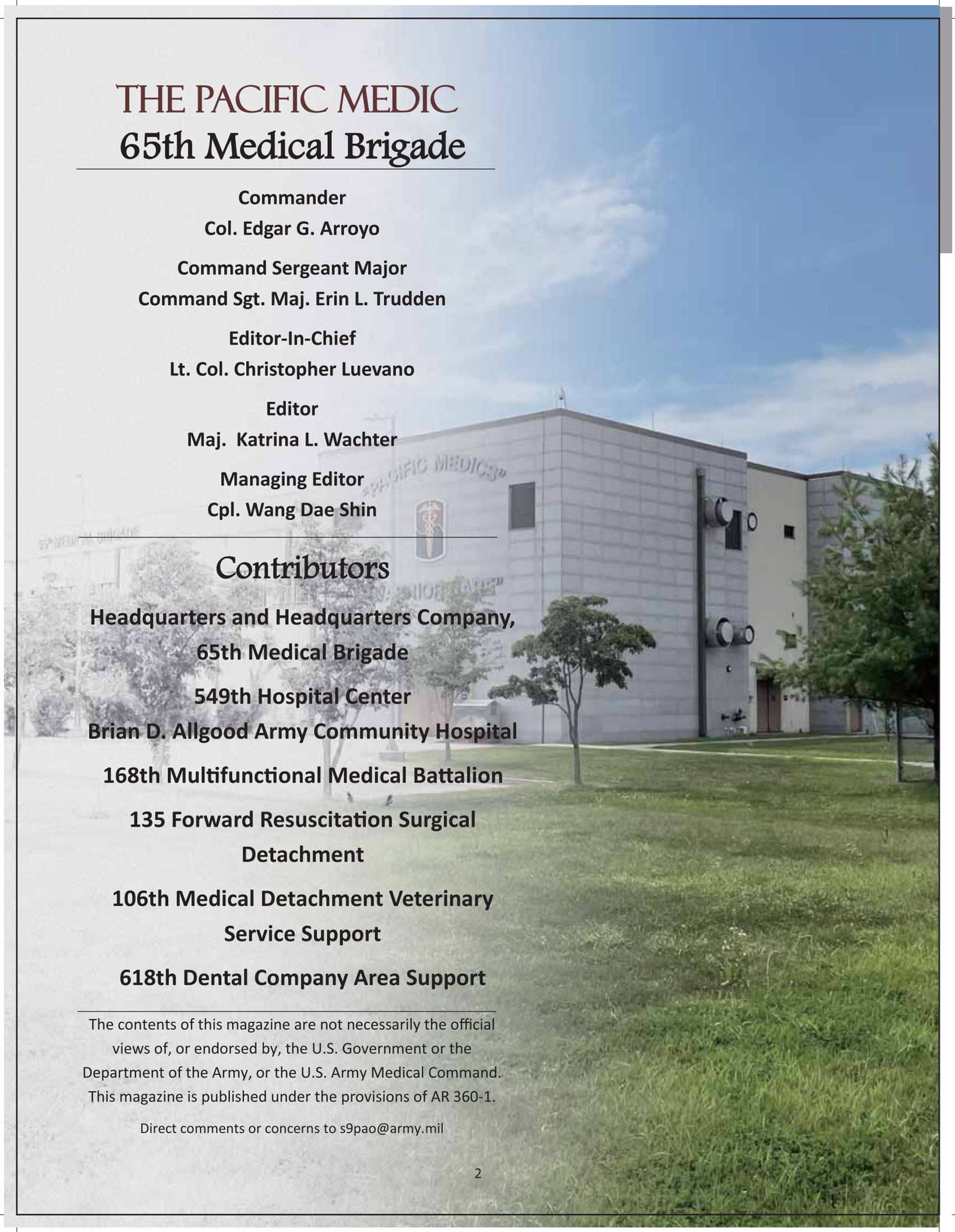
THE PACIFIC MEDIC

ISSUE 006 65TH MEDICAL BRIGADE MAY 2026

Operation United Tides:

Developing Expeditionary Clinical Capability



THE PACIFIC MEDIC
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Contents

MAY 2026

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

TEAM 65!! As I prepare to conclude my time in command of the 65th Medical Brigade, I want to take a moment to reflect on what this formation has accomplished together and, more importantly, to express how proud I am of each of you.

Over the past two years, you have demonstrated what it means to serve as the premier medical brigade. You advanced readiness, enhanced interoperability with our Republic of Korea partners, and drove innovation across the formation. Together, we improved access to care for our Soldiers and Families and significantly reduced wait times, ensuring our medical enterprise remains responsive, capable, and focused on those we serve. Your work during Pacific Medic Forge and countless daily missions reflects a formation that is disciplined and committed to excellence. These accomplishments, many of them Army firsts, are the direct result of your professional expertise and endurance.

We recently gathered as a team to celebrate at the Pacific Medic Ball, where we were honored to host distinguished leaders who recognized what this brigade has become. Moments like that serve as a reminder that the strength of this organization has always been its people.

The Pacific Medic Journal stands as part of that legacy. What began as an effort to tell our story has grown into a platform that highlights the talent, initiative, and dedication across this brigade. More importantly, it reflects a culture where leaders at every level contribute and take pride in their role within this formation.

As I prepare for my change of command, I do so with complete confidence in this formation. The foundation you have built ensures that the Pacific Medics will continue to lead with discipline, compassion, and readiness. As the colors passes to the next commander, I know this brigade will continue with the same strength, pride, and purpose that have defined it over the past two years. Thank you for your dedication, your service, and for making this command one of the greatest honors of my career.

Pacific Medics….Warrior Care!

Command Sgt. Maj.

As we reflect on the past three months—from the rigor of Pacific Medic Focus 26-1 to the excellence displayed during Pacific Medic Week and the camaraderie of the Pacific Medic Ball, this brigade has proven exactly why the Non-Commissioned Officer (NCO) Corps is defined as the "Backbone of the Army." Your leadership was the catalyst for our collective success, and the victory of the mighty 502nd Field Hospital serves as a clear reminder of the high standard we must all continue to uphold. As we transition into this next quarter, we must carry that same relentless energy forward. In May, our best will step up to challenge the Expert Field Medical Badge and the Expert Soldier Badge. These are not merely decorations; they are the ultimate test of our profession. I expect every leader to be actively engaged, whether in the motor pool or the field, training our Soldiers to embody the "Be, Know, Do" required to meet the Army standard and earn those badges. Immediately following these competitions, we will navigate a critical period of leadership transition, to include bidding farewell to our Brigade Commander, Col. Arroyo. During this phase, the stability of this formation rests squarely on the shoulders of our NCOs. I am charging every NCO to be the bedrock of your units: stay adaptable and remain vigilant through Change of Command inventories, rehearsals, and ceremonies. These requirements will demand long hours and meticulous attention to detail, but true leadership means protecting your team. Lead from the front, but be the first to ensure your Soldiers get their time back whenever the mission allows. Your discipline and dedication during this transition will directly reflect our professionalism and set the tone for the entire formation. We will close out the quarter by reinforcing our resilience and our ironclad alliance during KATUSA Friendship Week in June. This is a vital opportunity to remember that we are one team, one fight, and to reflect on exactly why we train and fight side-by-side. I challenge every NCO to recommit to the basics of leadership and to the Soldiers you have the privilege to lead. Let us continue to prove every single day why we are the premier medical brigade in the United States Army.

Katchi Kapshida!

Task Force Med North

The 65th Medical Brigade Task Force Construct is an Innovative Model Forging the Future

502D Field Hospital
Capt. Ryan Ellenberger & Maj. Michael Humphrey

Adapting Medical Support for Near-Peer Conflict on the Korean Peninsula

In the dynamic operational environment of the Korean Peninsula, the 65th Medical Brigade and the 502D Field Hospital are at the forefront of innovation, preparing for the complexities of a potential near-peer conflict. As the United States Army's only permanently forward-stationed medical brigade, the 65th recognizes that medical support must evolve to prepare for the future battlefield through multi-domain operations and enhanced technological capabilities. The legacy model of centralized, rear-echelon medical support is insufficient against the advanced capabilities of modern adversaries.

TF Med North poses out side of the structure utilized to set up the 32-Bed Field Hospital.

The Modular Task Force Construct and TF Med North as a Proof of Concept

The proposed solution is a modular medical task force (TF) construct, dispersing assets across the Korean Peninsula into three distinct task forces: North, Central, and South. This structure is designed to deliver critical medical functions directly to the warfighter at the point of need. The successful execution of TF Med North was more than a field training exercise; it was a definitive proof of concept for the future of Army medicine.

Empowering Commanders for Decisive Support in Contested Environments

While the TF model has been employed for global health and humanitarian missions, such as with JTF-Bravo, and for specific public health responses like TF Silver Dragons during the COVID-19 pandemic, TF Med North is fundamentally different. Its primary function is to directly support the warfighter in a contested environment. This construct grants the TF Commander the autonomy to leverage the 10 medical functions within their area of operations to achieve decisive battlefield effects. This article will cover the units located within the task force, its capabilities, its modularity, and its advantages for the future fight.

Command and Control Structure and Diverse Subordinate Unit Composition

TF Med North's Command and Control (C2) node was the 502D Field Hospital command team, which synchronized the efforts of a diverse array of subordinate units. These included:

- 502D Field Hospital HHC
- 150th Medical Augmentation Detachment (MAD)
- 197th Intensive Care Ward Augmentation Detachment (ICWAD)
- Detachment from the 5th Preventative Medical Detachment (PM)
- 629th Medical Company Area Support (MCAS)
- 560th Medical Company Ground Ambulance (MCGA)

•Distribution Team from 95th Medical Detachment Blood Services (MDBS)

•Veterinary Service Support Team (VSST) from 106th Medical Detachment Veterinary Support Services (MDVSS)

•Forward Dental Treatment Section from 618th Dental Company Area Support (DCAS)

•Forward Distribution and Contact Repair Team from 563d Medical Logistics Company (MLC)

•135th Forward Resuscitative Surgical Detachment (FRSD)

Collaborative Planning and Synchronization Driven by 502D Field Hospital

All planning and supporting efforts originated from the 502D Field Hospital staff, who engaged subordinate units through dedicated working groups. This collaborative approach ensured every unit contributed to the planning, preparation, and synchronization of the operation.

A view of the container yard and motor pool that was the heart of ***sustainment operations for all of TF Med North.***

Demonstrating High Mobility, Modularity, and Self-Sufficient Sustainment

The TF proved to be highly mobile, modular, and self-sufficient. This was demonstrated through a 30-plus vehicle convoy, showcasing the task force's organic movement capabilities. Sustainment was managed internally, with the 502D Field Hospital's sustainers providing field-level maintenance support. Vehicle and generator mechanics provided area maintenance support between dispersed locations, ensuring all equipment remained fully mission capable. Nutrition Care Specialists (68Ms) along with 502D and 568th MCGA fuelers executed logistics packages (LOGPACs), delivering CL I, III, IV, VIII, and IX supplies to outlying elements. Communications teams established a robust network, ensuring all units had connectivity on NIPR, SIPR, and CENTRIX-K, while managing 16 Joint Battle Command-Platform (JBCP) systems to guarantee interoperability and a common operating picture. Finally, all 10 medical functions were present and at the commanders disposal to meet the warfighters intent.

Rapid Decentralized Deployment and Medical Modularity in Action

Because of the organic capabilities of the TF, medical modularity was possible within the area of operations (AO). In a matter of two weeks, TF Med North was established in three different locations apart from the 32-bed Field Hospital. In one location the 197th ICW, 135th FRSD, and 560th MCGA were attached to the 629th MCAS creating TF 168N. It had a Role II and surgical capabilities with enhanced holding capabilities of up to 60 beds. In two other locations, the 150th MAD was split, forming TF Shadow Wolves. One element was forward deployed to an Island south of North Korea, acting as a decoy hospital while providing medical augmentation to the ROK Navy and Marines. The other element consisted of an FRSD team that complimented the 150th MAD's ICU capability. By decentralizing C2 to the task force level, the commander was empowered to make rapid, informed decisions, streamlining the allocation of medical assets where they were needed most. This model prevents critical delays by eliminating the need to route requests through higher echelons, ensuring that medical support is both timely and effective.

Driving a Cultural Shift Towards Integrated Medical Operations

The TF construct requires a cultural shift, compelling Soldiers and leaders to rethink the traditional mission of their unit and embrace a collective, integrated ap-

proach. The focus shifts to questions like, "How does the field hospital's supply section integrate with the MLC to distribute and order supplies?" An example was the 563d MLC leveraging the 502D Field Hospital's Expeditionary Deployable Oxygen Concentration System (EDOCS) to create an oxygen refill and redistribution program across the battlefield. Similarly, dedicating 560th MCGA evacuation assets directly to the field hospital granted the TF Med North Commander control over patient decompression and disposition, a crucial factor in a mass casualty scenario.

Validating the Future of Combat Health Support at the Point of Need

Providing the 10 medical functions at the point of need is essential to winning the future fight. The TF construct, with its decentralized C2, creates a streamlined and efficient decision-making process where time is a non-renewable commodity. The ability for a commander to adapt and employ the entire task force based on enemy capabilities, environmental factors, or time constraints is paramount. The successful execution of TF Med North was not merely a training event; it was a validation of the path forward for combat health support.

The Legacy of the "Doc"

The history of the Army Medical Department (AMEDD) Noncommissioned Officer (NCO) Corps is a story of selfless service, sacrifice, and continuous evolution. To bridge the severe medical support gap at the outbreak of the Revolutionary War, Congress authorized "Hospital Stewards" in 1776. Detailed from the combat lines with no official rank, these early medical NCOs played a crucial role in patient care, dispensing medicine, and managing hospitals under the most austere conditions.

The Birth of the Hospital Corps

During the Civil War, the sheer volume of casualties tested the stewards to their limits, often forcing them to operate independently and perform minor surgeries. Recognizing the need for a dedicated, trained enlisted medical force, the Army established the "Hospital Corps" in 1887, introducing specialized training that integrated military drill with anatomy, pharmacy, and first aid. Notably, in 1900, Hospital Corps privates bravely volunteered to be bitten by infected mosquitoes for Dr. Walter Reed's Yellow Fever studies, significantly advancing global medical science.

Wounded American soldiers are given medical treatment at a first aid station, somewhere in Korea, July 25, 1950. National Archives photo

Earning the Title "Doc"

As warfare modernized through World War I and II, so did the AMEDD NCO Corps, establishing specialized training centers and employing enlisted women of the Women's Army Corps (WAC) as technicians to fill critical overseas shortages. On the front lines, combat medics endured the exact same brutal conditions as infantrymen, earning the universal title of respect: "Doc."

Modern Conflicts and Humanitarian Aid

In conflicts from Korea to Vietnam, the role of the medic expanded drastically, with flight medics pioneering rapid helicopter evacuations and ground medics leading Medical Civil Action Programs (MEDCAP) to treat local populations. Today, beyond combat, AMEDD NCOs remain at the forefront of Operations Other Than War (OOTW), deploying to global disaster zones like Haiti, Somalia, and Bosnia. From 1776 to the present, the commitment of the enlisted medical soldier has never wavered: to conserve the fighting strength and provide compassionate care anywhere in the world.

Reference

By the AMEDD Center of History & Heritage

Operation United Tides

Developing Expeditionary Clinical Capability in a "Fight Tonight" Environment

502D Field Hospital
Capt. Marc Beton

The Tactical Challenges of Yeonpyeongdo for Prolonged Field Care

As a junior Captain, critical care nurse, and a new company commander, I had the opportunity to combine clinical expertise with expeditionary skills in one of the most realistic "fight tonight" scenarios on the Korean Peninsula. Yeonpyeongdo (YP-do) Island is a challenging environment due to its distance from major population centers, lack of modern medical facilities, and limited supply routes. In the event of combat, delays in medical evacuation (MEDEVAC) and resupply would increase reliance on organic medical capability and prolonged field care.

150th MAD conducts Tactical Combat Casualty Care (TCCC) training with the ROK-Marines.

Deployment of 150th MAD for Decoy Operations and Joint Defense Exercise

In March 2026, a nine-person team from the 150th Medical Augmentation Detachment (MAD) deployed to YP-do as part of a decoy hospital and deception plan designed to confuse the enemy and create time and space for the primary field hospital to deploy. The team established a secondary site that visually and operationally resembled a functioning treatment center, while the actual Role 2 Patient Care Augmentation Detachment (PCAD) operated from a separate hardened location. This approach added complexity to enemy targeting and enabled protected deployment and sustained operations of the field hospital. At a later part of the exercise, Task Force Shadow Wolves participated in a Republic of Korea (ROK) Marine Corps Island Defense Exercise simulating an artillery attack from North Korea. This training provided an opportunity for U.S. and ROK medical teams to integrate, test extended care capabilities, and strengthen tactical-level relationships.

150th MAD participates in the MASCAL during the joint training exercise.

Overcoming Logistical Delays and Communication Challenges in Remote Deployments

Travel to YP-do highlighted the challenges of operating in a remote environment. Personnel traveled by passenger ferry for approximately two hours, while a second ferry carrying vehicles and medical equipment required up to six hours depending on weather conditions. These constraints demonstrated that reinforcements, evacuations, and resupply are vulnerable to delays and may take significantly longer during contingency operations. As a small MAD detachment, we prioritized equipment to maintain prolonged field care while preserving mobil-

ity. Additionally, communication was challenged due to connectivity issues and being in an austere environment. Mission command was essential to operating and effectively meeting the TF Med North Commanders intent.

Rapid Setup and Standardization of US-ROK Tactical Combat Casualty Care

Upon arrival, we rapidly offloaded personnel and equipment and established medical operations within existing structures. Establishment was easy due to the existing infrastructure. We developed a modular load plan due to uncertainty regarding our final location. Once established we were prepared to trained. The detachment first conducted Tactical Combat Casualty Care (TCCC) training for 30 U.S. and ROK medical personnel. Initial instruction on hemorrhage control and airway management revealed minor doctrinal differences, which we addressed through a crosswalk and standardization briefing. This established a unified framework and strengthened trust between teams.

150th MAD participates in the MASCAL during the joint exercise.

Establishing PCAD and Enhancing Interoperability for Prolonged Field Care

In the subsequent days on YP-do, training expanded to include skills required for sustained operations in a contested island environment. We established a PCAD within a hardened bunker, consisting of a five-bed Intensive Care Unit (ICU) and a ten-bed Intermediate Care Ward (ICW). This capability enabled management of ventilated patients, monitoring of hemodynamic instability, and continued trauma resuscitation during delayed evacuation. Training emphasized prolonged patient care, resource allocation, and team coordination in a constrained setting. We also conducted Walking Blood Bank (WBB) training to enhance survivability in a resource-limited environment. This included donor identification, screening, and transfusion procedures when supplies are limited or unavailable. The combined force conducted litter movement training over difficult terrain to reinforce casualty flow procedures and highlight the physical demands of evacuation in an austere environment. Interoperability training ensured U.S. personnel could operate ROK equipment and vice versa, allowing both forces to manage critically ill patients regardless of equipment origin.

TF Shadow Wolves conduct litter PT with the ROK-Marines.

Executing Joint US-ROK Mass Casualty (MASCAL) Scenarios

The exercise concluded with a joint island defense scenario alongside ROK Marine and Navy forces. During the initial mass casualty (MASCAL) event, a combined U.S.-ROK team triaged and treated 20 simulated casualties. The scenario tested casualty flow, triage decision-making, and coordination between treatment areas.

Validating Partner Force Capabilities and Shared Medical Systems

Subsequent iterations placed ROK personnel in primary caregiver roles using U.S. equipment to treat 23 simulated casualties, including six severe and 17 minor cases. Their performance demonstrated effective interopera-

bility and validated the shared training approach. Observing partner forces operate confidently within an integrated medical system reinforced the value of combined training and strong partnerships.

Strengthening Mutual Trust and Communication in Isolated Environments

This training emphasized the importance of relationships beyond technical execution. Operating together in a realistic environment improved communication, increased mutual understanding, and strengthened trust. Given the isolation of YP-do, these relationships are critical to mission success.

Conclusion: Validation of Expeditionary Medical Capabilities and ROK-US Alliance

The exercise validated our ability to deploy a small medical unit to a remote location and rapidly establish a prolonged care capability. It reinforced prolonged field care principles, demonstrated the effectiveness of deception through a decoy hospital, and confirmed a successful joint MASCAL response. Most importantly, it strengthened the partnership between U.S. and ROK medical teams.

Flashpoint Yeonpyeong: The Day the Horizon Burned: November 23, 2010

A Dark Horizon on Fire: The Deadly Yeonpyeong Barrage

TF Shadow Wolves conduct litter PT with the ROK-Marines.

In one of the worst clashes since the Korean War, the tense sea border erupted in chaos as North Korean artillery shells rained down on the South Korean island of Yeonpyeong. Dozens of homes caught fire, forcing 1,600 terrified residents to flee into bomb shelters from a brutal barrage that killed two South Korean marines and injured nearly two dozen others. In response, Seoul initiated a maximum non-wartime alert, an 80-shell counter-attack, and scrambled fighter jets, while Pyongyang claimed its strike answered Southern military drills that Seoul insists were aimed strictly away from the North.

Massive Global Shockwaves: A Fragile Region on the Edge

This sudden violence hits during a highly fragile time, coinciding with rumors of an ailing Kim Jong-il passing power to his son, and just days after Pyongyang revealed a new uranium facility that crushed American desires to restart nuclear talks. Coming months after the tragic sinking of the warship Cheonan, the brazen attack sent shockwaves worldwide, rattling global markets and drawing fierce anger from Washington, London, and Moscow. While the White House backed Seoul's defense and demanded an end to the aggression, China avoided direct blame, leaving the heavily armed border locked in a tense, unpredictable standoff.

TF Shadow Wolves conduct litter PT with the ROK-Marines.

Reference

BBC North Korean artillery hits South Korean island
By John Sudworth

Med Ops: Buildings of Opportunity

An in-depth look at enhancing speed, efficiency, and survivability in contested environments

502D Field Hospital
Maj. Quinten Cruppenink & Maj. Michael Humphrey

Validating the "Building of Opportunity" Concept for Enhanced Survivability

502D Field Hospital established in a building of opportunity

The 502D Field Hospital (FH), part of the 549th Hospital Center and 65th Medical Brigade, provides Role 3 expeditionary medical care in the Indo-Pacific theater of operations within the Republic of Korea. During Pacific Medic Forge 26-01, the unit deployed its modular 32-bed configuration into a Building of Opportunity at Rodriguez Live Fire Complex. This exercise demonstrated disregard employing a Building of Opportunity significantly accelerates establishment and tear down, improved clinical operations, and improved survivability in contested environments. This adaptation validated the “plug-and-play” modular design while highlighting the advantages of fixed structures in high-threat scenarios.

Rapid Attainment of Initial Operational Capability and Efficient Redeployment

While the Unit typically achieves Initial Operational Capability (IOC) within 24 hours using MTOE equipment, the 502D reached IOC within hours by leveraging existing infrastructure. Within this 32-bed Field Hospital is the Patient Administrative Division (PAD), Emergency Medical Treatment (EMT), Radiology, Pharmacy, Laboratory, Operating Room (OR), Intensive Care Unit (ICU), and Intermediate Care Ward (ICW). Each section is typically established in sequential order due to priority of capability. By utilizing an established structure, each section could be established concurrently, significantly reducing time needed to become fully operational. Redeployment proved equally efficient. Within 14 hours the unit dismantled, repacked, and relocated with minimal disruption, an essential capability for maintaining operational flexibility and survivability in dynamic high-threat environments. This configuration enabled the unit to occupy within hours of arrival, significantly reducing setup time, initial vulnerability, patient timelines and allowing operational adaptability.

Operating Room conducting resuscitative surgery

Optimizing Patient Flow and Triage Within Physical Constraints

The 502nd Field Hospital was able to adapt to the building’s physical constraints in order to maximize patient flow and throughput; overcoming limitations was key to ensuring efficient movement through surgery, recovery, treatment, monitoring, and evacuation. Teams rapidly zoned spaces, positioning

trauma bays near entrances, surgical suites in larger interior rooms, and wards along natural corridors. Casualties arrived to dedicated triage team conducting rapid assessments to ensure efficient prioritization of care. Patients categorized as an immediate priority were transported directly to EMT. If EMT reached full capacity during a mass casualty event, immediate patients were then transported to the ICU. Both EMT and ICU were positioned near an entrance to minimize transit time and reduce congestion. Delayed and Minimal casualties were directed to the ICW for further evaluation, treatment, and return-to-duty processing, optimizing resource utilization and maintaining flexibility. Patients categorized as an expectant patients were respectfully separated into a pre-identified adjacent facility, preserving treatment focus and operational flow within the main structure. This triage and distribution process was completed in under 10 minutes, demonstrating the unit's ability to rapidly establish effective patient flow while preventing bottlenecks and maintaining operational tempo.

*U.S.-ROK medics provide combined treatment under surgical lights at **Rodriguez Complex during Pacific Medic Forge 26**-01.*

Non-Contiguous Clinical Layout for Maximum Effectiveness and Flexibility

EMT was organized in a non-contiguous layout, resulting in increased survivability by both reducing congestion and limiting the risk associated with single-point failure. Radiology capabilities, including portable X-ray and ultrasound, along with laboratory testing, were positioned in adjacent rooms to enable real-time diagnostics without requiring patient movement outside the treatment area. The pharmacy maintained forward-deployed stock directly across from EMT ensuring rapid distribution of medication. Critically ill patients received immediate post-resuscitation care and were transferred to the OR and ICU. Stabilized patients requiring surgical intervention were moved to the ICW, which also functioned as the pre-operative holding area, maximizing flexibility in limited space. Non-surgical patients remained in the ICW for continued monitoring and treatment. Surgery was conducted in a fully functional operating suite consisting of three surgical tables, including one equipped with a C-arm image intensifier. Surgical teams operated continuously to stabilize life-threatening injuries and potential transfer to higher echelons. Critically ill patients were admitted to the ICU, which consisted of 12 beds organized across two bays, providing advanced ventilatory support and continuous hemodynamic monitoring. Patients requiring step-down care were moved to the ICW, with over 20 beds designated for ongoing treatment and stabilization, further demonstrating adaptability within constrained space.

Leveraging Internal Infrastructure for Streamlined Operations and Command & Control

The building's internal infrastructure, including corridors and stairwells, enabled multidirectional movement of patients, staff, sustainment operations, administrative, and command-and-control functions throughout the facility. This design further enhanced clinical operations while maintaining controlled access, supporting infection prevention, and improving survivability. These pathways also facilitated efficient sustainment operations, allowing pharmacy, laboratory, and logistics elements to provide uninterrupted

support. The building was configured with a dedicated exit point separate from the entry control point, streamlining patient movement reducing congestion while preserving operational security. Administrative and command-and-control functions were deliberately separated to improve efficiency and oversight. PAD was positioned on the first floor directly across from the Emergency Department, enabling real-time patient tracking and coordination with clinical teams. The Tactical Operations Center (TOC) was established on the second floor above EMT, providing leadership with enhanced situational awareness and enabling synchronized decision-making across clinical, logistical, and evacuation operations without disrupting patient care flow. By using a Building of Opportunity, the Field Hospital was able to maintain modularity, scalability, and mobility, which ultimately leads to increased survivability.

Strategic Advantages of Hard Stand Structures in Large Scale Combat Operations

In preparation for Large Scale Combat Operations, medical units must be prepared to thrive in contested environments. By employing a hard stand structure, medical units will improve one of their greatest weaknesses, survivability. Hard stand structures ensure rapid establishment and displacement, enhanced protection from environmental and threat conditions, and reduced electromagnetic signatures compared to traditional structures. These are essential for survivability in Multi-Domain Operations where the enemy has a vote in every domain. The improved survivability enables Commanders the freedom of action, operational reach, and medical endurance. Each of these are needed in order to win the next fight.

Conclusion: Reinforcing Expeditionary Medical Readiness on the Korean Peninsula

In summary, the 502D Field Hospital demonstrated a mature, highly adaptable medical capability during Pacific Medic Forge 26-01. By leveraging a building of opportunity, the unit achieved rapid setup, clinical efficiency, and enhanced survivability in a contested environment. These capabilities significantly enhance readiness for contingency operations on the Korean Peninsula, reinforcing the Silver Dragons' commitment to expeditionary medical excellence in support of United States Forces Korea.

Evolution of Army Hospitals

As warfare evolves under the Multi-Domain Battle (MDB) concept, the Army Medical Department has strategically pivoted from legacy 248-bed Combat Support Hospitals toward highly adaptable, modular field hospitals—starting with a versatile 32-bed facility expandable to 148 beds. The tactical centerpiece of this transformation is the Early-Entry Hospitalization (EEH) element, which utilizes just 35 percent of a unit's organic lift to rapidly deploy a 6-bed Role 2E facility for forward resuscitative and damage control surgery. This agile model was definitively validated by the 10th Field Hospital during a JRTC rotation; while the main hospital provided full Role 3 support for 242 casualties over one week, the forward-deployed EEH independently stabilized over 50 casualties in its first 72 hours. By providing life-saving stabilization far forward and bypassing the delays of larger facilities, this modular framework drastically reduces Soldier mortality while ensuring a sustained, combat-ready force for the future fight.

U.S. Army medics advance expeditionary care across multi-domain battlefields for future conflict survival.

Reference

Army field hospitals and expeditionary hospitalization
By Lt. Col. Michael F. LaBrecque and Capt. Michael A. Honsberger

Operation Little Smiles

Supporting Military Children Through Family-Centered Care
618th Medical Company (Dental Area Support)
Capt. Hayana Nam, General Dentist

A Moment of Curiosity: Children Experiencing the Dental Profession

"Is this what you do, Dad?" one child asked while dressed as a dentist, examining a patient-who happened to be a dentist himself-capturing a moment of curiosity and connection that defined Operation Little Smiles.

Honoring the Month of the Military Child with Operation Little Smiles

Behind every Soldier is a family that serves alongside them, and at the heart of that family are military children. In honor of the Month of the Military Child, the 618th Medical Company (Dental Area Support) hosted Operation Little Smiles, a family-centered event designed to support military children through fun activities, treats, and community engagement.

*Young **"dentists" conduct exams on each other at the Field Dental***

Overcoming the Weather: A Strong Turnout for the Passport Adventure

In the days leading to the event, there was concern that the forecasted rain might keep families away. However, by 1400, those concerns quickly disappeared. Over 50 Little Smiles arrived in full force, ready to begin their passport adventure, eager to complete missions, explore, and enjoy cotton candy, ice cream, and popcorn.

Little Smiles, dressed as a dentist, examines the unit's dentist, bringing

Redefining Readiness: Strengthening Family and Unit Connections

Readiness extends beyond the Soldier to include the well-being of their families. Operation Little Smiles reinforced this concept by creating a space where Soldiers, children, and family members could come together, strengthen connections, and build a sense of community within the unit.

Interactive Learning Through Mission-Based Stations

The event structure centered on interactive, mission-based stations, allowing children to actively engage while learning.

Field Dental Readiness: Demonstrating Equipment and Reducing Fear

At the Field Dental Readiness station, dental professionals demonstrated the use of portable dental equipment used in operational environments. Children had the opportunity to try on personal protective equipment and identify dental instruments, helping them better understand how dentists keep Soldiers mission ready while reducing fear of the dental setting.

Military children and families climb aboard an LMTV and take photos to

Operation Little Smiles passport guides children through each mission-

Children collect stamps at each station and complete all missions to

Dental Education: Hands-On Oral Hygiene and Preventive Care

At the Dental Education and Activity Station, children learned proper oral hygiene techniques using oversized dental models and participated in hands-on activities. This station emphasized preventive care while encouraging participation through simple, age-appropriate questions.

Vehicle Display Mission: Exploring Tactical Vehicles with Soldiers

The Vehicle Display Mission provided a unique opportunity for children to explore military vehicles, including a HMMWV and LMTV, with the help of Soldiers from 618th MC (Dental Support Area). This experience fostered excitement and allowed families to engage directly with Soldiers, strengthening their connection to the unit while creating lasting memories through family photos.

Completing the Passport: Crowning Official Little Smiles Explorers

Children received a Little Smiles Passport at check-in and collected stamps upon completing each mission. Once all stations were completed, children received a goody bag and were recognized as “Official Little Smiles Explorers,” reinforcing their achievement and making the experience memorable.

The Strategic Value of Family-Centered Care in Building Resilience

Operation Little Smiles demonstrated the importance of family-centered care within the military community. It highlighted that taking care of our families, both at home and within our unit, is essential to building a resilient and ready force.

Conclusion: Investing in the Foundation of a Mission-Ready Community

Little Smiles enjoy and inflatable play area adding energy and excitement while supporting a fun, family-centered environment.

Through events like Operation Little Smiles, the 618th Medical Company (DAS) continues to invest in the well-being of military children and families, reinforcing the foundation of a stronger, more connected, and mission-ready community.

"Readiness doesn't start on the battlefield. It starts at home. By supporting our families and investing in our children, we build stronger Soldiers and stronger units".

Nurturing Lifelong Smiles: The Crucial Impact of Early Pediatric Dentistry

Establishing Trust: The Power of Early Intervention in Pediatric Dentistry

Nurturing a healthy smile begins long before a child loses their first tooth. While the debate around universal early dental visits continues, the consensus is clear: visiting the dentist before age three significantly benefits children, especially those at high risk for cavities. Establishing a 'dental home' early on is more than just a routine check-up; it is a foundational step in building trust and minimizing dental anxiety. As the American Dental Association highlights, early preventive care—including regular cleanings and fluoride treatments—dramatically reduces the risk of complex dental problems later in life. These early encounters not only familiarize young patients with the dental chair but also empower parents with crucial knowledge on oral hygiene, ultimately preventing unnecessary pain and future medical costs.

Beyond the Bite: How Specialized Care Shapes a Child's Holistic Health

Beyond merely preventing cavities, pediatric dentistry plays a vital role in a child's holistic well-being. A child's growing smile requires specialized expertise to navigate unique challenges like teething, thumb-sucking, and jaw development. Pediatric dentists are uniquely trained to provide age-appropriate treatments and behavioral management, ensuring that each visit is a positive, fear-free experience. Moreover, maintaining optimal oral health during childhood is directly linked to systemic health, lowering the risk of conditions like respiratory infections and supporting proper physical and emotional development. By prioritizing proactive, multidisciplinary dental care from the start, we do more than protect a child's teeth—we invest in their lifelong health, confidence, and overall happiness.

A Collaborative Journey: Empowering Families for Lifelong Confident Smiles

Ultimately, successful pediatric dentistry is a collaborative journey. By empowering parents and caregivers with tailored education on nutrition and daily hygiene, pediatric dentists ensure that healthy habits extend far beyond the clinic walls. Coupled with a multidisciplinary approach that seamlessly integrates pediatricians and orthodontists, this comprehensive care model guarantees that every child is equipped with a resilient foundation for a lifetime of confident, vibrant smiles.

Early preventive care: the foundation for a lifetime of healthy smiles.

"Early preventive care and good hygiene habits are the cornerstone of lifelong oral health, significantly reducing future dental risks."

Reference

The Importance of Pediatric Dentistry: Why It Matters?

The importance of preventive dental visits from a young age: systematic review and current perspectives. Clin Cosmet Investig Dent.

When Minutes Matter

The 563rd MLC and Sling Load Operations in the KTO
563rd Medical Logistics Company, 168th Multifunctional Medical Battalion
2nd Lt. Ben Mabie, Platoon Leader

The Strategic Importance of Sling Load Operations

In the demanding landscape of the Korean Theater of Operations (KTO), the ability to rapidly resupply forward -deployed medical units is not just a logistical advantage; it is a critical lifeline. This vital task is pushed by Forward Distribution Teams (FDTs), which positions crucial medical assets in the fight. However, this effectiveness comes with a key logistical question: How do we efficiently resupply our forward logistical elements in remote locations?

As the only Medical Logistics Company on the peninsula, our mission of providing Class VIII support, optical lens fabrication and repair, and medical maintence to the maneuver brigade and EAB units remains vital (MEDCoE Pam 4-02). Therefore, the quick transportation of Class VIII via sling load (air movement) is essential in providing units with the medical supplies needed to support the fight.

Soldiers from the 563rd MLC executing sling load operations at Camp Humphreys with a UH-60 with 2-2 (2CAB)

History of Class VIII Sling Load Operations

To further understand this capability, we need to acknowledge the historical significance of Class VIII air movement and resupply. The U.S. Army first utilized air resupply assets with the HU-1 “Huey” and OH-13 “Sioux” during the Korean and Vietnam Wars. While the Huey was famed for troop transport and MEDEVAC, its historical significance is deeply intertwined with logistics and the development of sling load operations. In Vietnam's unforgiving terrain, where ground routes were often impassable or nonexistent, the Huey's ability to externally carry large payloads was a logistical game-changer. Sling loading allowed a single helicopter to rapidly deliver ammunition, food, and critically, Class VIII medical materiel directly to the fight.

For forward aid stations running low on blood or surgical supplies, Huey aircrafts delivering was a lifeline. This practice of aerial resupply, honed in the jungles of Vietnam, proved that the speed and versatility of air mobility could conquer challenging logistical hurdles. Therefore, this created the doctrinal blueprint that units, especially 563rd MLC and 65th MED BDE follow today to sustain medical operations.

Sling Load Capabilities

By U.S Army definition, sling load operations refer to equipment that is suspended externally from an aircraft and transported to a new location. This is a critical component of military logistics, enabling the rapid movement across challenging terrain or when traditional ground transportation is not feasible. In terms of AMEDD, Sling loads can be used to transfer a few hundred to a couple thousand pounds of critical Class VIII on most rotary-wing aircrafts.

This capability is not merely about moving boxes; it is about extending the reach of advanced medical care directly to the point of injury. For all roles of care, a single sling load can mean the difference between having the necessary products or not. It transforms the concept of medical logistics from a ground-bound, potentially slow process into a dynamic, three-dimensional solution. In

Korea, we are always in a “Fight Tonight” posture so using this capability enhances our assets on the battlefield.

Breaking Ground with 563RD MLC

Until recently, air assets have not been used in the delivery process at the 563RD MLC. In a discussion with 1SG Andrew Oh, the first 563rd sling load coordinator, he mentioned that “planning sling loads addresses the unique capabilities the 65th MED BDE has available.” Unlike HMMWV or LMTV deliveries, aircrafts can transport supplies at rapid rates in any location. From May to November 2025, coordination of Class VIII and mission parameters were identified. Key planning considerations included which medical items to fly, cargo weight, LZ/PZ location, airfield management, Air Assault/SLCCC certifications, and time.

It was decided that executing a sling load during the 8A Best Medic Competition (BMC) was the best because of the amount of Class VIII needed to safely sling. While the minimum cargo must be above 700lbs (due to weather/aircraft safety), this was ideal to highlight this capability on an elevator drill certification.

Soldiers from 65th MED BDE and 563rd Rigging Class VIII

After identifying the load, the team secured an LZ/PZ at Camp Humphreys and at Camp Casey. The final step was ensuring all personnel are certified to rig, inspect, and conduct the sling load. This is the most important step in the Sling Load OPS process because without the proper knowledge, soldiers can get injured and lives lost by improper rigging procedures. For the 563rd MLC, this meticulous attention-to-detail carries doubles the weight by ensuring the physical safety of all personnel involved and guaranteeing that the life-saving cargo arrives intact and on time.

On 17 December 2025, the 563rd MLC safely executed their first Class VIII sling load from Camp Humphreys to Camp Casey, delivering approximately 800lbs of tourniquets, elastic bandages, and other supplies with support from 2CAB. This was a monumental milestone within the 65th MED BDE because it showcased new Class VIII courses or actions, fostered 8th Army partnerships, and validated one of our unit’s METL’s. This successful operation significantly enhances the brigade's ability to provide agile and responsive medical logistics support throughout the theater of operations.

563rd MLC’s First Class VIII Sling load in the KTO on 17 DEC 2026

Setting Conditions For KTO Missions

During the large-scale medical exercise, Pacific Medic Forge 26-01, the company executed three distinct sling load and air movement operations, demonstrating true multi-echelon integration under realistic operational conditions. This was not a standalone drill but a collaborative effort involving key peninsula partners. Units included USAMMC-K, 2CAB, and other 65th MED BDE units.

The 563rd Medical Logistics Company's "train as we fight" philosophy continues to underscore the critical importance of this capability. However, modern battlespace presents a different kind of impassable terrain. Instead of dense jungles and rugged mountains, today's ground routes are choked with traffic congestion.

In a "fight tonight" scenario, this gridlock could be as debilitating as any natural obstacle, making traditional road-based delivery of crucial supplies dangerously slow and unreliable. For the 563rd, this reality elevates sling load operations from a supplementary tactic to an essential method of delivery for Class VIII medical supplies. The ability to bypass congested ground routes and deliver life-saving materiel directly to the point of need is not just an advantage; it is a necessity. This ensures that medical support can be provided without delay, maintaining the health and readiness of the force. The lessons learned from the Huey in Vietnam echo in the 563rd's commitment to mastering sling load operations, ensuring they are always prepared to meet the logistical challenges.

*2CAB loading Class VIII onto a UH-**60 at Camp Stanley during Pacific** Medic Forge 26-01*

The Legacy of the Huey and Cobra

When thinking about the Vietnam War, the distinct thumping sound of helicopter rotor blades is an enduring memory for many. Stemming from a Korean War-era requirement for a reliable medical evacuation (MEDEVAC) and utility helicopter, the U.S. Army selected a design by Bell Helicopter in 1955. Originally designated the HU-1 "Iroquois," it quickly earned the legendary moniker "Huey."

Arriving in Vietnam in 1962, the Huey quickly proved its immense value. Its true strength lay in its modularity. Depending on its armament and configuration, the Huey seamlessly transitioned between roles. "Slicks" transported troops, while "Hogs" and "Frogs" were outfitted with rockets and machine guns for close air support.

Perhaps most importantly, the Huey revolutionized battlefield medicine. It served as a dedicated MEDEVAC platform, rapidly transporting wounded Soldiers from the point of injury to forward medical facilities. This rapid evacuation drastically increased survival rates and cemented the aircraft's legacy as a lifeline for troops on the ground.

*A U.S. Army UH-1 Huey performs a MEDEVAC mission in Vietnam, rapidly **transporting wounded Soldiers.***

As the conflict escalated, the need for a dedicated, heavily armed gunship became apparent. In 1967, the Army introduced the AH-1 "HueyCobra." Utilizing the Huey's proven dynamic components but featuring a sleek, tandem-seat fuselage, the AH-1 became a devastatingly effective attack helicopter. Armed with 20-mm automatic guns, 40-mm grenade launchers, and eventually TOW anti-armor missiles, the Cobra excelled in hunter-killer missions alongside its UH-1 counterparts.

Today, while the U.S. Army has transitioned to modern platforms like the AH-64 Apache and UH-60 Black Hawk, the legacy of the Huey endures. Thousands of upgraded variants continue to serve globally in military, police, fire, and medical roles, ensuring the iconic aircraft remains one of the most significant platforms in military aviation history.

Reference

It wasn't just napalm: A tale of the Huey and Cobra in Vietnam
By Mark Struve, ASC History Office

K9 Dental Readiness in the Pacific

The Integral Role of Military Working Dogs Oral Health to Pacific Medic Mission

618 Medical Company Dental Area Support
Capt. Seungjoo Hwang

The 618th Medical Company (Dental Area Support) partnered with the Veterinary Clinic to provide dental care for two military working dogs.

Joint Dental Collaboration Between 618th Medical Company and Veterinary Readiness Activity, Korea

On 19 MAR, 618th Medical Company (Dental Area Support) partnered with the Veterinary Clinic to provide dental care for two military working dogs (MWDs). MAJ Jonathan Dismuke spearheaded the operation, with participation from dental and veterinary officers, while enlisted soldiers observed procedures in the operatory.

Comprehensive Oral Health Assessment and Treatment Under General Anesthesia

Both MWDs were placed under general anesthesia to ensure comfort and provider safety. Each dog underwent a Comprehensive Oral Health Assessment and Treatment (COHAT), an annual veterinary procedure involving examination, radiographs, cleaning, and treatment of teeth below the gumline.

Diagnosis of Fractured Canine Teeth and Continuous Vital Sign Monitoring

Both dogs required root canal therapy due to fractured canine teeth, which had compromised bite strength. Throughout the procedures, vital signs were continuously monitored by veterinary clinic personnel under the supervision of CPT Lindo.

CPT Lindo, Veterinary officer, uses System B Heat Source to pack disinfected root canal with Gutta percha (permanent filling).

Application of Endodontic Principles and Specialized Tools for MWD Care

MAJ Dismuke emphasized the consistency of root canal principles on MWDs. Local anesthesia was administered, and a rubber dam was placed to isolate the operative field and maintain sterility, a practice critical for long-term success. Due to the greater length of canine teeth in dogs, specialized longer stainless steel files were used. Additionally, because of the tortuous canal anatomy, an auxiliary lateral access point was created to achieve straight-line access during obturation, a principle of endodontic therapy. After confirming working length with radiographs, the canals were disinfected, irrigated, and obturated using gutta-percha, the same material used in human dentistry. Final radiographs confirmed successful treatment, and the

coronal portions were restored with bonding, etch, and permanent filling material.

MAJ Dismuke, Endodontist, irrigating the root canal with Sodium hypochlorite (bleach) solution to disinfect root canal.

Veterinary soldiers uses MWD grade endodontic files to extract root canal contents (infected pulp tissues) while monitoring vital signs on EKG.

Joint Extractions and Clinical Mentoring

Following the root canal procedures, non-restorable maxillary incisor teeth were extracted using standard luxating and elevating instruments. MAJ Dismuke performed one root canal procedure and mentored CPT Lindo through another, providing valuable hands-on training. This joint effort strengthened collaboration between the Dental and Veterinary Corps, enhancing understanding of MWD dental care while reinforcing high standards of clinical practice.

MWD Oral Health: Key to "Fight Tonight" Readiness

MWDs remain critical assets in tactical operations, and maintaining their health directly supports mission readiness. Their oral health plays a vital role in sustaining operational effectiveness, as dental pain, infection, or injury can significantly degrade a dog's ability to detect explosives, track targets, or apprehend threats. In a high OPTEMPO environment like South Korea, where "Fight Tonight" readiness demands immediate response capability, even minor health issues can create unacceptable risk to mission success. Routine dental care ensures that MWDs remain pain-free, focused, and fully capable of performing their specialized tasks without hesitation. Additionally, maintaining optimal oral health contributes to overall systemic health, endurance, and longevity, preserving the investment in training and strengthening unit capability.

MWD under general anesthesia with anterior maxillary tooth extracted. Tooth was indicated for extraction due to crack causing pain.

Forging Joint Casualty Care

65th Medical Brigade and ROK Forces Deepen the Alliance
Civil Affairs Officer, 65th Medical Brigade
Maj. Chad Norman

U.S. and ROK leaders display "Fight Tonight" resolve after signing a partnership, April 27.

Building the Alliance

The Republic of Korea Army Noncommissioned Officer Academy and the U.S. Army's 65th Medical Brigade formalized a bilateral partnership April 27 through the signing of a memorandum of agreement aimed at strengthening combat casualty care and preserving combat power across the alliance. The agreement establishes a recurring training exchange focused on Tactical Combat Casualty Care (TCCC), professional instructor development, and joint medical training designed to improve interoperability in wartime conditions.

Advancing Casualty Care

Under the partnership, 65th Medical Brigade subject matter experts will integrate with the ROK Army NCO Academy in Iksan, South Korea, to support TCCC instructor courses, sharing operational experience and contributing to curriculum development and evaluation standards. The exchange is expected to enhance the realism and effectiveness of casualty care training for ROK instructors and Soldiers.

"This agreement allows us to train the way we fight—together," said Col. Edgar Arroyo, commander of the 65th Medical Brigade. "By aligning our medical training and sharing real-world experience, we are increasing survivability on the battlefield and strengthening the alliance.

A ROK Army Major General briefs Col. Edgar Arroyo during the partnership event.

Expanding Joint Capabilities

The agreement also includes semiannual joint medical training events. The first iteration will be conducted at the ROK Army NCO Academy, with follow-on training hosted by the 65th Medical Brigade later in the year. These events will focus on casualty evacuation procedures, battlefield trauma management, and

integrated medical operations.

In addition to medical training, the ROK Army will provide instruction to U.S. personnel on tactical drone employment, including first-person view drone operations. The exchange reflects a broader effort to incorporate emerging battlefield technologies into combined training.

ROK Army leaders emphasized the value of incorporating U.S. operational experience into their training programs.

“Working with U.S. forces who have extensive real-world experience will directly contribute to the development of our training programs,” said a representative from the ROK Army NCO Academy. “Through this agreement, we aim to train in a way that reflects how we will fight in the future.”

An Enduring Commitment

The 65th Medical Brigade, the U.S. Army’s only forward -deployed medical brigade, plays a critical role in providing medical support to U.S. Forces Korea while strengthening combined medical readiness with ROK partners.

This agreement reinforces the enduring U.S.-ROK alliance and ensures both forces remain ready to preserve combat power and respond effectively in future conflicts.

Understanding TCCC: The Standard in Battlefield Medicine

Tactical Combat Casualty Care (TCCC) is the official military standard for trauma care on the battlefield. Developed jointly by the U.S. Special Operations Command and medical researchers, it recognizes a critical reality: “Good medicine can be bad tactics.” By combining sound medical practices with small-unit tactics, TCCC aims to effectively treat casualties and ensure mission success.

The Three Phases of Care

1. Care Under Fire (CUF): Care provided while the casualty and responder are under active hostile fire. The absolute priority is returning fire, gaining cover, and applying rapid tourniquets to stop life-threatening extremity bleeding.

2. Tactical Field Care (TFC): Care provided once the casualty and responder are no longer under effective enemy fire. Medics can perform more comprehensive assessments, such as airway management, treating tension pneumothorax, and tactically appropriate fluid resuscitation.

3. Tactical Evacuation Care (TACEVAC): Care rendered during the casualty's transport to a higher echelon of medical care via aircraft or vehicle, allowing for advanced life support interventions.

Soldiers practice applying tourniquets during TCCC training, an essential lifesaving skill for all combatants.

Changing the Culture in Battlefield Trauma Care

Because almost 90% of combat deaths occur before reaching a medical facility, commanders mandated that every combatant—not just medics—be trained in TCCC and equipped with tourniquets, driving a massive cultural shift. Early adopters like the 75th Ranger Regiment used this approach to reduce preventable prehospital deaths to nearly zero. Today, TCCC is an essential warrior skill adopted by the U.S. military, allied nations, and civilian trauma systems worldwide.

Reference

Committee on Tactical Combat Casualty Care (CoTCCC), Joint Trauma System (JTS)

The FRSD in a LSCO Environment

How the 135th FRSD Stays Ready to Fight Tonight in Preparation for LSCO Operations

135th Forward Resuscitative Surgical Detachment
1st Lt. Jordan Bennett

The primary mission of the 135th Forward Resuscitative Surgical Detachment (FRSD) is to deliver forward Damage Control Surgery (DCS) and Damage Control Resuscitation (DCR) in support of both short-term and sustained military health operations. As the military's most compact, mobile, and forward-deployed surgical element, the FRSD is historically engineered to operate as close to the Point of Injury (POI) as possible. However, the realities of Large-Scale Combat Operations (LSCO) against near-peer threats dictate a necessary evolution in how we employ these critical capabilities.

SGT Seedan loading the CBPS with our Medical Chests and CL VIII in order ***to optimize our load out strategy.***

Current Operating Construct

The 135th FRSD is authorized three Chemical Biological Protective Shelters (CBPS) that when set up, make up the Advanced Trauma Life Support (ATLS), Operating Room (OR), and Post Anesthesia Care Unit (PACU) sections. Due to it's mobility and flexibility, the FRSD can be rapidly deployed and set up to be Fully Mission Capable (FMC) within 4-6 hours. They are also designed to be protective in chemical and biological warfare environments. When looking into the future of the Army's battlespace, having a space that is safe from a chemical or biological attack in conjunction with performing patient care is critical to the unit's success. Ultimately, this results in the CBPS being a desired and critical piece of equipment within the FRSD.

The FRSD leverages two Modular General Purpose Tent System—Large (MGPTS Large) units, each encompassing approximately 1,000 square feet of climate-controlled workspace. These assets are vital for maintaining clinical functionality during split-based operations, effectively mitigating the space limitations inherent in mobile medical platforms. By providing a scalable footprint, the MGPTS Large allows the FRSD to remain agile and responsive, ensuring life-saving surgical capabilities can be established at any point on the battlefield to support the maneuver commander's intent.

In a LSCO environment characterized by high-intensity conflict and the persistent threat of CBRN employment, the capabilities provided by the CBPS and MGPTS Large are indispensable. They provide the critical infrastructure necessary to push Role 2 capabilities closer to the POI, directly supporting maneuver forces in contested domains. However, as the Army prepares for near-peer engagements, the tactical employment of these assets must be continuously refined, ensuring that the need for expansive, protective clinical space does not compromise the unit's survivability against advanced adversary targeting capabilities.

Future Battlespace Paradigm

Looking into LSCO, setting up three CBPS' which take up 2,000 square feet of space can be a challenge. Due to their large footprint, CBPS' are easily detected, making it a more susceptible target to the enemy. Moving forward in a LSCO environment, it is critical that medical units operate under the absolute mindset of, *if a unit can be seen, it can be killed.* To mitigate this

vulnerability while preserving the necessary chemical and biological protections, future FRSD operations must pivot from setting up soft-skinned, high-visibility tentage in open areas, to integrating our ATLS, OR, and PACU sections into existing, hardened infrastructure. By hiding in plain sight and using buildings of opportunity to mask physical, thermal, and electromagnetic signatures, drastically increases the survivability of the FRSD and the fighting force, ensuring continuous life-saving surgical support in contested domains.

135th FRSD using the Vandal Training Center as a building of opportunity ***to set up split team operations and hide in plain sight.***

How We Adapt

While the ability to rapidly integrate FRSD capabilities into a building of opportunity is a critical survival skill in the modern LSCO environment, adapting unpredictable, non-standard floor plans into functional trauma centers requires profound clinical spatial awareness. Prior to Pacific Medic Forge 26-01, the walkthrough facilitated by LTC Cedola, CPT Biolzi, and SGT Lebron yielded exceptional value as it combined three distinct, specialized perspectives on OR dynamics. As an Anesthesiologist, LTC Cedola evaluated the space for airway management access, the placement of life-support monitors, and the staging of critical medical gases and power sources in a room lacking standard hospital infrastructure. As an Orthopedic Surgeon, CPT Biolzi assessed the footprint required for large sterile fields, heavy trauma instrumentation (such as external fixators), and the physical space necessary for the surgical team to maneuver dynamically around the operating table during complex limb-salvage procedures. Finally, as a Surgical Technologist, SGT Lebron brought the crucial logistical perspective of infection control, determining how to strategically place the back table and Mayo stand to maintain an unbroken sterile perimeter and efficient instrument-passing flow within a constrained or irregularly shaped room. Together, their combined mentorship ensured the detachment can rapidly transform any civilian or industrial space into a highly efficient, multi-disciplinary Role 2 surgical suite without compromising clinical standards.

*LTC Cedola, CPT Biolzi, & SGT Lebron facilitate space-****utilization walkthrough, mentoring the detachment on integrating FRSD capabilities within a building of opportunity.***

The Future of Forward Surgical Survivability

Ultimately, while the core mission of the 135th FRSD—delivering critical Damage Control Surgery and Resuscitation at the point of injury—remains steadfast. The evolving realities of LSCO demand a fundamental shift in the operational footprint. To survive and operate effectively against near-peer adversaries, the detachment must aggressively transition from highly visible, soft-sheltered footprints to concealed, hardened infrastructure. This critical evolution from static vulnerability to dynamic survivability relies entirely on the multidisciplinary expertise, clinical adaptability, and spatial awareness of medical personnel. As demonstrated through the collaborative preparation for Pacific Medic Forge 26-01, leveraging specialized clinical perspectives ensured that the FRSD can rapidly transform unpredictable, non-standard environments into highly effective Role 2 surgical suites. By mastering this adaptability, the 135th FRSD will continue to sustain combat power and safeguard the fighting force in the most contested domains.

Burn Care Management

Forging the Future of Combat Medicine: The 65th Medical Brigade's Commitment to Burn Care and Prolonged Field Care in an Era of Large Scale Combat Operations

HHC, 65th Medical Brigade
Lt. Col. Christopher Luevano

The landscape of modern warfare is shifting. The threat of Large-Scale Combat Operations (LSCO) demands a fundamental re-evaluation of our medical readiness, doctrine, and training. For the 65th Medical Brigade, stationed on the front lines of the "Fight Tonight" mission on the Korean Peninsula, this is not a distant concept but an immediate and pressing reality. The future battlefield will be characterized by dispersed units, contested logistics, and significantly extended evacuation timelines. The "golden hour" that has defined two decades of combat medicine may stretch into golden days, making prolonged field care a core competency required of every medic, nurse, and physician.

Burn care simulation equipment

Addressing the Threat of Burn Casualties

Within this challenging operational environment, the possibility of burn casualties looms large. Burns are among the most complex and resource-intensive injuries to manage, demanding specialized knowledge in airway management, fluid resuscitation, and infection control. In a LSCO environment, where evacuation to a dedicated burn center is not guaranteed, the ability to stabilize and sustain these patients for extended periods at the point of injury or in forward medical roles will be a critical determinant of survival.

Recognizing this critical gap, the 65th Medical Brigade is proactively shaping the future of combat casualty care through robust, realistic training and strategic military-civilian partnerships. A cornerstone of this effort is our groundbreaking partnership with the U.S. Army Medical Research and Development Command (USAMRDC)-funded Burns for Providers Program (BP2). This collaboration brings world-class civilian burn experts to the peninsula, providing cutting-edge training for our joint health care professionals. Throughout Freedom Shield 26, the Pacific Medics and Republic of Korea (ROK) counterparts received innovative, hands-on training in the management of critically-ill burn casualties.

BP2 team explaining burn care management simulation

A Historic Milestone on the Peninsula

This partnership achieved a historic milestone with the

facilitation of the first-ever Advanced Burn Life Support (ABLS) course on the Korean Peninsula. Endorsed by the American Burn Association (ABA), the ABLS program equips providers with the essential, evidence-based tools for the pre-hospital management, assessment, and stabilization of burn injuries. This knowledge is vital to initiate the chain of survival and sustain life during the crucial early hours and days following a burn injury, when definitive care may be out of reach. By bringing this gold-standard course to our forces, we are directly investing in our most valuable asset: the readiness and skill of our people.

ABLS Certification Course at Camp Humphreys

Simulating Operational Realities

The BP2 Team facilitated innovative, scenario-based training for dozens of U.S. service members and ROK healthcare partners. These exercises are not theoretical; they are designed to reinforce the operational realities of LSCO and the types of injuries expected in future conflicts. One of the stark realities of the future battlefield is the potential for burn injuries to be complicated by other factors, such as chemical, biological, or radiological contaminants. High-fidelity simulators have been used to validate decontamination procedures, revealing the critical importance of meticulous technique. An ineffective decontamination process not only fails to treat the patient but can contaminate limited medical supplies and harm providers, a catastrophic outcome in a resource-constrained environment. This is a crucial consideration for prolonged field care, where protecting our personnel and equipment is paramount to sustaining the mission.

Our focus on readiness permeates every echelon of care. The partnership with the BP2 Team also augmented the training for our combat medics at the Medical Simulation Training Center (MSTC). Our medics, the first link in the chain of survival, honed their skills by executing simulated critical life-saving interventions. This ensures that from the point of injury to the highest level of care available in the theater, every member of the team is prepared to manage the unique physiological challenges of a burn patient.

Prolonged field care during 68W sustainment training at the MSTC

Mastering Prolonged Field Care

The lessons learned and skills developed here are directly applicable to the challenges of prolonged field care in LSCO. An ABLS-certified provider is better equipped to manage a burn patient's complex fluid requirements over 48 or 72 hours, not just the first hour. A medic proficient in advanced airway techniques can maintain a patent airway in a patient with inhalation injuries long after a standard endotracheal tube might fail. This advanced training provides our teams with the confidence and competence to manage critically ill casualties under austere conditions for extended periods, preserving fighting strength, and saving lives that might otherwise be lost.

The 65th Medical Brigade, in concert with Pacific Medic and BP2 partners, is refining the future of military medicine and healthcare simulation to sharpen our "Fight Tonight" readiness. This continuous cycle of realistic training and expert collaboration ensures our medics remain fully prepared for the profound challenges of the future fight.

Found in the 65th Medical Brigade

Capturing a Junior Lieutenant's Experience
135th Forward Resuscitative Surgical Detachment
1st Lt. Jordan Bennett

As a lieutenant, we carry the stereotype of always being lost, but somehow, I managed to find myself in 65th Medical Brigade (65th MED BDE). We come from incredibly diverse backgrounds, some of us bring years of prior enlisted experience to the table, while others are stepping into the military for the very first time. Because of this diversity, there are several different paths you can take to earn that commission. The path to commissioning whether through Green to Gold, Officer Candidate School (OCS), a direct commission, Reserve Officers' Training Corps (ROTC), or a military academy, directly impacts how you start off and what baseline knowledge you bring to the Army as a brand-new lieutenant. Each of these avenues has a unique way of developing us as leaders and shaping our initial outlook.

Reserve Officers' Training Corps (ROTC) & Basic Officer Leadership Course (BOLC)

I started my military career as a ROTC cadet, where I earned my Public Health degree and commissioned at Santa Clara University. ROTC prepared me for the realities of my military career by grounding me in Army basics and the importance of the chain of command. I learned the significance of leadership presence simply by seeing how my instructors carried themselves, which helped me define the kind of officer I wanted to be. The most valuable takeaway was humility, understanding early on that a lieutenant is only as strong as their willingness to rely on their Non Commissioned Officers (NCOs).

Following my commissioning into the Medical Service Corps in June 2024, I attended BOLC that October. The course served as both a refresher on Army fundamentals and a focused introduction to the specific mission of the Medical Service Corps: to conserve the fighting strength. It was here that the general leadership concepts I developed in ROTC were filtered through a medical lens. We shifted from basic squad tactics to understanding how health service support integrates into large-scale combat operations. I began to see how medical logistics, operational planning, and patient movement all tie together to conserve fighting strength.

Assistant S-3

After leaving BOLC, I was assigned to the 502nd Field Hospital, whose mission is to provide Role 3 Health Service Support (HSS) in the Korean Theater of Operations (KTO). As a lieutenant with only three months of Army experience, I stepped into the role of Assistant S-3. The learning curve was steep; within my first two weeks on the peninsula I was named the HHC Convoy Commander for my first brigade-level field training exercise, Pacific Medic Focus (PMF) 25-01. While BOLC teaches you how to deliver a convoy brief, no amount of classroom training truly prepares you to navigate ten oversized tactical vehicles down the Korean highways. However, I didn't have to figure it out alone. I leaned heavily on our phe-

1LT Bennett learning how to drive an LMTV in preparation for the PMF 25-01 convoy.

nomenal NCOs, whose seasoned expertise made the movement a complete success. Throughout my formative time here, these NCOs have been instrumental to my development. They bridged the gap between my baseline knowledge and real-world execution, providing the critical insight I needed to make informed decisions and ultimately shaping me into a stronger leader.

*502nd Field Hospital S-**3 Team in front of the Tactical Operations Center (TOC) during PMF 25**-01.*

Detachment Executive Officer

I soon transitioned into the role of Executive Officer (XO) for the 135th Forward Resuscitative and Surgical Detachment (FRSD). Moving from operational planning to the executive seat of a small, highly mobile surgical detachment was a massive shift. As XO, my focus pivoted from tracking the broader battalion mission to owning the gritty, daily realities of logistics, maintenance, and detachment readiness. Operating as a forward-deployed unit under the 'Fight Tonight' mandate creates a relentless OPTEMPO—an environment that forces leaders to develop at a highly accelerated pace. We do not have the luxury of waiting for reinforcements, making it critical that we can independently make well-informed, split-second decisions regarding our capabilities. In an FRSD, those decisions are never made in a vacuum. Because of the detachment's small footprint, I work side-by-side with our medical providers daily. They offer a unique, specialized understanding of their clinical capabilities, translating medical requirements into operational realities. Their direct input has profoundly shaped my decision-making, teaching me how to align logistical readiness with real-world surgical needs. The highly specialized nature of the FRSD constantly throws

CPT Biolzi, orthopedic surgeon, showing 1LT Bennett and SGT Seedan how to properly secure a broken femur.

you into the deep end in a true sink-or-swim environment. Thankfully, I have been surrounded by exceptional leaders who didn't just dictate orders, but took the time to actively teach and mentor me. Their guidance has equipped me to navigate those deep waters and make critical decisions the moment they are required.

Forging the Path

While ROTC and BOLC laid my foundation, the relentless OPTEMPO and constant readiness demanded by the 65th MED BDE act as an incredible accelerator for professional growth. Being immediately thrust into real-world operations forces us to mature rapidly, sharpen our decision-making, and rely heavily on seasoned NCOs and clinical providers. Because we are challenged earlier and trusted with immense responsibility, I firmly believe lieutenants developed here stand distinctly ahead of their peers across the Army. Yet, we never face this intense pressure alone, as the shared mission fosters deep camaraderie and binds us to the mentors who help us navigate the fire. Looking back at my journey from ROTC to FRSD XO, I realize these trials forge us into tested leaders fully prepared to conserve the fighting strength.

Pacific Medics' HR Multiplier

Aligning specialized medical talent to sustain Korea's 'Fight Tonight' readiness
HHC, 65th Medical Brigade
Maj. Yuri Armstrong, Chief of Human Resources

Within the operational environment of the Korean Peninsula, readiness is not theoretical. It is immediate, continuous, and measured daily against the demanding standards of the "Fight Tonight" mission. For the 65th Medical Brigade, readiness extends far beyond personnel accountability or assigned strength percentages. It is fundamentally about capability — ensuring the right medical professionals, with the right specialties, certifications, and operational competencies, are positioned precisely where they are needed to preserve combat power across the theater.

As the Brigade S1 for the Pacific Medics at Camp Humphreys, I have the privilege of serving within one of the Army's most operationally complex medical formations. Our brigade consists of field hospitals, a Multifunctional Medical Battalion (MMB), Dental Company assets, a Forward Resuscitative Surgical Detachment (FRSD), Veterinary Services support, and multiple geographically dispersed units aligned across the Korean theater. Each organization possesses a unique mission set, requiring distinct combinations of Military Occupational Specialties (MOSs), Areas of Concentration (AOCs), licensures, and medical capabilities that collectively enable operational medical readiness.

This complexity creates one of the most dynamic personnel management environments in the Army.

"Before we can conserve the fighting strength, we must first ensure the strength is there. When the call comes, the Pacific Medics will be ready to 'Fight Tonight'—not by chance, but by deliberate design. Because in the end, true readiness begins and ends with our people."

The Complexity of Specialized Talent Management

Unlike traditional brigade formations that may rely heavily on standardized branch structures, medical brigades operate within an ecosystem of highly specialized talent management requirements. Every assignment decision carries operational implications. Manning a field hospital is not simply about filling vacancies; it is about ensuring the hospital possesses the clinical depth and breadth required to sustain prolonged combat operations. A shortage of a single specialty — whether a critical care nurse, orthopedic surgeon, operating room technician, preventive medicine officer, biomedical equipment specialist, or behavioral health provider — can significantly impact the unit's operational capability.

Within the Pacific Medics, every AOC and MOS contributes directly to mission effectiveness. The FRSD requires highly trained trauma and surgical professionals capable of operating in austere environments under compressed timelines. Veterinary detachments support food protection, zoonotic disease prevention, and operational health requirements critical to force sustainment. Dental assets preserve deployability and readiness across the force. The MMB synchronizes multifunctional medical support operations essential to theater-level sustainment. Field hospitals integrate all of these capabilities into scalable medical platforms prepared to support large-scale combat operations.

From a Human Resources perspective, this requires an extraordinarily deliberate and synchronized approach to strength management.

Beyond Administration: HR as an Operational Enabler

The role of the Brigade S1 within a medical formation extends well beyond administrative execution. Modern military HR operations are operational enablers. Personnel readiness, talent alignment, officer distribution, en-

listed management, professional licensure tracking, evaluations, awards, promotions, accountability, and HR systems integration collectively contribute to combat readiness in measurable ways. The ability to accurately forecast gains, project losses, manage low-density specialties, and synchronize personnel movement timelines directly impacts the brigade's ability to execute its wartime mission.

In Korea, where operational timelines and readiness standards remain exceptionally high, there is little margin for error.

Organizational Alignment in a Changing Era

More Than Administration: The Pacific Medics S1 Team serving as a vital combat multiplier in Korea.

One of the defining characteristics of the 65th Medical Brigade is the strength of its HR structure and organizational alignment. In my experience, the Brigade reflects how a Brigade S1 section should be designed and employed within a complex operational environment. The section comprises highly capable 42-series Adjutant General Soldiers, senior HR NCOs, and an HR Warrant Officer whose technical expertise and operational understanding are essential to sustaining brigade-wide personnel readiness and HR synchronization. Collectively, the section possesses the appropriate personnel composition, HR expertise, and balance of MOSs and AOCs necessary to execute brigade-level HR operations across a geographically dispersed medical enterprise. This structure enables the S1 to remain focused on core military HR functions while still supporting broader organizational requirements when necessary, ensuring the brigade maintains the personnel readiness and talent alignment required to support the "Fight Tonight" mission in Korea.

The post-DHA environment has introduced new organizational dynamics across Army Medicine. At some installations, HR professionals have experienced role ambiguity or hybridized responsibilities resulting from evolving organizational structures and civilian workforce transitions. At the 65th Medical Brigade, however, there remains strong alignment between billet design, operational expectations, and mission execution. That clarity has allowed the Brigade to maintain focused, integrated HR support while continuing to adapt to broader institutional changes across Army Medicine.

This alignment is especially significant for officers serving in utilization assignments following Long Term Health Education and Training (LTHET). Having completed a master's degree in human resources management through the LTHET program prior to assuming duties as Brigade S1, I have seen firsthand how strategic-level HR education can directly enhance operational effectiveness within tactical formations. The integration of strategic HR principles with operational military personnel management enables more informed decision-making regarding workforce planning, talent optimization, succession management, and organizational readiness.

People: The Decisive Combat Advantage

Ultimately, medical readiness is 'Fighting Strength' readiness.

Equipment, facilities, and doctrine remain essential, but the decisive advantage within Army Medicine will always be the professionals who deliver care, sustain readiness, and preserve the force's fighting strength. Every Soldier assigned to the Pacific Medics represents a critical capability node within a larger operational system. The role of Human Resources is to ensure those capabilities are present, synchronized, developed, and ready when the nation calls.

For the 65th Medical Brigade, HR is not simply administrative support. It is a combat multiplier that directly enhances the brigade's ability to fight and win in one of the world's most strategically significant theaters.

Protecting Vet Forces in Korea

Food Protection Forward During Pacific Medic Forge 26-1
106th Medical Detachment Veterinary Services Support

Capt. Ballarini Guisele

During Pacific Medic Forge (PMF) 26-1, Soldiers from the 106th Medical Detachment Veterinary Services Support (MDVSS) demonstrated expeditionary capability and operational relevance by projecting food protection assets into Area IV, Republic of Korea. Operating out of the Busan Storage Center, the team ensured the safety and integrity of subsistence supplies supporting forces across the peninsula; reinforcing the critical role of Army Veterinary Services in large-scale combat operations and sustainment environments.

Projecting Army Veterinary Services

Veterinary Services Soldiers and KATUSAS inspecting an operational rations storage facility.

A Veterinary Services Support Team (VSST) from Camp Walker and a Food Procurement Laboratory Team (FPLT) from Camp Humphreys deployed over 400 miles to the Busan Storage Center; a critical logistics node responsible for receiving, storing, and distributing subsistence across the Korean Peninsula.

The eight-Soldier team, comprised of one Veterinary Corps Officer, five Veterinary Food Inspectors (VFIs), and two Korean Augmentees to the U.S. Army (KATUSAs), executed a two-phased movement using organic rolling stock and medical equipment. The deployment validated unit readiness, convoy operations, and the ability to establish food protection capabilities in an expeditionary environment.

Assigned to Task Force Medical - South, the 65th Medical Brigade's task force providing Army Medicine in Area IV, the team operated alongside Preventive Medicine, Dental, and Optometry detachments, and a Medical Company Area Support Role II, enabling synchronized, multi-disciplinary health service support.

Securing the Food Supply

106th MDVSS Food Inspectors conducting MRE close pack inspections.

"The operation demonstrated that Veterinary Services can rapidly deploy, establish, and sustain food protection operations anywhere on the battlefield," said a Veterinary Corps Officer assigned to the 106th MDVSS. In combination with Army Preventive Medicine, "Our mission directly supports force readiness by protecting the food supply from procurement to consumption."

At the Busan Storage Center, Veterinary Services personnel established a robust food protection posture focused on surveillance, inspection, and risk mitigation. Food preparation facilities and ration warehouses were systematically evaluated to assess and mitigate hazards associated with foodborne illness.

Veterinary Food Inspectors assessed sanitation practices, facility conditions, and food handling procedures using fielded inspection equipment. Concurrently, the FPLT conducted environmental sampling to detect pathogens of public health concern, collecting specimens from both food contact and non-food contact surfaces.

Coordination with local civilian authorities further enhanced the team's ability to execute food surveillance, ensuring alignment with local regulations while strengthening partnerships within the area of operations.

Veterinary Food Inspectors collecting environmental surveillance samples.

Responding to Non-Battle Injuries

The operational environment demands rapid identification and response to non-battle injuries (NBIs), including suspected foodborne illness. During PMF 26-1, the 106th MDVSS validated its ability to support outbreak investigations through synchronized medical and veterinary actions.

When human healthcare providers identified potential cases of foodborne illness, Veterinary Services personnel initiated targeted inspections of implicated facilities and operational ration stocks. VFIs conducted both closed-package and open-package inspections while collecting samples for microbiological analysis.

This integrated response ensured a comprehensive approach to identifying contamination sources and protecting the force.

"Our inspectors are uniquely trained to bridge the gap between clinical suspicion and environmental investigation," *said a* ***team leader within the VSST.*** *"We don't just inspect food—***we provide commanders with actionable information to mitigate risk."**

Samples collected during PMF 26-1 ***undergo an organoleptic assessment prior to laboratory testing.***

Integrated Medical Operations

A key strength of the mission was the integration of Veterinary Services with other Army Medical and civilian assets. Collaboration with the 154th Preventive Medicine Detachment enabled shared understanding and expanded operational capabilities across Task Force Medical - South.

"Training together builds capability and trust," noted a Preventive Medicine NCO. "By integrating early, we ensure we're ready to operate as a cohesive team in any environment."

Joint efforts included facility inspections, water quality testing, and cross-training on specialized equipment. Preventive Medicine Soldiers (68S) gained exposure to ration inspection processes, while Veterinary Services

personnel enhanced their proficiency in water testing and environmental health assessments.

VFIs processing environmental and food samples in field laboratory.

A culminating event, a joint Chemical, Biological, Radiological, and Nuclear (CBRN) training exercise, demonstrated interoperability under simulated threat conditions. Preventive Medicine radiological detection systems were employed by VFIs to assess an operational rations warehouse, reinforcing the adaptability of both units.

106th MDVSS food inspectors familiarizing with 154th PM equipment to ***inspect operational rations.***

"Every meal a Soldier consumes has passed ***through layers of protection,"*** *a Veterinary* ***Corps Officer emphasized.*** *"Our mission ensures that those layers remain intact—whether in garrison or forward environments."*

Sustaining Readiness Through Veterinary Services

The deployment of the 106th MDVSS to Area IV underscored the indispensable role of Veterinary Services in sustaining Force Health Protection. From food surveillance and laboratory diagnostics to joint operations and rapid response, the team demonstrated its ability to operate effectively across the competition continuum.

PMF 26-1 provided a realistic training environment to validate expeditionary capabilities, strengthen interoperability, and reinforce the importance of food protection in operational planning. As the Army prepares for future large-scale operations, Veterinary Services will remain a critical enabler of readiness, ensuring that the force remains healthy, resilient, and ready to fight.

From ensuring the safety of the food supply to delivering animal medicine and zoonotic disease surveillance, veterinary personnel remain integral to the Army's global health mission and the 8th Army's "Fight Tonight" vision.

106th MDVSS food inspectors familiarizing with 154th PM equipment to ***inspect operational rations.***

The U.S. Army Veterinary Corps continues to provide critical capabilities that sustain *the health and readiness of forces worldwide.* ***"AVS Soldiers remain fully prepared*** *to execute veterinary missions wherever they are needed"*

Pet Travel to and from Korea

Guidelines for Moving Pets to and from the Republic of Korea

Importing Pets Into Korea

MICROCHIP
ISO-compliant, implanted before rabies vaccine

RABIES VACCINATION
Must be valid

RABIES ANTIBODY TEST
Titer > 0 5 IU/mL, takes up to 6 weeks for results

HEALTH CERTIFICATE
Issued within 10 days of arrival date

ARRIVAL INSPECTION
Quarantine if requirements not met; including finalized FAVN results

Exporting Pets From Korea

UNIVERSAL STEPS:

MICROCHIP
ISO-compliant & prior to vaccines

RABIES VACCINATION
Valid & age-appropriate

HEALTH CERTIFICATE + ROK INSPECTION CERTIFICATE-Issued within 10 days of travel

PLUS DESTINATION REQUIREMENTS:

- Import permits
- Parasite treatments
- Additional vaccines
- CDC import forms (for U.S.)

PLAN AHEAD!

Timelines over 3+ months

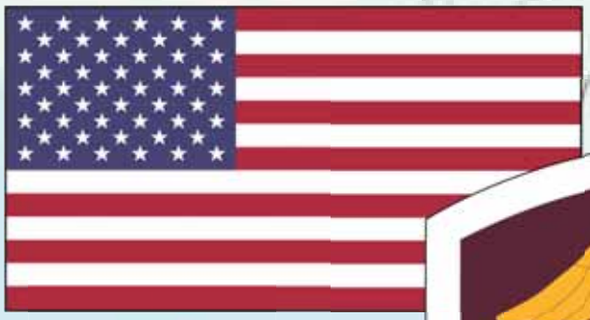
Check airline policies

Contact your preferred Veterinarian upon receipt of orders requiring international travel.

Camp Humphreys VTF: Phone: **050-3337-9720**
Osan AFB VTF: Phone: **050-3758-6934**
Camp Walker VTF: Phone: **050-3337-9831**

Always verify regulations at: ***www.aphis usda.gov/pet-travel***

USDA Animal & Plant Health Inspection Service
www.aphis usda.gov/pet-travel



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