

THE PACIFIC MEDIC

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65TH MEDICAL BRIGADE

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The Year of the NCO:

Enhancing Readiness and Expert Care

THE PACIFIC MEDIC

65th Medical Brigade

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The Pacific Medic 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.

Command Team's Corner

By.
Commander Col. Edgar G. Arroyo
Command Sgt. Maj. Erin L. Trudden



Commander

Happy New Year! For our South Korean allies— Happy Lunar New Year!

The Pacific Medics continue to drive transformation in battle-field medicine through education, experimentation, wargaming, and the rehearsal of medical capabilities in a Large Scale Combat Operations (LSCO) environment. As we closed calendar year 2025, the Command Sergeant Major and I could not be prouder to be part of this great team of soldiers, Non-Commissioned Officers (NCOs), and Officers.

In this last quarter, we strengthened the cognitive abilities of our personnel by implementing new techniques for operational stress and traumatic event management. We tested the grit of our soldiers through the Best Medic and Best Squad competitions, and we advanced clinical readiness through a series of continuing medical education events, including the launch of the first-ever burn casualty care course.

Together, the Pacific Medic is forging the future of combat medicine. We are pioneering new treatments for fatal burns, and broadening our reach with the Small Unmanned Aircraft System (SUAS) advantage. Furthermore, we are advancing our biosurveillance capabilities to unmask hidden enemies and maintain an edge over the adversary, operating in both clean and contaminated environments. We are mastering our GCSS-Army logistics to create a streamlined process that guarantees equipment and maintenance management on the battlefield. Equally important, the 95th Medical Detachment (Blood Support) provides blood products using modernized material and Tactics, Techniques, and Procedures (TTPs) that will extend survivability for our warfighters.

As we prepare for the next quarter, I look forward to the great work of our soldiers, NCOs, and Officers. Together, we will celebrate the "Year of the Pacific Medic NCO." Our team will learn from the NCOs of the past, the NCOs serving in our ranks today, and pave the way for the NCOs of the future.

Pacific Medics... Warrior Care!

Command Sgt. Maj.

I want to talk directly to you, the Non-Commissioned Officers of this brigade. We call ourselves the "Backbone of the Army" for a reason. That title isn't given; it's earned, every single day, through our actions and our leadership. It is a legacy forged in the toughest conditions and handed down to each of us to uphold.

Our profession is leadership. It is defined not by the rank on our chest, but by the profound responsibility we have for the soldiers we lead. This requires us to actively engage with our soldiers—not just at formation, but in the motor pool, in the field, and in the barracks. Know their goals and their struggles. This is our fundamental duty, and it extends to every single soldier in our formation, our KATUSAs included. We are one team, one fight, and every member deserves our full attention and leadership.

A critical part of that duty is counseling. This is not a monthly checklist item; it is the single most important tool we have to develop our soldiers. True leadership is proactive. It means knowing your soldiers' medical readiness status before it becomes overdue and affects readiness. It means knowing when your 68W needs to recertify their credentials without having to be told. Knowing these details proves we are genuinely invested in their careers and our unit's readiness. It is the difference between going through the motions and truly leading.

Our soldiers are a direct reflection of our leadership. They will emulate the example we set. The discipline we demonstrate becomes their discipline. The dedication we show becomes theirs. If we cut corners, they will too. We must hold ourselves and our peers to the highest standard. This is what it means to be the backbone. We provide the structure, the discipline, and the unwavering example for the entire formation to follow.

I challenge every NCO in this brigade: get back to the basics of knowing your soldiers. Lead from the front, engage with our team, and counsel with purpose. Recommit to being the standard-bearers our soldiers deserve.

I am proud to be part of this NCO Corps. Let's prove every day why we are the best medical brigade in the United States Army.

Strength of the Army, the NCO

The NCO Experience in a Medical Brigade
Headquarters and Headquarters Company
By 1st Lt. Rochelle T. Ralph



Introduction: The Year of the NCO

The Year of the Noncommissioned Officer serves as a deliberate recognition of the Army's backbone. It is a time to acknowledge the professionalism, resilience, and responsibility carried daily by NCOs across the force. Within Army Medicine, this recognition is especially meaningful. Medical brigades operate in an environment where operational readiness and human care are inseparable, and where leadership decisions can have immediate and lasting consequences.

In medical formations, NCOs are entrusted not only with enforcing standards, but also with safeguarding trust. They must ensure soldiers are trained, disciplined, and prepared while also acknowledging the physical, emotional, and ethical demands placed on those who provide care. This balance defines leadership in Army Medicine and highlights why the Year of the NCO resonates so strongly within medical brigades.

The NCO with a Medical Background: Leadership Rooted in Care

NCOs with medical backgrounds bring clinical credibility that strengthens confidence throughout the formation. Their familiarity with patient centered skills, medical protocols, and ethics allows them to lead from a position of understanding and experience. In many cases, these NCOs serve as mentors not only in leadership, but also in professional identity within Army Medicine.

However, leadership in a medical brigade requires more than technical expertise. Medical NCOs must translate clinical excellence into disciplined execution during training, field exercises, and operational deployments. They are responsible for ensuring their soldiers can perform under stress, adapt to austere environments, and uphold ethical standards regardless of conditions.

“You find your true opportunities when you’re a Soldier first and your MOS second. Anyone can do their job, but a real Soldier understands a little of everyone else’s, and that mindset leaves a lasting impact on both you and your Soldiers when you’re called to train outside of your own specialty.”



Staff Sgt. Emily A. Reardon is a servant leader within the 65th Medical Brigade's Clinical Operations department.

Medical NCOs also play a critical role in shaping how junior soldiers understand accountability. Corrective action, counseling, and enforcement of standards are framed not as punishment, but as essential components of care, as someone's life could depend on it. This perspective reinforces that leadership and compassion are not opposing forces, but complementary responsibilities. Staff positions across a medical brigade are filled with NCOs who are performing in areas not associated with their specialties. Staff Sgt. Emily A. Reardon, a 68K-Medical Laboratory Specialist who works in the Brigade Clinical Operations (CLINOPS) knows what it is like to rise to the occasion, serving in a position that has nothing to do with her primary MOS.

The Non-Medical Background NCO: Adaptability in Army Medicine

For non-medical background NCOs, assignment to a medical brigade often represents a significant professional shift. These NCOs must quickly become familiar with medical terminology, certifications, and workflows that differ from their previous operational experiences. While they may not be the technical experts, their role as leaders remains unchanged.

“Transitioning from a Brigade Combat Team (BCT) to a medical brigade revealed a key Army Medical Department (AMEDD) strength: medical soldiers bring a broader understanding of battalion- and brigade-level systems, complementing the infantry’s platoon-level focus.”



Sgt. Michael Sanders poses for a photo.

These NCOs serve as stabilizers within the formation, reinforcing Army standards, accountability, and cohesion. By empowering medical professionals and relying on collaboration, non-medical NCOs strengthen trust across specialties. Their adaptability demonstrates that leadership is defined by character and commitment rather than technical familiarity.

In Army Medicine, this perspective reinforces the importance of teamwork and mutual respect. Non-medical NCOs ensure that all soldiers, regardless of specialty, remain aligned with the mission and ready to respond when called.

The Dual Mission: Combat Readiness and Medical Excellence

As a medical brigade, our unit carries a dual responsibility: to remain tactically proficient while delivering world-class healthcare in austere environments. Army healthcare providers and sustainers are the backbone of readiness. Without logistical support, our front-line medics and surgeons can't operate. Without mental and physical readiness, our providers can't care for others. Training together, not just within roles, but across them helps every soldier understand how their contributions tie into the mission.

The Backbone of the Force: Meet the NCO

They aren't born leaders they're forged in the ranks. An NCO is the seasoned veteran who earned their stripes through skill, sweat, and experience. More than just a rank, they are the sergeants who act as the Army's central nervous system. From mentoring new recruits and enforcing critical standards to leading missions on the ground, NCOs are the hands on leaders who turn strategy into action and keep the entire force sharp, disciplined, and ready. Their authority isn't just granted; it's earned daily through respect and leading by example. They are the critical link, translating the grand strategies of officers into the gritty reality of the enlisted soldier.

New Ways to Treat the Burn

Saving Lives Downrange: New Burn Treatments Enhance Medical Readiness Across the Force
65th MED BDE HHC

By Staff Sgt. Emily A. Reardon



CAMP HUMPHREYS, South Korea – When the October 2025 government shutdown led to the cancellation of the 75th annual 38th Parallel Healthcare Symposium, it could have been a setback for medical readiness. Instead, thanks to the determined leadership of Col. Edgar G. Arroyo, the 65th Medical Brigade turned a challenge into an opportunity. Col. Arroyo pushed to continue the mission of educating troops on the Army's latest medical advancements, ensuring that critical knowledge still reached the practitioners directly responsible for the patients outcome.



Col. Arroyo reviewing burn care training

As a result, the 65th Medical Brigade partnered with the U.S. Army Medical Research and Development Command (USAMRDC) to bring a specialized training team to Camp Humphreys. This made Camp Humphreys the first location to receive hands-on instruction for new, life-saving treatments for burn casualties, a crucial skill in preparing for Large Scale Combat Operations (LSCO). In modern warfare, being ready to treat every type of injury is what keeps our fighting force lethal, adaptable, and ultimately, saves lives.

Hands-On Training with World-Class Experts

For three intensive days, 60 U.S. medical personnel and ROK healthcare partners, from Combat Medics to Physicians, were immersed in advanced burn care

techniques. The training was led by a specialized team from USAMRDC, including Lt. Col. (Ret.) Mario Rivera, Dr. Jeffery Carter, and Dr. James Johnson.

Participants utilized the Cognitive and Psychomotor simulation system of the BP2 (Burns for Providers Program), a state of the art program that prepares medical providers for the realities of prolonged casualty care. The training went beyond simulations, incorporating realistic model arms for hands-on practice. This allowed every service member to physically practice the correct methods for cleaning and wrapping burns, focusing on the decontamination process designed to prevent the life threatening infections that can complicate even minor injuries.



Instructor explaining training process to participant

The Mission-Critical Role of Support

Recognizing that training can be demanding, with individual training sessions lasting anywhere from 30 to 90 minutes, event coordinators Maj. Cara Beavert and Maj. Qwanquita Wright partnered with the American Red Cross (ARC). Together they provided a much-needed relaxation space for the providers, soldiers, and research team to wait for their turn in the simulation.

This area gave personnel a place to rest, recharge, and recenter themselves before returning to their duties or the training floor. The support from the ARC, which included the soldier's lifeblood, coffee/caffeine and some mind challenging puzzles was essential for keeping everyone engaged and flexible. It was a simple but powerful reminder that taking care of our people is the first step in ensuring mission success.

Thanks to this collaborative effort, our medical forces are now better prepared than ever to treat complex burn injuries downrange.

Pioneering WWII Surgeon's Techniques Revolutionize Burn Treatment

EAST GRINSTEAD MUSEUM – A New Zealand-born surgeon, Archibald McIndoe, revolutionized the treatment of severe burns during World War II, giving hope to hundreds of Allied airmen who suffered horrific injuries. His innovative methods, which replaced painful and often damaging conventional treatments, laid the groundwork for modern plastic surgery and burn care.

At the start of the war, the standard treatment for burns was a tannic acid gel known as Tannafax.

While intended to prevent fluid loss and infection by creating a hard shell over the wound, McIndoe observed that this method caused skin to contract, hindering reconstructive surgery, and its removal was excruciating for patients. By the end of 1940, he had successfully campaigned for the Royal Air Force and the Ministry of Defence to ban its use.

Inspired by the observation that pilots who crashed into the sea seemed to have better healing outcomes, McIndoe introduced a new treatment regimen at the Queen Victoria Hospital in East Grinstead.

This involved keeping wounds open, regularly washing them with saline, and applying loose, moist dressings soaked in a petroleum jelly-like substance. This labor-intensive process required a high ratio of nursing staff and specialized equipment, such as earthed, temperature-controlled ebonite baths to prevent electric shocks.

For reconstructive work, McIndoe refined the "tube pedicle" skin grafting technique, originally developed by his cousin and fellow surgeon, Sir Harold Gillies.

This procedure involved creating a tube of skin from an uninjured part of the body, such as the chest or leg, and gradually "walking" it to the site of the burn. This maintained a vital blood supply to the tissue. The process was arduous, requiring patients to hold uncomfortable positions for weeks to allow the graft to take.

Beyond the operating room, McIndoe championed a holistic approach to recovery.

He recognized the profound psychological impact of disfigurement and encouraged his patients, who affectionately called themselves the "Guinea Pig Club," to reintegrate into society. He fostered a supportive environment, even having a barrel of beer on the ward, and urged the local community of East Grinstead to welcome the men. The town became known as "the town that didn't stare."

McIndoe's work not only restored the faces and hands of countless airmen but also transformed the field of plastic surgery, establishing new standards for both surgical technique and patient rehabilitation. His focus on his patients' psychological well-being and social reintegration was as revolutionary as his surgical techniques, establishing a new holistic approach to burn treatment that gave rise to the enduring "Guinea Pig Club" (East Grinstead Museum, n.d.).



Pictured is one of McIndoe's patients

Reference

Photo Sourced from East Grinstead Museum

65th Med BDE GCSS-Army Readiness

65th Medical Brigade Spearheads GCSS-Army Integration to Boost Medical Readiness
From Disconnected Systems to a Unified Solution: A Win for "Fight Tonight" Readiness
65th Medical Brigade, S4
By Chief Warrant Officer 2 Alexander Oerter



Camp Humphreys, South Korea – The 65th Medical Brigade has successfully pioneered the early integration of the Global Combat Support System-Army (GCSS-A) for ordering Class VIII medical repair parts, a critical move that resolves longstanding logistical challenges and significantly enhances medical readiness across the Korean Theater of Operations (KTO).

For years, the process of ordering medical repair parts through the Theater Enterprise-Wide Logistics System (TEWLS) has been fraught with inefficiencies, creating a ripple effect that degraded the operational readiness of medical units. The brigade's proactive measures directly address three major issues stemming from the disconnect between TEWLS and the Army's primary logistics system, GCSS-A.

The Challenge: A Disconnected System

The fundamental problem was the lack of integration between TEWLS and GCSS-A. When medical maintenance personnel ordered essential repair parts through TEWLS, the status of the equipment awaiting those parts was not accurately reflected in GCSS-A. This created a dangerously misleading picture of theater-wide medical equipment readiness. Medical Devices/Medical Device Systems (MD/MDS) that were Non-Mission Capable due to supply issues appeared to be fully operational in the Army's system of record.

Consequently, common and essential parts were often not stocked, which required units to submit New Item Requests (NIRs). In Fiscal Year 2025 alone, the 65th Medical Brigade's maintenance teams had to file 26 NIRs for routine components like batteries and sensors that were part of official start-up lists. Each NIR added a minimum of 30 days to the procurement timeline, directly impacting equipment availability and the "Fight Tonight" posture.

Furthermore, the reliance on multiple, non-integrated systems placed a heavy administrative burden on highly skilled personnel. Medical Maintenance Technicians (MOS 68A) and Warrant Officers (MOS 670A) were forced to duplicate their work, tracking the same work orders and parts across different platforms. This redundancy consumed valuable time that could have been spent on hands-on repairs and maintenance.

The Solution: Proactive Integration

Recognizing the urgent need to close these readiness gaps, key leaders within the 65th Medical Brigade took the initiative to establish dedicated medical maintenance Storage Locations (SLOCs) within GCSS-A. This forward-thinking solution was driven by a core team of logistics and maintenance professionals:

- **The 65th Medical Brigade's Maintenance Officer (BMO)**

- Chief Warrant Officer 2 Alexander Oerter

- **The 65th Medical Brigade's Property Book Officer (PBO)**

- Chief Warrant Officer 2 Hyong Seo

- **The 502nd/121st Field Hospital's Unit Maintenance Officer**

- Warrant Officer 1 Daniel Zavala

- **The 563rd Medical Logistics Company's Unit Maintenance Officer**

- Chief Warrant Officer 2 Kenneth Williams

The technical execution was spearheaded by the Brigade's Property Book Officer, who navigated a complex, multi-echelon process based on requirements identified by the BMO from HQDA EXORD 318-22 (Medical Logistics in Campaigning). The team

successfully resolved a system-level conflict, enabling the full integration of medical parts acquisition into GCSS-A. This was accomplished by this team over a year before it was scheduled to start the transition in January of 2027.

The successful establishment of these SLOCs means that the entire lifecycle of a medical maintenance work order from identification to parts procurement and final repair



502nd Field Hospital Medical Logistics Team operates the Mobile Oxygen Generation System in support of PMF 25-1.

is now visible within a single, integrated system. This monumental effort has strengthened the health of the KTO's medical equipment posture, ensuring that medical forces are truly ready to "Fight Tonight." To date, 21 class VIII repair parts have been received through GCSS-Army and an additional 79 are awaiting delivery.

Key Responsibilities of the S4

Its primary duties include the planning, request, and distribution of all ten classes of supply, with a critical focus on Class VIII (medical equipment and parts). The S4 also oversees the brigade's maintenance programs by tracking equipment statuses and reporting readiness to the Commander, while also coordinating transportation and managing other base services to sustain the force.

The Pillars of Readiness: People and Process

In the complex world of military logistics, the true pillars of readiness aren't found in spreadsheets, but in people

and process. Drawing from his experience as the S4 for the 553rd Combat Sustainment Support Battalion at Fort Hood, Texas, Capt. Jeff W. Masci offers a universal playbook: true success hinges on the wisdom of experienced NCOs and the strategic use of inspections as a tool for improvement, not a chore to be endured. It's a powerful reminder that for the 65th Medical Brigade, readiness is the foundation upon which medical excellence is built.

The Servant-Leader's Mindset: Empowering the Mission

Beyond systems, the ultimate force multiplier is a shift in mindset. This means embracing a philosophy of servant leadership understanding that the staff's primary role is to empower the frontline companies. For the 65th Medical Brigade, this translates to actively supporting our medical units, building trust, and removing obstacles so they can focus on their life-saving mission. It is this proactive, team first approach that forges true "Fight Tonight" readiness and prepares leaders for any challenge.

Reference

The S4 in a support battalion: Not just the FLIPL guy
By Capt. Jeff W. Masci April 10, 2018



A leader from the 553rd CSSB demonstrates what proactive readiness management looks like in action.

Operational Stress

Enhancing Readiness Across Army Units Through Combat and Operational Stress Control (COSC)

150th Medical Detachment, 502d Field Hospital

By Capt. Navdeep Saini & Pfc. Tristan Bryant



For centuries warfighters have defended their homelands and fought against other nations. The best and strongest warriors were selected to go into battle with the intent of victory. Death and injury are inevitable in war. However, not all wounds are visible on the outside. Some are physical while others are psychological.



Capt. Saini conducting an exercise with off duty troops

Conventional warfare has shifted from counterinsurgency to large-scale combat operations (LSCO). While the tactics and techniques during these conflicts have evolved, the second- and third-order effects on the warfighter have remained largely unchanged. Prolonged exposure to threat, sleep deprivation, separation from family, moral injury, and cumulative operational stress continue to degrade individual performance and unit effectiveness if left unaddressed.

Introduction to Behavioral Health Technicians and Nurses

Behavioral health technicians administer mental and cognitive health services while working under the

auspices of social workers, psychiatric nurses, psychologists, and psychiatrists. Their responsibilities include collecting biopsychosocial data to assist with the development of treatment plans, supporting counseling sessions for patients experiencing substance use, psychological distress, or behavioral concerns, and assisting with crisis intervention. Behavioral health technicians also facilitate psychoeducational groups, resilience training, and stress management classes that directly support unit readiness and soldier well-being. In operational settings, these technicians often serve as the first point of contact for soldiers experiencing acute stress reactions, making their role critical to early identification and intervention.

Psychiatric/Behavioral Health nurses work within the Army Medical Department (AMEDD) to promote the highest quality of evidence-based care for patients with psychiatric and behavioral health conditions across the continuum of care. In addition to providing direct patient care, they exercise sound clinical judgment in applying the nursing process to support joint warfighters and their cognitive, emotional, and behavioral needs. This includes employing therapeutic communication, coordinating care within an interdisciplinary team, advising commanders on behavioral health trends impacting readiness, and assisting in the development and implementation of individualized treatment and reintegration plans in both garrison and deployed environments.

AMEDD Combat and Operational Stress Control (COSC) Training

The AMEDD provides a five-day resident COSC course for behavioral health professionals of all ranks. This training is designed to prepare behavioral health professionals and selected leaders to prevent, identify, and manage combat and operational stress across all

phases of military operations. As the appointed COSC representative for the 502D Field Hospital, this training equipped us with critical skills that we can now apply in real-time to support soldiers and patients during high-stress deployments, especially when our unit is responsible for medical care in austere environments.

The training covered essential COSC doctrine, including the BICEPS model (Brevity, Immediacy, Contact, Expectancy, Proximity, and Simplicity), and the “6 R’s” for managing stress: Reassure, Rest, Replenish, Restore, Return, and Remind. Through scenario-based exercises, we practiced responding to crises, conducting triage, and stabilizing service members under pressure. These exercises build the confidence and decision-making skills needed to lead when behavioral health issues arise in real-world combat conditions.

One major focus of the training was operating in environments where resources are limited, missions are fast-paced, and behavioral health professionals may be few. In these situations, a trained COSC representative can be the first line of support, identifying stress reactions early, reducing the risk of long-term harm, and helping maintain operational strength.

Enhancing Readiness Through Behavioral Health Preparedness

As members of a medical augmentation detachment within a forward-stationed Role III field hospital in the Republic of Korea, our behavioral health support responsibilities transcend the traditional clinical roles in the garrison environment.

The 150th Medical Augmentation Detachment conducted joint training with the 327th Medical Detachment (COSC), a U.S. Army Reserve unit based in New Jersey. This collaborative training event involved 25 soldiers from diverse military occupational specialties, including practical nursing specialists, medical laboratory specialists, critical care nurses, biomedical equipment repair specialists, respiratory therapists, dental specialists, tactical power generation specialists, combat medic specialists, medical-surgical nurses, and physical therapy specialists. The training

emphasized basic COSC principles, leader engagement, peer support techniques, and early stress recognition, reinforcing that COSC is a shared responsibility across all medical disciplines, not solely behavioral health personnel.

Recommendations for the Way Ahead

The purpose of COSC training is multifaceted and extends beyond individual clinical intervention. The benefits of COSC training include, but are not limited to the following:

Preventing and reducing the impact of combat and operational stress on soldiers and their units by implementing early intervention strategies, normalizing stress reactions, and embedding stress control measures into daily operations.

Promoting resilience and mental fitness across the force through education, peer support, leader engagement, and the reinforcement of healthy coping mechanisms before, during, and after deployment.

Identifying, treating, and managing stress reactions early to prevent the progression of acute stress responses into chronic behavioral health conditions that may impair long-term readiness and quality of life.

Maintaining mission readiness by ensuring soldiers remain psychologically fit to perform their duties effectively under sustained, high-risk operational conditions.

Reducing stigma associated with seeking behavioral health support by fostering a command climate that views mental health care as a component of overall readiness rather than a sign of weakness.

Educating leaders and soldiers to recognize stress reactions in themselves and others, enabling timely peer-to-peer intervention and appropriate referral to medical or behavioral health resources.

Enhancing recovery and facilitating timely return to duty for soldiers experiencing temporary stress reactions, thereby preserving manpower, experience, and unit continuity.

In the context of LSCO and prolonged deployments,

COSC training serves as a proactive force health protection measure that strengthens individual resilience, preserves unit cohesion, and sustains operational effectiveness. When properly implemented, COSC principles enable leaders and medical personnel to identify stress-related issues early, intervene appropriately, and mitigate long-term psychological and operational consequences. Therefore, COSC training must be implemented at the individual and unit levels. Its importance across the force should be more heavily emphasized and deemed just as critical as tactical combat casualty care (TCCC) and combat lifesaver (CLS) skills, interventions and techniques in order to strengthen and preserve the mental health of the warfighter so they can win our nation's wars.

HISTORY OF COSC



A large shell hole filled with water on the battlefield in Passchendaele, 1917.

The Birth of a Radical Idea

It began with a sound the thunder of artillery in World War I and a devastating, invisible wound called "shell shock." With nearly 13% of its fighting force crippled by mental and nervous collapse, the military faced a critical loss of manpower. Out of this crisis, a radical new idea was born: instead of evacuating these soldiers, treat them close to the front. This "forward psychiatry" proved revolutionary, dramatically increasing the number of soldiers who could be returned to duty and laying the foundation for what would become modern Combat and Operational Stress Control.

Mastering the Modern Battlefield

Fast forward to the wars in Iraq and Afghanistan. COSC had evolved into a sophisticated "hub and spoke" system. From large, central bases (the hub), specialized mental health personnel engaged in "battlefield circulation," traveling a constant circuit to remote combat outposts (the spokes). This proactive, far forward model was the key to effective stress management, ensuring that expert care was never far away.

Defining the Invisible Wound



The soldier in the bottom left has the 'thousand-yard stare,' a classic symptom of shell shock.

And "shell shock" itself? Long before PTSD became a clinical term, it was the soldier's name for the mind's breaking point. It was a visceral reaction to the horrors of industrial warfare: a suffocating dread, sudden panic, and an inability to reason, sleep, or even speak, leaving a ghost in the trenches that the Army had to learn how to fight.

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Reoptimizing Combat and Operational Stress Control in the U.S. Air Force
Military Medicine, Volume 190, Issue 5-6, May/June 2025, Pages 130–134,
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Photos by BODMIN KEEP

Advancing Biosurveillance Readiness



Bringing next-generation sequencing to the front line for faster, more decisive threat detection.

By Capt. Joseph R. Wolf; 129th Medical Detachment, 121st Field Hospital

& Capt. Matthew T. Rochowski, Matthew, 106th Medical Detachment Veterinary Service Support

F-FAST Mission

The Far-Forward Advanced Sequencing Technology (F-FAST) program, led by the U.S. Army Medical Research Institute of Infectious Diseases (USAMRIID, Navy Research Lab (NRL), and DEVCOM Chemical Biological Center (DEVCOM-CBC) is changing how the Army approaches biological detection in the field. USAMRIID's F-FAST platform is designed for portability and speed, it identifies infectious agents using a compact nanopore sequencer that can operate independently or on battery power in austere environments. In short, advanced genomic tools no longer need to stay behind in a fixed facility, they can move with the mission.

In August 2025, USAMRIID scientists conducted training on the F-FAST Targeted Sequencing Protocol at Camp Humphreys, expanding field sequencing instruction to the Korean Theater. The week-long event was part of Eighth Army's biosurveillance enhancement initiative, supported by the Global Emerging Infections Surveillance (GEIS) program. It brought together soldiers from the 23rd CBRNE Battalion, 121st Field Hospital, 502nd Field Hospital, and the 106th Medical Detachment (Veterinary Service Support). For many, it was the first time handling a sequencing device configured for real-world deployment rather than a classroom or hospital bench and gave them a vision of the future of biosurveillance.

Initial Training

Training was conducted inside an expandable, tactical, containerized clinical laboratory at Camp Humphreys. USAMRIID instructors used positive-control material to walk participants through the F-FAST Targeted Sequencing Protocol. Over several days, soldiers practiced core tasks including accurate pipetting, reagent preparation, thermocycler programming, and flow-cell loading. These

represent the essential steps for running a nanopore sequencing workflow.

The focus stayed on practical application. Using standard laptops and power sources that would be available in the field, the team demonstrated how to run the system without the full complement of equipment found in a Role 4 laboratory. By the end of the week, soldiers from the participating units produced sequence data from control samples, confirming that the workflow can operate outside a traditional lab setting.



Rachel Podgorski (USAMRIID Diagnostics Systems Division) training with 23rd CBERNE.

The event also strengthened coordination between medical and CBRNE personnel, groups that respond to the same threats from different angles. Shared training built a common picture of how rapid field sequencing can contribute during an outbreak investigation or suspected biological incident.

Building Theater-Wide Capability

This training supported Eighth Army's biosurveillance objective to develop a biological testing capability able to identify potential threats within 48 hours of sample collection. Pairing the technical skill of 68K Medical Laboratory Specialists with the operational experience of CBRNE soldiers supports establishing the foundation for Eighth Army's biosurveillance objective.



Capt. Rochowski conducts field training during PMF 2025 with 68K soldiers Spc. Moos and Spc. Huynh.

Instead of relying solely on long sample transport or distant facilities, units trained on the F-FAST Targeted Sequencing Protocol can now generate sequencing data on site and transmit digital results for confirmation through reference laboratories. The approach fits within current operational response to a biothreat, decreasing the time from initial identification to command teams receiving the relevant information for decision making.

The August training fed directly into a field validation during the 121FH PMF 25-02 exercise in Sept 2025. Personnel from the 121st Field Hospital, 129th MD DET Microbiology Laboratory, and 106th MDVSS ran the workflow under field conditions to confirm usability outside the classroom.

Demonstrating Field Feasibility

During PMF 2025, two 68K soldiers executed the F-FAST protocol with positive-control material provided by USAMRIID. A freezer malfunction forced reagents to be

stored at 4°C for four days prior to use, rather than the suggested -20°C. Nevertheless, positive controls indicated successful data collection. That outcome indicates some short-term cold-chain flexibility, useful information for expeditionary scenarios.

The validation showed that trained soldiers can execute the sequencing process under field conditions with appropriate oversight and technical guidance.

Advancing Biosurveillance Readiness

F-FAST demonstrates what happens when technical innovation meets operational collaboration. The initial field testing undertaken marks an important step in increasing Eighth Army's diagnostic flexibility. Instead of shipping samples to reach back labs in Maryland, with long shipping/processing times and potential sample degradation in route, valuable sequencing information can be obtained in the field. This time saved can drive decisions such as what medications to have restocked as well as sanitary precautions levels due to known infections in the area of operation. When it comes to large operations, this could save thousands of man-hours due to prevented illnesses.



Lt. Col. Jeffrey Kugelmann, Bianca Michaud, Dr. Christopher Stefan, Dr. Rachel Podgorski, and Dr. Nicholas DiPaola (USAMRIID).

Beyond immediate diagnostics, F-FAST enables broader applications in environmental monitoring, outbreak tracing, rapid confirmation of biological threat agents, and characterization of bioengineered pathogens. As the capability scales, integrating far forward sequencing with regional biosurveillance networks will give commanders faster, clearer information to protect the force.

Looking ahead, deploying sequencing capability in the field lets units detect and characterize illnesses faster and deliver information to commanders without relying on distant labs.

Conclusion

The August 2025 F-FAST training and the PMF 2025-02 validation provides initial evidence that advanced sequencing could operate at the tactical level with accuracy and reliability. Collaboration between USAMRIID and Eighth Army is moving next-generation biosurveillance from concept to capability, ensuring the force remains ready to Fight Tonight.

Integrated Biosurveillance

The Integrated Biosurveillance (IB) Branch provides the Department of War (DOW) with early warning and situational awareness of infectious diseases and other health threats. It supports the 2023 Biodefense Posture Review by enhancing strategic coordination to improve biodefense. The branch aids DOW leadership in making timely public health decisions and helps Combatant Commands formulate Force Health Protection guidelines.

IB is a central part of a global network, partnering with DOW entities and interagency counterparts such as the National Center for Military Intelligence (NCMI), Department of Homeland Security National Biosurveillance Integration Center (DHS/NBIC), Center for Disease Control (CDC), and Defense Threat Reduction Agency (DTRA) to share surveillance information. It serves as a repository for collecting, analyzing, and distributing biosurveillance data for the DOW enterprise.

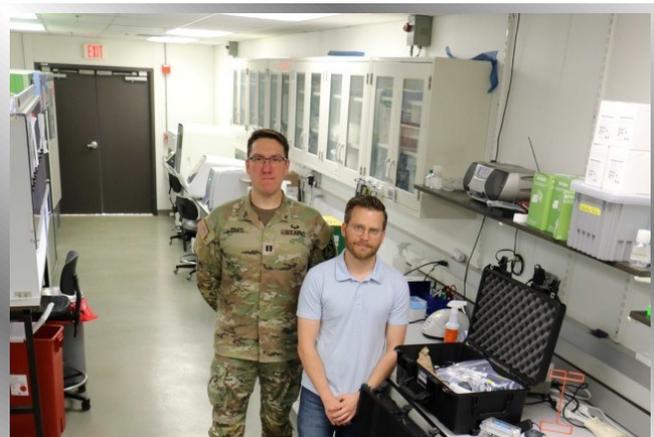
Organized into three sections, IB produces a variety of health reports. Its epidemiologists use open-source data for "all-hazards horizon scanning" and conduct syndromic surveillance on Military Health System beneficiaries. IB's products are accessible through the Health Surveillance Explorer (HSE), a CAC enabled, interactive web application for near real-time health surveillance.

Integrators of Biosurveillance Information

IB is composed of three sections: Alert and Response Operations, Innovation and Evaluation, and Geographic

Information System. IB generates a variety of recurring and ad hoc health surveillance reports that include:

- Executive Summaries
- Forecast Reports
- Reportable Medical Event Summaries
- SPOT Reports
- Surveillance Summaries
- Weekly AFHSD Health Surveillance Update



USAMRIID's biosurveillance team conducted its largest field sequencing activity in years at African Lion 2025.

FORT DETRICK, Md. – In a powerful display of expeditionary defense, the USAMRIID recently showcased its cutting-edge ability to rapidly deploy a comprehensive biosurveillance capability overseas. As a key component of African Lion 2025, U.S. Africa Command's largest annual joint exercise, USAMRIID's mobile laboratories and expert teams operated in austere environments, proving their mettle. Their participation highlighted the innovative biosurveillance systems in its arsenal, which are crucial for providing real-time, actionable data to combatant commanders. This proactive strategy is vital for force-health protection, safeguarding troops against a spectrum of endemic and emerging biothreats on a global scale.

Reference

USAMRIID demonstrates advanced biosurveillance capabilities at African Lion 2025

By Paul Lagasse, DHA R&D-MRDC Public Affairs Office July 9, 2025

Army Pharmacy Goes Digital



Leveraging Q-Anywhere and Remote Prescription Activation to Improve Access, Efficiency and Readiness

Department of Pharmacy, Brian D. Allgood Army Community Hospital

By Maj. Benjamin B. Yun, 121st Field Hospital Pharmacy Officer

As the Army advances toward its Army 2030 modernization objectives, military healthcare organizations must continue to adapt how care is delivered to meet the needs of a globally dispersed and operationally constrained force. At Brian D. Allgood Army Community Hospital (BDAACH), the Department of Pharmacy is implementing digital and distributed solutions that enhance access to care, improve workflow efficiency, and strengthen medical readiness. Two key initiatives supporting this effort are Q-Anywhere and Rx Remote Activation. Together, these capabilities represent a shift from traditional, location-dependent pharmacy operations toward a more flexible, technology-enabled model that supports both patients and staff while preparing Army Medicine for future operational demands.

Q-Anywhere: Expanding Access Through Digital Prescription Intake

Q-ANYWHERE 2.0
Why Wait? Pre-Activate!
Start your pharmacy visit anytime, anywhere right from your phone! No lines. No wait!

USE Q-ANYWHERE FOR:

- ✓ New Prescriptions
- ✓ Renewal Prescriptions
- ✓ Refills (New! With 2.0!)

STEP 1 ACTIVATE PRESCRIPTION
Scan QR code and follow prompts

STEP 2 PICKUP AT PHARMACY
After 3 hours, pull "Return for Pickup" ticket at kiosk

DHA
Defense Health Agency

BDAACH Pharmacy Only.
MON – FRI, 8AM – 6PM
Activate by 3PM for same-day pickup.
Electronic prescriptions only (no paper).
Refills also available by phone 0503-337-7939
or via MHS GENESIS Patient Portal

Q-Anywhere 2.0 poster displayed at BDAACH

Q-Anywhere is a digital pharmacy intake platform that enables patients to submit prescription requests remotely from their personal phones or computers. This capability enables patients to initiate pharmacy services from anywhere, at any time, without physically visiting the pharmacy or entering a queue.

Once a request is submitted, the pharmacy must process the prescription and have it ready for pickup within three business hours. This predictable processing window allows pharmacy staff to manage workload more effectively while providing patients with a clear expectation for service completion. Q-Anywhere also includes an integrated chat function that enables direct communication between patients and pharmacy staff. Through this feature, patients can ask questions, receive clarification, and obtain real-time updates regarding their prescription status. When a prescription is ready, patients receive a notification through the system, eliminating uncertainty and unnecessary wait times. Upon arrival to retrieve their medication, patients enter a separate “return for pickup” queue, where completed prescriptions are prioritized for service. This approach reduces congestion in the pharmacy waiting area, improves patient flow, and enhances the overall patient experience. From an operational perspective, Q-Anywhere enables the pharmacy to shift from a reactive, walk-in-driven model to a more deliberate, controlled workflow. By reducing the number of patients waiting in the lobby, the pharmacy can improve safety, reduce staff stress, and better allocate resources during peak demand periods.

Rx Remote Activation: Enabling Distributed Pharmacy Operations

Building on the front end modernization provided by Q-Anywhere, Rx Remote Activation enhances pharmacy operations by enabling distributed workload processing across geographically separated sites. Rx Remote Activation allows pharmacy staff at outlying health clinics to remotely access the BDAACH pharmacy Q-Flow system and process prescription requests off-site. This capability supports a mutual support model in which pharmacy teams can assist one another during periods

of high demand, staffing constraints or operational lulls. Brian D. Allgood Army Community Hospital supports five outlying health clinics across the peninsula, each with distinct patient volumes, staffing models, and geographic considerations. Historically, pharmacy operations at each site functioned largely as independent entities, requiring staffing decisions to be made without full consideration of enterprise-wide workload. The Department of Pharmacy is currently in the initial adoption phase of Rx Remote Activation, deliberately aligning outlying health clinic pharmacies to support the main hospital pharmacy by processing Q-Anywhere requests remotely. By aggregating prescription workload across all sites, leaders can better distribute work while maintaining safe on-site staffing levels. This approach improves workload balance, sustains productivity during operational lulls, and enhances pharmacy readiness across geographically separated locations.

Operational Impact and Readiness

The combined implementation of Q-Anywhere and Rx Remote Activation has demonstrated tangible benefits for both patients and staff. By reducing physical queue volume and enabling advance processing, pharmacy teams can manage demand more effectively and focus on clinical accuracy and patient counseling. During high-volume outpatient periods, these capabilities allow pharmacy staff to maintain service standards without increasing wait times. Conversely, during periods of reduced activity, remote activation enables staff to remain productive by supporting other sites within the system. This distributed model enhances readiness by ensuring pharmacy operations remain responsive and sustainable in environments characterized by limited manpower, high operational tempo, or geographic separation. It also supports leaders' efforts to balance workload, reduce burnout, and retain experienced personnel.

Looking Ahead: Continued Modernization

The Department of Pharmacy's modernization efforts do not stop with Q-Anywhere and Rx Remote Activation. These initiatives serve as foundational capabilities for

continued transformation. Future efforts include expanding remote prescription activation beyond the current initial phase. While remote activation is presently implemented in a one-directional support model to assist the main hospital pharmacy, the long-term intent is to establish mutual support across all pharmacy sites, allowing any location to provide remote processing support to another as operational conditions require. As these capabilities mature regionally, the Department of Pharmacy will work toward expanding remote activation to a broader network-level construct, enabling scalable pharmacy operations across multiple facilities. Additional modernization efforts include transitioning to NEXiA, a next-generation pharmacy fulfillment and workflow system designed to improve interoperability, workload visibility and data-driven decision-making, and preparing for the arrival of ScriptCenter, an automated prescription pickup locker system designed to allow patients to retrieve medications outside traditional pharmacy counter hours of operation. Each of these advancements supports the Army 2030 vision by enabling scalable, resilient, patient-centered technology-enabled healthcare delivery.

Conclusion

Q-Anywhere and Rx Remote Activation demonstrate how deliberate adoption of digital tools can modernize Army pharmacy operations while directly supporting access to care, operational efficiency and medical readiness. By embracing distributed and technology-enabled workflows, the Department of Pharmacy at Brian D. Allgood Army Community Hospital is helping shape a healthcare system prepared to meet the demands of the future force. These efforts reflect a broader commitment to innovation across the 65th Medical Brigade and reinforce the role of pharmacy operations as a critical enabler of readiness within the military healthcare system.

95th MDBS: Blood for the KTO

No soldier's Life for Lack of Blood: Blood Support in the KTO and 95th MDBS

95th MDBS

By Capt. Tae S. Kim



The Strategic Importance of Blood

Massive hemorrhage remains the leading cause of preventable combat death, with uncontrolled bleeding accounting for 90% of these fatalities. This elevates blood from a medical supply to a strategic resource that dictates survival rates and mission readiness. In any crisis, the effectiveness of the entire medical system hinges on one critical question: Is there enough blood?

This question carries immense weight on the Korean peninsula, where the "Fight Tonight" posture demands constant readiness. 95th Medical Detachment Blood Support is a highly specialized unit crucial to providing theater blood support in the Korean Theater of Operations. 95th MDBS stands as one of only three blood support detachments in the active U.S. Army and is the only one forward-deployed outside the continental United States.



soldiers are conducting training on blood transportation with an LMTV

A Legacy Forged in Past Failures

The presence of 95th MDBS in Korea is an institutional promise that past lessons have been learned. As detailed by Brigadier General Douglas B. Kendrick in Blood Program in World War II, the U.S. military entered the Korean War catastrophically unprepared. Without an organized blood program, countless preventable deaths

occurred from a lack of blood products. To ensure such a mistake would never be repeated, the Department of War (DOW) established dedicated blood detachments.

During the Korean War, blood was treated as a standard supply item, leading to critical failures in handling and storage of blood products. A landmark 1952 survey of the Eighth Army during the war by Lt. Col. Arthur Steer, MC, and his report to the Chief Surgeon, U.S. Army Forces, Far East Command, delivered a transformative conclusion: "the establishment of a separate medical unit, commanded by a medical officer, whose sole responsibility would be the procurement, storage, and distribution of blood and blood substitutes."



soldiers are loading blood transport coolers onto a Light Medium Tactical Vehicle (LMTV) during a medical logistics training mission.

Modern Operations and Professional Oversight

95th MDBS embodies this principle today. Commanded by one of the Army's few dedicated blood banking officers and staffed by 68K Medical Laboratory Specialists, its soldiers are highly trained laboratory scientists/technicians responsible for quality control, component preparation, and rigorous testing, ensuring every unit meets FDA regulatory requirements. During armistice, 95th MDBS routinely supplies blood

products to Brian D. Allgood Army Community Hospital, Air Force 51st Medical Group, and 8th Medical Group in support of DHA healthcare delivery. The theater Blood Product Depots at Camp Humphreys and Camp Carroll are not mere warehouses; they are FDA-registered medical facilities, subject to FDA regulatory compliance and inspection.



A specialist performs a step in the deglycerolization of frozen blood on Oct. 8, 2025.

This professional oversight is crucial, as the unit is a key link in DOW's global blood distribution chain. The Armed Services Blood Program (ASBP), part of the Defense Health Agency (DHA), is a Combat Support Agency that manages blood products for the enterprise. 95th MDBS lies in this critical distribution chain; it receives, processes, stores, and distributes blood products shipped from the CONUS hub, the Armed Services Whole Blood Processing Laboratory (AWBPL). This places immense responsibility on the unit to manage one of DOW's greatest challenges: maintaining the cold chain across the vast, yet vulnerable Indo-Pacific region.

To mitigate this risk, ASBP strategically prepositions frozen blood stockpiles in key overseas locations, with a focus on the Korean Theater of Operations (KTO). By operating the theater's two primary blood depots, 95th MDBS manages a reserve of over 4,000 units of frozen red blood cells, plasma, and cryoprecipitate. This extends the shelf life of these products from weeks to a decade, ensuring a robust buffer against supply chain disruptions.



soldiers from the 95th MDBS and ROKA partners prepare a UAS for a blood delivery drill

Shaping the Future: Alignment with Army of 2030

While its mission is rooted in history, 95th MDBS is relentlessly focused on the future, aligning with the Army of 2030 vision. In collaboration with Republic of Korea Army (ROKA) partners, 95th MDBS has conducted drone blood delivery exercises. Using unmanned aircraft systems to deliver blood is part of the parent unit 168th Multifunctional Medical Battalion's Powerhouse Innovation Program initiative to bring the capability at the unit level.

Moreover, 95th MDBS blood product depots have been designated as the central hub for the DOW's rollout of freeze-dried plasma (FDP). FDP is not an innovation by any means; its origins date to the 1930s. The U.S. military heavily utilized FDP during World War II and Korean War, but it was phased out by the late 1960s due to disease transmission risks. Today's FDP is a significant leap forward; modern testing has nearly eliminated the concerns regarding the transmission of the infectious diseases concerns, making it a safe and logistically sound option. Greatly reducing the need for a cold chain, FDP provides immense flexibility, ensuring this critical component is available in the most austere, forward environments.

This forward momentum extends to information

management. Under an INDOPACOM initiative, 95th MDBS shifted its blood inventory reporting to the MEDCOP platform, interfaced with Maven. This has transformed blood management from a static list into a dynamic, visual tool for commanders' enhanced decision-making and real-time efficiency across the globe.

Furthermore, the unit's proactive stance on theater blood readiness strengthens the U.S.-ROK alliance, representing the epitome of medical interoperability. Under the policy approved by the Assistant Secretary of Defense for Health Affairs, blood collection, testing, and manufacturing processes in the Republic of Korea are deemed FDA-equivalent for use by the Department of War. Leveraging this fact, 95th MDBS coordinates Korean Red Cross blood drives on U.S. military bases throughout the peninsula, which not only bolsters the theater blood supply but also serves as a vital opportunity to pre-screen U.S. service members for the walking blood bank—a critical contingency plan for large-scale operations.

From its foundation in historical lessons to its work aligned with the Army of 2030, 95th MDBS is not just preserving a legacy; it is actively shaping the future of the battlefield. Its mission reflects the Army's commitment to learn from history, drive innovation, and ensure no soldier's life is lost for lack of blood.



soldiers donate blood at a 95th MDBS-coordinated drive with the Korean Red Cross to bolster the theater's blood supply .

Partnership for Expanded Service and Support

The American Red Cross (ARC) and the Korean Red Cross (KRC) signed a formal cooperation agreement on November 9, 2009, at USAG-Casey to enhance support for soldiers and their families in the Warrior Country area. This partnership aims to facilitate the exchange of information, develop mutual cooperation, and expand



Korean Red Cross and the American Red Cross Nov. 6 at the USAG-Casey Community Activities Center.

the reach of Red Cross programs and services into the local Dongducheon community.

A Ceremony of Shared Commitment

The signing ceremony was marked by speeches from leaders of both organizations, including ARC Station Manager Jana Fullmer and KRC Chairman Choi Soon-hoo. They reflected on their shared history and the seven fundamental principles that unite the global Red Cross movement, expressing mutual hope and excitement for the future of their collaboration before officially signing the agreement.

A Commander's Perspective on Enhanced Capability

According to Brent Abare, the USAG-Casey deputy commander, this partnership provides a significant increase in capability. By leveraging the large volunteer force of the Korean Red Cross, the American Red Cross can overcome the limitations of its own smaller volunteer pool, allowing it to drastically improve and expand the services it offers to the military community.

Silver Caduceus: Morning Calm Chapter

The Morning Calm Chapter of the Silver Caduceus Society
Fostering MSC Camaraderie and Professional Development in the KTO.
168 Multifunctional Medical Battalion
By Capt. Jan M. Lazny



Who re we?

The Medical Service Corps (MSC) is one of the most diverse branches in Army Medicine, comprising four multi-functional areas (MFAs), twenty two areas of concentration (AOCs), and numerous Additional Skill Identifiers (ASIs). MSC Officers serve across a wide range of disciplines, including Administrative Health Services, Medical Allied Sciences, Preventive Medicine Sciences, Behavioral Health Sciences, Pharmacy, Optometry, Podiatry, Aeromedical Evacuation, and Health Services Maintenance.

This professional diversity is a significant strength of the Corps, but it also creates a need for deliberate mentorship, connection, and leader development across specialties. To meet that need, the Silver Caduceus Society (SCS) was established in 1967 in Korea under Eighth Army. Since its founding, SCS chapters have existed worldwide as informal organizations dedicated to supporting the growth and professional development of Medical Service Corps officers.

As described by the Commander of the 65th Medical Brigade, Col. Edgar Arroyo, "The Silver Caduceus Society opens the door for officers in the Medical Service Corps to have a greater understanding of the importance of the branch/specialty for the U.S. Army as a Service and for the Joint team as a capability through mentorship, leader professional development programs, sharing experiences, assisting officers in career road mapping, supporting education opportunities, and building the bench of future senior leaders."

The Morning Calm Chapter of the SCS supports Army Medicine and the Medical Service Corps in achieving campaign objectives within the MSC Lines of Effort by promoting camaraderie and professional development across the Korean Theater of Operations (KTO) and the surrounding regional community.



The Hub and Spoke Model of the Morning Calm Chapter of the Silver Caduceus Society

How Do We Operate?

The first step in building the Morning Calm Chapter was obtaining official recognition through the appropriate Garrison Commands. Following a call for volunteers across the formation, members elected a governing board consisting of a Vice President, Treasurer, Historian/PAO, Secretary, and Membership Chair. After establishing a functioning board, we reviewed the requirements outlined in applicable command policies, DOWI 1000.15, and AR 210-22, which enabled us to compile and submit complete application packets.



Silver Caduceus Society-hosted socials can and will includes events such as bowling, dinners, informal gatherings, and more!

Once recognized as a Private Organization, the focus shifted to executing our mission. The chapter established a recurring monthly board meeting using procedures derived from Robert's Rules of Order to ensure proposals, discussion, and voting occurred in a disciplined and transparent manner. This structure has enabled the organization to accomplish a great deal in a short period of time, including developing a leader professional development (LPD) calendar, participating in events such as the 38th Parallel staff ride, and producing newsletters and membership rosters to grow and connect our community.

Where Do We Go From Here?

The Morning Calm Chapter recently hosted its first LPD on Wednesday, 10 December. In alignment with the release of the updated MILPER on Long Term Health Education and Training (LTHET), MAJ Erika West from MEDCoE provided a comprehensive overview of LTHET opportunities. The session covered eligibility requirements, application procedures, and the professional benefits of participation.

Building on this momentum, the chapter will continue its LPD series with a virtual event on 21 January 2026 featuring Major General Paula Lodi, Commanding General, United States Army Medical Research and Development Command (USAMRDC). MG Lodi has volunteered her time to engage with members and host an interactive question and answer session.

As the LPD program continues to mature, members will receive regular newsletters, emails, and invitations to upcoming events. An additional LPD is planned for the end of the second quarter and will include an inperson social event in Area III, further strengthening professional connections across the theater.

Community Outreach and Engagement

The Korean Theater of Operations is a leadership laboratory, offering unparalleled opportunities for professional growth and development. For the approximately 150 Medical Service Corps officers assigned here, the breadth and complexity of missions create an environment well suited for learning, mentorship, and collaboration.

The Morning Calm Chapter of the Silver Caduceus Society works closely with leaders across the 65th Medical Brigade, its Direct Reporting Units, and the broader KTO to ensure broad engagement and participation. While the organization was founded in Korea and remains primarily advertised locally, its development opportunities are open to all soldiers seeking mentorship and professional growth. The chapter also partners with the PACOM 70B Deputy Consultant, MAJ Ramon Martinez Miura, to extend outreach beyond the peninsula.

As Col. Edgar Arroyo noted, "The Silver Caduceus Society expands understanding of Medical and Army capabilities and provides a platform for asking key questions that will drive innovation, modernization, and preparation for an Army of 2030 and beyond." If you are passionate about mentorship, professional growth, and community engagement and want to help prepare the Medical Service Corps for the Army of 2030 and beyond we encourage you to get involved and stay engaged. The Morning Calm Chapter of the Silver Caduceus Society is here for you.



Want to be a member? Please register via our Microsoft Forms admission survey!

The sUAS Advantage in Battlefield Care

A New Frontier in Battlefield Care: The Sky is No Longer the Limit

Unmanned & Unmatched: The sUAS Advantage in the 168th Multifunctional Medical Battalion

168th Multifunctional Medical Battalion

By Capt. Ryan L. Schonewolf



A New Vision for Medical Support

In the complex terrain of the modern battlefield, extending the reach of medical care can mean the difference between life and death. The 168th Multifunctional Medical Battalion (168MMB) is tackling this challenge head-on by integrating Small Unmanned Aircraft Systems (sUAS) into its operations. This initiative is more than a technological upgrade; it anchors the battalion's modernization strategy and instills a command wide culture of innovation, ensuring the "Powerhouse" Battalion remains at the forefront of military medicine and creates a decisive advantage for the Warfighter.

Forging a New Generation of Operators



168TH Multifunctional Medical Battalion sUAS IQT Training with 5-17ACS

The vision took a major step toward reality from Nov. 12 -19, 2025, when 168MMB conducted its sUAS Initial Qualification Training (IQT) in partnership with Foxtrot sUAS Troop, 5-17 Air Cavalry Squadron. The intensive course qualified 13 medical professionals as sUAS operators on a Group 2 aircraft a platform weighing between 21 and 55 pounds and capable of flying at altitudes under 3,500 feet. This training marked a

significant step in the battalion's modernization, enabling rapid and flexible medical support in contested or austere environments, a leap beyond smaller Group 1 systems that are limited to lower altitudes and speeds.

A Strategic Advantage from Above



168MMB conducts sUAS IQT

The integration of sUAS into 168MMB is not merely a tactical enhancement; it is a strategic imperative that directly aligns with the Department of War's mandate to "dramatically accelerate the fielding of new technology and advanced capabilities." This initiative represents a critical evolution in the application of the Army Health System, transforming how the battalion executes its core medical functions.

By leveraging SUAS, the battalion can mitigate the challenges of large-scale combat operations with applications spanning every subordinate unit. For command and control, the Headquarters and Headquarters Detachment can use SUAS as an on-demand surveillance asset, feeding critical information directly into the commander's decision-making cycle. Logistical units like the 563rd Medical Logistics Company and the 95th Medical Detachment Blood Support will gain the ability to rapidly deliver essential medical supplies and blood products to remote or inaccessible locations.

For preventive medicine detachments, aerial surveillance can enhance situational awareness and enable proactive risk mitigation in support areas. The 75th and 629th Medical Company Area Support can visually confirm that Casualty Collection Points and Role 2 facilities are secure and well-concealed. Furthermore, ground ambulance companies will be able to scout primary and alternate evacuation routes, identifying potential threats and obstacles to allow for more effective and secure movement of casualties. Even optometry support gets a boost, with the ability to rapidly deliver fabricated lenses to soldiers in the field.

The Path to Full Capability

While the initial training was a success, the journey to a self-reliant SUAS program is just beginning. The 168MMB must now navigate significant administrative, logistical and operational hurdles. First, it must establish an organic training capability. Reliance on external units for training is not sustainable, so the battalion must develop its own cadre of instructors by sending qualified operators to the SUAS Master Trainer Course. This will create a self-perpetuating training pipeline.

Next is ensuring material and readiness. The battalion must navigate the procurement process to acquire its own fleet of SUAS platforms and ancillary equipment. A robust maintenance plan will be crucial to track, service and account for attrition, ensuring a high state of readiness.

Sustaining aircrew proficiency and compliance is another critical task, as operator skills are perishable.

The battalion must establish a program to ensure all qualified aircrew meet the flight currency requirements mandated by Army regulations, allocating dedicated time and resources for pilots to log hours and maintain proficiency.

To ensure consistency, the battalion must pursue standardization and doctrinal integration by developing and publishing a comprehensive Standard Operating Procedure. This document will codify all procedures and requirements for employing SUAS in medical operations. Finally, systematic risk management must be fully integrated into all flight operations, including mission-specific risk assessments, pre-flight checklists and emergency procedures to mitigate hazards. By deliberately addressing these challenges, 168MMB can build a truly sustainable and effective SUAS program.



168MMB Flight team, 2nd Lt. Soudchanh (HHD) and Sgt. Buckley (75MCAS) conduct IQT with Sgt. Solorzano from 5-17ACS.

A New Standard for Battlefield Medicine

The 168MMB is building the future of battlefield medicine. By mastering SUAS technology, the battalion is poised to overcome critical logistical challenges, save lives and ensure mission success. This initiative sets a new, higher standard for medical support on the modern battlefield, proving that the sky is no longer the limit it is the new frontier for saving lives.

Reference

U.S. Department of War. (2022). 2022 National Defense Strategy of the United States of America.

Readiness in a Contaminated Zone

Training Alongside Our Partner Units to Enhance Interoperability in The Force

135th Forward Resuscitative Surgical Detachment

By: Sgt. 1st Class Alexander Fenwick 135th FRSD Detachment Sergeant

& 2nd Lt. Jordan Bennett 135th FRSD Executive Officer



Introduction to Patient Decontamination:

soldiers from the 135th Forward Resuscitative Surgical Detachment (FRSD) recently hosted a joint medical training event with medical personnel from 2nd Combat Aviation Brigade (2 CAB), focused on one of the most complex and high-risk medical challenges in the Korean Theater of Operations: patient decontamination following exposure.

Training Overview and Objectives:



Sgt. 1st Class Fenwick walking through the application portion of how to properly set up a patient decontamination lane to 2CAB and 135th FRSD.

The training was designed to reinforce “Fight Tonight” readiness by preparing medical teams to rapidly establish and operate a patient decontamination site under realistic constraints, including limited manpower and high operational tempo. Both constraints apply to the personnel in the FRSD and Combat Aviation Brigade. The staffing of each aviation battalion is limited to one to two flight surgeons and a handful of 68Ws to support their battalion. These teams provide all medical support to their battalion to include emergency medical care. The FRSD is structured around two teams that contain one soldier of each specialty that can operate independently providing damage control surgery to forward

areas of the battlefield.

The course began with an overview of North Korean chemical threats, emphasizing the continued relevance of nerve agents and the likelihood of contaminated casualties in a large-scale conflict. This threat framework set the conditions for understanding why rapid identification, protection, and decontamination are critical to both patient survivability and force protection.

Participants then reviewed the tools of the trade, including Mission Oriented Protective Posture (MOPP) equipment, Reactive Skin Decontamination Lotion (RSDL), and nerve agent auto-injectors. Instructors focused on practical employment, what equipment is immediately available at the point of injury and how it integrates into medical care without delaying life-saving interventions.



Lt. Col. Maan, Jason sharing his expertise on how anesthesia can be affected in a CBRN Environment.

Anesthesia & Effects on CBRN Casualties:

After talking about the different medications and treatment tools available. The class was given a pharmaceutical overview led by Lt. Col. Jason, Maan, a Certified Registered Nurse Anesthetist, who discussed pain medications and the physiology behind how they affect the



Maj. Ryan demonstrating how to properly decontaminate a Military Working Dog.

body. He also discussed how different conditions within the body can influence the effectiveness of these medications. Lt. Col. Maan's class was then brought into the CBRN realm as he talked about chemical agents and the medications used to counter them. The session connected pharmacology to real-world application, reinforcing why early recognition and correct drug administration are decisive in chemical casualty survival.

Military Working Dog Decontamination:

A unique highlight of the training was a guest lecture by Maj. Mark, Ryan, a veterinary officer, who presented findings from a study published less than two months ago. The research demonstrated that using a simple microfiber towel to wipe a military working dog's fur immediately upon identifying chemical contamination can reduce contamination by up to 99 percent. This low-cost, rapid intervention has significant implications for protecting working dogs, handlers, and medical personnel in contaminated environments.

Future Directions for Improved Practices:

The practical application of the class centered on patient decontamination site (PDS) operations, with an emphasis on operating effectively despite chronic medical understaffing. Attendees learned how to establish decontamination lanes, assign minimal yet functional staffing. The goal was not perfection, but realism showing that a safe and effective PDS can be executed with limited medical personnel if roles and processes are clearly defined.

Combined Training and Collaboration:

This combined training reinforced interoperability between aviation and medical units while addressing real-world constraints faced across the brigade. By focusing on practical solutions, recent research, and realistic staffing models, the event strengthened collective readiness and ensured both units are better prepared to operate in a chemically contested environment.

soldiers seeking further training can attend The Field Management of Chemical & Biological Casualties (FCBC) course at held at Aberdeen Proving Ground through the U.S. Army Medical Research Institute of Infectious Diseases (USAMRIID). Each class within the course is taught by the subject matter experts on chemical and biological weapons defense. FCBC teaches chemical and biological decontamination and treatment for a prehospital environment for service members and first responders to include the FBI and other government agencies.

The Hidden Arsenal

North Korea is believed to be capable of mass-producing nerve, blistering, and blood agents. The regime demonstrated its willingness to use these weapons publicly and disregard international norms with the 2017 assassination of Kim Jong-nam using VX nerve agent, which exposed civilians to one of the world's most dangerous chemical weapons.



North Korean army infantry with newly-unveiled CBRN gear during the 2020 parade

Reference

CHEMICAL WEAPONS DEPLOYMENT (S-RM)
By Vaughan Maurel 21 February 2020

Infection & Readiness

Preserving Readiness in the Face of a Drug-Resistant Infection
106th Medical Detachment (Veterinary Service Support)
By : Maj. Mark Ryan & Capt. Matthew Meuli



A Military Working Dog (MWD) supporting force protection operations for Eighth Army faced an uncertain future following a presumably straightforward surgical procedure. MWD Misha, a seven year old Belgian Malinois, developed a multidrug-resistant infection, often referred to as a “superbug”, that threatened not only her recovery, but also operational readiness across the Korean Peninsula.

What unfolded required far more than standard veterinary treatment. Misha’s case prompted a coordinated response that extended across veterinary services, medical laboratories, pharmacy support, and human healthcare systems. The outcome illustrates a broader lesson: preserving readiness, particularly in forward environments, against both kinetic and non-kinetic threats, depend on an integrated medical enterprise capable of responding when routine care is no longer sufficient.



MWD Misha recovered, happy, and ready to leave Camp Walker’s Veterinary Treatment Facility.

From Routine Injury to Readiness Risk

MWD Misha initially presented with a tail tip injury, a common occupational hazard in working dogs caused by repeated contact with hard surfaces during training and

operational activity. To prevent ongoing trauma, pain, and non-healing wounds, the 106th Medical Detachment Veterinary Service Support (MDVSS) performed a tail amputation. The procedure itself was uneventful. During recovery, however, the surgical site developed signs of infection that failed to respond to initial therapy. As the wound worsened it required a surgical revision to remove affected tissue and regain local control of the infection. At this point the maximum amount of tail available for amputation had been removed. A bacterial culture and antimicrobial susceptibility test were obtained and fundamentally changed the risk profile of the case.



The start of MWD Misha’s resistant tail infection.

Identification of a Multidrug-Resistant Threat

Laboratory testing revealed that Misha’s infection was caused by a severe multidrug-resistant (MDR) bacterium, resistant to all standard veterinary antibiotics. This finding represented a significant escalation from a localized post-operative complication to a potential threat to life and readiness.

Without effective antimicrobial therapy, infections of this nature can rapidly progress beyond the surgical site and enter the bloodstream, leading to systemic infection and sepsis. In such cases, mortality risk is high. Operationally, failure to control the infection would

almost certainly have resulted in the loss of a trained explosive detection asset.

At this point, resolution of the case exceeded the capabilities of routine veterinary supply channels and required a broader, system-level response.

Coordinated Medical Response Across the Force

The 106th MDVSS initiated coordination with multiple partners to identify and acquire an effective treatment option. Brian Allgood Army Community Hospital's microbiology and pharmacy departments assisted in interpreting the resistance profile and identifying antimicrobial agents not typically stocked for veterinary use. Moreover, the case was integrated into the U.S. Army's multidrug-resistant organism surveillance and support network, a capability designed to monitor resistant pathogens and facilitate access to appropriate countermeasures across the force.

This response highlighted the importance of integrated medical readiness systems that bridge human and veterinary medicine when standard solutions are insufficient.



MWD Misha struggling to support her body weight prior to hospitalization and her treatment protocol.

Definitive Treatment and Recovery

With appropriate medication obtained, MWD Misha was hospitalized at Camp Walker's Veterinary Treatment Facility. Misha received 12 doses of a potent intravenous antibiotic therapy, allowing for rapid therapeutic effect, and close clinical monitoring. Over the course of hospitalization, the infection steadily resolved. There was no progression of systemic clinical illness, and Misha's overall clinical status normalized.

Following completion of treatment and recovery, MWD Misha returned to full duty. She is currently performing explosive detection missions, fully restored as an operational asset and continuing the work she was trained to do. This outcome reflects more than individual clinical success. It demonstrates how readiness is preserved through timely diagnostics, informed decision-making, and effective coordination across the military medical enterprise.

Conclusion



Spc. Kawakami, MWD Handler, (left) and Spc. Erickson, 68T, (right) administering MWD Misha's final intravenous infusion

As the military operates in increasingly complex environments, readiness depends on the ability to recognize emerging threats and respond decisively. This case involving MWD Misha demonstrates how the U.S. Army's integrated medical enterprise, linking Veterinary Corps Officers, medical treatment facilities, laboratories, pharmacies, and surveillance networks, can adapt when standard treatments fail.

Fido's Role in Korea Readiness

Not Without Fido: How Army Veterinarians Elevate Readiness in the Korean Theater of Operations
106th Medical Detachment (Veterinary Services Support)

By Chief Warrant Officer 2 Hyungsuk An & Maj. Eric Dombou



In the dynamic and strategically vital Korean Theater of Operations, the U.S. Army's dedication extends beyond the soldiers on the front lines to the families who support them. Noncombatant Evacuation Operations (NEOs) are a cornerstone of this commitment, ensuring that civilians and family members can be safely relocated during a crisis—be it a natural disaster, civil unrest, or the ever-present threat of renewed conflict on the peninsula.



Spc. Oquendo and Pfc. Pullen check the components of an evacuee's pet NEO packet for accuracy and validity during the Courageous Channel exercise

The importance of these operations in South Korea cannot be overstated. The mental and emotional readiness of a service member is intrinsically linked to the safety and security of their loved ones. A soldier confident in their family's well-being can fully concentrate on the "Fight Tonight" mission, a state of constant preparedness that defines the U.S. presence in Korea. A robust and well-rehearsed NEO plan fosters trust, safeguards American lives, and provides commanders the critical flexibility to act decisively in any contingency. This year, during the peninsula-wide Courageous Channel 25 exercise, the 106th Medical Detachment (Veterinary Service Support) (MDVSS) demonstrated its pivotal role in this endeavor, tackling the uniquely personal challenge of

ensuring that no family member—furry or otherwise—is left behind.

A Dual Achievement: Readiness in Action

The 106th MDVSS's performance during Courageous Channel 25 was a masterclass in readiness, showcasing a dual success that is critical within the Korean context. The unit not only managed the immense complexities of the Pet NEO process but also flawlessly demonstrated their own readiness as Noncombatant Evacuees (NCEs). This was far more than a procedural drill; it was an exemplary display of proactive planning, disciplined execution, and a profound understanding of why NEO is a cornerstone of the U.S. posture in Korea.

The veterinary teams were at the forefront of the exercise, screening and processing hundreds of pets, while their own soldiers and families stood ready to evacuate. This involved meticulously prepared NEO packets, "Go-Bags" at the ready, and a comprehensive understanding of the evacuation process. By operating on both sides of the evacuation line, the 106th MDVSS gained unparalleled insight into the challenges faced by both evacuees and military planners. Their success serves as a powerful model for all units in the Korean theater: true readiness is achieved when every member of the community is not only prepared themselves but actively contributes to the collective preparedness of the force.

The Pet Predicament: A Family Affair on the Peninsula

For many service members and their families stationed in Korea, pets are an integral part of their lives, providing comfort and a sense of home in a foreign land. Recognizing this deep bond, "Pet NEO" has become a critical and challenging component of evacuation planning.

During Courageous Channel 25, veterinary teams from

the 106th MDVSS established and operated screening areas and evaluated the suitability of holding areas at key installations like Kunsan and Osan Air Base, Camp Walker, and Camp Humphreys. The successful use of large, appropriate facilities, such as the Collier Gym at Humphreys, ensured a smooth and orderly flow of evacuees and their pets. The strategic placement of a dedicated Veterinary Corps Officers (VCOs) and trained animal care specialists (68T) at each site guaranteed that expert guidance was always on hand to navigate the strict requirements for animal transport.

However, the exercise also exposed vulnerabilities. Many evacuees arrived without the necessary, and often complex, documentation required for their pets, such as up-to-date rabies certificates and Fluorescent Antibody Virus Neutralization (FAVN) test results. The lack of a consistently disseminated, peninsula-wide Standard Operating Procedure for pet evacuation created confusion and anxiety. This experience delivered a clear message: in the high-stakes environment of the Korean Peninsula, effective communication and standardized procedures are non-negotiable for a successful Pet NEO.

What is a FAVN test?

The Fluorescent Antibody Virus Neutralization (FAVN) test is a blood test that measures the response of an animal's immune system to a rabies vaccine. It is often required for international pet travel to confirm that a pet is adequately protected against rabies and does not pose a risk to the destination country, which may be rabies-free.

A Blueprint for Success Across the KTO

The achievements of the 106th MDVSS during Courageous Channel 25 offer more than just a single unit's success story; they provide a blueprint for enhancing NEO readiness across the entire Korean Theater of Operations. The proactive preparation, dual-role execution, and meticulous after-action analysis conducted by the 106th must be disseminated and adopted as a theater-wide standard.

By institutionalizing these lessons learned—from the empowerment of NEO wardens to the push for a unified SOP and robust community awareness—we can move beyond simply refining a process and begin to build a

true culture of readiness. The 106th MDVSS has proven that the promise made to our service members—that their entire family will be cared for—can be backed by proven, peninsula-wide procedures.

Their success is the new benchmark. The 106th has not only demonstrated excellence; they have charted a clear and repeatable course for other organizations to follow. This is the model for ensuring confidence, resilient, and ready force, fully prepared for any contingency on the Korean Peninsula.

Your Pet's Readiness is Mission Readiness

1. Understand Pet NEO

- **NEO** (*Non-combatant Evacuation Operations*): A standard evacuation for U.S. citizens during a crisis.
- **Eligible Pets**: Domestic dogs and cats only.
- **Limit**: Evacuation for up to two pets per household is authorized but cannot be guaranteed.

2. Prepare Your Pet's Go-Kit

Your pet needs its own "Go-Bag" with essential documents and supplies. Each pet must have its own rigid, airline-approved carrier large

Category	Item
Documents	<ul style="list-style-type: none"> ● Proof of ISO Compliant Microchip ● Animal NEO Evacuation Cards (2 copies) ● Veterinary Health Certificates (2 copies, unsigned) ● Rabies Vaccine Certificate (2 copies, signed in blue ink)
Supplies	<ul style="list-style-type: none"> ● 10-day supply of food and any required medications ● Food and water bowls ● Leash, collar/harness, and ID tag ● Waste bags (and a 10-day supply of litter with a lidded container for cats)

enough for them to stand, turn around, and lie down comfortably.

Required Documents & Supplies Checklist:

Recommended for your NEO Packet:

- Valid FAVN Test Result (*signed in blue ink*)
- Full immunization record (*2 copies*)
- A recent picture of you with your pet

Additional requirement for 3 or more pets:

- You must have a notarized Power of Attorney for another eligible person to transport your extra pet(s).

3. Visit Your Local Vet Clinic

The 106th MDVSS/Veterinary Readiness Activity, Korea provides expert veterinary services across the KTO. Visit your nearest Veterinary Treatment Facility to ensure your pet's documents and health are up-to-date. Hours of operation vary by location.

- Camp Humphreys (Bldg. 2260), Ph: +82 0503-337-9720
- Osan Air Base (Bldg. 766), Ph: +82 0505-784-6934
- Camp Walker (Bldg. 341), Ph: +82 0503-337-9832
- Camp Casey (Bldg. 1876), DSN: 315-737-9799

Dental: The Readiness Threat



More Than a Toothache: Dental Readiness is Mission Readiness

By Staff Sgt. Hyon Oh, Dental Assistant (68E), 618th Medical Company (Dental Area Support)

NCOs are the backbone of the Army, and our business is readiness. On the Korean Peninsula, that readiness has a name: "Fight Tonight." We live it every day. We ensure our soldiers' weapons are clean, their gear is packed, and they can pass their fitness test. But what about the threat we can't always see? The one that can take a soldier out of the fight just as surely as a battlefield injury?

I'm talking about dental readiness.

Let's be blunt. A soldier with a throbbing toothache in the field is a liability. They can't focus on their sector of fire, can't effectively pull security, and become a distraction to their team. A dental emergency isn't just an inconvenience; it's a direct hit to a unit's combat effectiveness. That abscessed tooth that could have been fixed months ago has now put a hole in your line. That soldier becomes a casualty, requiring evacuation and consuming valuable resources that should be focused on the mission.

"A dental emergency isn't just an inconvenience; it's a direct hit to your unit's combat effectiveness."

Know Your Numbers: Decoding Dental Readiness

As NCOs, we live and breathe MEDPROS. We know what red means for a PHA or immunizations. Dental is just as critical. The Dental Readiness Classification (DRC) is our tool for tracking this, and every NCO needs to know the breakdown.

DRC 1 is the gold standard—your soldier has had their annual exam and is good to go. DRC 2 means they need

minor work, like a cleaning or small filling. They are still deployable, but need to get it fixed.



**USAG HUMPHREYS
CARIUS DENTAL CLINIC
Bldg P3020**

APPOINTMENTS

DSN #: 315-737-3368

From cell phone: 0503-337-3368

- 4 hours' notice is needed for cancellation or else it is considered a **failed appointment.**

SICK CALL HOURS

MON – FRI 07:30-10:00 am

YOUR APP DATE / TIME

This flyer explains how to get urgent dental care for sudden issues like a toothache.

The danger zones are DRC 3 and DRC 4. A soldier in DRC 3 has a serious issue, like a bad cavity or infection, that will likely become an emergency. A soldier in DRC 4 is a mystery; they are overdue for an exam, and their dental status is an unknown risk. The bottom line is simple: soldiers in DRC 3 or 4 are non deployable. Period. They are a red block on your readiness chart and a weak link in the "Fight Tonight" chain. It's our job as leaders to get them green.

NCOs on the Front Line of Readiness

Officers might be responsible for the unit, but NCOs are responsible for the soldiers. Ensuring our troops are dentally ready is a core part of that responsibility. It's about taking proactive ownership.

Don't wait to be asked about MEDPROS; make it your business to check your soldiers' status weekly. Schedule their dental appointments just like you'd schedule them

for the range. Your Unit Health Monitor (UHM) is your direct line to the medical world, so work with them to track and schedule your troops. If you have to, walk them to the clinic yourself to show them it matters. Most importantly, explain the "why." This isn't about avoiding the dentist; it's about being a reliable member of a team that depends on you.

Your Partners in the Fight

The 618th Medical Company (Dental Area Support), is your teammate in this mission. With clinics at Camp Casey, Camp Humphreys, Camp Carroll and Camp Walker, we are here to help you get your readiness numbers up. We can work with your leadership to set up mass unit screenings to quickly identify your at risk soldiers. For those needing significant work, we will create priority treatment plans to get them deployable as fast as possible. Our NCOs can talk directly to your UHMs and leadership—we speak the same language and we are all focused on the same goal.

The Final Word

Readiness is in our creed. Here in Korea, that promise has to be rock solid. Don't let a preventable dental issue break that promise. By taking ownership and working with us, we can ensure every single soldier is ready to fight, right down to the last tooth.

More Than a Filling: The Combat Legacy of the Army Dental Corps



A New Zealand soldier receives a dental extraction at a military dental hospital in France during WWI (November 1917)

A Call to Arms, A Shortage of Drills

The surprise attack on Pearl Harbor on December 7, 1941, thrust the United States into World War II and created a staggering demand for military personnel, including dentists. This event, which claimed the life of Navy dentist Hugh R. Alexander, highlighted a critical administrative struggle: a severe shortage of dental officers. At the peak of recruitment in 1942, an estimated 30,000 dentists were needed to support the war effort, yet the Dental Corps would only reach its highest number of 15,293 members in 1944, leaving a significant gap in care during the military's largest expansion.



Capt. Benjamin Lewis Salomon

Courage Beyond the Chair

For the Army Dental Corps in WWII, the front line was a tale of two worlds. While some dentists navigated mountains of paperwork far from the action, others in Europe and the Pacific faced an unrelenting wave of soldiers, their skills indispensable to keeping the fighting force ready. This vital role often came at the ultimate price. Of the 15,000 who served, 116 gave their lives, with 20 killed directly in combat. This legacy of bravery is immortalized by Capt. Benjamin Lewis Salomon, a dentist who single-handedly fought to the death defending his aid station, earning a posthumous Medal of Honor and proving that the Corps' valor extended far beyond the dental chair.

Reference

The National Museum of Dentistry
World War II (1941-1945) Unique and Unparalleled

IRT Mission: American Samoa 2025

Ensuring Accessible Dental Care and Strengthening the Bonds Between U.S. Military and Local Communities in the Pacific Region

618th Medical Company (Dental Area Support)

By Capt. Yoo, Andy



Mission Kick-off: Healthcare in American Samoa

On August 11th, I had the incredible opportunity to be part of the 2025 Innovative Readiness Training (IRT) mission in American Samoa. With the combined efforts from the US Army, Air Force, Navy, National Guard, and Reserve forces, our mission was to deliver health care, including medical, dental, vision, and behavioral health to the local community of American Samoa.



The IRT team heads to the clinic at DYWA, taking in the stunning Samoan landscape along the way.

First Impressions: A Warm Welcome to Paradise

When we arrived at the Pago Pago Airport, we were immediately welcomed with heartfelt warmth as the locals placed fragrant leis around our necks. It was past 9PM so it was dark. We couldn't take in the full beauty of the paradise around us. Only the next morning could we truly appreciate the beauty of the island, with the volcanic mountain towering beside the vast blue ocean. From the airport, we were shuttled to the US Army Reserve Center, where we will be calling home for the next two weeks. It was a clean open bay facility with cots. It was only a five-minute walk from our clinic location, which was a gymnasium at the Department of Youth and Women Affairs (DYWA), government building designed for local community events.

Clinic Setup: Checking Mission-Critical Equipment

The first two days were spent setting up the dental clinic. As we performed inventory of our equipment, the two things to check early on that were deemed mission critical were our sterilization system and power. We placed our first load of instruments into the sterilizer along with a bio-indicator to test if instruments could be adequately sterilized. We also tested our generator by connecting and turning on all our dental equipment, including our portable dental unit, Nomad computers, and sterilizers. The purpose was to see if the generator could handle the maximum outage of power. Luckily, they both passed their tests, and we were in business.

Spatial Design: Arranging an Efficient Clinic Layout



The dental team establishes a clinic on the north side of the gymnasium, consisting of five operatories and two triage areas.

We also spent our time arranging the clinic layout, figuring out the patient flow, and customizing the set up of each of our operatories. Our clinic consisted of three operatories for general dentists, one operatory for our pediatric dentist, and one operatory for our two hygienist. The pediatric operatory was separated from the other operatories to maximize the privacy of the pediatric patients. We had combined X-Ray/Triage areas with utilization of two Nomad units. Lastly, our sterilization area was set up in the kitchen, which

became an ideal space for sterilization because it was the only enclosed area in the clinic with air conditioning to control temperature and humidity.

Clinic Operations: By the Numbers

Day three was our “soft open,” when we would start receiving patients. It was a diverse group of patients ranging from children to the elderly. The main services of our dental clinic involved exams, prophylaxis, restorative, and oral surgery. Once patient care started, it was intense work with little breaks. We worked weekends with most days going overtime. In the span of two weeks, our dental team treated about 600 patients with 3,200 total procedures.

The Heart of the Mission: Connection and Gratitude



CPT Yoo and CPL Chen from 618th Medical Company-Dental Area Support providing restorative care to the local community of American Samoa.

Every day, it was hard work, but there was also purpose. Real, meaningful purpose. We weren't just treating patients. We were connecting with people, building trust and partnership with the people of American Samoa. The love, support, and gratitude from our

patients and the community was unlike anything I've ever experienced. It was truly an experience I will never forget!

A Call to Service: How to Join Future Missions

For those interested in participating in GHE (Global Healthcare Engagement) or IRT missions, as I have, please note that selection requires a recommendation from a DENTAC commander. Once GHE/IRT is identified and dental support is requested, the Medical Readiness Command, Pacific (MRC, P) will initiate Request for Forces. From there, notifications are sent through the chain of command, and eventually to your DENTAC commander. If you are ever offered the opportunity to support a GHE/IRT mission, I highly encourage you to take it!



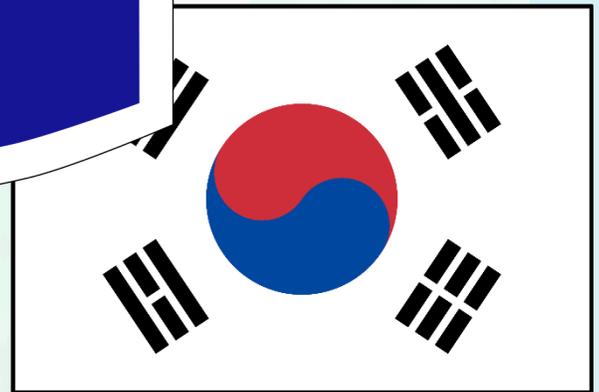
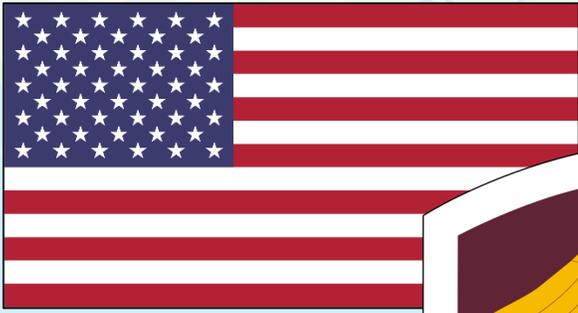
A joint dental team from across the U.S. military branches unites to achieve a single mission.

Two Samoas: One Culture, Separate Paths

Despite their political divide, both Samoa and American Samoa are deeply rooted in Fa'a Samoa, the 3,000-year-old traditional way of life. The key distinction lies in their governance. Samoa is a fully independent nation, while American Samoa remains an unincorporated territory of the United States. This separation dates back to the 1899 Tripartite Convention, a treaty that divided the archipelago between global powers.

Reference

Beautiful Samoa



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