THE PACIFIC MEDIC

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Innovative Drone Blood Delivery

Expanding the possibilities for the Army of 2030; Improving joint & Korean Army interoperability, *page 11*

THE PACIFIC MEDIC

65th Medical Brigade

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FEBRUARY 2025

COL Edgar G. Arroyo

Brigade Commander

It is with immense pride and gratitude that I take a moment to celebrate the exceptional work being carried out across all our units. This magazine is dedicated to showcasing the remarkable contributions made by each team and individual, whose dedication, innovation, and resilience continue to elevate our organization to new heights. From frontline operations to strategic initiatives, the breadth of excellence on display here speaks volumes about our shared commitment to our mission and the values that bind us together.

The 65th Medical Brigade kicked off Operation Pacific Medic 24-26 in the first quarter for fiscal year 2025 as we transform in contact. This strategy addresses the challenges of sustaining “Fight Tonight” readiness while simultaneously providing healthcare delivery in the Korean Theater of Operations, strengthening our people, and preparing for an Army of 2030. Over the course of the next two years, the 65th Medical Brigade advances fight tonight readiness, transforms and modernizes Army Health Systems support and mission command processes, develops the next generation of cognitively strong and agile Soldiers and leaders, and is equipped to effectively support Eighth Army, and United States Forces Korea, in large scale ground combat operations (LSCO). We will accomplish this through organizational improvement, targeted investment in readiness, and increasing our access to care.

As you read through the stories, achievements, and highlights in this issue, I am encouraged of the progress and impact we have made over the first half of FY25 and the direction we are headed.

Pacific Medics, Warrior Care, Katchi Kapshida!

Pacific Medics is a publication of the 65th Medical Brigade. The content of the magazine is provided by the Brigade’s headquarters component along with its direct reporting units. The purpose of the magazine is to showcase the mission and vision of the Brigade as well as highlight the Soldiers, Civilians, and Family members who work tirelessly to accomplish the mission.

BDAACH

Brian D. Allgood Army Community Hospital

Medical Readiness Company
By SFC Danny L. Austria

The Brian D. Allgood Army Community Hospital (BDAACH), located at U.S. Army Garrison Humphreys in Pyeongtaek, Korea, is the largest medical asset supporting the Eighth U.S. Army and joint operating forces across the Korean theater of operations under armistice. Driven by a commitment to high-quality, compassionate, and safe patient care, BDAACH ensures the medical readiness and overall well-being of service members, their Families, and other beneficiaries.

Leadership and Strategic Vision

Under the guidance of COL Chad Black and CSM Tammy Poole, BDAACH focuses on securing, improving, and sustaining continuous, high-quality patient care. At the same time, it strengthens the capability of its medical staff to provide prolonged care. This strategic vision is realized through close collaboration with the 549th Hospital Center, Medical Readiness Command–Pacific, the 65th Medical Brigade, and host nation medical treatment facilities. By maintaining these robust partnerships, BDAACH stands ready to meet evolving medical demands and challenges, ensuring a medically prepared force for any future contingency.

Unique Mission and Scope

Unlike many other military medical facilities, BDAACH delivers a full spectrum of healthcare services within a comprehensive, integrated system. This framework includes direct patient care, medical education, public health initiatives, private-sector partnerships, cutting-edge research and development, and continual mission support. The hospital's effectiveness is bolstered by a dedicated team of Korean national employees, the Department of Defense, the U.S. Army Medical Department Activity–Korea, the 549th Hospital Center, and personnel from the 121st and 502nd Field Hospitals.

Medical Service

BDAACH provides medical services at a daily rate of 1,232 outpatient encounters; 618 inpatient encounters;

1,219 prescriptions filled; 4 surgeries performed; 618 Primary Care Visits; 200 Radiology Procedures; 74 Emergency Department Visits; and approximately 1 birth a day all supported with a combined workforce of both military and civilian personnel. BDAACH supports nearly 20,000 Active Duty Members; 9,000 Family Members; and 1,200 Tricare Plus individuals with a workforce consisting of 666 Military; 30 KATUSA; 73 Contractors; 88 Volunteers; and 242 MTOE Assigned Personnel.

Collaboration with Host Nation Medical Facilities

BDAACH extends its reach beyond U.S. military installations by collaborating with more than 66 Korean hospitals and international clinics across Areas I, II, III, and IV of the Korean Peninsula. This network of off-post partnerships ensures that patients have timely, convenient access to the medical services they need, reflecting BDAACH's commitment to providing high-quality care regardless of location. By partnering with local Korean hospitals and international clinics, BDAACH can provide timely access to specialized care, fill gaps in capacity, and foster stronger community relationships. This collaboration ultimately enhances medical readiness, maximizes resources, and promotes a healthy environment for all beneficiaries stationed throughout the Korean Peninsula.

Wartime Medical History Fact 1

Blood Transfusion and Blood Storage: World War I — The concept of blood transfusion saw major advancements during World War I, especially after the introduction of blood banks. The need for rapid blood transfusions to treat Soldiers suffering from massive blood loss led to the development of techniques for collecting, storing, and safely administering blood. By the 1930s, these techniques had evolved enough for blood to be stored in a manner that could be transported to the frontlines.

65th Medical Brigade

The 65th Medical Brigade, a vital unit of the U.S. Army, has a storied history dating back to its establishment in 1942 during World War II. Originally formed as the 65th Field Hospital in the Pacific Theater, the unit played a crucial role in providing medical care to Soldiers in combat zones, specifically in the South Pacific. In the postwar years, the brigade's functions expanded, and in 1965, it was restructured and redesignated as the 65th Medical Brigade. This marked its transition into a more comprehensive support role within the Army's medical services.

Throughout the Vietnam War, the brigade was actively involved in providing medical care to troops in the field and helping to manage the large number of casualties resulting from the conflict. The brigade's efforts during this period included the operation of field hospitals and medical evacuation operations, ensuring Soldiers received timely care in hostile environments.

During the Cold War, the 65th Medical Brigade continued to grow in importance as it supported U.S. military operations around the world. It deployed personnel for medical support missions in Europe, including providing essential health services in NATO exercises and supporting peacekeeping missions. The brigade's role was further solidified during the Gulf War, where it provided medical care for coalition forces in a desert combat environment, a testament to the adaptability and readiness of the unit.

The 65th Medical Brigade has been integral in supporting multiple other operations, including the Global War on Terror, where it provided medical support to soldiers deployed to Iraq, Afghanistan, and other regions. Its primary mission has always been to ensure the health and readiness of U.S. military personnel by offering advanced medical care in diverse environments, ranging from combat zones to humanitarian missions.

Today, the 65th Medical Brigade is a critical component of Eighth Army in the Republic of Korea, continuing its legacy of excellence in providing comprehensive health services across the globe. It stands as a symbol of the dedication and resilience of those who serve within it, ensuring the well-being of Soldiers wherever they may be deployed.

Honoring Our KATUSAs

A Cornerstone of the US-ROK Alliance

HHC, 65th MED BDE
By CPT Lydia C. Lowrey

As we celebrate the accomplishments and dedication of our Pacific Medic Soldiers, we also recognize the invaluable contributions of our Pacific Medic Korean Augmentation to the United States Army (KATUSA) Soldiers. For over 70 years, the KATUSA program has played a vital role in strengthening the US-ROK alliance, fostering a lasting bond between American and Korean Soldiers.

The KATUSA program was established on July 15, 1950, as a verbal agreement between Honorable Syngman Rhee, President of the ROK, and General of the Army Douglas MacArthur, Commander in Chief, United Nations Command (UNC) in response to the significant losses the US and ROK faced, pushing the fight all the way to the Pusan (Busan) perimeter. “The Republic of Korea government was to draft eligible males from the population in the area still held by the United Nations' forces; these men were to be loaned to the U. S. Army until they were no longer needed and there were sufficiently trained American replacements. The plan became a directive. The Koreans thus loaned were to be assigned directly to American combat units and employed in exactly the same manner as if they were American recruits (LTC Edwards, 1958).” This marked the beginning of a 70-year partnership between US and ROK Soldiers, one that has endured through war and peace.

Today, military-aged males in South Korea can apply to serve their mandatory service obligation as a KATUSA, a unique opportunity that allows them to work alongside US Soldiers and develop valuable skills. To be selected, they must pass one of the eight English language exams and undergo a rigorous selection process by the Korean government. Once chosen, KATUSAs undergo six weeks of ROK Army basic training and US Army orientation training before joining their assigned unit, where they live and work alongside their US counterparts.

“For over 70 years, the KATUSA program has played a vital role in strengthening the US-ROK alliance, fostering a lasting bond between American and Korean Soldiers.”

HHC 65 MED BDE, December 2025

PFC Lim and CPL Hong (HHC KATUSAs) helping to assemble the headquarters’ tent for the HHC TENT EX.

The 65th Medical Brigade is proud to have 145 talented KATUSAs assigned to our unit, who bring a diverse range of skills and expertise to support our medical team. They serve in various roles, including administrative and chaplain support, patient administration, logistics, communication systems, and supply, and are an integral part of our staff and headquarters.

The mandatory military service requirement for all South Korean males, which must be completed before the age of 30, brings together KATUSAs from a wide

range of backgrounds and educational levels. From recent high school graduates to holders of advanced degrees, our KATUSAs possess a unique blend of skills, experiences, and perspectives. This diversity is a significant asset to our Brigade, as KATUSAs share their individual strengths and expertise to continuously enhance our systems and processes. By bringing fresh ideas and approaches to the table, they help to drive innovation

"Our KATUSAs are also cultural ambassadors, helping US soldiers navigate the complexities of Korean culture and language, and introducing them to the rich history and traditions of South Korea."

and improvement within our units, ultimately contributing to our overall success.

Historically, KATUSAs would split their service between US and ROK Army units, but since the establishment of the ROKA training center in 1963, they now serve their entire tour in the US Army, training alongside American Soldiers in every aspect of military life. This integrated approach enables our KATUSAs to develop a deep understanding of US Army operations and procedures, and to provide critical support to our brigade. But their impact goes far beyond the workplace. Our KATUSAs are also cultural ambassadors, helping US Soldiers navigate the complexities of Korean culture and language, and introducing them to the rich history and traditions of South Korea. They facilitate cultural events, unit organization days, and unit community outreach initiatives, fostering a sense of camaraderie and friendship between US and Korean Soldiers. Whether they're helping US Soldiers find their way around Seoul, via the complex transportation system, or going together to a local baseball game, teaching them how to cook traditional Korean dishes, or simply being a friendly face in a new and unfamiliar environment, our KATUSAs go above and beyond to ensure that our US Soldiers feel welcome and supported in South Korea. The bonds of friendship and mutual respect that form between US and Korean Soldiers are a testament to the enduring power of the KATUSA program.

As we celebrate the contributions of our KATUSAs, we honor the legacy of the US-ROK alliance and the brave men and women who have served together to defend freedom and democracy. The KATUSA program is a shining example of the strength and resilience of our partnership, and we look forward to continuing to work together to promote peace and stability on the Korean peninsula.

HHC 65 MED BDE, December 2025

SGT Jeong (Senior KATUSA) EFMB event during the HHC TOCEX.

Wartime Medical History Fact 2

Antibiotics/Penicillin: ***World War II — While Alexander Fleming discovered penicillin in 1928, it wasn't until World War II that large-scale production and widespread use of antibiotics became a reality. The need to treat infections in Soldiers (especially from wounds) led to the mass production of penicillin, revolutionizing the treatment of bacterial infections. This saved countless lives during the war and paved the way for modern antibiotics.***

168 MMB and USAG-Daegu Better Opportunities for Single Soldiers (BOSS)

Making Korea a Community of Choice

75th MCAS
By PFC Armando E. Salazar

Whether chasing exhilaration while ziplining over the majestic Busan beachfront; indulging in the rich Korean culture, or serving their communities, service members of the 168th Multifunctional Medical Battalion (MMB) Make A Difference and advance USAG-Daegu pledge to make Area IV a Community of Choice through the Better Opportunities for Single Soldiers Program, or BOSS, program.

The USAG-Daegu BOSS program provides single and unaccompanied Soldiers with a wide range of opportunities to get involved in the community, develop their leadership skills, and enhance their overall quality of life. Soldiers like PFC Armando Salazar, assigned to 75TH Medical Company (Area Support) (MCAS), 168th MMB, and other Soldiers from the Powerhouse Battalion and across dozens of 8A units in Area IV, actively participate in the BOSS program and make a positive impact in the community.

Through the BOSS program, Soldiers participate in various community service events, including volunteering at the Daegu Seogu Youth Center, a USFK Good Neighbor Program partnership that 168th MMB established in May 2024, where they mentor Korean students in English and share their own cultural experiences. They also participate in Senior Feeding Volunteer Work at the Geumo Welfare Center, where they serve meals to elderly members of the community and provide them with companionship and support. Additionally, Soldiers participate in local USAG-Daegu events like the winter Kringlefest, where they prepare hot chocolate and assist children and adults in making s'mores. These events provide Soldiers with a sense of purpose and fulfillment and allow them to develop their leadership skills and make a positive impact in the community.

Shepherding the robust BOSS program is the USAG-Daegu Command Sergeant Major, CSM Kamaludeen. CSM Kamaludeen's influential and transformational leadership engages and inspires single and unaccompanied Soldiers across Area IV. The BOSS team's collective efforts allow service members to earn civilian recognition, military awards, and decorations. Soldiers who demonstrate consistent hard work and dedication while volunteering with BOSS may be eligible to earn civilian letters of appreciation, military Certificates of Achievement, unit challenge coins, and the Military Outstanding Volunteer Service Medal (MOVSM).

On December 19th, PFC Armando Salazar earned a Certificate of Achievement for consistent volunteer service with BOSS. "Being stationed in Korea is often

followed with a stigma of misconduct and demotion. I want to change that image," commented PFC Salazar. "The BOSS program offers us so many opportunities to serve the people around us and invest in ourselves. Seeing that so many aren't aware of these opportunities, it's exactly why I volunteered to become a BOSS rep - to bring awareness of the positive opportunities BOSS brings to service members who might otherwise fall into negative habits." The BOSS program provides a strong foundation for service members to build themselves and their careers in a place where the greatest demographic of service members recommended for adverse action by

the UCMJ are ranks between E1 and E4. For service members like PFC Salazar, the BOSS Program is a great place to create a career, “Drinks and clubs add up. However, it costs nothing to be kind.”

The BOSS program provides a voice for single and unaccompanied Soldiers to address concerns and issues that affect their quality of life. For example, in October, SPC Miracle Louis-Jean, a BOSS representative assigned to HHC, 19th ESC, brought awareness of complaints regarding mold being found in single-packaged cream cheese served at the post's dining facility. SPC Louis-Jean reports that "it went well, they took care of it the same week and DFAC personnel were very helpful and understandable," and replaced the cream cheese." BOSS and Camp Henry Dining Facility supervisor conducted a review, which discovered that the mold could be traced to a single lot number. The supplier of the cream cheese was immediately notified of the findings and formally recalled all batches from the lot. The contaminated packages were disposed of, and random checks are now continually implemented to prevent a similar issue from recurring. SPC Louis-Jean confirms that BOSS is an effective tool for attracting the dining facility's attention and is an effective force multiplier.

The BOSS program collaborates with USAG-Daegu contracted cultural organizations like Hana Tours to provide Soldiers of the 168th MMB opportunities to participate in recreational events. On December 21, 2024, members of the 168th MMB displayed their courage by ziplining above the shores of Busan. PFC Dylan Breceda, a BOSS Representative assigned to the 560th Medical Company Ground Ambulance, 168th MMB, was present at the event. “We began the day arriving in Busan,” recounted PFC Breceda, “I really liked it… I’m planning on going Airborne so it really helped give me an idea of it.” After ziplining, the group toured the Gamcheon Cultural Village, where they took in the beautiful sights, enjoyed local cuisine, and purchased souvenirs to remember the experience. “It was a fun area with a beautiful community. I understood the history behind the village [and] how its community stuck together and helped each other during war and conflict.”

“Being stationed in Korea is often followed with a stigma of misconduct and demotion. I want to change that image...”

“Drinks and clubs add up. However, it costs nothing to be kind.”

The USAG Daegu BOSS program proudly offers these opportunities to single and unaccompanied Soldiers across Area IV, including those from the 168th MMB, who are eager to make a positive impact in the community and enhance their overall quality of life. By providing a supportive and inclusive environment and the tools and resources they need to succeed and make a difference in the community, the BOSS program helps to strengthen unit morale and promote a positive image of our Soldier Ambassadors in Korea.

Wartime Medical History Fact 3

<u>Plastic Surgery and Reconstruction</u>: World War I — The horrific injuries sustained in trench warfare led to major advancements in plastic surgery. Sir Harold Gillies, a pioneering surgeon, is particularly known for his work on reconstructive surgery for Soldiers with facial injuries. His innovative techniques helped improve the quality of life for those with disfiguring wounds and laid the groundwork for the field of modern reconstructive and aesthetic surgery.

Innovative Drone Blood Delivery Exercise in Korea Marks Milestone in Military Medical Logistics

95TH Medical Detachment Blood Support (MDBS)
By CPT Tae Kim

The Republic of Korea Army (ROKA) 28th Infantry Division (ID) conducted a groundbreaking drone blood delivery exercise on 27 November 2024, marking a significant milestone in military medical logistics. MAJ Victor D. Gaines, former commander (CDR) of the 95th Medical Detachment Blood Support (MDBS) was a key participant in the event, sharing his expertise from previous exercises and research from the U.S. Army Institute of Surgical Research on the subject of blood storage and logistics during wartime operations. The 95th MDBS falls under the command of the 168th Multifunctional Medical Battalion, within the 65th Medical Brigade (MED BDE). Also in attendance from the US military contingent, present for the training representing 65th MED BDE leadership, as Chief Medical Officer MAJ Mumford, MAJ Pizarro from 65th MED BDE S9, as well as CPL Kim, and PFC Yum from 65th MED BDE serving as translators; while Maj Rhee (Blood Bank Specialist) from Air Force 8th Medical Group had also contributed to the event planning and execution.

This exercise simulated a wartime scenario with disrupted logistical supply chains, necessitating rapid blood delivery to expeditionary forces operating in a forward-deployed area. The mission objective was to stress the achievability of this unconventional modality to deliver a critical medical supply of blood in a contested environment. The exercise featured two ROKA 28th ID teams separated by 13 miles of challenging mountainous terrain, working in tandem to overcome a simulated opposing force (OPFOR) endeavoring to interfere with drone operation through signal interference, while unplanned inclement weather further stressed the operational parameters. The drone carried three units of blood and related equipment, weighing approximately eight pounds, equipped with a temperature-monitoring device to mimic absolute requirements to assess feasibility.

Despite these challenging conditions the drone navigated the contested domain, overcoming the harsh geographical terrain and external elements, all within 25 minutes from launch to delivery. The gentle hum of the drone heralded the landmark achievement. Success of the exercise was evident when moments later, following the pin-point precise arrival to the objective, assessment of the package's critical contents were confirmed, appropriate and unharmed.

Giving observations on the event, MAJ Mumford summarized the value of the experience, stating "to witness the potential of drones in medical operations was an absolute honor. Appreciate the leap in capability despite these challenges; the snow; lack of reliable route through this terrain; the OPFOR interference to thwart the objective; those achievements are all laudable. But then add that it was accomplished within 25 minutes regardless, and with postage-stamp accuracy, on the maiden voyage makes this achievement all the more impressive. It's understandable why this training is considered intrepid".

Following the event, MG Park presented ROKA Certificates of Commendation to MAJ Gaines, Maj Rhee,

and CPT Kim for their contributions to the event; admonishing those present to continue with similar exercises as we endeavor to field a ready force, capable of meeting challenges in a multi-domain environment.

The concept for drone-borne blood delivery emerged during the 38th Parallel, an Annual Healthcare Training Symposium hosted by the 65th MED BDE on Camp Humphreys. During this event a presentation on Theater Blood Management, CPT Kim, current CDR of the 95th MDBS, introduced the concept as part of U.S. Department of Defense (DoD) initiatives for future battlefield operations. This concept caught the attention of (ROKA) CPT Yoo, Yongho, Chief of the Medical Department of the Korea Army Training Center who was in attendance for the lecture, prompting him to present it to his leadership, LTC Jiho Kim, CDR of the 28th ID, MED Battalion, who then proposed the concept of drone blood delivery exercise to the ROKA, 28th ID CDR, MG Chun-Sik Park.

With weeks remaining in his command, MG Park saw this concept and exercise as a fitting final project. While previous drone training in ROKA focused on non-medical applications, MG Park aimed to explore medical supply delivery using drones. Recognizing an opportunity for innovative collaboration, the 28th ID team engaged with the Korean Red Cross (KRC), a vital partner to USFK as the KRC routinely supports blood drives for US personnel on the Korean peninsula, who then engaged with U.S. Army blood experts to participate in the exercise. When presented to COL Arroyo, CDR of the 65th MED BDE, the unique opportunity to participate in such an innovative collaboration was evident and of such value that he emphasized his support and appreciation for the last-minute invitation by directing a limited contingent to participate and report back on the experience to guide future trainings.

When asked about why this training was needed, CPT Kim answered, “demand for blood surges during emergencies like natural disasters or [Large-Scale Combat Operations (LSCO)]. Also, logistical constraints increase as military units operate and compete in hostile environments. Then add vast distances these units occupy and need to supply, we can see how blood distribution during LSCO presents several significant challenges to the joint force, and we need to look at how we solve these problems before we encounter them”. As for the drones; beyond the DoD initiative, CPT Kim cited a natural alignment with the 65th MED BDE CDR’s directive, Preparing for an Army of 2030 as the impetus to act on this concept.

Drones have shown capability to operate in multiple domains, including air, land, and cyber, making them ideal for multi-domain operations. Furthermore, they have the potential to reduce logistical burdens and mitigate other common risks associated with traditional delivery methods. But their well-known utility in recent wartime operations has not been as heavily demonstrated in medical operations; a point emphasized by MAJ Gaines who stated, “It’s exciting! This has never been done before in Korea. And only limited information on the feasibility of this role to fill contested operations supporting blood supply in medical logistics. As demonstrated from this exercise, we have a clear opportunity… to press these boundaries. Our leaders have stated we need to be prepared to transform in contact, and not simply react. And it was so rewarding to collaborate with the KRC and ROKA MED counterparts on this forward focused project”.

Blood plays a critical role in military operations, saving lives on the battlefield where life-threatening hemorrhage accounts for over 90% of combat-related deaths. However, blood distribution in war is not a given likelihood, regardless of the theatre. When factoring whole blood carries a limited shelf life between 21-35 days (dependent on storage and collection factors), ensuring reliable logistics to this lifesaving resource maintains the effectiveness and readiness of military force across the INDOPACOM.

The 95th MDBS is the only currently deployed MDBS unit, and plays a crucial role in maintaining blood readiness across the Korean peninsula for USFK, and manages all operational blood products to sustain both armistice and contingency operations within the Korean Theatre. During armistice, the 95th MDBS routinely supplies blood products to Brian D. Allgood Army Community Hospital, Air Force 51st Medical Group, and 8th Medical Group. The unit also collaborates closely with the Korean Red Cross, hosting blood drives on U.S. installations throughout the peninsula. These blood drives not only maintain the blood supply but also provide critical training for Soldiers and prescreen Service Members and Civilians all of which sustain the walking blood bank.

This novel combined training opportunity exemplifies the role emerging technologies will affect the Army of 2030 through its collaboration with higher medical echelons, including the Armed Services Blood Program of DHA, Operational Medical Systems of DHA, and the Medical Capability Development Integration Directorate of Army Futures Command.

Bridging Gaps and Enhancing Skills

The 135th FRSD's Global Health Engagement Mission to Papua New Guinea

135 FRSD
By MAJ Sonya E. Vargo

Introduction

In an age where military operations increasingly emphasize the importance of adaptability and readiness, the 135th Forward Resuscitative Surgical Detachment (FRSD) has taken significant steps to remain trauma relevant in large-scale combat operations. How does the 135th FRSD stay trauma ready in one of the safest Asian countries in the world? The answer, you must get creative and capitalize on unique opportunities. Their recent trip to Papua New Guinea (PNG) serves as the prime example of how global health engagements enhance operational capabilities through tactics, techniques, procedures, and processes (T2P2) in shaping future military readiness as we prepare for an Army of 2030.

MAJ (P) Cha, 135th FRSD 61J General Surgeon, performing surgical procedure in POMGEN Operating Room.

Mission Overview

An 11-person team from the 135th FRSD, including two members from the 18th MEDCOM, traveled to PNG to reinforce and continue the partnership established between the U.S. military and local healthcare providers. This 10-day rotation was centered at Port Moresby General Hospital (POGMEN), where the team worked closely with hospital staff across various departments, including the Operating Room, Emergency Department, and Intensive Care Unit. Throughout their time, they encountered 111 patients, performing 30 surgical cases that presented unique challenges not typically found in Army medical treatment Facilities.

Enhancing Trauma Relevance

The mission proved invaluable in maintaining the FRSD's trauma capabilities, particularly in the context of large-scale-combat-operations (LSCO). By applying T2P2 in a real-world setting, the team was able to engage with patients suffering from delayed trauma- a scenario reflective of potential battlefield injuries-allowed the team to practice austere medicine and triage techniques in an environment that mirrored real-life combat conditions. Notably, the types of traumas encountered in PNG varied significantly from those typically seen in traditional training environments. This rotation highlighted the need for flexibility and innovation, as the team dealt with blunt, penetrating injuries, as well as respiratory and cardiac conditions. The delayed evacuation times faced by patients underscored the realities of operating in a resource limited setting; one patient, for instance, sustained a severe penetrating neck injury during a tribal dispute and took seven days to reach medical care- an experience that starkly illustrated the challenges of providing timely treatment in a combat-like environment.

Fostering Partnerships and Education

Not only was the mission focused on providing care,

135th FRSD also engaged with key stakeholders, including the U.S. Ambassador and the CEO of POMGEN to discuss further collaborative efforts in the INDOPACOM. A press conference with the local media highlighted the importance of these partnerships, showcasing the commitment to improving healthcare delivery in PNG. Additionally, the team facilitated six continuing medical education classes for POMGEN staff, fostering knowledge exchange and enhancing local medical practices. The FRSD team members, trained in U.S. standards of care, provided insights into clinical practices guidelines that are not readily available in PNG. This educational component of the mission exemplified the dual role of military engagements: enhancing operational readiness while uplifting local healthcare capabilities.

PNG patient who was struck by an arrow during a tribal dispute, requiring surgical intervention. (#1)

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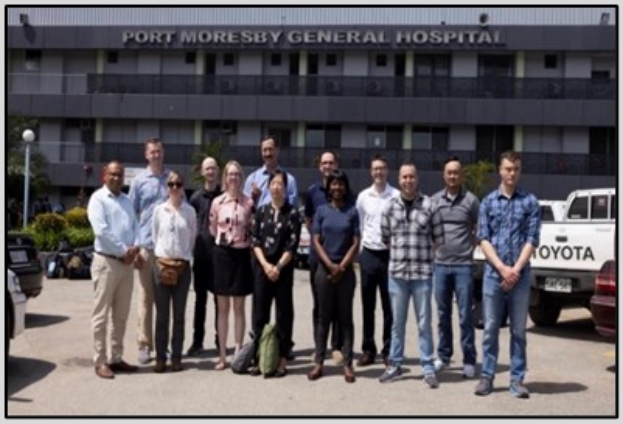
PNG patient who was struck by an arrow during a tribal dispute, requiring surgical intervention. (#2)

Conclusion

135th FRSD's global health engagement mission to PNG represents a significant stride in maintaining trauma relevance in LSCO and a significant step in preparing an Army of 2030. By applying T2P2 in a challenging healthcare environment and collaborating with local providers, the team not only sharpened their skills but also made a lasting impact on the health of the community. This mission underscores the importance of partnership, adaptability, and education in military medical operations, ultimately ensuring the unit remains prepared for future challenges both at home station and abroad.



135th FRSD team members with their POMGEN battle buddies and learn about the local culture and medical system.

Prevention is a Priority. What Are You Going to Do About It?

A few tips on what you can do now using H2F and good leadership

883rd COSC (USAR Rotational Unit from 804 MED BDE, USAR)
By : LTC Vikram Kambampati

SPC Ajuze of the 394 Field Hospital signals that he is Army Strong, while completing a ruck march during his monthly battle assembly in Seagoville, Texas, on July 13, 2024. (U.S. Army Reserve Photo by 1LT Harrison Gold)

So, you are an Army leader in a small unit at the platoon, company, or even battalion level. You care about the prevention of harmful behaviors like suicide, sexual assault, and substance misuse, but are wondering what you can do at your level. If you are on this website, you clearly have an interest in human performance and want to make a positive impact on the people you lead. The Holistic Health and Fitness (H2F) program offers the most feasible and effective approach you can take on a daily basis to set conditions for Soldiers to be at their best. While you may not have all the resources of larger organizations, your close contact with Soldiers and direct leadership allows you to leverage H2F pillars to improve their psychological well-being.

H2F has shown promise in reducing harmful behaviors. Active duty brigades resourced with the H2F program, compared to those without, had fewer suicidal behaviors, less severe behavioral health problems, and reductions in substance abuse problems. The 173rd Airborne Brigade combined tough physical activities with spiritual readiness training to develop cohesion and sense of purpose amongst their paratroopers, leading to a decrease in reported sexual assaults.

From my experiences as a psychiatrist and Army leader, a few leadership behaviors are the secret sauce of such early successes involving H2F; instill purpose and cohesion, model the daily habits that build mental toughness, and demonstrably care about your Soldiers. Almost half the Soldiers I see in the clinic have psychological reactions that could have been prevented with some of the above leadership behaviors. This is a common observation amongst my colleagues and which early research studies support.

Yet, as an Army Reserve staff officer and recent field hospital commander, I know that leaders like you are drowning in too many requirements. You don't have time to dedicate to another program. Fortunately, most units still make time for physical training (PT), and H2F enables the integration of mental and spiritual readiness activities into existing training that improve psychological well-being. Soldiers are most engaged in activities that have tangible benefits and relevancy. While standalone prevention classes (e.g.: ACE, ASAM, SHARP) and master resiliency training are required, they have not moved the needle. Soldiers find the H2F ethos of improving their daily performance on what matters now, rather than preventing future abstract harm, appealing.

As a leader, you can train, model, and set the conditions for developing specific psychological fitness skills. Below, I share a few specific leader behaviors paired with spiritual, mental, or sleep readiness training that I've done at the company level and you may try.

Instill Purpose and Cohesion by Integrating Spiritual Fitness into Training

Tough physical training can bring Soldiers together. Units with high cohesion are less likely to experience fratricidal behaviors such as sexual assault. Ostensibly to improve our field hospital's expeditionary readiness,

I asked our NCOs to plan a ruck march. This time, though, the rule was that "nobody rucks alone." That is, everyone looks around to make sure they or someone else is rucking alongside at least one other Soldier. The ruck exemplified our daily duty in the unit: protect each other. Being a brother's keeper gives Soldiers a sense of purpose and connection to their comrades, a key element of spiritual readiness.

Improving Soldiers' spiritual fitness, or being resilient to life's challenges through meaning and relationships, was one of my command priorities. It was also the most difficult to measure. Early on, I consulted with the hospital chaplain. We couldn't think of a measure of effectiveness (MOE), so we settled on a measure of performance (MOP): participation. Her team would conduct a spiritual readiness training at least once a quarter that engaged every Soldier in the unit. We made time by using the morning PT hour on some days. There was a repeated theme as the year progressed. Every soldier has worth because they have a noble purpose to protect others in the unit.

Bring Mental Readiness into Daily Activities

Mental performance can be trained. Integrating mental performance skills training with other Soldier skills is not only efficient but makes them relevant. For example, before your unit sends live rounds downrange for individual weapons qualification Soldiers likely go through a brief refresher training on the basics of marksmanship, including breath work. Slow breathing to lower heart rate with pauses on inspiration and expiration, is box breathing. This is the same skill we can use to reduce anxiety or anger. While box breathing, add intentional awareness of your surroundings, like a sight picture when at the range or the colors of your walls when at home, and you are practicing a form of mindfulness. If you are skilled at box breathing, you can be skilled at mindfulness. If you are skilled at mindfulness, you are much more likely to manage anxiety, and anger, or get into a restful state for sleep.

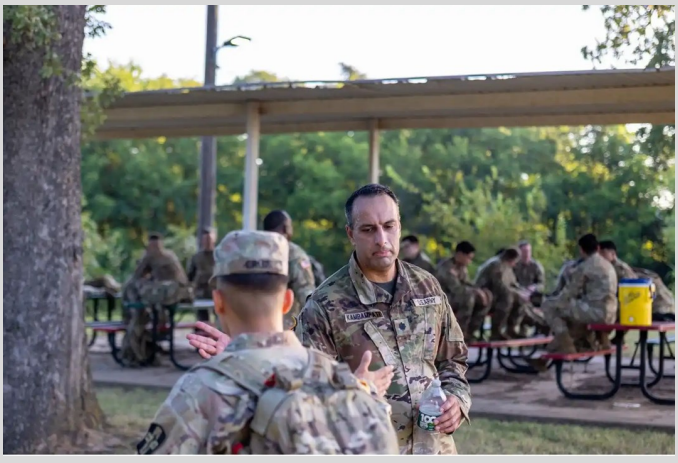
As a leader, you can cue a few mental performance skills, like mindfulness, positive affirmations, gratitude, visualization, goal setting, and confident body posture throughout the day. Coaches of elite athletes often invoke positive affirmations at team meetings to enhance their players' mental toughness and set a winning culture. Consider opening a training meeting or addressing the formation with an affirmation or a moment of gratitude. Openly model the mental readiness skills to normalize them becoming daily habits in your platoon room just like they are in elite locker rooms.

Demonstrably Care About Your Soldiers with Sleep Readiness

You can put your people first by working sleep readiness into your training schedule. According to FM 7-22, leaders set the conditions for an optimal performance culture. Require training leaders to put sleep deficit into the deliberate risk assessment and how to mitigate them for training events. If your unit was training late into the evening, consider canceling PT the next morning so your Soldiers can get enough sleep opportunities. Or, move PT to the afternoon. You are aware that sleep is key to recovery from stressors and exercise stimuli.

Your Soldiers might get more physically and mentally fit by sleeping in one morning after high-tempo training than overtraining at 0600 the next day.

Protect your Soldier's personal time. This is when they practice resiliency, recover, or just choose to live a full life with meaning. Give Soldiers predictability by continuously improving training management. If last-minute taskers always seem to come down, threatening the training schedule, try studying the variation from the planned training schedule over time and build in enough flexibility for contingencies. Too often, however,



Soldiers from the 394th Field Hospital participated in a ruck march in Seagoville, Texas, on July 13, 2024. Hospital commander Lt. Col. Vikram Kambampati provides praise to a finishing Soldier, despite the Texas heat. (U.S. Army Reserve photo by 1LT Harrison Gold)

Soldiers are still in the unit late into the evening because of inadequate planning. Or, staff are still in the office working on slides at night because of a pop-up briefing. We're consuming readiness over slides!

These are just a few things I've tried along my leadership journey to improve the mindset of Soldiers at the company level. As mentioned above, if I had outcomes data at all, they were MOPs, not MOEs. Yet, I share these ideas because leaders at all levels find preventing harmful behaviors to be vexing. As a small unit leader directly in front of your formations, integrating daily psychological fitness skills with good leadership behaviors will make your Soldiers safer, more resilient, and better performers.

Battlefield X-rays History

Marie Curie's involvement with X-ray technology during World War I represents one of the most poignant chapters in her career, blending her groundbreaking scientific knowledge with her deep sense of humanitarian duty. While Curie is best known for her discovery of the radioactive elements radium and polonium, and her pioneering research in radioactivity, her contributions during the war showed her ability to apply science directly to alleviate human suffering in a time of immense tragedy.

When World War I broke out in 1914, Curie was devastated by the scale of destruction and the severe injuries suffered by Soldiers on the front lines. At the time, medical technology was still in its early stages, and doctors lacked effective means of diagnosing internal injuries, such as those caused by shrapnel or bullets, which were common in modern warfare. X-rays, which had been discovered by Wilhelm Roentgen in 1895, were known to be capable of revealing internal fractures and foreign objects in the body, but their use was still limited and mostly confined to stationary hospitals in cities far from the front lines.

Curie recognized the potential of X-ray technology to revolutionize battlefield medicine. Although she had no formal medical training, her scientific background and her determination to make a difference led her to act. In 1914, she worked with the French government to bring X-ray technology to the front lines. Initially, X-ray machines were large, cumbersome, and difficult to transport. To overcome this obstacle, Curie proposed creating mobile X-ray units—machines that could be mounted on vehicles, making it possible to perform radiographs in the field. This idea led to the creation of the "Little Curies," as these mobile X-ray units came to be known. These units were mounted on trucks and equipped with portable X-ray machines, allowing them to be driven directly to field hospitals and close to battle zones.

Curie personally supervised the design and installation of these mobile units, and even trained doctors, nurses, and technicians to operate the machines. In 1914, she also trained herself and a team of assistants to drive the mobile units to the front lines. By 1916, Curie and her mobile X-ray teams were providing vital diagnostic services to Soldiers, often working in the trenches or in makeshift field hospitals.

Her tireless efforts had an immediate impact. For the first time, doctors could accurately identify shrapnel or bullet wounds within Soldiers' bodies, enabling them to perform life-saving surgeries. Prior to Curie's work, Soldiers with internal injuries often went undiagnosed until it was too late. The mobile X-ray units significantly improved the chances of survival for many wounded Soldiers by facilitating quicker, more accurate treatment.

However, Curie's contributions were not without personal cost. At the time, the dangers of radiation exposure were not well understood, and Curie worked with little protective equipment, often spending long hours near the X-ray machines without realizing the potential harm. Her relentless efforts in the field, as well as her continued research and work with radioactive materials, eventually took a toll on her health. In the years following the war, Curie developed aplastic anemia, a condition linked to her exposure to radiation, and she died from it in 1934.

Despite the physical sacrifices she made, Curie's wartime work in X-ray technology left an indelible mark on medical practice. The "Little Curies" were instrumental in saving thousands of lives during World War I, and her pioneering efforts helped establish the importance of radiology in modern medicine. Her innovative use of X-rays during the war not only advanced the field of medical imaging but also demonstrated how science and technology could be used to address immediate human needs in times of crisis. Marie Curie's work during World War I remains a testament to her genius, selflessness, and dedication to humanity.

Navigating Joint Medical Ground Evacuation Operations in the Korean Theater

Insights from an Army Ground Ambulance Commander

568 Medical Company Ground Ambulance
By : CPT Ashley M. Matta

Medical personnel from the USAF 51st Medical Group (MDG) and 568th Medical Company Ground Ambulance (MCGA) conduct joint training to refine patient transfer protocols.

Medical evacuation is the critical medical function that transports wounded from lifesaving interventions at the point of injury to higher roles of care. The origins of organized medical evacuation trace back to the innovations of Dr. Jonathan Letterman during the U.S. Civil War. Recognizing the need for a systematic approach to casualty evacuation, Letterman implemented the first dedicated ambulance units at various echelons of command, setting a precedent for modern military medical organizations such as the Medical Company Ground Ambulance (MCGA). His system, tested on the battlefields of Antietam, significantly reduced mortality rates among units with organized evacuation assets, demonstrating the critical importance of centralized medical control. This historical foundation reinforces the enduring relevance of structured medical evacuation systems, offering insights for modern ground ambulance companies navigating the complexities of joint operations in the Indo-Pacific Command region. Korea is a relevant operating environment for examining the successes and challenges of operating in a high-threat forward theater focused on joint collaboration.

Tactical medical units in Korea face challenges communicating with joint and multinational partners. During recent exercises, such as Freedom Shield and Ulchi Freedom Shield, gaps in operational communications equipment, shared local procedures, and Service doctrinal approaches have led to delays in simulated casualty evacuation and inconsistencies in mission execution. However, these same scenarios have also highlighted opportunities for improvement, such as integrating shared platforms, re-structuring MCGAs, and establishing theater-specific evacuation procedures to enhance interoperability. These experiences indicate the need for ongoing collaboration and adaptability among joint partners to reduce casualty evacuation delays in high-threat environments at the tactical level. The Department of Defense must break down barriers across the Services to ensure combat credibility on day one of conflict.

The 65th Medical Brigade distinguishes itself as the Army's only forward stationed medical brigade under armistice conditions. The brigade has two MCGAs under a Multifunctional Medical Battalion (MMB) operating across dispersed locations in the Korean theater. These MCGAs are critical in executing ground casualty evacuation when air evacuation becomes contested or impractical. Insights derived from the ongoing conflict in Ukraine during Large-Scale Combat Operations (LSCO) have highlighted the need for robust ground evacuation systems when air ambulances are unavailable. LSCO will generate a tremendous need to clear the battlefield and move overwhelming casualties to definitive care. Lessons learned from Ukraine should translate into a renewed urgency to rapidly field capabilities to the tactical medical force.

During Pacific Medic Focus, the brigade's annual exercise, the MCGAs partnered with the Air Force to

conduct simulated multi-modal patient evacuation scenarios. These operations emphasized patient transfers, en-route medical care, and the functionality of communications systems at echelon. Despite achieving success in executing patient transfers, the exercise revealed several opportunities for improvement and MCGA doctrinal framework recalibration. Establishing multiple platoons outfitted with diverse medical evacuation vehicles designed for diverse terrains would mitigate logistical bottlenecks and enhance adaptability in arduous operational environments. A three-platoon structure with specialized vehicle assignment affords flexibility and speed; tracked vehicles can navigate flooded or rugged terrain effectively while JLTVs maintain speed and efficiency on improved roads.

At the 2024 LANPAC/TECHNET GEN LaCamera, Paul (former USFK commander), discussed the critical balance between leveraging technology and maintaining human oversight. The integration of technology into military operations is not just about enhancing capabilities but also about influencing the unity of command and effort. Technology can provide significant advantages in terms of information, communication, and operational capabilities (unified effort). As a cornerstone of theater-wide communication and decision-making in INDOPACOM, the Joint Battle Communication Platform (JBCP) must enhance unity of effort without compromising unity of command. Integrating advanced technology into the JBCP can aid in information sharing and operational synchronization across multinational and joint forces, aligning with theater policies emphasizing interoperability and strategic coordination. However, as GEN LaCamera stressed, the commander's role in risk management is paramount-- technology cannot replace the human element in making critical decisions. Enhancements to the JBCP must prioritize user-centric designs and streamlined interfaces to ensure commanders retain decisive authority and mitigate risks introduced by technological complexity. By aligning JBCP improvements with technological advancements and theater-specific doctrinal priorities, military operations in the Indo-Pacific region can achieve greater cohesion.

Another significant challenge is the availability of a authorized medical providers to elevate the medical proficiency of 68W Combat Medics. While en-route care during aeromedical evacuation requires paramedics with advanced certifications to stabilize and transport patients, the same standard is not uniformly applied to medics assigned to ground ambulance companies. Currently, these medics only need a basic Emergency Medical Technician (EMT) certification to perform similar tasks in ground-based platforms. Additional training for MCGA medics may include the MEDCoE's Combat Paramedic Program and training on the Joint Prehospital Emergency Care Protocols. High-threat environments where ground evacuation may be the primary option due to contested airspace or operational constraints will necessitate increased manpower, training, and capabilities.

The emphasis on Point of Injury (POI) care as a determinant of patient survival is undeniable. En-route care remain equally vital to reducing mortality rates in delayed evacuation and large-scale combat operations. Ensuring that all ground medics are trained and certified at the paramedic level would standardize the delivery of care across evacuation platforms and provide the competency to manage complex casualties during transit. By prioritizing paramedic certification and embedding a medical provider at the ground ambulance company level, MCGAs can better meet the demands of modern battlefield medicine.

568th MC(GA) rehearses blackout conditions for patient evacuation.

Despite its challenges, the Korean theater offers significant opportunities for growth and innovation. Collaborative efforts and early synchronization among units have created avenues to address capability gaps. For example, the partnership between the

568th MC(GA) and the 51st Medical Group (MDG) has fostered an exchange of expertise, in both operational settings and clinical environments. This dynamic collaboration facilitates cross-training that bridges knowledge gaps between ground and air evacuation units.

These efforts have further expanded into specialized areas, including K9 medical care, where Air Force paramedics, 568th MCGA, and the 106th Medical Detachment Veterinary Service Support (MDVSS) have joined forces to provide K9 Tactical Combat Casualty Care (TCCC) and MEDEVAC training. This training exemplifies the adaptability and ingenuity required in joint environments, ensuring comprehensive care for all personnel and assets, human or canine, under high-stress conditions. These initiatives highlight the potential for innovative solutions when teams integrate early and operate cohesively despite resource limitations.

The complexities of joint operations in the INDOPACOM region demand a forward-thinking approach to medical evacuation. By enhancing training standards, improving communication systems, and redesigning evacuation platforms to address terrain challenges, MCGAs can significantly elevate their combat readiness in preparation for LSCO. The 65th Medical Brigade is committed to ensuring that innovation continues to propel units to save lives on future battlefields in the same spirit of Dr. Letterman's efforts in Antietam. Strengthening partnerships between ground and air units and investing in cross-service collaboration will ensure that battlefield medicine remains agile, responsive, and capable of meeting the evolving demands of modern warfare.

A 68W assigned to 568th MC(GA) trains on a simulated canine patient.

History of Triage & Evacuation

Field triage and evacuation systems in war have evolved significantly over centuries, driven by the need to efficiently manage battlefield casualties and save lives. The earliest triage methods were informal, with Soldiers being treated based on proximity to medical staff, and many wounded were left without care or abandoned due to the sheer scale of battlefield injuries.

During the Napoleonic Wars (early 1800s), formal triage practices began to take shape, especially with the work of Surgeon General Dominique Jean Larrey of the French Army. Larrey introduced the concept of "flying ambulances," lightweight wagons that could quickly move wounded Soldiers from the front lines to field hospitals, greatly improving evacuation speed and treatment.

The American Civil War (1861–1865) further refined field triage systems, with the establishment of organized field hospitals and better logistical planning for the evacuation of casualties. It was during this period that the notion of sorting casualties into categories—those who could survive with care, those who were likely to die, and those who were beyond help—became more standardized.

World War I and II saw advancements in triage protocols and the development of specialized evacuation systems, including air ambulances, which allowed for faster transport of seriously injured soldiers over long distances. During the Vietnam War, helicopter evacuations became a hallmark, allowing rapid extraction from remote areas.

Today, modern military forces employ highly advanced triage and evacuation systems, including automated triage software and drones, to quickly assess and transport casualties, dramatically improving survival rates in combat zones.

Maximizing Return to Duty with In-Theater Eye and Vision Care

215th Medical Detachment (Optometry) (MD (OPTO))
By MAJ Jason Christman

"Life, limb, or eyesight" is a maxim for evacuation decisions across the Department of Defense, but in an impending conflict, evacuation will be more restricted and dangerous. Optometry detachments, with their optometry and fabrication capabilities, should be emphasized as key players for increasing return-to-duty rates, ensuring accurate triage and treatment, and enhancing warfighter performance and readiness.

Keeping warfighters with their units and close to their fighting positions during recovery has been shown to be critical in reducing rates of post-traumatic stress disorder (PTSD). The 215th MD (OPTO) is a fully mobile optometry and glasses fabrication crew that can operate independently or split into two semi-independent teams. They are available in the field for acute and routine eye care and triage, refraction and fabrication of glasses, vision conservation, and training of primary care providers and medics. An optometry team can move into any available structure and be fully operational. This allows vision care and glasses fabrication to be as close to the warfighter as possible, even in Role 2.

Glasses have been provided through military optometrists since World War I. Their role being critical for both combatants and non-combatants in World War II and Korea. Field optometry teams were first embedded at the Division level during the Vietnam War with field optometry and fabrication sets able to deploy far forward with troops in theater. These optometrists and their support teams have deployed both from Active Duty and Reservists in every conflict since.

The optometry team's role in peacetime includes maintaining vision readiness by performing routine eye exams, updating glasses, screening for diseases, and treating ocular conditions. This also encompasses vision conservation, screening Soldiers to attend schools, and facilitating occupational changes. Optometrists also train primary care doctors and medics in the treatment and triage of ocular conditions.

During a crisis, the optometry team is prepared to handle a large volume of patients, both incoming to theater areas or leaving an area (such as in non-combatant evacuation operations, or NEO). During these times of mass patient movement, providing screening, acute eye care, and glasses fabrication is vital to ensure the safety and readiness of all personnel. In conflict situations, optometry teams are essential for quickly and appropriately returning troops to duty in theater. Most eye conditions can be triaged and returned immediately (e.g., sub-conjunctival hemorrhage), or remedied quickly within seven days while remaining with their unit (e.g., bacterial conjunctivitis), or have glasses fabricated immediately in the vicinity of a Role 2 facility. In past conflicts, many Soldiers who lost or broke their glasses became totally ineffective in their assigned duties. They then had to wait for glasses to be shipped from outside the theater or needed to be evacuated. Mobile

Soldiers from the 215th OPTO seen fabricating lenses for Navy Sailors at Commander Fleet Activities, Chinhae, Republic of Korea.

glasses fabrication alleviates the logistical burden of personal delivery and the inactivity of waiting for delivery.

There are also instances of Disease Non-Battle Injuries (DNBI) that remove troops from the fight but are entirely treatable by an optometrist in theater without the need for evacuation. These include inaccurate triages by primary care physicians or medics who are concerned about possible loss of sight and immediately elevate eye concerns to out-of-theater evacuations. In-theater eye teams can alleviate these problems by assisting with triage, treatment, and education.

During operations in Afghanistan and Iraq, forward-deployed optometrists were essential in maintaining the vision health of Soldiers in the field. They provided not only corrective eyewear but also treated eye injuries caused by dust, debris, and combat-related incidents. In these dusty and harsh environments, soldiers frequently suffered from eye irritation. Forward-deployed optometrists allowed for immediate treatment, preventing more serious complications, and ensuring that Soldiers remained combat-ready.

Across the Department of Defense, 24% of Service Members require glasses of some type. Vision readiness of the force is critical to their effectiveness, whether it is at a computer, driving a vehicle, detecting the enemy, or firing military weapons systems.

Korea is an excellent theater to showcase and exercise the utility of an optometry detachment. The 215th MD (OPTO) works under the 168th Multi-functional Medical Battalion across the peninsula to bring vision care to remote joint bases that are too small to have a standalone optometry clinic. Some troops rotate through these areas for months at a time without access to optical care if they break or lose their glasses. The 215th MD (OPTO) frequently visits for a day or two at a time to provide fabrication, eye exams, and work with medical teams to triage and treat difficult eye cases. The optometry equipment is robust and functions in most field conditions; however, new equipment will soon be fielded. Smaller and lighter-weight fabrication edgers will increase the speed of setup and decrease the weight and footprint of the optometry team.

In the coming conflicts, the Nation that can return its wounded troops to battle with the greatest speed and success will have the greatest long-term advantage. Optometry detachments increase the efficiency of returning vision casualties to battle without separating them from their units or fighting positions or relying on out-of-theater Class VIII medical supply. Tactical, in-theater optometry is a key asset that should be exercised during all phases of conflict.

During a mobilization exercise Soldiers unload an LMTV at Suwon Air Base, Republic of Korea.

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Pets in South Korea Travel Living and Planning for Emergencies

106th MDVSS
By LTC Rhonda Holt

Pet Readiness Across Korea

Veterinary Readiness Activity, Korea (VRA, K) provides forward stationed animal health, food protection and veterinary public health services to the Joint Force in Korea. A primary animal health mission focus for the VRA, K in Korea is pet readiness and ensuring that Service members and their families have properly prepared their pets to meet international and U.S. travel requirements. This preparation also applies to making sure pets are prepared for non-combatant evacuation operations (NEO).

The 106th MDVSS/VRA, K operates four Veterinary Treatment Facilities (VTF) in Korea at Camp's Humphreys, Walker, Casey and Osan Air Base. Our Soldiers and civilians at all these locations are dedicated to helping families prepare their pets for coming to Korea, living with pets in country, planning for emergencies, and being prepared to depart Korea safely and on time. Additionally, these VTF's host Pet Readiness walk-in clinic days, provide Pet NEO information briefs to units, and advocate for pets in NEO exercises.

Bringing Pets to Korea

South Korea has moderately strict animal importation requirements. To avoid lengthy and costly quarantine or refusal of entry, make sure you have the following documents ready:

1. Microchip implantation: Ensure your pet has a 15-digit ISO-compliant microchip.

2. Original health certificate: Obtain a health certificate for your pet from a licensed veterinarian.

3. Original proof of rabies vaccination: Provide proof of rabies vaccination with original veterinarian signature, vaccine product information, and expiration date.

4. Rabies blood titer (FAVN) test: Original document with laboratory results and veterinarian signature.

5. Other requirements: Check with Korean import authorities for any additional requirements.

Living with Pets in South Korea

If you have a pet and you're a US Forces Korea affiliated individual with SOFA status, you'll need to comply with USFK Regulation 40-5, which requires:

1. Registration with a local Army veterinary activity: Register your pet with any one of our VRA, K VTFs in Korea at Camp's Humphreys, Walker, Casey or Osan Air Base.. This is required for pets living both on and off-post.

2. Microchip implantation: Ensure your pet has a microchip implanted. This is required for travel and can assist in re-uniting lost pets with their owners.

3. Vaccinations and parasite treatments: Keep your pet up to date on vaccinations and parasite treatments. If these services are done off-post then the records need to be brought to a VRA, K VTF to be uploaded into your pet's record.

4. Yearly heartworm testing (dogs): Test your dog for heartworms annually. Heartworm disease is a risk to dogs and cats in South Korea and administration of heartworm prevention is very effective in protecting your pet.

Good to know…

Pet owners are encouraged to locate off-post veterinary care options for their pets in the event a VTF is unavailable. Living and having your pet's regular veterinary care performed off post does not waive the owner's responsibility to register with the Army veterinary activity or ensure compliance with USFK 40-5.

South Korea is a generally pet friendly place and there are many dog parks and pet cafes. Please ensure that your pets are adequately protected by vaccination and parasite prevention and appropriately controlled on a

leash before entering any pet "community" area. Also, large dogs are not common in South Korea as pets and Korean law requires certain breeds to be muzzled in public. These breeds include, but are not limited to, Pit Bull terriers, Rottweilers, Tosas, Doberman Pinchers and any of their hybrids. If you have any questions about this law or whether it would apply to your pet, please ask your local VTF because there are significant fines associated with failure to comply with leash or muzzle laws.

You can also acquire new pets in South Korea through pet stores or rescue organizations. Before you adopt, remember to consider the time and significant cost of pet care and transport before deciding. Keep in mind that once you acquire and become the primary caretaker of an animal you become legally responsible for providing adequate food, shelter, medical care, and are expected to take the pet with you when you PCS. Additionally, dogs purchased or adopted in Korea must be at least six months old before they will be able to enter the U.S. for travel home under new rules established by the Centers for Disease Control and Prevention (CDC) in August 2024.

PCSing with Pets

Travel and import requirements for pets can be vastly different depending on where your next assignment is. It's important to contact our VTFs as soon as you are on assignment or have orders so our teams can advise you on the timelines and milestones necessary to make sure you pet can travel with you to their new home.

Non-Combatant Evacuation Operations (NEO)

NEO is a support operation provided by the United States military to protect and support non-combatants and host nationals during contingency situations or threats of war. Veterinary services play a role in NEO by verifying travel documents and issuing health certificates for pet travel. Per NEO guidelines, up to TWO pets (dog or cat only) per adult evacuee can be transported.

Planning for Emergencies

To ensure a smooth process during emergencies, plan ahead and:

1. Designate a representative for your pet: Active-duty personnel must have a designated representative for their pet. This can be an adult (>18 years) family member or an individual outside your family with the proper legal documents (power of attorney).

2. Prepare required documents: Keep a binder with all required documents, including:

* Vaccination records (2 rabies certificates, DD2208, originally signed in blue ink)
* Health certificate examination (2 prefilled out but unsigned health certificates, DD2209)
* Evacuation cards (2 prefilled out evacuation cards)
* Microchip information

3. Prepare your pet's Go-Bag: Pack basic care items; these count against your luggage weight:

* Food and water for at least 10 days
* Spill-proof food and water bowls
* An airline-approved rigid carrier for each pet
* Collar, leash, and identification tags
* Bags for fecal disposal and litter supply (for cats)
* 30 days of medications (if required)

4. Attend NEO exercises and pet screenings: Ensure your pet is prepared for evacuation by attending NEO exercises and pet screenings with your documents in hand to be validated by veterinary service personnel.

Remember to:

1. Keep your pet's temperament in mind: Be aware of your pet's behavior and take necessary precautions for their safety as well as that of others. All animals will need to be kenneled while at NEO processing sites.

2. Provide care for your pet during evacuation: You'll still be responsible for providing care for your pet during all phases of NEO. Address concerns you might have with your veterinary team in advance.

3. Plan for pet transportation: Pets 25 pounds and under may be treated as carry-on items if the situation allows, while pets 25 pounds and over will be transported as cargo. It is important to ensure you have multiple copies of the pet's documents and a way to affix documents to the kennel for use in the event you and your pet are separated. By following these guidelines and planning factor, you can ensure a safe and enjoyable experience for both you and your pets in South Korea as well as their future travel destinations!

Chaplains Corner

10 Good Reasons to See Your Chaplain

1.SPRITUALHELP: Nothing is more central to your Chaplain's work than assisting people in their relationship with God! Your Chaplain has skills and knowledge that can be of assistance to you in understanding your relationship with God.

2. DECISIONS: The big decisions of life are so important that they need to be talked about and prayed about. God never intended that we should make these decisions alone. Your Chaplain can possibly point out additional dimensions of the decision to be made that had not been considered. Your Chaplain is ready to discuss your difficult decisions in an atmosphere of confidence and friendship. You can also talk to someone you respect.

3. PRESSURE: Your Chaplain can help you ease the inner pressures and frustrations, which your duties and /or separation adjustments may bring. The Chaplain can also offer advice and alternatives of which you may not have been aware.

4. PROBLEMS: There are times when we need someone to talk to about sins, its consequences, guilt that we carry, or just things that are "bugging us". Your Chaplain will hear you in a non- judgmental atmosphere.

5. WEDDINGS: The Wedding is a service of worship where the marriage couple make their promises to each other in the context of the community of faith. Weddings need to be planned well in advance- if you want your Chaplain to be involved in your wedding, we ask that you contact him at least six weeks prior to the planned date of your marriage. This will allow for premarital counseling and service planning.

6. BIRTHS: When a baby is born, your Chaplain would like to call while the mother is still at the hospital. The visit could also be a time to begin planning for the new child's baptism, christening or dedication.

7. MARRIAGE PROBLEMS: When marriages fall on hard times, people often do not seek help until it is too late. Your Chaplain is trained in marriage counseling and can help you to work through your problems or guide you to other sources of professional help.

8. HOSPITALIZATION: Let your Chaplain know if you or a family member is to be admitted to the hospital. The Chaplain would like to bring the comfort of God's love to your hospital room, especially prior to surgery.

9. DEATH: When death comes to a member of the family, to a close friend, to someone you love, to a comrade in arms, your Chaplain can offer you comfort, help you to work through your grief, and help you grow in your faith.

10. DRUG & ALCOHOL ABUSE: Your Chaplain is trained in many areas of counseling, including Drug/Alcohol related problems, and stands ready to assist you in dealing with these problems. He can direct you to other sources of help as well.

Chaplain's Thought

Everyone, today I hope and pray you and all your family members have started the new year with blessings and renewed hope. As your chaplain, I am truly honored to be here with you. My role is to be your spiritual and emotional support, and I hope this moment becomes one where we can encourage and uplift each other.

We all do our best in our respective roles every day. Sometimes, our bodies and minds tire, and finding hope amidst challenges can seem complicated. In those moments, I want to remind you: 'Do not lose heart, but keep moving forward.'

Even in the daily challenges and hardships, we have the strength to rise again. God's grace and strength are with us, and even in the most challenging times, remember that you are never alone.

I am deeply grateful for your dedication and service. Please know that I am always praying for you, and feel free to reach out whenever you need to talk. We are walking this journey together.

May God bless and be with you always. Stay strong!

The Legendary Field Hospital, 121st Field Hospital

121 Field Hospital
By MAJ David Tobin

In today's rapidly evolving technological landscape, advanced innovations such as autonomous vehicles, large language models, artificial intelligence, and unmanned aerial and sea-vessel platforms are reshaping industries worldwide. While private companies explore the potential of these tools, the U.S. military is leveraging them to enhance operational effectiveness and maintain a strategic advantage over adversaries. However, as these technologies advance, they also pose new challenges, underscoring the importance of survivability in modern warfare. One unit at the forefront of testing these technologies is the 121st Field Hospital, 549th Hospital Center, 65th Medical Brigade. Over the past year, this field hospital has deployed to two locations on the Korean Peninsula, showcasing its adaptability and operational excellence.

121st FH conducting staking operations during Field Training Exercise (FTX) at Rodriguez Live Fire Complex.

During these deployment operations, the unit successfully established and operated configurations between 32–52 hospital beds. The process began with the deployment of a torch party to conduct reconnaissance of the operating environment. After testing the CBRN (Chemical, Biological, Radiological, and Nuclear) threat, the Field Hospital initiated staking operations for their Role 3 medical facility. Following staking, the focus shifted to establishing essential power and water infrastructure, utilizing advanced modeling software like AutoDISE (Auto Distribution Illumination System Electrical) to analyze power requirements.

Planning and preparedness play a pivotal role in the Field Hospital's success. Prior to deployment, the staff builds a virtual model of the hospital using AutoDISE to ensure efficient power distribution. To determine hospitalization requirements, the team develops running estimates based on mission directives and the commander's intent. The Field Hospital's S1 (Health Services Personnel Manager) employs a Medical and Casualty Estimate Tool that incorporates mission variables and environmental factors to calculate casualty projections. Simultaneously, the S4 (Health Materiel Officer) identifies all logistical needs, assessing internal capabilities and coordinating external resources through the 549th Hospital Center Chief of Logistics and the 65th Medical Brigade S4 Office.

While the Field Hospital is a critical strategic asset on the Korean Peninsula, its full mobility depends on multiple enablers. Organic 121st FH and Headquarters and Headquarters Detachment (HHD), 549th HC transportation assets can mobilize approximately 35% of the 32-bed configuration (AHS Doctrine Smartbook, 2024). The remaining 66% of the 32-bed facility, along with the additional 84 beds and Life Support Activity (LSA), require external support from the 19th Expeditionary Sustainment Command (ESC). This support is coordinated through Combined Movement Requests submitted by the Field Hospital's logistics team to higher

"While the 121st Field Hospital 'Legends' invest in advanced equipment and go-to-war platforms, the organization's true strength lies in its people."

headquarters. During upcoming combined and joint training exercises, the 121st Field Hospital plans to test its ability to deploy into a building of opportunity to enhance survivability and identify resource gaps for Role 3 hospitalization.

Achieving full operational capability requires the seamless integration of power, water, tactical communications, and medical facilities, including operating rooms, intermediate care wards, intensive care units, and emergency departments. A critical component of this infrastructure is oxygenation. The Field Hospital's Modification Table of Equipment (MTOE) includes the Portable Oxygen Generation System (POGS) and the Expeditionary Deployment Oxygen Generation Concentration System (EDOCS). The EDOCS utilizes vacuum swing absorption technology to generate 120 liters of oxygen per minute at 85 psi. This system can either directly supply oxygen to the hospital distribution system or fill standard medical oxygen cylinders. Similarly, the POGS can feed applications directly or fill cylinders. Unlike the EDOCS, which must be positioned outside, the POGS can be located inside the hospital, offering flexibility and continuous oxygen flow around the clock.

The 121st Field Hospital

While the 121st Field Hospital "Legends" invest in advanced equipment and go-to-war platforms, the organization's true strength lies in its people. The unit's robust Leader Development Program (LDP) fosters the growth of future Army leaders through promotion boards, staff rides, capability briefs, and training sessions. Weekly Leader's Time Training, company field training exercises, STAFFEXs, and the Brigade's premier training event, "Pacific Medic Focus," ensure that Soldiers are proficient in both their Military Occupational Specialties (MOS) and Army warrior skills.

The Field Hospital also cultivates a culture of excellence through competitive events such as the Brigade Best Medic Competition and the Expert Field Medical Badge (EFMB) qualification. In October 2024, CPT Benjamin Yun (67E, Pharmacist) won the Pacific Best Medic Competition and went on to compete in the Eighth Army Best Medic event in November 2024. The leadership's commitment to recognizing outstanding performance is evident in regular promotion ceremonies and reenlistment events, fostering a sense of pride and dedication among Soldiers.

The 121st Field Hospital exemplifies innovation, resilience, and a commitment to mission readiness. Through cutting-edge technology, rigorous training, and a steadfast focus on people, the "Legends" continue to set the standard for excellence, ensuring they are prepared to meet the demands of any mission. As they push the boundaries of capability and adaptability, the 121st Field Hospital remains a cornerstone of medical support on the Korean Peninsula, ready to face the challenges of tomorrow.

Portable Oxygen Generation System (POGS)

Department of Health Education and Training (DHEAT)

Department of Health Education and Training , Brian D. Allgood Army Community Hospital
By MAJ Richard Shannon

The complex operational environment on the Korean Peninsula demands an unwavering state of readiness from its military medical personnel. At the heart of this preparedness within the 65th Medical Brigade lies the Brian D. Allgood Army Community Hospital (BDAACH), and within BDAACH, the Department of Health Education and Training (DHEAT) plays a critical, often unseen role. DHEAT's mission is to equip medical professionals with the knowledge and skills necessary to navigate the complexities of providing healthcare in a region where the transition from armistice to conflict could occur rapidly.

DHEAT's responsibilities are multifaceted, extending far beyond the typical confines of a hospital training department. They are the architects of a comprehensive educational program that encompasses not only the soldiers and civilians of the 65th Medical Brigade but also reaches out to Joint service members and Host Nation partners, fostering a unified and highly skilled medical force. A cornerstone of their efforts is the robust American Red Cross Life Support training program. Working in conjunction with the Military Training Network, DHEAT conducted over 219 life support classes last year, reaching over 1,300 individuals. This commitment to widespread training ensures that a broad base of personnel, regardless of their specific roles, possess the fundamental skills to respond effectively to life-threatening emergencies.

DHEAT's mission also includes complex training. Recognizing the need for advanced critical care capabilities in a high-stakes environment, the department has implemented rigorous training programs in Advanced Trauma Life Support (ATLS) and Trauma Nursing Core Courses (TNCC). This past year, three ATLS courses equipped medical providers with advanced knowledge to manage complex trauma cases, while two TNCC courses enhanced the skills of nursing staff. These specialized courses are not mere academic exercises; they are essential components of BDAACH's "fight tonight" readiness posture, ensuring that medical personnel are prepared to handle the most challenging scenarios.

In a region where interoperability is paramount, DHEAT has actively cultivated strong relationships with other military units and the South Korean Host Nation. Frequent collaborations with the 121 and 502 Field Hospitals, alongside counterparts in the Air Force and Navy, as well as Republic of Korea (ROK) military medical personnel, are hallmarks of their approach. These joint training initiatives, encompassing areas like trauma management and life support, are vital for ensuring seamless cooperation during any potential contingency. The annual 38th Parallel Training Symposium further exemplifies DHEAT's commitment to collaboration and knowledge sharing. Serving as a pivotal player in the symposium's organization, DHEAT ensured that all attendees, drawn from various branches and nationalities, receive valuable Continuing Education Units (CEUs) for their participation. The department's meticulous coordination with presenters and the Defense Health Agency (DHA) ensured that the symposium adhered to the most stringent educational and ethical standards.

Recognizing that effective healthcare delivery extends beyond the borders of the hospital, DHEAT has taken proactive steps to strengthen ties with garrison

emergency medical services (EMS). This initiative involved conducting four separate cardiac arrest training scenarios at BDAACH's outlying facilities, including Maude Hall, Camp Casey Troop Medical Clinic, and Camp Walker Troop Medical Clinic. These drills, designed to foster close collaboration between BDAACH personnel and local EMS responders, are crucial for ensuring a coordinated and efficient response to medical emergencies within the broader community.

Recently, DHEAT hired a new simulator technician to its staff. Her arrival, coupled with the hospital's substantial investment in state-of-the-art simulation equipment – exceeding $1 million-will showcase a new era of simulation training offered by BDAACH. By creating immersive scenarios that closely mimic real-world medical emergencies, DHEAT staff can ensure that personnel are not just theoretically prepared but practically tested; bridging the didactic to clinical gap all of which translates to improve patient care. With additional plans to expand simulation capabilities even further, they are demonstrating a commitment to staying at the forefront of

medical education technology.

Beyond technical skills, DHEAT also recognizes the importance of fostering a strong organizational culture. The department oversees the monthly New Employee Orientation program, a comprehensive week-long event that welcomes over 600 new employees to BDAACH annually. This program exceeds the typical onboarding process, providing an opportunity for hospital leadership to connect directly with new staff, emphasizing a sense of belonging and shared purpose. New employees receive in-depth training on essential topics such as workplace safety, spiritual support resources, patient privacy regulations, and administrative procedures like timekeeping, setting a solid foundation for their success within the organization.

In conclusion, DHEAT's efforts represent a critical investment in the medical readiness of the 65th Medical Brigade and its partners. The department's multifaceted approach, encompassing basic and advanced medical training, inter-service and international collaboration, community engagement, and a commitment to cutting-edge simulation technology, ensures BDAACH remains prepared to meet the unique challenges of its dual mission on the Korean Peninsula. DHEAT consistently sets the standard, solidifying BDAACH as a premier medical asset on the Korean Peninsula. Their unofficial motto, "strength through knowledge," is clearly demonstrated through their actions and the measurable impact they have on the preparedness of the forces they support. Their story offers valuable insights into the essential, yet often overlooked, aspects of military medical readiness in a complex and strategically vital part of the world.

Wartime Medical History Fact 4

***Psychiatric Treatment of PTSD*: World War I and II — The psychological impact of war on Soldiers, particularly what was once called "shell shock" (now understood as PTSD), became more recognized during the World Wars. While treatments were initially primitive, the need to address mental health issues in Soldiers led to greater understanding and development of psychiatric care, including the first structured programs for therapy and rehabilitation for trauma survivors.**

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PFC Bryant H. Womack

Korea War: June 25, 1950 - July 27, 1953

In recognition of his extraordinary courage and selflessness, PFC Bryant H. Womack's actions will forever stand as a testament to the power of Army leadership and the enduring legacy of those who serve with valor.

Leadership is not merely about giving orders, but about inspiring others to meet challenges. The qualities of effective outlined in Army Doctrine Publication (ADP) 6-22 emphasize the importance of demonstrating competence, making sound decisions, and setting a powerful example through one's actions. Private First Class (PFC) Bryant H. Womack's extraordinary acts of gallantry during the Korean War embody these ideals in a way that elevates him as a model of Army leadership.

PFC Womack's actions on 12 March 1952, near Sokso-ri, Korea, demonstrate the selflessness, courage, and dedication that the Army holds in the highest regard. Attached to a night combat patrol, Womack was the only medic with the unit when they suddenly encountered a superior enemy force. PFC Womack was faced with the immediate responsibility of tending to multiple casualties while under enemy fire. He immediately moved to assist his fellow Soldiers, even though this meant exposing himself to devastating enemy fire. In doing so, Womack's actions mirrored the Army leadership qualities that emphasize taking initiative and leading by example.

Despite sustaining a serious wound, PFC Womack's resolve remained unbroken. The essence of Army leadership is not only leading others but also maintaining focus on the well-being of those you serve. Womack's refusal to accept medical aid for himself and his decision to continue tending to the wounded despite his own injuries epitomized the Army's core value of selfless service. As he worked to save others, he was again struck by enemy mortar fire, losing his right arm in the process. Womack refused to surrender to his wounds. His concern for his comrades' welfare was so profound that he continued to direct those around him in first aid techniques, ensuring that the injured had the best chance of survival.

Womack's actions were a demonstration of the highest leadership qualities the Army strives to instill in all its Soldiers. His ultimate sacrifice, dying from blood loss after ensuring his comrades' safety, speaks to the Army's values of personal courage and commitment to the mission. PFC Womack's leadership touched the heart of what it means to serve with honor. His heroism reflects not only the highest standards of Army leadership but also the indomitable spirit of the 65th Medical Brigade and the U.S. Army itself.

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