

# THE PACIFIC MEDIC

ISSUE 002

65TH MEDICAL BRIGADE

MAY 2025



## Maximizing Readiness: Combined US & ROKA Training

*Expanding interoperability  
during the March Pacific Medic Field  
Exercise, [page 11](#)*

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# THE PACIFIC MEDIC

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*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.*

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Col. Edgar G. Arroyo  
Commander

I am truly proud of our team, who, despite unprecedented challenges and resource constraints, have proven their strength and readiness to respond if the nation calls. Over the last quarter, Pacific Medics have significantly advanced their readiness across all metrics! For the first time in Korea, our Brigade established a Role 2+ in an underground facility, deployed the full 124-bed Field Hospital, and implemented new technologies in the field. We are rapidly progressing toward an Army of 2030, resilient and fully interoperable with our ROKA Medical force.

Freedom Shield was a clear demonstration of our strategic readiness and operational effectiveness. The collaborative efforts shown by our Soldiers during this exercise underscore our ability to adapt and respond to evolving threats in a dynamic environment. The skills and knowledge gained will undoubtedly enhance our capabilities in future operations.

A heartfelt thank you to every Soldier, leader, and support staff member who contributed to these accomplishments. Your hard work and dedication have not gone unnoticed. Let's continue building on this momentum as we move forward together.



Command Sgt. Maj.  
Eric N. Price  
Command Sergeant Major

The Pacific Medics are breaking new ground as we strengthen our alliance and enhance interoperability with our South Korean partners. For the first time, the Republic of Korea's On-the-Job Training program Exchange incorporated four noncommissioned officers for an initial three-month rotation. Like their officer counterparts, they had the opportunity to collaborate with our clinical personnel at BDAACH as well as in our dental facilities. We will continue to innovate and expand this valuable opportunity to learn and grow alongside our Korean partners.

The Brigade recently conducted the Best Squad Competition, testing Warrior Skills, board procedures, and weapon systems familiarity, all in preparation for the upcoming 8th Army Best Squad Competition. Additionally, all eligible 68Ws in the brigade completed their 68W recertification, and supported emergency management across the peninsula. We have Soldiers competing for both the Expert Soldier Badge and Expert Field Medical Badge, and we look forward to awarding these badges of excellence at the upcoming ceremony.

We will continue to innovate and maintain our "Fight Tonight" readiness across the brigade as we conduct semiannual ACFTs, ensuring we remain physically, mentally, and spiritually tough.



# Symbols of Service

Understanding the 65th Medical Brigade's Insignia and Motto

Headquarters and Headquarters Company, 65th Medical Brigade  
By 2nd Lt. Leayon Carty



HHC, 65th Med Bde. guidon showing colored version of 65th Medical Brigade shoulder sleeve insignia and subdued OCP patch.

Since its inception, the 65th Medical Brigade has played a vital role in providing military medical support on the Korean Peninsula, continually adapting to meet the evolving needs of both soldiers and civilians. A defining element of the brigade's identity is its distinctive insignia, which has evolved alongside the unit's transformation from the 65th Medical Group into a fully designated medical brigade.

Throughout this evolution, the unit's enduring motto—*Da Dextram Misero* ("Give aid to the unfortunate")—has remained a guiding principle, reflecting the brigade's core mission of delivering life-saving care. In today's complex geopolitical climate, where regional tensions demand constant readiness, the 65th Medical Brigade continues to uphold this legacy, ensuring that medical support remains a critical pillar of operational effectiveness and humanitarian assistance.

## Historical Origins and Heraldic Symbolism

The 65th Medical Brigade traces its lineage back to Oct. 18, 1927, when it was constituted in the Regular Army as Headquarters, 15th Medical Regiment. The unit was redesignated as the 65th Medical Regiment on May 28,

1941, and later reorganized and redesignated as the 65th Medical Group on March 10, 1944, before deploying to Europe during World War II.

***Its service in World War II and the Korean War is reflected in its shoulder sleeve insignia, which features two serpents coiled around a winged sword seven times—each coil representing a campaign or meritorious unit commendation: five from World War II, one meritorious unit streamer, and one for service in the Republic of Korea.***

After being inactivated in 1945, the unit was reactivated on June 25, 1958, in support of the Korean War. Its service in World War II and the Korean War is reflected in its shoulder sleeve insignia, which features two serpents coiled around a winged sword seven times—each coil representing a campaign or meritorious unit commendation: five from World War II, one meritorious unit streamer, and one for service in the Republic of Korea.



HHC Soldiers and KATUSAs assisted with tent setup during Pacific Medic Focus 25-1.



## Bridging Tradition and Modernity

While many military organizations have transitioned



Spc. Saaverdra, K-Cpl. Yum and K-Cpl. Yun installing concertina wire around BDE TOC in preparation for PMF 25-1

from traditional Latin mottos to modern slogans for increased relatability, the 65th Medical Brigade successfully integrates both. Its official Latin motto, *Da Dextram Misero* ("Give aid to the unfortunate"), remains a powerful emblem of compassion and service.

Complementing this historical motto is the brigade's contemporary slogan: "Pacific Medics, Warrior Care!" This updated phrase emphasizes the unit's regional presence and operational mission in the Pacific theater. Together, these mottos reinforce shared purpose and unit cohesion, linking the brigade's storied past to its modern-day responsibilities.

By blending historical values with contemporary language, the 65th Medical Brigade inspires its personnel to embody both readiness and compassion in every mission.

### A Mission Rooted in History, Driven by Readiness

The brigade's official Commander's Welcome offers further insight into how its motto reflects its evolving mission. From its original focus on battlefield casualty care, the brigade's mission has expanded into a dual role: providing medical support throughout the Pacific as "Pacific Medics" and ensuring force health readiness as part of "Warrior Care."

Col. Edgar G. Arroyo, commander of the 65th Medical Brigade, emphasized this dual identity during a visit to

the Pacific Medic Focus 25-1 Tactical Operations Center. He explained that the four-word motto encapsulates the brigade's essential function: maintaining "Fight Tonight" readiness while delivering continuous health, dental and veterinary services.

In today's dynamic operational environment, understanding and embracing both traditional and contemporary mottos is key to connecting with the unit's purpose and values. It reinforces the enduring role of the 65th Medical Brigade in preserving health, supporting resilience, and enabling mission success.

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## Medical War Time Fact #1

During the Civil War, headquarters units faced major challenges, including slow communication, difficult terrain, and limited intelligence. Commanders relied on couriers and telegraphs to direct troop movements. Frequent relocations, poor maps, and unpredictable weather further complicated coordination, making effective command and control a constant struggle in rapidly shifting battle conditions.



# Optimizing Medical Logistics

The Role of the 563rd Medical Logistics Company in the Korea Theater and USINDOPACOM

563rd Medical Logistics Company

By 2nd Lt. Anna Abell , Capt. Prince Elago, & 1st Sgt. Andrew Oh



## Medical Logistics: Enabling Readiness in the Indo-Pacific

In the complex landscape of military operations, medical logistics (MEDLOG) is a critical enabler of mission readiness. This is especially true in regions like the Korean Theater of Operations (KTO) and U.S. Indo-Pacific Command (USINDOPACOM), where geographical and strategic challenges demand precision, coordination and resilience. The 563rd Medical Logistics Company (MLC), a unit within the 65th Medical Brigade, is at the forefront of enabling medical readiness and is responsible for delivering timely and effective medical supply support across the Korean Peninsula.

### A Legacy of Support and Readiness

The 563rd MLC has long played a vital role in managing and distributing medical supplies and equipment essential to Army health readiness. While it does not operate under a stock ticker on the New York Stock Exchange, its impact rivals that of any corporate logistics enterprise.

As the sole provider of Class VIII supplies and medical equipment services in the KTO, the 563rd MLC maintains a geographically dispersed forward posture based at Camp Carroll, Camp Casey and Camp Humphreys in the Republic of Korea. It supports both garrison and forward-deployed units, enabling rapid medical response during emergencies and contributing to national health objectives.

Part of the 168th Multifunctional Medical Battalion, the 563rd MLC operates under direct command and control structures to carry out its mission. Its day-to-day operations include warehousing, inventory control, equipment maintenance and coordination of international supply chains. This infrastructure ensures that military units—even those in remote or contested areas—have

the resources needed to provide effective medical care.

***“Working closely with the U.S. Army Medical Materiel Center–Korea and other global partners, the unit shares logistics best practices, conducts joint training exercises and enhances mutual readiness.”***

### Strategic Context in USINDOPACOM

Spanning 36 nations and more than half the Earth’s surface, USINDOPACOM’s area of responsibility (AOR) presents unique logistical demands. The Korean Peninsula remains a strategic hotspot due to its proximity to North Korea and other regional tensions.

MEDLOG operations in the region must account for austere environments, rugged terrain, limited infrastructure and the tyranny of distance—spanning mountains and oceans—that complicate the distribution, storage and transportation of critical supplies. Cybersecurity threats and system complexities further elevate the risks associated with logistics operations. Modern MEDLOG systems depend heavily on digital infrastructure to manage inventory, schedule maintenance and coordinate global supply networks. A successful cyberattack or system failure could paralyze operations, resulting in shortages or delays with potentially life-threatening consequences.

In addition, constrained budgets and personnel shortages continue to strain the effectiveness of these systems. As technological complexity grows, the need for specialized skill sets rises, making it more challenging to train and retain qualified personnel.

### Technology and Innovation in Medical Logistics

To meet these challenges, the 563rd MLC—like other



MEDLOG entities—embraces technological innovation. The integration of artificial intelligence and the Internet of Things (IoT) into logistics operations is a game changer. AI algorithms optimize supply chain management, predict demand and support real-time decision-making. IoT-enabled sensors track the status of medical supplies, ensuring proper storage conditions and reducing waste.

One of the most significant advancements is in cold storage technology. Medical items such as vaccines and biological materials require tightly controlled environments. Investing in advanced refrigeration and temperature monitoring ensures these items remain viable during transport and storage.

Another area of focus for the 563rd MLC has been the establishment of strategically located storage hubs throughout the KTO. Pre-positioning supplies in these locations allows for rapid distribution during emergencies, reducing response times and improving the overall efficiency of medical operations. These hubs bolster defense readiness and reinforce regional security.



*Cpl. Munguia, Pfc. Acheampong, and Pvt. Harrell at LSA Stanley delivering Class VIII during PMF 25-1.*

### **Execution of Pacific Medic Focus 25-1**

During the recent Pacific Medic Focus 25-1 exercise in March 2025, the 563rd MLC demonstrated its ability to deploy and execute missions using mobile capabilities that emphasize rapid response and adaptability. The company operated around the clock, establishing a presence at locations including Logistics Support Area (LSA) Stanley, Camp Walker, Camp Humphreys and Camp Mujuk

Using vehicle-mounted medical supply stations, the unit maintained a responsive supply line in dynamic operational environments. The team conducted real-time inventory management, ensuring efficient delivery of supplies to frontline units. This level of mobility enhanced operational effectiveness and ensured that combined and joint forces received critical medical support with minimal delay.

### **Collaboration and Training for a Resilient Future**

The 563rd MLC plays a central role in strengthening interoperability between U.S. forces and international allies. Working closely with the U.S. Army Medical Materiel Center–Korea and other global partners, the unit shares logistics best practices, conducts joint training exercises and enhances mutual readiness.

Operations during Pacific Medic Focus 25-1 exemplified this collaborative spirit and demonstrated the company's commitment to partner nations and joint medical readiness. Training remains essential to building resilience, and the 563rd MLC upholds an ironclad commitment to the U.S.–Republic of Korea alliance—an alliance built on trust, shared values and combined capabilities forged through exercises like PMF 25-1.

Regular upskilling in maintenance procedures, supply chain software and emergency response protocols ensures logistics personnel remain prepared to operate in dynamic environments.

### **Vision for Excellence**

The 563rd MLC's motto, "Whatever it takes," captures its ethos. Its vision is to be recognized as the leading provider of global medical logistics—a standard it approaches through technological agility, professional excellence and operational reliability.

Looking ahead, the unit continues to expand its capabilities through smarter logistics systems, strengthened cybersecurity protocols and a highly agile, mission-focused workforce. These efforts ensure that Army MEDLOG operations in Korea and throughout USINDOPACOM remain both reactive and proactive—ready to meet evolving challenges and prepared to respond to any threat at a moment's notice in defense of both homelands.



# Green Machine

Advancing Mission Readiness Across the Board

121st Field Hospital  
By 2nd Lt. Anna Lee



## Readiness Above All: The 121st Field Hospital Leads by Example

In today's dynamic operational environment, readiness remains paramount. The 121st Field Hospital exemplifies this principle, consistently achieving high scores on Fight Tonight metrics through focused, high-impact training. From Expert Infantryman Badge, Expert Soldier Badge, and Expert Field Medical Badge training to weapons qualifications, 12-mile ruck marches, and Tactical Combat Casualty Care drills, the unit upholds a disciplined approach to medical and tactical proficiency.

The 121st "Legends" demonstrate an unwavering commitment to readiness through diverse engagements. These include observer controller/trainer support and strategic "White Cell" contributions to the 502nd Field Hospital's Pacific Medic Focus exercise, as well as a joint training exercise with the 51st Medical Group at Osan Air Base.



*121st FH collaborates with 51st MDG to assess joint capabilities through CBRN casualty scenario at Osan.*

Maintaining AR 350-1 compliance is a constant challenge, especially amid frequent personnel turnover. However, the dedication of 121st Soldiers ensures con-

sistently high deployability. The unit leads the 65th Medical Brigade in readiness statistics through successful Emergency Deployment Readiness Exercises and Soldier Readiness Programs. This level of compliance streamlines administrative processes, enhances deployability, and enables leaders to focus on mission-critical training.



*Soldiers observe 502nd staff and providers as they navigate through realistic scenarios at LTA Watkins.*

***"In today's dynamic operational environment, readiness remains paramount. The 121st Field Hospital exemplifies this principle, consistently achieving high scores on Fight Tonight metrics..."***

Realistic training is vital for mission success. As a Role 3 facility, the 121st is a highly mobile, modular, 32-bed field hospital with two medical detachments: the 129th (surgical, 32-bed) and the 125th (intensive care, 60-bed). During Pacific Medic Focus, the 121st supported



the 502nd Field Hospital with more than 45 patient scenarios and 18 operational injects, refining clinical standard operating procedures. The subsequent after-action review provided both units with actionable insights to optimize patient flow and real-world treatment protocols.



Mar. 24, 2025 - Col. Arroyo speak at the 121st Field Hospital Birthday in the Briand D. Allgood Community Hospital at Camp Humphreys, South Korea.

Located less than an hour from U.S. Army Garrison Humphreys, Osan Air Base houses the 51st Medical Group, whose 30-bed facility can expand to 245 beds in wartime. The 121st observed a joint training exercise at Osan's Medical Treatment Facility Bunker. Using the Military Decision-Making Process, the unit developed multiple courses of action and provided detailed analysis to Col. Mocha Robinson, 51st MDG commander, to support hospitalization expansion—a capability critical for large-scale combat operations.



Sgt. 1st Class Odunsi (S3 NCOIC) awarded for his contribution to multiple Soldier training events and PMF 25-01.

Beyond mission readiness, the 121st champions personal excellence. Since December 2024, training led by Maj.

Benjamin Yun, Sgt. Andy Hong, and Staff Sgt. Ernest Richardson III has helped Soldiers prepare for the EFMB, while honing essential Soldier skills. Staff Sgt. Meenjoon Yoo and Spc. William Harmon spearheaded ESB training, with a focus on weapons familiarization and land navigation. This year, all 14 EFMB and all six ESB packets from the unit were successfully submitted and approved.

***“Realistic training is vital for mission success.”***

Thanks to numerous range opportunities, ACFTs, and physical training events—including 12-mile ruck marches—the unit achieved a 92% qualification rate on the M17 pistol and nearly 80% on the M4 carbine. More than 25 Soldiers completed the 12-mile ruck validation.

To be a “Legend” is to be worthy of recognition. The 121st continues to build on a distinguished 75-year legacy on the Korean Peninsula. Originally constituted as an evacuation hospital during the Korean War, the unit has earned numerous honors, including the Meritorious Unit Commendation, the Republic of Korea Presidential Unit Citation, and the Army Superior Unit Award in 2003–2004 at Yongsan Garrison in Seoul.

The unit also continues its commitment to community engagement. On Feb. 28, the 121st conducted a “Ruck for Rice” event, combining physical training with a donation drive for a local orphanage in support of the Eighth Army Good Neighbor Program.

The pursuit of readiness is ongoing, but the 121st Field Hospital leads by example. Through disciplined training, joint collaboration, and steadfast commitment to excellence, the unit continues to prove it is ready—not just to go, but to go together.

**Katchi Kapshida! 같이 가자!**

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# Maximizing Medical Readiness

Readiness Through Combined Training with South Korean Allies Pacific Medic Focus

502nd Field Hospital

By 2nd Lt. Alexander Mon & 2nd Lt. Jordan Bennett



## 65th Medical Brigade Advances Medical Readiness Through Combined Training

With tensions at an all-time high, the 65th Medical Brigade (65th MED), based at Camp Humphreys, South Korea, remains focused on maintaining diligence and effectiveness in training to accomplish its mission: “Fight Tonight.”

The 502nd Field Hospital (502D FH) has embraced the brigade’s motto and integrates it into both routine tasks and large-scale field exercises. The recent Pacific Medic Focus 25-1 (PMF 25-1) training exercise, conducted near Rodriguez Live Fire Complex (RLFC), underscored the importance of combined training—not only among U.S. medical detachments but also with Republic of Korea Army (ROKA) allies.

A central focus of PMF 25-1 was providing ROKA soldiers the opportunity to observe and learn from U.S. medical personnel’s operational practices. Recently featured on Yonhap Television News (YTN), the exercise demonstrated the synergistic benefits of integrating diverse medical capabilities in a field environment, fostering interoperability and enhancing medical proficiency across U.S. and ROKA forces.

### Expanding Field Hospital Capabilities

During PMF 25-1, the 502D FH leveraged the specialized capabilities of multiple medical detachments to expand its standard 32-bed field hospital into a 124-bed facility. The 197th Medical Augmentation Detachment (197th MED) contributed three Intensive Care Wards (ICWs) focused on patient monitoring, while the 150th Medical Augmentation Detachment (150th MED) provided two Intensive Care Units (ICUs) for stabilizing critical injuries.

In addition, the 502D FH coordinated the integration and observational training of ROKA medical personnel

across the hospital framework. These personnel trained administratively and participated in operations war-gaming while also receiving hands-on medical training alongside U.S. clinical staff. Embedding ROKA soldiers in this environment deepened their understanding of U.S. medical protocols and bolstered the shared mission to “Fight Tonight.”



*Soldiers from the 502nd FH and ROKA soldiers working together to assess a patient during the MASCAL training exercise.*

### Tactical Integration and Readiness Testing

The inclusion of allied observation and potential integration added a critical layer to the exercise. PMF 25-1 also served as a platform to test and validate the 502D FH’s Clinical and Non-Clinical Tactical Standing Operating Procedures (TACSOPs) in a multinational setting. Conducting this testing under high-stress conditions ensured mutual understanding of procedures among allied forces.

One of the exercise’s most valuable components was the execution of a mass casualty (MASCAL) scenario. This event challenged the hospital to triage and treat a volume of patients far exceeding standard capacity. These scenarios are essential for refining coordination, triage accuracy, and operational efficiency—skills critical



to success in large-scale combat operations (LSCO) and humanitarian missions.

A participating ROKA soldier shared their perspective on the training:

“...applying the MASCAL training to the ROKA would be extremely helpful... beyond just applying it... it would be great to explore more detailed aspects [of field medicine] such as support for training, patient role-plays, methods, and overall operations.”

This reflection reinforces the value of combined training, not only for tactical refinement but also for strengthening interoperability in realistic battlefield environments. Such hands-on experiences enhance individual and collective readiness, ultimately supporting a more effective multinational medical response.

### **Aligning With Army Health Doctrine**

Integrated training like PMF 25-1 directly supports Army medical principles and procedures outlined in Army Regulation 40-2.55 (Army Health System) and U.S. Forces Korea Instruction 4200.02 (Force Health Protection). These regulations emphasize the importance of realistic, joint, and combined training that mirrors the complexities of modern operational environments and promotes efficient use of multinational medical resources.



*The 124-bed 502nd FH pictured near RLFC, fully mission capable and ready to treat patients.*

By bringing together various U.S. medical specialties in a field hospital setting and providing valuable learning experiences for ROKA allies, the U.S. military reinforces a culture of multinational preparedness and enhances coalition medical capabilities.



*Soldiers from the 502nd FH seen training ROKA soldiers on how to properly load and unload patients on Field Litter Ambulances.*

### **Leadership Engagement and Strategic Emphasis**

Throughout the exercise, the 502D FH hosted several distinguished visitors. A notable visit from Gen. Xavier Brunson, commander of United Nations Command, Combined Forces Command, and United States Forces Korea, highlighted the strategic value of medical readiness and the significance of combined training exercises. His presence signified top-level commitment to ensuring U.S. and allied medical forces are prepared for future conflicts through robust, collaborative training.

### **Preparing for Future Conflicts**

The 502D FH's focus on combined training and allied learning is especially critical in the context of LSCO and future coalition operations. Medical teams must prepare for increased patient volumes, extended operational tempos, and contested logistics, all of which demand seamless integration with allied forces. Understanding and integrating ROKA medical procedures, as facilitated through PMF 25-1, will be crucial to mission success and, more importantly, the medical readiness and survival of the warfighter.

Combined training promotes interoperability and a shared understanding of best practices in military medicine, ensuring optimal care across allied forces.

### **Conclusion: Building a Medically Ready Coalition Force**

Pacific Medic Focus 25-1 served as a powerful demonstration of the value of combined training with ROKA allies, providing insight into U.S. medical practices and enhancing overall readiness. The integration of the

150th and 197th Medical Augmentation Detachments into the 502D FH's operations created a dynamic learning platform for ROKA soldiers and enabled critical refinement of battle drills and TACSOPs.

This type of realistic, integrated training—aligned with Army doctrine—is essential for maximizing the effectiveness of combined medical forces. It ensures the rapid, efficient return of warfighters to duty in coalition environments. Continued investment in such exercises is vital to maintaining a medically ready and resilient multinational force.

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### **First ROK Army NCOs Graduate U.S. Medical Exchange Program**

CAMP HUMPHREYS, South Korea — The Republic of Korea Army marked a significant milestone April 4 with the graduation of its first noncommissioned officers (NCOs) from the inaugural U.S.-ROK medical exchange program — a first-of-its-kind initiative aimed at improving joint medical readiness and strengthening interoperability between the two allied forces. The historic graduation ceremony was held at Camp Humphreys, home to the largest U.S. overseas military installation, and was attended by senior leaders from both the U.S. and ROK armies. The graduating NCOs spent several weeks immersed in U.S. Army medical units, learning field protocols, casualty care, triage procedures, and evacuation techniques directly from their American counterparts.

The program represents a major advancement in combined medical training and demonstrates a shared commitment to providing world-class battlefield care in joint operations. “This graduation is more than a ceremony — it’s a testament to the strength of our alliance and our shared commitment to caring for our warfighters,” said Col. Brian McDaniel, a U.S. Army medical officer and program coordinator. “By learning our protocols and integrating with our teams, these ROK NCOs are becoming a vital bridge between our two militaries. Their success here ensures we can operate side by side more effectively in any contingency.” As the United States and South Korea continue to deepen military collaboration in response to regional security challenges,

such partnerships have become essential.

One of the graduates wasted no time putting the training to the test. Just two weeks after the program concluded, the NCO volunteered to compete in the Expert Field Medical Badge (EFMB) evaluation — one of the U.S. Army’s most rigorous individual qualifications. Held multiple times a year at select locations, the EFMB tests a soldier’s ability to perform a wide range of critical medical and soldiering tasks under extreme stress and tight timelines. The participation of a ROK NCO in this high-stakes competition not only highlights the success of the exchange program but also reflects the rising capability and ambition of ROK Army medical personnel. “To compete in the EFMB just weeks after graduating speaks volumes about the confidence and competence these NCOs have gained,” McDaniel said. “They’re proving that this program isn’t just theoretical — it’s practical, it’s relevant, and it’s producing results.”



*Brig. Gen. Sang Min Lee (Deputy Commanding General - Republic of Korea, Eighth Army) congratulates Master Sgt. Tae June Kwon on his achievement of earning the Expert Field Medic Badge.*

The exchange program is expected to expand in the coming years, with future iterations including reciprocal training opportunities for U.S. soldiers in ROK Army medical units and increased joint exercises focused on casualty response and battlefield medicine. “This is just the beginning,” said Sgt. Maj. Kim Tae-hyun, senior ROK NCO liaison. “We are proud of our soldiers and proud to stand shoulder to shoulder with our U.S. allies. Programs like this one make our alliance stronger and ensure we’re ready for anything.”

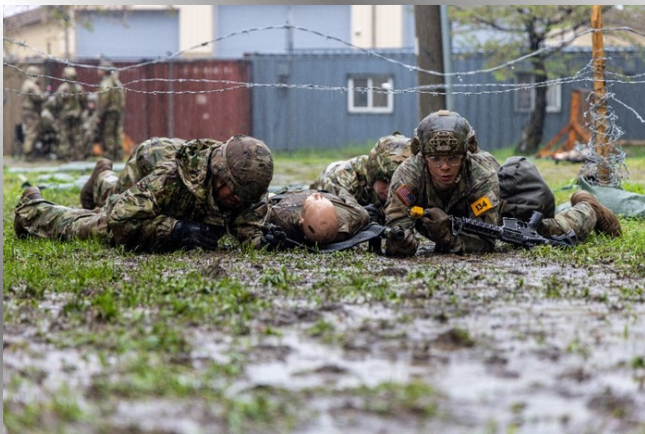


# EFMB on the (DMZ) 2025

Successes, Lessons Learned, and Recommendations

154th Medical Detachment (Preventive Medicine) / 75th Medical Company Area Support

By Maj. Walter Peeples, 1st Sgt. Mark Saldaña & 1st Lt. Kevin Gonzalez



*An EFMB candidate traverses the Litter Obstacle Course on the Evacuation Lane during EFMB on the DMZ 2025.*

The Expert Field Medical Badge (EFMB) on the Demilitarized Zone (DMZ) 2025 event challenged medical candidates to demonstrate exceptional skill and competence from Apr. 12–25, 2025, in pursuit of earning the prestigious EFMB. A total of 192 candidates participated, with 51 successfully earning the badge—reflecting a 26.5% pass rate. Among the graduates were one Korean Augmentee to the U.S. Army (KATUSA) Soldier and two Republic of Korea Army (ROKA) Soldiers, underscoring growing interoperability and a shared commitment to military medical excellence.

## EFMB History in Korea

Established on June 18, 1965, the EFMB was designed to validate that medical Soldiers could deliver high-quality care in simulated combat conditions. In Korea, EFMB testing has long supported medical readiness for forward-deployed personnel. The qualification ensures that Army Medical Department (AMEDD) professionals—from junior enlisted combat medics to senior officer healthcare providers—maintain the skills required to operate in austere, high-pressure environments.

Over time, the EFMB program in Korea has expanded to include allied forces. Today, ROKA and KATUSA Soldiers

test alongside their U.S. counterparts, reinforcing a multinational commitment to excellence in battlefield medicine and operational preparedness.

## Key Lessons Learned from EFMB on the DMZ 2025

Several critical lessons emerged from this year's EFMB testing:

### 1. Online Registration and Packet Management

In coordination with the 8th Army Chief Data Office (CDO), the EFMB team transitioned to an online registration system for candidates. This change streamlined administrative processes, enabled faster validation of candidate qualifications, and facilitated digital packet management. The system also improved coordination with the EFMB Test Control Office (TCO) in San Antonio for expedited orders. Continued refinement of this system will ensure better information flow and support qualified candidates during future events.



*At the Tactical Combat Casualty Care (TCCC) Lane. An EFMB Badge Holder shows candidates how to move a casualty under direct fire.*

### 2. Increasing Candidate Participation

This year saw one of the highest participation rates in recent memory. Accommodating the surge required expanded logistical support and additional training resources. The increase in candidates also created a great-

er demand for badge holders and support personnel to operate testing lanes. Future planning should prioritize increasing the number of graders, support staff, and available equipment to maintain efficiency and training quality.



*EFMB candidates prepare to conduct nighttime land navigation testing.*

### 3. Resource Constraints

The closure of Rodriguez Live Fire Complex (RLFC) for construction necessitated relocating the Expert Infantryman Badge (EIB) and Expert Soldier Badge (ESB) events to Camp Casey, alongside EFMB. This consolidation strained bus transportation, dining facility scheduling, and billeting, emphasizing the need for better resource planning and coordination for future events.

### Recommendations for Future EFMB Testing

To improve future iterations of EFMB testing in Korea, several approaches are recommended:

#### 1. Integrated E3B Approach

The Expert Three Badge (E3B) event consolidates EFMB, Expert Infantry Badge (EIB), and Expert Soldier Badge (ESB) qualifications into a unified system to improve coordination and logistical efficiency. Centralizing under a single brigade's command and control structure—such

as that of the Korea rotational unit—streamlines training and execution. Since transitioning in 2021, E3B has undergone substantial updates, particularly in Warrior Skills and Evacuation lanes. A unified command and control (C2) model reduces complexity and enhances support across multiple 8th Army main support units.

#### 2. Biannual EFMB Events

Historically, the 65th Medical Brigade and 2nd Infantry Division alternated hosting EFMB events every six months. The 65th Medical Brigade should consider scheduling standalone EFMB cycles twice a year, particularly when rotational units are unable to support an integrated E3B event. Independent EFMB events also reduce competition for limited resources, as seen during E3B 2025 when RLFC's closure constrained training space.



*An EFMB candidate performs the sandbag lift during the Expert Personal Fitness Assessment .*

#### 3. Pacific Medic Focus Integration

EFMB testing should be incorporated into the annual Pacific Medic Focus (PMF) exercise. Aligning EFMB with PMF-1 in the fall allows new personnel arriving during summer permanent changes of station (PCS) to receive early, high-quality individual-level training. PMF-2 in the spring can then focus on unit and collective level tasks. This structure supports early medical proficiency, improves “Fight Tonight” readiness metrics, and delivers



focused training aligned with mission requirements.

## Conclusion

EFMB on the DMZ 2025 demonstrated the unwavering dedication of military medical professionals to battlefield care and operational excellence. As the Army continues to modernize training and increase readiness, refining administrative processes, expanding support infrastructure, and addressing logistical constraints will be critical. Incorporating integrated E3B events, biannual EFMB cycles, and alignment with PMF exercises will ensure that medical personnel are fully prepared to meet the demands of future combat operations. Strengthening collaboration among U.S., ROKA, and KATUSA Soldiers through EFMB will remain vital in maintaining combat medical proficiency and sustaining “Fight Tonight” readiness on the Korean Peninsula.

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## Medical War Time Fact #2

### The Evolution of Army Field Medics and Battlefield Care

Throughout history, battlefield medicine has transformed from rudimentary aid to a sophisticated system capable of saving lives in the harshest conditions. Army field medics have played a crucial role in this evolution, adapting to the changing face of warfare and advancing medical science.

In the early days of organized combat, wounded soldiers often received little to no care on the battlefield. During the American Civil War, medical knowledge was limited, and antiseptic practices were virtually nonexistent. Field medics were often untrained volunteers or assigned soldiers with little medical background. Amputations were common, and infection was the leading cause of death.

By World War I, battlefield care began to take shape with the introduction of triage systems and organized ambulance services. Medics operated under perilous conditions in trenches and field hospitals, but their efforts marked a shift toward systematic medical response. Still, infections, shell shock and limited surgical capabilities hampered survival rates.

World War II brought significant advancements. Medics were formally trained and issued equipment like morphine syrettes, sulfa powder and first-aid kits. The advent of blood transfusions and the development of penicillin dramatically improved outcomes. Medical evacuation procedures, including the use of aircraft, allowed for quicker transport to better-equipped facilities.

The Vietnam War further evolved battlefield medicine with the widespread use of helicopters for rapid medical evacuation, known as “dustoff” missions. The “golden hour” principle—getting wounded soldiers to advanced care within 60 minutes—became a guiding tenet of military medical response. Medics were trained to administer intravenous fluids and treat trauma more effectively under fire.

Modern conflicts in Iraq and Afghanistan have propelled battlefield care into a new era. Combat medics are now trained to a level comparable to civilian paramedics, with additional combat-specific trauma care skills. They carry advanced equipment and use tourniquets, hemostatic agents and needle decompression techniques as standard practice. Tactical Combat Casualty Care (TCCC) protocols, developed in the 1990s, prioritize care under fire, tactical field care and rapid evacuation.

Technology has also played a role. Portable monitors, digital diagnostics and telemedicine capabilities have enhanced decision-making in the field. Innovations like freeze-dried plasma and robotic evacuation systems hint at the future of battlefield medicine.

Today’s medics serve not only as lifesavers but as front-line combatants trained to fight and provide care simultaneously. Their role continues to evolve with changing threats, including chemical and biological warfare. As military medicine advances, the U.S. Army and allied forces emphasize continual research, simulation training and cross-branch collaboration to ensure readiness.

From untrained volunteers to highly skilled professionals, the journey of the army field medic reflects broader changes in military operations and medical science. In modern warfare, the difference between life and death on the battlefield often rests in the hands of a medic—a testament to how far battlefield care has come.

# Operation Healthy Smiles

Supporting Our Soldiers' Children with Dental Health Initiatives

618th Medical Company (Dental Area Support)

By Capt. Hayana Nam



Each February, National Children's Dental Health Month serves as a national observance dedicated to promoting the importance of oral health among children. In recognition of this important initiative, military dental health professionals across U.S. Army installations in the Republic of Korea implemented comprehensive outreach programs aimed at enhancing the dental wellness of military dependents.

At both Camp Humphreys and Camp Walker, these coordinated efforts emphasized prevention, early detection, and education—cornerstones of long-term oral health. Through screenings and educational engagements, service members, healthcare personnel, and educators collaborated to support the readiness and resilience of military families.

## Camp Humphreys: Interdisciplinary Collaboration for Comprehensive Care

From Feb. 24 to 28, 2025, a multidisciplinary dental team composed of personnel from DENTAC-Korea, the 618th Medical Company (Dental Area Support), the 65th Medical Brigade, and the 502nd Field Hospital conducted dental outreach operations across Humphreys Central Elementary School, Humphreys West Elementary School, and Humphreys Middle School.



*Lt. Col. Hong from 502nd Field Hospital and Lt. Col. Luevano from 65th Medical Brigade providing dental education and dental screening.*



*Pfc. Gallegos, a 68E dental specialist, educating kids on the proper way to brush their teeth.*

A total of 1,784 students in grades pre-kindergarten through five received dental screenings. Of these, 240 students (13.5%) were identified as having visible dental conditions requiring follow-up care, and 24 students (1.3%) were noted to have severe dental pathology warranting more immediate attention. Families were provided with contact information for local military dental clinics, and follow-up appointments are currently being coordinated to facilitate appropriate treatment interventions.

## Camp Walker: Strengthening Preventive Measures

At Camp Walker, Capt. Bradley Thomson, supported by Sgt. Kevin Lyons, led a parallel initiative focused on preventive care and oral health promotion. This pro-





*Capt. Nam from 618th Medical Company-Dental Area Support conducting an initial dental screening.*

gram, implemented at the on-post elementary school, included dental screenings, age-appropriate oral hygiene instruction, and the distribution of dental care kits to 388 students.

This engagement not only supported early identification of potential dental issues but also reinforced essential hygiene practices that contribute to lifelong oral health.

### **Promoting Long-Term Readiness Through Health Education**

These efforts reflect the U.S. Army's commitment to the holistic well-being of its service members and their families. By fostering positive oral health behaviors in children from an early age, the Army ensures a healthier, more resilient dependent population—supporting the overall readiness and operational effectiveness of its personnel.

National Children's Dental Health Month provided a strategic opportunity to emphasize that preventive care is an essential investment in the long-term health of military communities. These outreach efforts served to educate, screen, and empower families—reinforcing that dental health is a foundational element of comprehensive healthcare.

### **Acknowledgments**

The success of these events would not have been possible without the contributions of the dedicated dental professionals and school staff involved in planning and execution. The following individuals were instrumental in the delivery of services:

**DENTAC-Korea** — Lt. Col. Giovanni Zalamar, Maj. Jonathan Dismuke, Maj. David Flanders, & Ms. Yu Min Kang

**618th Medical Company (Dental Area Support)** — Maj. Joseph Jankovich, Maj. Mee Hyung K. Kwak, Maj. Scott Mackie, Capt. Yvonna Barrientos, Capt. Whitney Free-Jenkins, Capt. Jangsu Kiyoshi, Capt. Hayana Nam, Capt. Brian Park, Capt. Melissa Sybico, Sgt. Dennicia Patrick, Spc. Jade Craft, Pfc. Diana Gallegos Valencia, Spc. Juhoan Park, Spc. Samuel Rumba Lama, Pfc. Alexis Figueroa, & Pvt. Sandrina Popo

**65th Medical Brigade** — Lt. Col. Christopher Luevano

**502nd Field Hospital** — Lt. Col. Jun Hong

**Department of Defense Education Activity (DoDEA)** — special recognition is also extended to the exceptional school nursing staff whose support was vital to the success of the screenings and follow-up coordination: Ms. Dionna Davis (Humphreys West Elementary School), Ms. Sierra Marshall and Ms. Kyoung Lim (Humphreys Middle School), & Ms. Sharilyn O'Connor (Humphreys Central Elementary School)

The contributions of all involved personnel underscore the strength and unity of the military healthcare community in advancing the health and welfare of military children.

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## **Medical War Time Fact #3**

During World War II, military dentistry was crucial to keeping U.S. troops combat-ready. Dental issues were treated seriously, with mandatory screenings ensuring Soldiers were "dentally fit" before deployment. Mobile dental clinics near front lines provided cleanings, fillings, and emergency care, reducing evacuations and non-combat discharges. Preventative care, including fluoride use and hygiene education, began during the war and shaped postwar public health. These efforts highlighted dentistry's role in military success and influenced modern dental care practices.

# Enhancing Behavioral Health Care Across the KTO Utilizing Combat Operational Stress Control

327th Medical Detachment (Combat Operational Stress Control), 168th Multifunctional Medical Battalion

By Maj. Christinia M. Calello, LCSW, BCD



## Introduction

Behavioral health is a critical component of maintaining the fighting force throughout the Korean Theater of Operations (KTO) and sustaining combat readiness. A proactive approach to building resilience, instilling the warrior ethos, and cultivating grit and tenacity keeps soldiers in the fight.

The impact of mental health disorders in the military is undeniably one of the leading factors affecting unit readiness. Stress has both physical and behavioral effects. It may increase disease rates by disrupting hygiene and lowering the body's immune system, leading to physical illness. Stress can also progress to behavioral health disorders, including suicidal, homicidal, and self-mutilative behaviors. Some stressors contribute to misconduct that requires disciplinary action, which may remove a soldier from duty due to legal proceedings or incarceration.

Stress can also result in battle and non-battle injuries through inattention and reckless behavior, including loss of equipment and vehicular accidents. In 2023, mental health disorders accounted for the largest total number

of hospital bed days and the second-highest total number of medical encounters among active-duty members of the U.S. Armed Forces.<sup>1</sup>

Eighth Army prioritizes people and readiness across the Korean Peninsula. The Surgeon General's "Sustain Health" initiative integrates efforts to deliver combat-ready formations through prevention, health promotion, force health protection, and treatment—demonstrating the value of Combat and Operational Stress Control (COSC) in support of the region.

Our COSC team enhances behavioral health care throughout the KTO in collaboration with behavioral health clinics, Embedded Behavioral Health providers, Military and Family Life Counselors (MFLCs), and the Army Substance Abuse Program (ASAP).

## What Is COSC?

COSC is a full-spectrum behavioral health support program that spans all military operations and deployment cycles—not just those in theater.<sup>2</sup> The purpose of COSC is to promote soldier and unit readiness by:

- Enhancing adaptive stress reactions
- Preventing maladaptive stress reactions
- Assisting Soldiers in managing combat operational stress reactions (COSRs)
- Supporting soldiers with behavioral disorders

COSC units have evolved significantly since World War I. During that time, the Army learned that treating soldiers' psychological needs near the front lines—using the principles of brevity, proximity, and immediacy—improved recovery outcomes and reduced long-term psychiatric issues.

By World War II, psychiatrists were embedded in most



*Maj. Smith, Christopher and Staff Sgt. Wehyee, Jacob team up with the American Red Cross to provide resilience training for 2ID.*



divisions, and early restoration care was introduced in Training and Rehabilitation (T&R) Centers.<sup>2</sup> The first combat stress teams, known as “KO” teams, were deployed during the Vietnam War. These teams included a psychiatrist, neurologist, social worker, psychologist, psychiatric nurse, and enlisted behavioral health specialists. After the war, they were reorganized into Operational Mental Health (OM) teams with greater mobility and flexibility.

In 1989, OM teams were renamed Combat Stress Control (CSC) units, featuring 23-person teams divided into Prevention and Restoration sections. Although approved before the Gulf War, these units were not fully re-



*Staff Sgt. Chen, William conducts Stress Management classes with the 6th Ordnance Battalion.*

sourced until after the conflict, which initially required deploying untrained personnel. Lessons from the Gulf War led to the activation of the 528th CSC in 1992. CSC support has since expanded through operations in Somalia, Haiti, Guantanamo, Bosnia, Iraq, and Afghanistan.<sup>3</sup>

Current COSC operations follow FM 4-02.51 (2006), with personnel and equipment requirements outlined in the Table of Organization and Equipment (TO&E), last updated in 2009. While the FM and TO&E share similar missions, structural differences remain.

### **COSC in the KTO**

The use of COSC units in the KTO is unique. While there is no immediate combat need, COSC plays a critical role in mitigating behavioral health encounters through proactive prevention. In alignment with the Force Health

Protection and Holistic Health and Fitness initiatives, COSC teams aim to prevent, identify, and manage COSRs, promote adaptive responses, strengthen coping skills, encourage help-seeking behaviors, and support unit cohesion.



*Staff Sgt. Aaron, Eric, conducts a resiliency class with the 502nd FK during PMF 25-1*

A key strength of COSC units in the KTO is their mobility—they meet soldiers and units where they are, within their area of operations. This allows leaders at all levels to safeguard the psychological health of their soldiers while minimizing disruption to mission requirements and high operational tempos.

### **Examples of COSC Interventions**

Training to build confidence and behavioral health skills.

Promoting healthy behaviors such as physical activity, good nutrition, and adequate sleep.

#### **Strengthening coping strategies**

Encouraging early help-seeking for stress-related issues.

Enhancing unit cohesion through communication and team-building exercises.

Training service members to recognize and address COSRs via peer-to-peer initiatives like Behavioral Health Gear and the iCover program.

Equipping commanders and leaders with unit-level mental health insights through Behavioral Health Pulse assessments, enabling tailored interventions.

Since 2023, three COSC teams have operated throughout the KTO, in Areas I, III, and IV. To date, COSC teams have:

Conducted more than 236 leadership consultations  
Delivered behavioral health classes to over 4,562 service members

Completed over 3,767 patient encounters

Data indicates these efforts have effectively reduced suicidal ideation, suicide attempts, and medical hospitalizations related to behavioral health issues.

### How Can Your Unit Benefit From COSC Services?

The 327th Medical Detachment COSC supports unit readiness by offering a range of classes aligned with Force Health Protection, Holistic Health and Fitness, and Army Combat Fitness Training.

Scheduling a consult or behavioral health class is simple—just click the link below to access the 168th Support Request Form: 168th Support Request Tracker at <https://armyeitaas.sharepoint-mil.us/sites/USARPAC-65MEDBDE-168MMB/SitePages/168MMB-Support-Requests-Tracker.aspx>

If you're unsure which classes to request, reach out to your local COSC team:

Area I

#### Maj. Carla Zerger

Email: [carla.m.zerger.mil@army.mil](mailto:carla.m.zerger.mil@army.mil)

DSN: 315-737-3710

#### Staff Sgt. Eric Aaron

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Area III

#### Maj. Christina Calello

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DSN: 315-737-5672

#### Staff Sgt. Jacob Wehyee

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DSN: 315-737-5672

#### Staff Sgt. William Chen

Email: [william.chen12.mil@army.mil](mailto:william.chen12.mil@army.mil)

DSN: Not available

### Resources

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## Medical War Time Fact #4

During the Vietnam War, the U.S. Army expanded its behavioral health services to address rising cases of combat stress and mental fatigue among troops. Field psychiatric units were established close to combat zones, focusing on early intervention to reduce long-term psychological effects. These mobile units treated conditions such as combat exhaustion, anxiety disorders, and acute stress reactions, aiming to return soldiers to duty quickly without full evacuation.

The approach was based on lessons learned in World War II, emphasizing prompt treatment in-theater within a familiar military setting. By the late 1960s, thousands of soldiers had received psychiatric care in Vietnam, and many were able to return to their units after short-term treatment and rest.

This model helped reduce stigma, improved recovery rates, and shaped future military mental health practices, reinforcing the importance of psychological support in sustaining combat effectiveness.



# Underground Medicine

Experimentation of a Subterranean Role 2 Enhanced

629th Medical Company (Area Support)

By Capt. Roy D. Villalobos



## 629th Medical Company Leads Subterranean Medical Operations During PMF 25-01

From March 12–14, 2025, the 629th Medical Company (Area Support) successfully established and operated a Role 2 Enhanced medical treatment facility within a subterranean complex at Camp Stanley, Republic of Korea. This operation was a key component of Pacific Medic Focus (PMF) 25-01, a brigade-level live-training exercise conducted during Freedom Shield 25 (FS25), part of the Republic of Korea–United States combined exercise. The mission highlighted both the medical proficiency of the 629th and the forward-thinking approach needed to support Large-Scale Combat Operations (LSCO) and Multi-Domain Operations (MDO).



*629th MCAS and 560th MCGA Ground ambulance team arrives to Role 2 Enhance patient drop off zone in the UGF.*

## A Strategic Return to Underground Operations

Operating in a subterranean facility draws from historical precedent. During the Korean War, U.S. and United Nations forces endured relentless artillery and rocket attacks from North Korean and Chinese forces. Medical units were highly vulnerable and often displaced. Learning from the past, the decision to validate a Role 2 En-

hanced facility underground recognizes the contested nature of future conflicts—particularly on the Korean Peninsula—where forward-deployed medical assets may fall within direct-fire zones. Subterranean environments offer superior survivability, concealment, and protection from kinetic, chemical, biological, radiological and nuclear (CBRN), and electromagnetic threats.

Contemporary conflicts such as the war in Ukraine and the Israel-Hamas conflict in Gaza have reinforced this concept. Ukrainian field hospitals have been forced underground to shield patients and personnel from missiles and drones, while Gaza's subterranean infrastructure has become essential to maintaining care amid urban warfare. These real-world examples highlight the necessity of hardened, resilient Role 2 capabilities that can operate under extreme conditions.



*Sgt. 1st Class Bryan Rowland, 629MCAS Treatment Platoon Sergeant, and Sgt. Martin Pelayo, 629MCAS PAD, verify patient's information and statuses.*

## Mission Execution: PMF 25-01

The 629th's mission was to validate mission-essential tasks, collective tasks, and individual critical task lists while experimenting with subterranean Role 2 operations. The facility at Camp Stanley simulated a high-

threat environment, testing medical coordination, logistics, and survivability. The 629th served as the medical command and control (MED C2) for the Role 2 Enhanced site. To ensure effective communication with higher headquarters and adjacent units, the 168th Multifunctional Medical Battalion (MMB) deployed a tactical command post and integrated the Mounted Mission Command System – Soldier (MMC-S), greatly enhancing command and control capabilities.



*135th FRSD surgical team conducts notional operation on patient in the UGF.*

### **Interoperability and Expanded Capability**

One of the exercise's major successes was the seamless integration of joint, external, and rotational medical units. Supporting units included the 560th Medical Company (Ground Ambulance), 95th Medical Detachment (Blood Support), 563rd Medical Logistics Company, 106th Veterinary Detachment, 135th Forward Resuscitative Surgical Detachment (FRSD), 5th Preventive Medicine Detachment, and 327th Combat Operational Stress Control Detachment.

Additional support came from rotational units including 1-2 SBCT's 296th Brigade Support Medical Company, 1-38 Field Artillery, 3-2 General Support Aviation Battalion, and the 210th Field Artillery Brigade.

The 629th MCAS was further reinforced with:

- Surgical assets from the 135th FRSD
  - Three dental providers from the 618th Dental Detachment
  - Preventive medicine specialists from the 5th PM Detachment
  - Veterinary services from the 106th VET Detachment
- Behavioral health support from two providers with the

### **327th COSC Detachment**

These additions expanded the unit's capability from six to eight of the 10 doctrinal medical functions, demonstrating the full operational potential of Role 2 Enhanced capabilities in LSCO scenarios.

### **Innovation: Electromagnetic Footprint Assessment**

A major innovation during PMF 25-01 was the collaboration with the 8th Army Electromagnetic Spectrum (EMS) manager to assess the electromagnetic signature of the subterranean Role 2 Enhanced facility. The results will inform vulnerability mitigation strategies and help reduce the electromagnetic footprint of forward medical units, enhancing survivability in a multi-domain operational environment.

### **Operational Validation and Strategic Outlook**

Validation of the Role 2 Enhanced by 1-2 SBCT's 296th BSMC was essential. Their participation provided an external, rotational perspective that confirmed the effectiveness of the 629th's operations. This external validation strengthened the credibility of the exercise and informed doctrinal updates for future conflict scenarios.

The importance of subterranean medical operations is clear. In potential conflicts against near-peer adversaries like North Korea—especially in Area I, where hostile artillery poses a constant threat—investing in infrastructure that improves survivability is essential.

### **Conclusion**

PMF 25-01 proved that Role 2 Enhanced operations in a subterranean facility are not only feasible but essential. By integrating joint, rotational, and external medical assets, testing advanced communication systems, and evaluating electromagnetic vulnerabilities, the 629th MCAS demonstrated its adaptability and readiness for future combat scenarios.

This mission supports the readiness objectives of the 168th MMB, 65th Medical Brigade, 8th Army, and U.S. Forces Korea. As the Army looks toward 2030, subterranean medicine will be a critical component in sustaining operations and ensuring survivability during LSCO and MDO. The 629th MCAS is proud to lead the way in this operational evolution.



# Mission Ready

How the 135th FRSD Achieved Operational Excellence in the Army Trauma Training Course

135th Forward Resuscitative Surgical Detachment

By Sgt. 1st Class Alan M. Jackson



As the new detachment sergeant of the 135th Forward Resuscitative and Surgical Detachment (FRSD), I had the privilege of participating in the Army Trauma Training Course (ATTC)—a rigorous 14-day clinical readiness program that pushed our surgical team to the limits of its capabilities. Prior to attending the course, I wasn't entirely sure what to expect, though I had heard it was among the Army's premier medical training experiences.



*Figure 1: 135th FRSD poses for a team photo on top of Ryder Trauma Center's rooftop helipad*

Designed to prepare Role 2 medical units for deployment, ATTC offered us the opportunity to sharpen our trauma care skills, refine team dynamics, and validate our operational readiness in support of multi-domain operations on the Korean Peninsula.

## **A Lean, Mobile Lifesaving Unit**

The 135th FRSD is a compact, agile surgical detachment tasked with delivering forward damage control resuscitation and surgery (DCR/DCS) at a moment's notice. With the organic capability to receive, triage, and treat up to 30 casualties within a 72-hour window, the unit comprises three key elements: the Forward Resuscitative Section, Forward Surgical Section, and Administration/Supply Section.

Operating within less than 1,000 square feet, the team must be prepared to treat, stabilize, and evacuate patients rapidly to higher echelons of care. The ATTC provided the ideal training environment to test every facet of that mission.



*Figure 2: Team members treat a patient (dirt bike vs car) with bilateral fractures to both upper and lower extremities*

## **Real-World Training at Ryder Trauma Center**

Held at the Level I Ryder Trauma Center in Miami, the ATTC immersed our team in a high-acuity trauma setting. With more than 4,000 major traumas annually—20 percent of which are penetrating injuries—the center offered exposure to real-world clinical scenarios that mirror the complexity of battlefield medicine.

Under the guidance of trauma experts, we rotated through intensive clinical shifts, managed emergent surgical interventions, and worked alongside civilian medical professionals to improve our resuscitative and operative proficiency.

During our rotation, we supported 30 trauma operations—17 of which were orthopedic surgical cases—and evaluated an additional 40 trauma patients who did not require immediate surgery. The opportunity to deliver

direct care to patients with life-threatening injuries is unmatched elsewhere on the Korean Peninsula.



*Figure 3: The FRSD conducts skills training with ATTC Cadre during the ASSET Course (Advanced Surgical Skills for Exposure in Trauma)*

### Building Resilience Through Simulation and Blood Support Training

Our Walking Blood Bank (WBB) procedures were tested and validated during mass casualty simulations. We trained on emergency blood collection methods to supplement our authorized four-unit blood storage system in scenarios where extended operations might require additional resources.



*Figure 4: FRSD surgeon, MAJ McGovern, calmly follows trauma patient to the Operating Room*

This portion of the training highlighted the importance of adaptability and swift action in sustaining life-saving care under austere conditions. As the only FRSD currently operating on the Korean Peninsula, our successful completion of ATTC enhances the 65th Medical Bri-

gade's overall medical response capability.



*Figure 5: CPT Lisitsyn, ER Nurse, practices chest tube insertion skills with ATTC Cadre*

### Standardization, Improvement and Cohesion

The ATTC also emphasized continuous professional development through didactic instruction, procedural labs, and trauma case reviews. We studied and applied the Joint Trauma System's Clinical Practice Guidelines (CPGs), providing a standardized approach to decision-making in the field.

Equally important, we were challenged to align our performance with Individual Critical Task Lists (ICTLs)—ensuring that every team member understood and executed their role within the unit's broader mission.



*Figure 6: 135th FRSD tactical group photo during their annual Pacific Medic Focus (PMF) exercise in Area I, South Korea*

The 135th's performance reflected months of preparation and focused leadership. We arrived not just as individuals, but as a cohesive team—focused, motivated, and mission-ready.



## Ready to Respond, Anytime and Anywhere

The ATTC proved to be an irreplaceable opportunity to reaffirm our ability to deliver damage control resuscitation and surgery under the most demanding conditions. It is a cornerstone of our operational readiness, and we look forward to incorporating Republic of Korea (ROK) medical partners in future training rotations.

By the end of the course, the 135th FRSD not only met but exceeded ATTC objectives. We left Miami with more than credentials—we left confident. Confident in our skills, confident in our equipment, and, most importantly, confident in one another.

We stand ready to support the warfighter—anywhere, anytime.

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## Medical War Time Fact #5

During the Korean War, the U.S. Army revolutionized battlefield medicine with the deployment of Mobile Army Surgical Hospitals, or MASH units, bringing emergency surgery closer to the front lines than ever before. These mobile medical teams were a direct response to the hard-learned lessons of previous conflicts, especially World War II, where delays in surgical care often led to unnecessary deaths from shock, blood loss, and infection. The creation of MASH units marked a significant shift in military medical doctrine: stabilize, treat, and evacuate.

Each MASH unit was staffed with highly trained personnel, including surgeons, anesthesiologists, nurses, medics, and support staff, who operated under extreme pressure and in austere conditions. Set up in tents or prefabricated shelters, these hospitals could become operational within hours of arrival. The goal was to provide immediate, life-saving surgical care to the wounded within the “golden hour” — the critical first 60 minutes after injury when prompt treatment drastically improves survival rates. Procedures often included hemorrhage control, amputations, debridement of wounds, and management of chest or abdominal trauma.

The success of the MASH model was built on the foundation laid during earlier wars. In the American Civil War, surgical care was rudimentary, often conducted in field tents or barns with minimal anesthesia and poor sanitation. Surgeons performed amputations at alarming rates due to the lack of antibiotics and the devastating effects of Minié ball wounds. Despite the crude conditions, the Civil War marked the beginning of organized military medical systems, including ambulance corps and triage principles.

World War I introduced more advanced surgical practices, including the use of antiseptics and improved anesthesia. However, most surgeries still took place far from the battlefield, and the time lag between injury and treatment often resulted in high mortality. World War II improved on these systems by introducing field hospitals and mobile surgical units, but evacuation still posed challenges. Combat medics became more proficient in stabilizing patients at the point of injury, and the use of blood transfusions and sulfa drugs helped reduce death from infection.

By the time of the Korean War, the U.S. military had learned that proximity and speed were crucial. MASH units were positioned close enough to combat zones to receive casualties quickly but far enough to ensure the safety of medical personnel. These units were capable of performing surgeries within minutes of a patient's arrival, significantly increasing survival rates. In Korea, the mortality rate among wounded who reached a MASH unit was reduced to less than 2.5%, a dramatic improvement from previous conflicts.

Today, the legacy of wartime emergency surgery continues in modern military and civilian trauma systems. The principles developed in MASH units — rapid response, early surgical intervention, and mobile treatment platforms — are evident in today's combat support hospitals and emergency medical services (EMS) in civilian settings. Helicopter evacuation, first introduced on a wide scale in Korea, remains a cornerstone of trauma care in both military and civilian systems.

# Joint Forces Tackle the Chaos of MASCAL

618th Medical Company (Dental Area Support)  
By Maj. Joseph Jankovich, DMD



*ROKA and US Soldiers assigned to 618 MCDAS train at the Medical Simulation Training Center, Vandal Training Center, USAG Humphreys.*

In the face of chaos and high operational tempo, medical personnel from the United States and the Republic of Korea (ROK) came together to enhance their readiness during a large-scale multinational mass casualty (MASCAL) training exercise. The 618th Medical Company (Dental Area Support), or 618th MC DAS, collaborated with the Republic of Korea Army (ROKA), the 568th Medical Company Ground Ambulance (568th MCGA), and the 2nd Combat Aviation Brigade (2 CAB) in a rigorous series of joint training events as part of Pacific Medic Focus 25-1, a semiannual exercise supported by the 65th Medical Brigade.



*Soldiers from the 618 MC (DAS) conduct air MEDEVAC during MASCAL training in support of Pacific Medic Focus 25-01.*



*618th Medical Company (Dental Area Support), 568th Medical Company Ground Ambulance and 2nd Combat Aviation Brigade, and Soldiers from the Republic of Korea Army, conduct joint MASCAL training during Pacific Medic Focus 25-01 in support of Freedom Shield.*

This iteration of Pacific Medic Focus pushed the boundaries of conventional MASCAL training by simulating not one, but three complex casualty events, designed to test and refine the medical response capacity of the participating units. The objective: to replicate a scenario in which the number of casualties exceeds available medical personnel and resources, compelling teams to adapt quickly, triage effectively, and execute coordinated patient movement through multiple stages of care.

The exercise unfolded in phases, beginning at the point of injury and culminating with a full-scale air evacuation. Personnel from the 618th MC DAS and ROKA conducted initial medical responses under simulated hostile conditions, executing care under fire and tactical field care. They also assumed roles as triage officers and litter bearers, essential for rapid casualty evacuation from the front lines.

Medics from the 568th MCGA played a dual role — participating in the training while also providing instruction to non-medical Soldiers. Their training included casualty handling techniques, litter patient transport, and



the proper procedures for loading and unloading patients into and out of field litter ambulances (FLAs).

Once stabilized, simulated patients were transported to a Role II treatment facility, where personnel from the 618th MC DAS and ROKA conducted further triage and care. A simulated nine-line medical evacuation (MEDEVAC) request was then executed, and patients were reloaded into FLAs for ground transport to a designated landing zone (LZ).

At the LZ, patients were transferred from ground ambulances to a UH-60 Black Hawk helicopter. This phase was facilitated by the 2 CAB flight crew, who provided critical instruction on hot loading procedures—safely transferring patients while the aircraft’s rotors remain in motion. This step, often carried out under duress in real-world operations, is key to reducing evacuation time and increasing survivability.

The training served not only to enhance technical skills but also to deepen interoperability between U.S. and ROK forces. Through repeated, realistic scenarios, participants improved their capacity to work together under pressure, reinforcing a shared commitment to rapid, coordinated medical response in combat environments.

As Pacific Medic Focus 25-1 concluded, the success of the joint MASCAL exercise highlighted the continued importance of multinational medical training. It underscored that preparedness, partnership, and practice remain vital to saving lives on future battlefields.

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## Medical War Time Fact #6

### **MASCAL Lessons from the Past: How Wartime Experience Shaped Modern Emergency Response**

During major conflicts, chaos can quickly overwhelm even the most prepared medical units. One of the greatest challenges faced by military medics is the mass casualty, or MASCAL, situation — when the number of wounded exceeds available medical resources.

The U.S. Department of Defense defines a MASCAL as any incident where patient numbers vastly outpace medical personnel, equipment or facilities. These events

require fast triage, coordinated evacuation and streamlined communication to maximize survivability.

Wartime experiences have repeatedly tested this readiness. One of the most notable examples came during the 1983 Beirut barracks bombing, when a truck bomb killed 241 U.S. service members and injured more than 100 others. Medical teams were immediately overwhelmed. Navy and coalition medics had to make split-second triage decisions amid devastating injuries and limited supplies.

The Beirut tragedy exposed critical weaknesses in MASCAL planning—especially in communication, logistics and evacuation. In response, the Department of Defense overhauled its mass casualty protocols, emphasizing rapid-response trauma teams, joint force coordination and forward-staged medical supplies.

These lessons proved vital in future conflicts. In 2004, a suicide bomber attacked a dining facility at Forward Operating Base Marez in Mosul, Iraq, killing 22 and wounding over 70. Thanks to improved protocols, medics quickly triaged victims, airlifted critical patients within the “Golden Hour,” and coordinated closely with combat support hospitals.

Col. Jeffrey Johnson, a former combat hospital commander in Iraq, said MASCAL events aren’t about perfection—they’re about readiness. “The mission in a mass casualty event is to save as many as possible with what you have,” Johnson said. “It’s a moment when training, trust and teamwork mean everything.”

Modern MASCAL response includes battlefield evacuation platforms, trauma registries and simulation-based training. U.S. and allied forces now conduct joint drills with partner nations like South Korea and NATO members to prepare for future emergencies.

While mass casualty events are an unavoidable part of war, each one has brought hard lessons. From Beirut to Mosul, they have driven advances in military medicine—ensuring that medics are better prepared to save lives in the most extreme conditions.

“You never forget a MASCAL,” Johnson said. “But what you learn from it can save lives for decades to come.”

# 106th “Dragon Dogs” MDVSS Spotlight

Food Procurement and Laboratory Team Demonstrates Field Laboratory Capabilities with ROK Army Force Health Protection Counterparts at Pacific Medic Focus 25-01

106th Medical Detachment (Veterinary Service Support)  
By Maj. Song Pak



## Background

The ability to rapidly deploy and sustain military forces depends on a robust supply chain—including ammunition and essential supplies such as Meals, Ready-to-Eat (MREs), group rations and potable water. Food safety and protection are critical components of sustainment in all military operations. A secure and reliable food supply directly impacts troop readiness by minimizing the risk of foodborne illnesses. An unsafe food supply increases the likelihood of infection and illness among service members, contributing to the prevalence of disease non-battle injuries (DNBIs).



*Col. Emilee Venn (left), 106th MDV(SS) Commander, and Lt. Col. Gyeongyong Seong (Right), ROK Army 1st PM Commander, having a conversation inside the 106th MD(VSS) Food Procurement and Laboratory Team (FPLT)'s field food laboratory. The FPLT provides manpower and specialized equipment to perform a variety of field confirmatory microbiological and presumptive chemical diagnostics on food and bottled water, providing further assurance of food protection.*

The 106th Medical Detachment (Veterinary Service Support) provides forward-stationed veterinary services and force health protection in support of the joint force in the Korean Theater of Operations. A key element of this mission is the Food Procurement and Laboratory Team (FPLT), which delivers expeditionary food safety and

protection support, as well as microbiological and chemical testing of food and bottled water. Compared with the unit's standard veterinary service support teams, the FPLT offers enhanced capabilities through specialized equipment and expertise.



*Col. Emilee Venn (6th from left), 106th MD(VSS) Commander, Maj. Song Pak (1st from left), FPLT OIC, and Soldiers from 106th MD(VSS) and ROK Army 1st PM conducted a foot march at the end of the joint training. The field equipment behind the Soldiers are the FPLT's Field Laboratory Tent (left) and the ROK Army 1st PM's Field Laboratory Connex (Right). Both units dedicated a whole week to test and validate field equipment for "Fight Tonight" readiness in transition to hostile operational environment.*

## Pacific Medic Focus 25-01

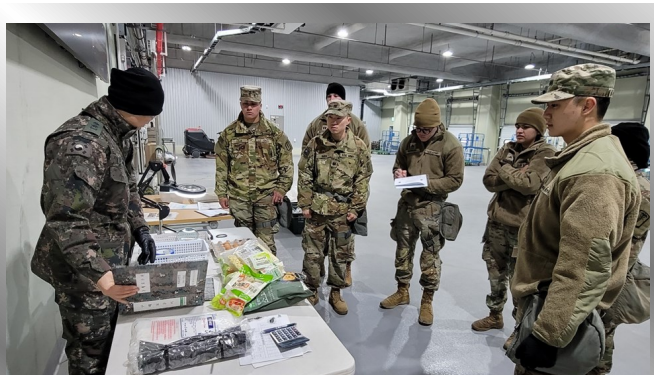
The FPLT marked a significant milestone during the 65th Medical Brigade's Pacific Medic Focus 25-01 live-training exercise, held April 17–21, 2025. The team conducted veterinary global health engagement training with the Republic of Korea Army's 1st Preventive Medicine unit.

Deploying with tactical vehicles and assigned field laboratory equipment, the FPLT established its mobile lab at the 1st PM unit's home station in Gyong, South Korea. The ROK 1st PM also deployed its newest mobile lab capabilities, setting the stage for combined U.S.-ROK training involving both military and civilian personnel.

Sixteen veterinary food inspection specialists (68Rs) from the 106th MDVSS and six soldiers from the 65th



Medical Brigade's 5th Preventive Medicine unit participated in the five-day exercise. The U.S. and ROK units collaborated closely to gain a shared understanding of each team's strengths and how to integrate during joint operations. Throughout the training, the FPLT validated its field food laboratory functions, conducted joint food inspections, and shared knowledge on force health protection, including bioterrorism preparedness and chemical and microbiological testing—capabilities not typically found in U.S. Army veterinary field units.



*Lt. Col. Gyeongyong Seong (left), ROK Army 1st PM Commander, providing training to 106th MD(VSS) Soldiers who are Food Inspection Specialists (MOS 68Rs). After the training session, 106th MD(VSS) and ROK Army 1st PM Soldiers conducted joint inspections of actual food products that are distributed to other ROK Army facilities.*

### Enhancing Field Laboratory Capabilities

This training was instrumental in enhancing the FPLT's mission readiness and technical proficiency in field testing, particularly for large-scale combat operations. By establishing a fully operational mobile lab, the team familiarized itself with key lab equipment and tested locally produced food alongside the ROK 1st PM to build confidence in their analysis.

The team also simulated battlefield support scenarios, including chemical, biological, radiological and nuclear (CBRN) responses, and practiced operating in resource-constrained environments. Integration with ROK force health protection assets served as a force multiplier, expanding capability and interoperability.

Food samples tested during the exercise were sourced from ROK Army-procured products, reinforcing the need for close coordination and understanding of partner nation systems. For instance, knowing that the ROK 1st PM carries rapid PCR test kits for diseases endemic to Korea

may provide critical support to U.S. forces in the event of a foodborne outbreak in a high-threat environment.



*Sgt. 1st Class Antonio Frazier (left) from 5th PM providing training to both 106th MD(VSS) and ROK Army 1st PM Soldiers. Through this week-long joint training, Soldiers from both 106th MD(VSS) FPLT and ROK Army 1st PM had opportunities to demonstrate 100 percent mobility of their MTOE equipment, get trainings on conducting surveillance inspection of CBRN contamination of Class I subsistence, inspecting received food products, inspections and testing of eggshell and drinking water, and learned about milk pasteurization procedures at one of the commercial milk factories.*

### Partnerships and Education

This veterinary global health engagement not only demonstrated the FPLT's expeditionary deployment capabilities but also facilitated valuable lab familiarization with ROK Army personnel. The collaboration emphasized the importance of continued integration and mutual learning between the 106th MDVSS and the ROK preventive medicine community.

The training highlighted both shared standards and differences in U.S. and Korean food safety protocols, laying the groundwork for future combined efforts in field health protection. Most importantly, the event fostered deeper ties between the two forces—unified by common goals, practical knowledge exchange, and a commitment to protecting service members' health.

With ongoing opportunities for partnership across the peninsula, Pacific Medic Focus 25-01 demonstrated how successful collaboration can strengthen readiness and sustain the health of both U.S. and allied forces.

# Beyond the Static Walls

Leveraging ISO Containers to Enhance Readiness, Training, and Patient Care at Brian D. Allgood Army Community Hospital

549th Hospital Center/Brian D. Allgood Army Community Hospital

By Capt. Evan Bolder



*Shelter, Tactical, Expandable, Two Side (ISO Container) regularly used in the field environment that will soon be attached to the BDAACH facility.*

## **BDAACH Embraces ISO Container Technology to Enhance Readiness and Resilience in Korea**

Brian D. Allgood Army Community Hospital (BDAACH), a cornerstone of healthcare for the U.S. military community in South Korea, is redefining how military medical facilities respond to the unique challenges of operating in a strategically sensitive region. Situated within the Korean Theater of Operations, BDAACH provides comprehensive care to service members, families, and other personnel while remaining prepared for large-scale contingencies—from combat to humanitarian crises and public health emergencies.

To meet these demands, BDAACH is integrating ISO container technology—modular, transportable units that offer unmatched flexibility and scalability in healthcare delivery. Far beyond a logistical convenience, these containers represent a strategic shift in medical readiness and patient care in a forward-deployed environment.

### **A Modular Solution for a Complex Theater**

The Korean Peninsula's dynamic landscape requires agility. ISO containers enable BDAACH and the 549th Hospital Center to rapidly expand services in response to shifting needs. These pre-configured units—ranging from outpatient clinics and surgical suites to diagnostic

labs and pharmacies—can ease strain on fixed infrastructure during routine operations or be deployed as trauma units during crises.

This adaptability allows BDAACH to scale medical services in real time without costly, time-consuming construction, enhancing its responsiveness across the peninsula.



*Construction site where an ISO Container can be used for training or increase a critical hospital capability.*

### **Training Without Boundaries**

ISO containers also revolutionize training. Traditionally, hands-on preparation for field medical operations required large-scale Field Training Exercises (FTX). With container-based simulations, BDAACH can create a persistent, on-demand training environment replicating field hospitals. Staff refine procedures, troubleshoot equipment, and conduct realistic drills—all without disrupting hospital operations.

This continuous training fosters a culture of readiness and enables scenario-based exercises year-round. It also strengthens interoperability through cross-training with field hospital personnel, ensuring seamless coordination during real-world missions.

### **Expanding Capacity to Meet Patient Needs**



The container model boosts patient care by adding capacity where needed most. For example, when demand exceeds space, BDAACH can deploy containerized outpatient clinics or surgical suites to reduce wait times and maintain care standards. These units meet the same safety and quality standards as permanent facilities and allow for targeted expansion.

Such flexibility improves access to care and supports service member well-being without overextending permanent infrastructure.

### **Rapid Response to Emergencies**

ISO containers offer critical advantages during crises. In a mass casualty (MASCAL) event, BDAACH can rapidly deploy triage and treatment units. These containers, pre-positioned and ready for transport, can become operational within hours—vital in emergencies involving combat, natural disasters, or terrorist attacks.

In public health scenarios, containerized labs provide mobile diagnostic testing for emerging infectious diseases, enabling early detection and containment. This capability is especially important in dense troop environments where disease can spread rapidly.

### **A Resilient, Flexible Healthcare Ecosystem**

By adopting ISO container technology, BDAACH is building a distributed, resilient healthcare system. These modular assets allow the hospital to expand, adapt, and respond as threats evolve, ensuring continuous care regardless of location or operational status.

This shift reflects a broader modernization of military medicine. Future conflicts will demand mobile, scalable healthcare capabilities. BDAACH is leading the way by embracing technologies that meet the needs of both today and tomorrow.

### **Supporting the Strategic Mission**

As a key component of U.S. Forces Korea, BDAACH plays a vital role in regional stability. Its ability to deliver high-quality, responsive care directly supports force readiness. With ISO containers, the hospital can meet both daily and emergency demands—strengthening its role as a critical asset in the Indo-Pacific.

Readiness today means more than combat capability—it

includes medical resilience. Through ISO container integration, BDAACH is enhancing training, expanding care, and ensuring rapid response capacity. This innovation positions BDAACH to meet evolving challenges and solidifies its role in protecting those who serve in one of the world's most complex operational theaters.

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## **Medical War Time Fact #7**

### **U.S. Army Hospital Centers: A Legacy of Lifesaving in Combat**

U.S. Army hospital centers have played a vital role in providing lifesaving care to service members in every major conflict since World War I. These large, modular medical organizations are designed to deliver comprehensive healthcare in theater, often just miles from the front lines.

First formalized during World War I, hospital centers coordinated multiple field and evacuation hospitals, enabling the Army to treat thousands of casualties with speed and efficiency. By World War II, they expanded significantly, with units such as the 801st Hospital Center supporting operations across Europe, handling tens of thousands of wounded during the D-Day invasion and beyond.

Hospital centers were again critical during the Korean and Vietnam wars, adapting to the challenges of rugged terrain and mobile operations. In Vietnam, centers like the 67th Medical Group managed medical facilities that treated over 300,000 patients between 1966 and 1972, pioneering the use of helicopters for rapid casualty evacuation.

In Iraq and Afghanistan, hospital centers evolved into highly integrated units capable of delivering advanced surgical and critical care in austere conditions. They supported Role III facilities—equivalent to community hospitals—while coordinating aeromedical evacuations and combat support hospitals.

Today, U.S. Army hospital centers remain at the forefront of combat medical readiness. Units like the 549th Hospital Center support forward-deployed forces in Korea, while others stand ready for rapid global deployment. With capabilities ranging from trauma surgery to infectious disease control, hospital centers ensure that America's soldiers receive world-class care—anytime, anywhere.

Their legacy is one of adaptation, innovation, and unwavering commitment to saving lives in the most challenging environments.

# Honoring Our AMEDD Medal of Honor Heroes

## PFC Richard G. Wilson



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

In recognition of his extraordinary courage and selflessness, Pfc. Richard G. Wilson's actions will forever stand as a testament to the power of Army leadership and the enduring legacy of those who serve with valor.



In the spring of 1951, the Korean War had reached intense fighting occurring along the frontlines. By May of that year, U.N. troops were engaged in a series of counteroffensive operations, attempting to retake territory lost to the enemy during previous engagements.

Private First Class (Pfc.) Wilson's company was tasked with seizing and holding an important hill, which was strategically positioned to support the defense of the surrounding area. The hill was well-defended by entrenched enemy forces and taking it would require overcoming significant opposition. The terrain itself provided natural cover for the enemy, making the assault especially perilous.

On the morning of May 20, 1951, Company C began its assault on the enemy positions atop the hill. The enemy, put up fierce resistance, utilizing both small arms fire and grenades to repel the advancing U.S. troops. Soldiers pressed on through heavy fire, but the assault soon began to stall with mounting casualties.

During the early stages of the assault, the unit was pinned down by enemy fire. The company's progress slowed significantly. Without regard for his own safety, Pfc. Wilson moved forward toward an enemy machine gun position that was threatening the success of the entire operation. The machine gun overlooking the U.S. position had been mowing down American Soldiers, and its fire was preventing any further progress. Pfc. Wilson, armed only with a rifle and grenades, advanced through

the open terrain, all the while under intense enemy fire. Despite being wounded in the process, he continued his determined approach, using the terrain for cover as much as possible.

Upon reaching the machine gun position, Pfc. Wilson threw grenades at the gun emplacement, neutralizing the threat. The assault would still be stalled unless additional enemy positions were neutralized, Pfc. Wilson pressed on. He moved toward another enemy position. Again, he demonstrated remarkable bravery by throwing grenades at the position, silencing the enemy's fire.

However, Pfc. Wilson's third attempt found himself in close combat with the enemy. To drive off the remaining resistance, he threw himself onto a grenade in his direction. The grenade severely wounded him but prevented further U.S. casualties. Wilson's act of selflessness exemplified the very essence of heroism—sacrificing his own life to save the lives of his comrades.

Pfc. Wilson's actions inspired his fellow Soldiers, who continued their assault on the hill to succeed in capturing the enemy positions and allowing the U.N. forces to continue their operations in the area. However, it was at a significant cost. Pfc. Wilson succumbed to his injuries shortly after the battle, but his bravery in the face of overwhelming odds ensured that his comrades would survive to continue the fight.

Pfc. Wilson's story serves as a testament to the bravery of Soldiers in the Korean War. His actions on May 20, 1951, will forever be remembered. Pfc. Wilson'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.



# A Call to Action

## Bystander Intervention

65th MED BDE SHARP Direct Support Team

By Sgt. 1st Class Jacody Lewis



This April, for Sexual Assault Awareness and Prevention Month (SAAPM), our Brigade reaffirmed its commitment to fostering a safe and respectful environment. This starts with each of us taking responsibility and becoming active bystanders. But what does that look like in real life? It's simpler than you think.

It begins with recognizing a problem. Trust your instincts. If something feels wrong - especially if it's sexual in nature and makes you or others uncomfortable—it probably is. Ask yourself: Does this align with Army Values? If the answer is no, it's an issue.

Next, take responsibility and make a plan. Consider your strengths and the specific situation. A quiet approach might work best for some, while others may feel more comfortable being direct. The key is to do something. Even one person can make a difference. Bystander intervention isn't about being a superhero; it's about simple actions to prevent harm.



### What does bystander intervention look like in practice?

Imagine this: At a social gathering, someone is making persistent, unwanted advances. Here's how you can intervene:

- **Direct:** A calm, simple statement like, "Hey, that's not cool," or "Are you okay?" can de-escalate a situation and make a big difference. Directness doesn't have to be aggressive.
- **Distract:** A subtle approach can be just as effective. Create a diversion. "Hey, I think I saw your friend over there," or "Let's go grab some food," can give someone a chance to escape.
- **Delegate:** If you don't feel safe intervening directly, get help. Talk to a bartender, security guard, a friend of the person being targeted, or your chain of command.

Answering the call to intervene isn't always easy. We might worry about making things worse, facing retaliation, or being embarrassed. Even the smallest actions can be impactful. Don't be afraid to step up.

### Everyone has a role in prevention and what yours ?

#### Upcoming Events:

#### FY 25 Pacific Medic Ambassador Course Dates:

- 24-27 JUN 2025 Camp Humphreys Bldg. 300
- 8-11 JUL 2025 Camp Humphreys Bldg. 300
- 11-14 AUG 2025 Camp Humphreys Bldg.300

For more information and SHARP resources contact:

The 65<sup>th</sup> MED BDE SHARP Direct Support Team

- BDE SARC Mrs. Brinkerhoff, Rhonda / rhoda.s.shortsbrinkerhoff.civ@army.mil
- BDE VA SFC Lewis, Jacody / acody.f.lewis.mil@army.mil
- 24/7 8<sup>th</sup> Army SHARP Reporting Hotline: 050-3363-5700

#### Who are PACIFIC MEDIC AMBASSADORS?

- Ambassadors who have learned how to intervene and prevent instances of sexual harassment and sexual assault.
- Ambassadors that help point others toward resources to get help when needed.
- Agents of change in trying to create a positive environment.

Ready to be part of the change and positively influence your peers?  
Accepting all E4 and below. Interested contact your leadership.

**Save the Date**

# **75th Annual 38th Parallel Healthcare Symposium**

The background features a large, light blue shield. Overlaid on the shield is a green caduceus (a staff with two snakes and wings) and a light blue globe. The text is centered over these elements.

**Pacific Medic 2030:  
Integrate,  
Innovative, and  
Ready**

**3-6 November 2025**

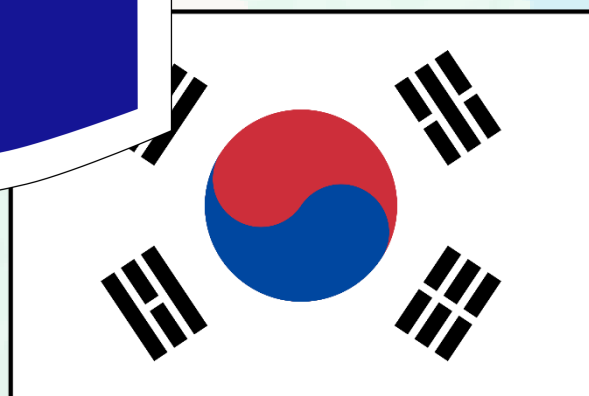
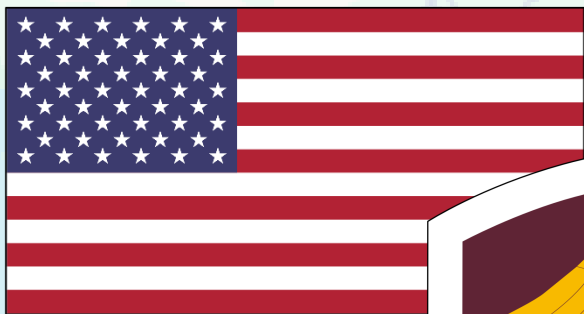
**Morning Calm  
Conference Center**

**Camp Humphreys**

**Point of Contact for this event is**

**[clinops65thmedbde@army.mil](mailto:clinops65thmedbde@army.mil)**





# PACIFIC MEDICS WARRIOR CARE!



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