assets such as surgeons, behavioral health personnel, or any assistance needed with medical logistics.”

In addition, the 3rd MCDS worked with the 1st Theater Sustainment Command (TSC) for administrative support.

“The 1st TSC had ADCON authority over us – meaning they provided all administrative support to us and our subordinate units,” said Benson.

“We worked well with Maj. Gen. Sullivan and the rest of the 1st TSC throughout our deployment,” added Bailey. “We have been mutually supportive of one another over the past nine months.”

All things considered, the Desert Medics’ primary focus was to support U.S. Army Central’s (ARCENT) intent.

“At our level, we really focused on ARCENT’s main objectives, which required us to maintain a theater-wide focus throughout our mission,” said Benson. “Maj. Gen. Sullivan did a really great job of looking at things in a wide spectrum view, which allowed us to see the big picture and objectives that ARCENT set for us.”

“One thing that was interesting about our rotation in theater was that we actually relocated from Qatar to Kuwait,” added Capt. Kevin Stoll, headquarters and headquarters company commander, 3rd MCDS. “This allowed us to better support our relationship with ARCENT and the 1st TSC.”

Their success in theater can be attributed to a combination of mission focus, morale building activities, and diversity.

“Our ability to focus on the mission and independently execute the commander’s intent was one reason why we were successful in theater,” said Bailey.

In addition to mission focus, “Making sure our team’s morale remained high was essential,” added Stoll. “Most of our Soldiers engaged in lots of sporting events and other competitions offered at Camp Arifjan, which really made a difference in allowing our morale to remain as high as it did.”

Lastly, “The broad levels of experience that everyone brought to the table allowed us to be successful, as well,” added Benson. “We have people coming from fields such as civil affairs and special operations – that type of diversity had a huge impact on the support that we were able to provide while in theater.”

The Desert Medics may have been small in numbers, but the support that they were able to provide was paramount in ensuring that all military personnel across the CENTCOM AOR remained healthy and able to accomplish their mission.



# Food and Fuel

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U.S. Army Soldiers are deployed and often found in austere environments such as the desert where food and water can be scarce, but even when available, it might not be healthy.

Nutritionists, or Military Occupation Specialty 65C, help Soldiers know what and what not to eat.

“So, when you think of the Army, you think of the performance triad, physical fitness, hydration and nutrition,” said 1st Lt. Carolyn Parlato, a registered dietitian and officer in charge of the 411th Hospital Company’s dietitian clinic. “I see patients and am able to advise them on what foods have the best nutrition.”

This performance triad is not likely something that will go away even during a quarantine.

This quarantine means limited ability to move about, but the Army has not left Soldiers without the opportunity for success.

“We are limited in quarantine,” said Parlato. “I think they do a good job; there’s a lot of fresh items offered.”



This fresh food allows Soldiers options to eat healthily.

“Four of the top leading cause of death in the U.S. are nutrition-related,” said Parlato. “It is important on how we fuel our body.”

“I tell my patients to try and find whole foods,” said Parlato. “Look for fresh fruit, milk, and with lean protein go grilled or broiled.”

Food choices are not the only key to nutrition.

“Dehydration kills,” said Parlato. “Staying hydrated in this warm, arid conditions is important.”

Soldiers are provided with access to clean bottled

water.

“With hydration and a balance of micro and macronutrients,” said Parlato., “I think Soldiers can successfully eat nutritionally in quarantine.”

Soldiers do not have the same items available as in garrison.

“Well, I do believe there are definitely pros to this quarantine,” said Parlato. “Their chicken is moist and good protein options. Lunch and dinner are very good.” “They are overall good.”

With a little guidance, Soldiers can overcome nutrition obstacles while deployed.

“Soldiers are warrior athletes, and they have to fuel their body and keep hydrated,” said Parlato. “It just does so much for Soldier’s morale.”

## 3rd MEDCOM and Task Force Spartan Practice for Worst Case Scenario

The 3rd Medical Command and Task Force Spartan recently conducted air medical evacuation training in the Kingdom of Saudi Arabia to ensure in the event their services were required, they would be ready and able to respond. Planning and coordinating an exercise like this is no easy task. It requires multiple layers of coordination and a lot of moving parts.

"There are a lot of people involved in getting a MedEvac in here," said Maj. Richard Scheuerman, an aviation officer with Task Force Spartan. "You have to coordinate with the host nation as well as the division and ARCENT commander."

When conducting a training exercise that involves air medical evacuations, one of the most significant issues is making sure you have clear air space to use the aircraft.

"It took a lot of planning and time to be able to do this training," said Scheuerman. "We have had to do MedEvacs frequently here but never out of Eskan Village specifically where this training took place."

This type of training is essential as it's not always war-related injuries requiring Soldiers to be MedEvac'd.

"We have had to conduct many MedEvacs recently due to COVID," said Scheuerman. "The major difference with this training was just the location. We haven't had to conduct a MedEvac in that area yet and wanted to make sure we could do it safely."

The Army often trains in new environments to see what difficulties there may be for Soldiers that have to work in those areas in the future.

"The purpose of this training was to see what landing a MedEvac in Eskan Village required and what it would look like," said 3rd Medical Command Forward Movement Regulating Officer, 1st Lt. Jacqueline Corcoran.



Medical evacuations involve many moving parts. It's not just a question of the aircraft, but also personnel. "You have to figure out where the crew chiefs are going to go, who on the ground is going to meet them, and what do to do with the patient while you wait for the MedEvac to show," said Scheuerman.

"We wanted to make sure that doing a MedEvac in this area would be safe and possible to execute."

With COVID-19, there has been a hike in MedEvacs needed in the area of operation; training like this helps to keep Soldiers sharp to conduct their mission safely.

"COVID has really pushed us to be able to conduct MedEvacs in places we didn't think of before," said Scheuerman. "We have tripled or quadrupled the number of MedEvacs we have had to do, the previous unit had to do 3-4 and we have done about 15-20."

Soldiers hope never to find themselves in need of MedEvac, but if one is needed, it's good to know that well-trained Soldiers will be there, thanks to training events like this.

"This training was just part of our crawl phase, and everyone was able to take away something from this training," said Corcoran.

"This training was a one time go, we nailed it and hopefully will never have to use it," said Scheuerman.

# Why I Serve—Bringing Civilian Experience to Deployment

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Capt. Ruthanne Owens is a 66H, Medical Surgical Nurse, with the 228<sup>th</sup> Combat Support Hospital currently deployed to Kuwait. Typical for Army Reserve Medical Soldiers, Owens brings both her civilian and military skills to the fight. Transitioning from a civilian critical care staff nurse supporting COVID patients in an Extracorporeal Membrane Oxygenation, Intensive Care Unit to deployment, Owens exemplifies the twice the citizen mentality.

Here is her story, in her words, on providing critical care and why she serves.



I work in the ICU/ICW section and support the goal of the 228<sup>th</sup> CSH is to provide excellent and safe patient care to every Soldier admitted to the US Military Hospital-Kuwait.

I bring my civilian experience as a nurse in multiple hospitals, with exposure to a variety of skills and processes. Being employed in a civilian hospital, the census is always full and the acuity is always high, developing a strong skill greatly benefits this mission in a high acuity patient census scenario.

In Kuwait, we work within the limitations of deployment, but this never deters our mission to provide the best care to our patients. One example, there was a night we received a patient and his condition rapidly deteriorated. Throughout the night we had to call in the provider, respiratory, pharmacy, and radiology. Laboratory was running our labs every four hours and the provider in EMT came to our section to assist with inserting a central line. This was not the only night that we have had to call in multiple sections for help. But every time, each section always responds with a desire to help keep the patient stable. Through the tireless efforts of our MRO and PAD office we were able to coordinate with a partner mission that would fly him out to Landstuhl Regional Medical Center within 36 hours. Through his short time here, staff brought in food from their own care packages. We come together as a team and we face each problem head on. We never give up.

A few months before we deployed I was working at my civilian hospital. I admitted countless patients that came to me on oxygen. They would ask me, between their gasps of breathing, if I thought they were going to make it. I always said, "100%". Every time I said that, every shift, every night, someone on the ward didn't make it. So many phone calls to husbands, so many calls to wives. I bore witness to last words more times than I can remember. One of the hardest parts is there were so many, I don't remember all of them. In fact, most of them I try to forget. Day in and day out, it felt like we were losing.

So why do we keep fighting? Why do we keep trying? I started to wonder if it was fruitless to hope. Maybe it would hurt less if I didn't. But it's not in our nature to give up, I think. With every punch that knocks us down, we get up for another. One day, someday, after getting knocked down, we'll stand up and there won't be another punch. There will just be us, standing.

It's a somber story, but it was the mindset that I was in when I came out to Kuwait. I'll always have a wife's voice in my head, her last words. Her voice trying not to break as her heart clearly has.

We talk about what it means to put people first. To some in the medical field that means patients. To some in the military setting, that means Soldiers. To me, while we are on this mission, it means the Families. I'm not going to give anyone's wife or husband the opportunity for last words, they won't need one. Everyone goes home.

If there is one thing that I have seen, working in different hospitals and on different wards, is that the team makes the ward. The best success stories of sending patients home to their loved ones alive and well has been because of a team effort.

This is the same with working with my fellow 228<sup>th</sup> CSH Soldiers. I grew up with an intense desire to be where I felt like I was needed and to make a difference. I wanted to have an impact on people's lives. The job that many people could not, or would not do, was the job that I wanted. Because of this, I strive to always better educate and train myself in the area that I am serving, so that I may provide the best care to get injured Soldiers home.

I am proud to work in my section and for the 228<sup>th</sup> CSH. Whether it is an emergency or a routine day, we come together, we support each other, and we accomplish the mission.

(Continued from p.9) Harrigan "took the lead on checking in with every Soldier at the hospital," Velazquez said. "This could have been a concern, because not every Soldier will seek out behavioral health. But, [worked closely with the associate director for nursing on staff resilience programs]," he said.

But his help stretched far beyond his job title. As every part of the hospital filled to the brink, Harrigan's team didn't shy away from anything, including the overcrowded morgue, that was further beyond capacity by the day, Harrigan explained.

"These people were loved by someone," he said. They had special blankets, pictures, other items at their bedsides. Some were able to say goodbye on an iPad but died alone. Each of them deserved to be honored.

Like in Iraq, after a young British soldier died in a gunfight, Harrigan quickly organized a memorial for him, because he said, although death is hard "in a war, you have to get back in the fight."

That was his call to service: to care for the caregivers. Whether it's on the battlefield, with veterans of a previous generation, or at home, it's a common thread his career has been defined by.

Harrigan] was there to ensure everyone was OK."

"We provided psychological support for the staff, who have gone through so much, and we worked closely with the associate director for nursing on staff resilience programs," he said.

But his help stretched far beyond his job title. As every part of the hospital filled to the brink, Harrigan's team didn't shy away from anything, including the overcrowded morgue, that was further beyond capacity by the day, Harrigan explained.

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(Continued from p.26) "This facility [on Arifjan] is the role two-plus and three for the whole area of operations," said Capt. Melody Mullin. "My involvement was support. I ensured my facility was ready and had everything they needed." "So, the roles for veterinary services are role one is at the point of injury and is basic care, role two is urgent surgical care, and role three is care with multiple different specialists and a broad-based level of care," said Maj. Tiffany Kimbrell, a board-certified veterinary surgeon, assigned as an animal medicine consultant. "If we were not here, the next level of care was 12 hours away, and if we waited that long there might have been a different outcome."

One unique challenge the patient faced was the need for blood. Like humans, dogs can only receive certain blood types, but luck seemed to be in Cvoky's corner.

"This particular patient needed a blood transfusion," said Mullin. "I facilitated getting the blood type of the dog we needed and having that blood ready for them when they arrived."

"We got the call that my dog Army might be a [blood] match," said U.S. Navy Master at Arms Two, Petty Officer 2nd Class Sera Tamez. "So, we came in, and he donated a pint of blood for the dog in need. It feels really good to help one of our own!"

"I think it's a success story," said Kimbrell. "Early recognition of the injury, great collaboration with the team, and also accessing the capabilities in the area to know where the MWD would go in a certain amount of time."

"It is very important that Military Working Dogs receive the highest level of care," she added. "They are force multipliers."

Drake also attributed the rapid response of Cvoky's handler to the successful outcome.

"We are very fortunate that, in Cvoky's case, the handler acted fast," said Drake.

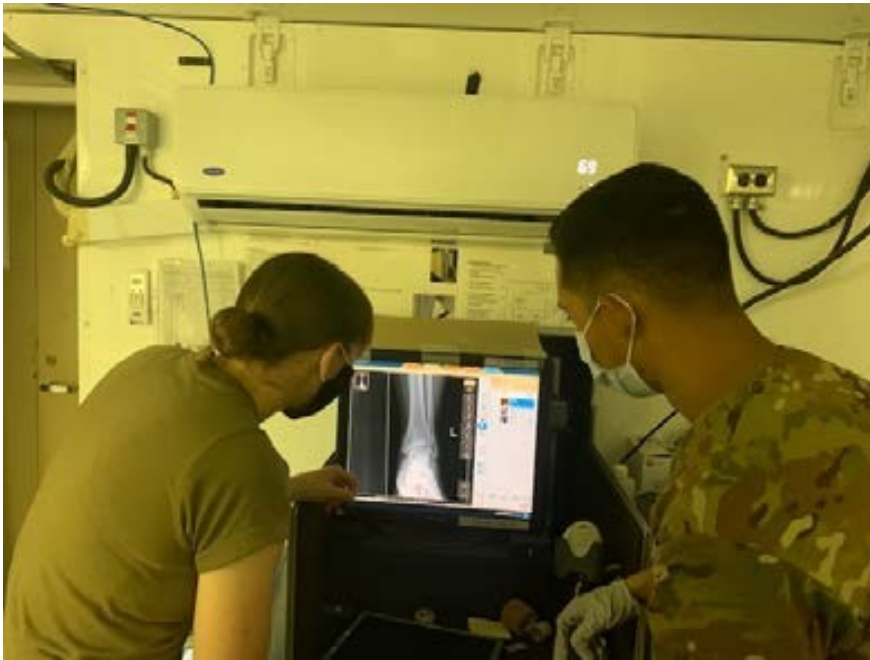
"The degree of veterinary training I have helped out," said Reyes. "It's training I learned in tech school along with the wisdom from other handlers. Cvoky is totally back to himself. Right now he is just relaxing and enjoying life. This was definitely a happy ending."

Overall, this mission was unique and incredibly successful because of the multi-component organizations, made up of active Army, Air Force, Navy, and Army National Guard components, rounded out by U.S. Army Reserve support units.

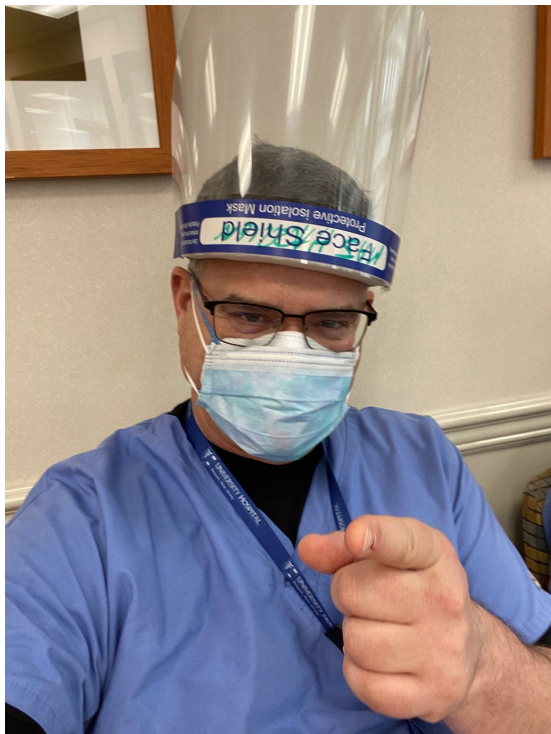
# Desert Medics







# Faces of the Fight







As we look forward to 2021,  
we will also be taking a look  
to our past and our origins,



dating  
back to  
WWII, as  
the 3D  
Auxiliary  
Surgical  
Group.

(So, stay tuned!)





**3d**  
**Medical**  
**Command**  
(Deployment Support)