

3D MEDICAL COMMAND (DEPLOYMENT SUPPORT) 2019



DESERT MEDICS

The selected stories highlight some of the Soldiers, world-wide missions and events of the 3d MC(DS) in 2019.

The 3d MC(DS) provides technical supervision for over 7,300 trained and ready Soldiers throughout 21 states.

Globally engaged, the 3D MC(DS) mobilizes, deploys, and redeploys forces to support our nations defense anywhere in the world, establishing the 3D MC(DS) as the single medical enabler supporting The United States Army Central.

As a forward command element, the 3D MC(DS) remains committed to ensuring Soldiers receive the best healthcare possible on the battlefield. For over 25 years the 3d MC (DS) has maintained a medical command partnership with ARCENT.

In addition, the 3d MC(DS) plays a critical role in joint missions in AFRICA and IRT Missions here in the US.

All of these highlights are important, keep us trained, motivated and ready for any mission at any time.

Looking forward to 2020, no matter what comes our way the men and women of the 3d MC(DS) will meet head on and succeed because we are trained, ready and know WINNING MATTERS.

U.S., Chadian biomed technicians rely on expertise of one another during MEDREX 19-1

By Staff Sgt. Brandon Ames | U.S. Army Africa | March 13, 2019

N'DJAMENA, Chad — Successful medical readiness training exercises do not depend just on doctors' and nurses' abilities. Additional medical professionals who maintain the necessary equipment are vital to achieving the events' objectives.

During Medical Readiness Exercise (MEDREX) 19-1 at the Military Teaching Hospital in N'Djamena, Chad, U.S. Army Reserve Spc. Vanessa Yonkers, a biomedical technician from the 348th Field Hospital, [3rd Medical Command Deployment Support](#) in Atlanta, Ga., shared her experience and expertise in inspecting, maintaining and repairing medical equipment to facilitate medical care by U.S. and Chadian military medical personnel.



Yonkers and her Chadian counterparts contributed to the exercise's primary focus of building partner cohesion between collaborating military medical practitioners. They spent their time making sure medical equipment used in the exercise functioned properly.

Col. Darrin Dailey, a MEDREX 19-1 team member and operating room nurse, said, "In the operating room we use extremely advanced equipment and technologies. Without biomedical technicians to ensure that these are properly functioning, all this ad-

vanced equipment is useless."

In addition to confirming the medical equipment's functionality, biomedical technicians work with medical personnel to purchase and use new technology. New equipment was not available during MEDREX 19-1. Yonkers and her Chadian partners had to rely on each other's acumen to service a medical steam sterilizer, an oxygen concentrator, and a portable operating room light.

Some of the equipment was donated without manuals or testing tools so the biomedical technicians had to collaborate using previous experiences with similar devices to service the equipment accordingly.

"Some of the equipment had been in storage since 2010, and, since there were no manuals, they may not have known how to inspect, set up, connect and use the equipment as dictated by the technical user's manual," Yonkers said. "This is where having a foundational knowledge of general medical equipment came in and (our collective) experience paid off."

Yonkers added that the MEDREX would be an invaluable training experience for new biomedical technicians.

Yonkers said, "After advanced individual training and prior to a deployment, MEDREXs could be an ideal place to train newly certified biomedical technicians because they'll be challenged in an alternately resourced environment while building partnerships and enhancing our partners' capabilities."

(Continued on p.21)

Terrorism training exercise held at Gillem Enclave

by Robin Kemp Robin.Kemp@news-daily.com Apr 25, 2019

Police, fire and emergency units from across Clayton County joined Army Reserve troops from the 3rd Medical Command Deployment Support headquarters April 25 for the annual terrorism simulation exercise at Gillem Enclave.

Since the base realignment and closure, Gillem Enclave is partnered with Ft. Gordon, hosting only a fraction of the troops it once did. Gillem has no military police. Therefore, local law enforcement agencies have jurisdiction in case of an attack.



Lt. Col. Simon Flake asked, "You know about posse comitatus? If we're not National Guard, and we're federal reservists, and this is a reserve installation, we don't have the jurisdiction or authority to provide any kind of law enforcement."

In this training scenario, Flake said, responders were tasked with evacuating casualties from the second floor, "so they've got to go upstairs, get them, and either treat them there or carry them downstairs."

The exercise was conducted with simulated ammunition, or "simunition," which is a combat-caliber rifle or pistol round loaded with a pea-sized paintball.

Anyone who gets hit by that round will definitely feel it, Flake said.

"It's like paintball, but the projectiles are a little bit smaller," Flake explained. "Paintball will leave bruises depending on how far or close the person is."

"But I think the best thing about these sim rounds is you actually get to use your real weapon. Because when you've got to put down your actual M4 or your M9 and pick up a paintball, you lose your skill set, the functionality of the weapon you're going to use in combat," Flake explained.

The sirens sounded again, then more rifle fire. Four more people evacuated through the side door.

Flake watched the maneuvers play out, taking photos as Forest Park Police officers roared up, drove on to the lawn at one corner of the building, and emerged in SWAT gear.

"That's some good police work," Flake said as the officers gathered near the side door. "That's good. That's exactly what they need to do."

Flake watched the shooter. "I hope he waits. He's just got to be patient. Don't start shooting now. Let them get close."

As Forest Park officers hugged the building, the "bad guy" fired.

"Shooter, shooter!" one officer yelled. Numerous rounds were exchanged as the sirens sounded again.

The idea is "to train with the real stuff, but do it as safely as possible. So the whole goal is to have tough, realistic training so that you can do the business when the business comes."

Depending on how big a given exercise is, it may or may not include multiple agencies. Also, if a real-world emergency were to happen, those taking part in the simulation would leave.

The exercise happens in waves, Flake said. Police must come in first and "neutralize the threat" — take out the shooter — before first responders can come in to do first aid and evacuate casualties.

Rifle fire cracked the cloudy morning. Several men dressed in black and armed with pistols and automatic rifles burst into the building. One stayed outside, surrounded by mannequins representing dead bodies. A "wounded" soldier huddled behind cover, occasionally calling for help.

"It's perfect," Flake said, watching the "terrorists" come in as the base sirens wailed. One soldier fled from a side door and ran to call police, a move Flake called "outstanding."



"They've probably officially locked the gates now," Flake said, "so no one can leave and only emergency personnel can enter."

The "bad guy" hid behind a shadowy pillar to ambush police.

"Aw, that's a perfect spot," Flake said. "That's good cover. Concealment. So when they [police] roll up and try to run in? And they've been instructed this year, actually shoot law enforcement. Shoot them."

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"Shooter, shooter!" one officer yelled. Numerous rounds were exchanged as the sirens sounded again.

"I got him, I got him!" one shouted.

The cops fell back, lined up quickly behind a shield, then advanced on the shooter.

"That's good police work," Flake enthused.

In a heavy barrage of fire, Forest Park Police "neutralized" the shooter as Clayton County Police and Forest Park Emergency Services arrived. A loudspeaker announced the base was on lockdown.

Troops evacuated several "casualties" dripping fake blood. One man in civilian clothes staggered out, gut-shot. One soldier had blood dripping from her forehead; another held her arm as if it were broken.

The actual scenario was over in less than an hour, but it would take a few hours to clear the building and conduct an after-action analysis.

Forest Park Police, Forest Park Fire and Emergency Services, Lake City Police, Riverdale Police, Clayton County Police, 911 and Southern Regional Hospital all took part, said Forest Park Interim Chief Maj. Jamie Reynolds.

"Anytime that we can partner with other law enforcement agencies within Clayton County or the surrounding jurisdictions, it's always a success," Reynolds said, adding that local agencies formed a joint terrorism task force that meets regularly.

Reynolds said the exercise has been held for the past several years, each time with new additions. Two years ago, he said, local agencies formed an active shooter working group.

"This is one of the scenarios that was discussed at that group," he said. "There's several other exercises that are planned throughout the county in the next several months."

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Hispanic Heritage — Why I Serve, SPC Liriano

A theme for this year's Hispanic Heritage month is, Hispanic Americans: Shaping the Bright Future of America. Spc. Jennifer Liriano, a 68C from Jersey City, N.J. and member of the 865th Combat Support Hospital in Niagara Falls, N.Y, is a shining example of that bright future.

Spc. Jennifer Liriano was recently interviewed for an upcoming Army Marketing campaign and here are a few comments on why she joined, served and how the Army Reserve has made her stronger.

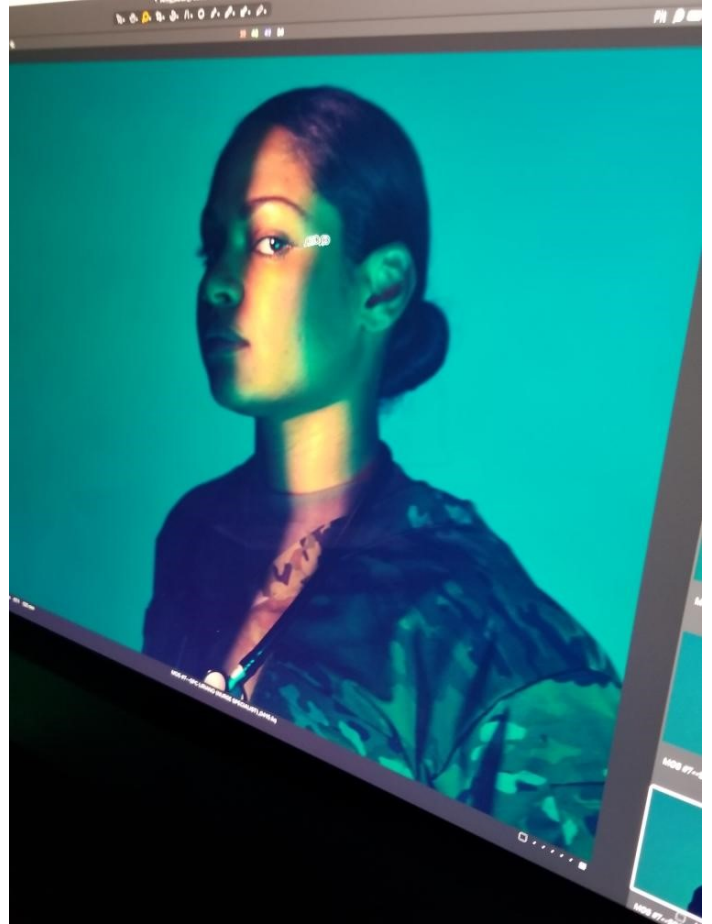
I've been searching for my purpose for a long time. I've always known I wanted to be a part of something bigger than myself and I've always wanted to protect people and give back to my community and country. What better way to do that than to protect those I love in the country I love by joining the Army. There is just something in me that does not want to see people suffer. I need to do everything I can to protect those who cannot protect themselves. I have seen a lot of suffering growing up in poverty, living in the Dominican Republic.

I was in nursing school at Alvernia University in Reading PA working towards my BSN, I wanted to join the Army after I got my degree, but my school would not allow me to start my semester without

first paying \$15,000 out of pocket. Luckily, with the help of my Army recruiters I was able to find that the Army had a Nursing program and I was able to become a Licensed Practical Nurse. I also was given the

opportunity to choose from many different programs to help me fund the rest of my schooling and I am currently and RN student with no debt.

The Army has made me stronger than I ever thought I could be and showed me that I have what it takes to be a leader. If it wasn't for the opportunities the Army has given me, I wouldn't be who I am today.



Dramatic shot of Spc. Jennifer Liriano during a photo shoot for the Army's What's Your Warrior? national marketing campaign targeting Generation Z.



Joint Training and Community Support at IRT

“Innovative Readiness Training events are the ultimate way to exercise joint cooperation and deployment medical skill sets in the US,” said Maj. Gen. William Shane Lee, Commander of the 3rd Medical Command (Deployment Support).

IRT’s are a Department of Defense military training opportunity providing hands-on, real-world training to improve readiness and survivability in complex contingency environments by providing opportunities for Active, Guard, and Reserve Service Members, to integrate as a joint and whole-of-society team to train and serve American communities.

Servicemembers from U.S. Army, Army Reserve, National Guard, U.S. Air Force Reserve, Air National Guard, and U.S. Navy Reserve units provided no-cost medical, dental, optical and veterinary care during the Healthy Cortland and Greater Chenango Cares Innovative Readiness Training, July 11-20, 2019.

Working out of local schools, personnel established locations to set up equipment, provided care and conducted operations in situations similar to deployment.

“We have joint services working together to set up and run everything needed to maintain a fully operating field dental clinic,” said U.S. Air Force Maj. Stanley Michel, the Norwich site officer in charge of dental, assigned to the 914th Air Refueling Wing.

Maj. Deanna Howell, an active duty veterinarian with the 218th Medical Detachment, (Veterinary Services), said, “It’s amazing, we deployed with 1/3 of our unit and equipment to an austere unfamiliar environment and created a clinic,” adding, “This environment provided new challenges for us to overcome.”



Capt. Matt Watson, veterinarian with the 422nd MD (VS), embedded with his active duty counterparts said, “This is a great opportunity for operating and training on equipment in an austere environment.” Watson added, “Working with active counterparts has allowed for great dialogue and increased perspective.”

Beyond simply setting up and operating in an austere environment, IRT benefits to the community are real and tangible across many aspects of the community. The Healthy Cortland and Greater Chenango Cares IRT provided no-cost service to over 3,500 patients and contributed over 5,000 hours of specialized training and 100 hours of classroom cross-training across all ranks and branches of service.

Staff Sgt. Christine Alvarado, with the 455th Medical Company, Dental Support, said, “The IRT allowed for cross training, equipment maintenance and building efficiencies from day to day, some of this training we wouldn’t get without the other services.”

Discussing overall readiness, MAJ Frank Forgnoni, an optometrist with the 3rd Medical Command said, “The joint force interaction coupled with the civilian medical and military experience provides for increased readiness and skill sets I can use in the future.”

One of the stated purposes of the IRT is to strengthen and build community partnerships, while providing key services for American communities.

“Everyone was joyful when they saw us,” said Danielle Tracy, Homer Junior High School special education teacher. “My stepdaughter probably wouldn’t have been in to see an optometrist without this opportunity.”



Tracy continued, saying it was her stepdaughter’s first ever eye exam, “We found out she needed glasses, which she is very excited about!” explained Tracy. “I don’t know how long it would’ve been before we found that out on our own.”

The benefits extend to some more out of sight community concerns, “This IRT fills a need in the community as many animals would not otherwise get treatment,” said Annette Clark, Executive Director with the Chenango SPCA.

The veterinarians were able to spay/neuter over 400 animals and through community with Clarke adding, “We worked with civilian veterinarians in the community to coordinate follow up with any animal needs.”

While observing the training on July 19th in Cortland, Lee said, “IRT’s are the best retention tools for Army Medical Providers, it’s events like this keep medical providers excited to continue serving.”

Lt. Col, Charles Crusha, a nurse in the 7207th Medical Support Unit, with over 30-years of service said, “This IRT has been Amazing; I’ve never had interaction with other services this close this long, ” adding, “The community and patients continually say thank you, but in the end they are helping us as much as we are helping them.”

Staff Sgt. Austin Harvill, 140th Wing and Airman 1st Class Cameron Lewis, 115th Fighter Wing contributed to this story.



329th MC(GA) Test Skills with Canadian Forces

Fire and Emergency Services Training Institute, Toronto —

There rarely is a typical 'Army Day', but training involving international partners, virtual reality simulators, burning aircraft, tactical room clearing and a formal dining in is truly an exception to the typical.

The 329th Medical Company (Ground Ambulance), from Fairview, Pa., competed in the St Luke's Field Ambulance Validation Event, hosted by the Canadian Armed Forces, 25 Field Ambulance, in Toronto, Ontario, Oct. 26th.

The event consisted of nine scenarios encompassing a wide range of medical and tactical skills. Scenarios include confined space building operations, rescue tower, aircraft mock-up operations and auto extrication. These events allowed the 329th Medics the opportunity to practice providing care under pressure and tactical conditions in a competitive learning environment.

"This competition allows us to utilize a world class training facility, the Fire and Emergency Services Training Institute, offers many training tools that we don't typically have access to such as a confined space building, a rescue tower, aircraft mock-ups and auto extrication to include a bus," said 1st Lt. Hannah M. Rush, Commander, 329th MC (GA).



The 329th MC (GA) first attended this event four years ago, sending one team of five. Now, four years

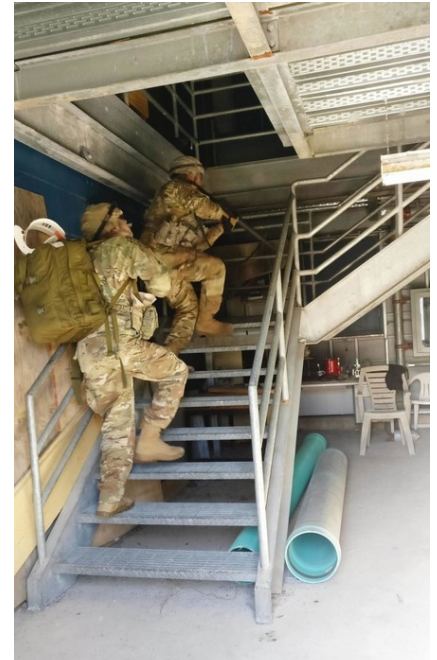
later, it is a much larger event with nine Canadian and American military teams competing. This year the unit sent 20 personnel in teams of one officer, one NCO, and three junior Soldiers.

"This event gives our medics a chance to practice scenarios that they have no advance knowledge of, which enables us to get a true feel of their strengths and weaknesses. They also get exposure to how the Canadian Forces operate when it comes to medical treatment and tactics, which allows them to broaden their scope of knowledge and see things from a different perspective," said Rush.

"I truly enjoy this event because it is a good test of our medical knowledge and skill, our ability to work as a team, and with

all friendly competitions it is good for the esprit de corps of our unit. This year the competition gave us more events involving trauma as well as several where our basic warrior tasks and drills were tested. Fortunately, our normal training prepared us for St. Luke's," said Sgt. Ian Brown, 68W competitor with the 329th MC (GA).

Even though most of the hands on fun was had by the enlisted Soldiers, many officers participating got valuable planning experience by performing mission analysis with Canadian Officers and conducting a decision brief to 3d Medical Command (Deployment Support), Deputy Commanding General, Brig. Gen.



Nutrition for Optimized Soldier Performance

Food and nutrition are vital to supporting our Service Member's combat readiness and performance capability. Is what you're eating helping or hindering your performance? If you're feeling low in energy, underperforming in the gym, or struggling through your workday, then choose better "fuel."

For Troop Program Unit or TPU Army Reserve Soldiers, you may not have paid notice to the Department of Defense, Go for Green, program in military dining halls.

G4G is a joint service performance-nutrition initiative that improves the food environment where Service Members live and work. G4G prompts better food and beverage selections with the aim to optimize performance, readiness, and health.

G4G is an evidence-based, joint service initiative that uses a familiar, stoplight-color labeling system to identify the nutritional quality of menu items. G4G encourages diners to choose Green-coded items most often, as they provide the best fuel for optimal performance and red-coded foods rarely or in small amounts.

Deployed Service Members who rely on military dining facilities for breakfast, lunch, dinner and even a midnight meal, applying the color system is part of their daily practice. Col. Teresa Bierd, a Consultant Dietitian, with the 3D Medical Command (Deployment Support) Detachment 1 Forward, works with the military, contract and government managers responsible for the dining facilities to implement and improve the visibility of the G4G program for the Service Members.

In addition, deployed dietitians like Bierd, and nutrition care specialists work with Service Members providing services and education to help improve their health and wellness. Nutrition care teams stationed in Kuwait travel to wherever the Soldier is stationed. The team has traveled to Jordan, Egypt, Iraq, Qatar and Afghanistan providing assessments such as metabolic testing, body fat analysis, blood sugar and glucose screening, and performance nutrition education on the Army Body Composition Program, fad diets, and dietary supplement use in the military community.

Service Members find this information has a positive impact on healthful food selections. "They learn how to use nutrition to improve their overall well-being," said Bierd.

A G4G program takeaway is, whether deployed or CONUS, make the healthy choice the easy choice at home and work. You're more likely to eat what's easily available, so choose healthier nutrient dense foods and beverages to help optimal physical and mental performance.

Bierd summarizes the program saying, the importance of G4G and overall Service Member wellbeing G4G is not "all or nothing." It encourages you to improve your performance by eating more Green-coded foods and less Red-coded ones. Depending on where you started, try to improve your ratio of Green and Yellow-coded foods to those that are Red-coded.

For more information check out <https://www.hprc-online.org/nutrition/go-green>.



3d MC(DS) FWD Continues CENTCOM Medical Mission

The 3d Medical Command Deployment Support - Forward, U.S. Army Reserve, assumed mission authority from the 8th Medical Brigade during a transfer of authority ceremony at Camp As Sayliyah, Qatar, July 18,



2019. The Forest Park, Ga. based 3d MCDS provides medical support, supply, and oversight to the U.S. Central Command (CENTCOM) area of responsibility.

The 8th Medical Brigade provided health service support and force health protection to more than 80,000 Department of Defense personnel and coalition forces operating in 11 countries. 8th Med also provided oversight for the capabilities of 13 medical units spread in 10 locations and expanded telehealth capabilities in Afghanistan by installing 15 video teleconferencing systems. With care provided by United States Medical Hospital-Kuwait, there were more than 21,700 outpatients, 900

inpatient, 14,200 specialty services, 12,100 dental services, and 3,300 behavioral health patient encounters, with a 95 percent return-to duty, according to the unit's data.

"I could go on and on about the accomplishments of each individual detachment and team in 8th Medical because each has exceeded the stands again and again. These are all incredible accomplishments by a great team of professionals. Their effort will, without question, have a lasting impact on the future medical readiness of the CENTCOM area of responsibility," said Maj. Gen. John P. Sullivan, commanding general of 1st Theater Sustainment Command.

The 3d MCDS stands ready to continue the work of providing quality care for Soldiers during their time in authority, said Col. Richard Bailey, 3d MCDS commander.

"Soldiers, I promise you your sacrifices will be worth it because we serve the noblest of causes to ensure that if a United States Soldier, Sailor, Marine or Airmen is deployed to our area of responsibility, and becomes injured or ill, they will receive world class medical care," said Bailey. "Additionally, we will do everything we can to ensure our service members remain healthy in mind, body, and spirit. We will do this through the execution of health service support and force health protection across the entire CENTCOM area of responsibility."



MG Robinson Assumes Command of 3d MC(DS)

The 3d Medical Command (Deployment Support) welcomed Maj. Gen. Joe D. Robinson as the new Commanding General following a change of command ceremony at the 3d MC(DS) headquarters, in Forrest Park, Ga., September 15th.



Maj. Gen. William S. Lee, relinquished command to Maj. Gen. Robinson after three-years and four months of command. Maj. Gen. Lee congratulated Maj. Gen. Robinson saying about the 3d MC(DS), “There may be other organizations that have been as busy, but you would be hard pressed to name”.

Maj. Gen. Lee said about the future, “I’ve never been more comfortable passing on command than I am today.” Lee added, “You have a really good organization, they get it done, they go down range and you

will do well.”

Maj. Gen. Robinson, a native of Lubbock, Texas, upon taking command, thanked Maj. Gen. Lee saying, “You taught me the value of being deliberate, thoughtful, methodical and decisive.”

Robinson spoke of the mission of the 3d MC(DS), saying succinctly, “I see the mission of the 3d Medical Command to train for deployment and deploy. It’s that simple and that complicated.”

Maj. Gen. Michael C. O’Guinn, Deputy Chief, U.S. Army Reserve and ceremony host, spoke on the importance of the 3d MC(DS) saying, “On September 11th we recognized the 18th anniversary of the attack on our nation by al Qaeda and the 3D Medical Command has been engaged 18 years continuously.”



The 3d MC(DC) prepares and provides proficient Soldiers and units for mobilization delivering world class cutting edge combat healthcare to US Service members, including mission

command for over 7,300 trained and ready, US Army Reserve Soldiers, encompassing 94 units throughout 21 states. The 3rd Medical Command is a senior deployable medical mission command headquarters, providing support to Brigade Combat Teams, Divisions, Corps, Joint and Multinational Forces in the U.S. Army Central area of operations.

The Road Less Traveled to Pharmacy School or 'Blood and Guts' Was Not My Cup of Tea

Maj. Nicole Ouimette, Chief of Logistics, Task Force Medical, 3D Medical Command (Deployment Support) (FWD) TAC, always knew she wanted to do something in the medical field. "My mother is a nurse and she had a huge influence on me wanting to pursue a medical career. She used to take me with her to teach CPR in the community and I was so intrigued, just the thought of being able to help someone in an emergency was so noble to me", said Maj. Nicole Ouimette.

During her undergrad at Texas Christian University, Ouimette explored different medical career fields and took a job working in an emergency room as a scribe. "I worked for a group of ER physicians at a hospital in Fort Worth, Texas and this was my first exposure to clinical pharmacy. I vividly remember a stroke patient coming in and the team working with the pharmacist to dose TPA (tissue plasminogen activator). At the time it blew my mind that a pharmacist was involved in the emergency room because I had only ever seen pharmacists in retail settings," said Ouimette.

During undergrad Ouimette was also a member of the Reserve Officers' Training Corps, "I remember one time as a freshman, we were learning how to low crawl across this grass field and remember thinking, what did I get myself into, but I looked to my right and my battle buddy nodded at me and said let's do this. That sense of camaraderie, I learned quickly, would be powerful enough to help me push through anything. I have had the best teammates to push through any obstacle," said Ouimette.

"After ROTC, I still had dreams of being in the medical field, but I had a calling to pursue my military career rather than continuing my education immediately following my bachelor's degree. Many of my friends and peers had served in Operations Iraqi Freedom and Enduring Freedom and I wanted to do the same," said Ouimette.

After graduation, Ouimette commissioned as 2nd Lt., Medical Service Corps in the Army Reserve and two-years after graduation deployed to the Middle East in support of Operation Enduring Freedom. "I was a medical logistics company commander and it was my first command position filled with much responsibility. I definitely had some quick growing up to do, but it was my second eye opener into the field of pharmacy," said Ouimette.

In the Army, medical logistics involves all aspects of medical supplies, including medication. During deployment, Ouimette interacted with pharmacist on a daily basis saying about one, "He really opened my eyes to the wide range of possibilities in pharmacy. He had worked as a clinical pharmacist in a hospital and during the deployment he served as the pharmacist for a massive medical warehouse that distributed medication all over the Middle East. Looking back, I am still in awe at the amount of responsibility and complexities involved with the position and that mission."

Once returning home Ouimette knew she was going to become a pharmacist saying, "Blood and guts was not my cup of tea so I ruled out some of the other medical fields. My follow-on mission for myself was to complete the prerequisites, apply, and complete pharmacy school."



During her second year of pharmacy school at South University in Columbia, S.C., Ouimette deployed once again, to Afghanistan, working at a hospital. She was excited for the mission, but knew it would be a challenge to put pharmacy school on hold. "South University was very supportive of me, and allowed me to be able to return and pick up where I left off. During my second deployment, I once again interacted regularly with the pharmacy teams in country. It really solidified that I had chosen the right career," she said.



After deployment, Ouimette went back to complete her last year of pharmacy school, but still unsure on her future. "Having not taken the most traditional route, I wasn't very familiar with residencies nor the value that they could bring to my career. I knew I wanted to continue serving my community on the civilian side and the VA healthcare system was perfect for me," she said.

Ouimette was matched to the West Palm Beach, Fla., VA. "Being able to work with Veterans that had served before me was very rewarding. At West Palm, I had three co-residents and just as I had experienced time and time again in the Army, that sense of camaraderie I found in my co-residents as well."

One experience sticks out in Ouimette's mind on relating to VA patients, saying, "The residency not only built my clinical knowledge base, but it also gave me tools to be more successful in my military career field. During residency I remember talking to a patient about his medications and at the end of the appointment I asked him if he was good to go and he said hooah. I smiled back at him and said hooah in return"

Towards the very end of her residency, Ouimette had an opportunity to deploy again where she is currently serving in Afghanistan on her 3rd deployment as a medical logistics officer. "I work on a medical staff that is responsible for most of the conventional medical forces spread across Afghanistan. Every deployment is different. My first two deployments I had no clinical pharmacy experience, but this one is very different. I can now communicate more effectively with the providers here," she said.

During her deployment, Ouimette was asked to speak via VTC at the National VA Pharmacy Leaders Training Conference on her residency, Sept. 19. She states, "It was such an honor to be able to speak to some key leaders in pharmacy."

Next year, Ouimette will return to the U.S. with the goal to work for the VA system in the Southwest and continue to serve Veterans. "Helping fellow Veterans, being able to communicate with veterans and have some common ground is very fulfilling to me."

Total 3d MC(DS) Effort for Appalachian Cares IRT

Standing up a functional medical, dental and veterinary clinic in an unfamiliar environment in a matter of hours could prove a daunting task. But, for medical providers under the 3D Medical Command (Deployment Support) and partners from the Army, Air Force Reserve and Navy Reserve supporting the Wise, Va., Appalachian Cares 2019, Innovative Readiness Training event, converting county fair horse barns into functioning medical facilities simply boils down to planning, training and executing to provide high-level military care in austere conditions.

With the primary objective of IRT missions being hands-on, joint training opportunities to increase deployment readiness, conditions for the mission are intentionally done in austere environments.

For 3D MC(DS) participating units, this means planning and coordination from the detachment to division level. “The planning and execution for IRTs are no different than for other military training events. Soldiers and units, planning and training on Mission Essential Tasks, executing deployment-like medical operations, providing military healthcare service and support.” said Lt. Col. Christiano Bonafede, 3D MC (DC), G3/5/7 Plans Officer.

Bonafede added, “The basis for any IRT mission is training for service members at individual, service and component levels. Careful coordination was required to ensure the IRT supported units' wartime METL with 3D MC(DS) units here receiving an external evaluation on specific METL tasks.”



Capt. Emma Gebhardt, Officer in Charge for the 422nd Med. Det. (Vet. Services), spent the last several months coordinating with her unit leadership identifying mission needs, to include capabilities training and support, equipment needs, transportation and security concerns. “Coordinating equipment and unique veterinary medical supply needs here is very similar to a deployment,” said Gebhardt. Adding, “There are two ways to get real world, hands-on training with actual equipment, IRT’s and deployments. With this IRT we proved we have the know how to setup, work and troubleshoot if something goes wrong.”

“Logistics for units participating in the IRT involves multiple levels of command. The task of transporting supplies and identifying areas to set up requires internal and external military planning and coordination along with critical civilian planning,” said Lt. Col. Brett Jackson, 3D MC(DS), Deputy G4.

Supporting the participating units in preparing the logistics, equipment maintenance and inventory is the Class VIII Medical Materiel facility based out of Joint Base McGuire Dix Lakehurst. 3D MC(DS) has oversight of medical logistic class VIII with IRT MAMS in addition, the 3D MC(DS) G4 owns an active Class VIII DODAAC that support IRT MEDLOG initiatives, sustaining IRT CL VIII functions. Soldiers and units both today and long-term. IRT missions improve military readiness while simultaneously providing quality health care services across parts of the United States in need.

Beyond the military training there's also a personal interaction and sense of pride. Virtually any service member you talk with has an individual story on how lives have been touched. "I spent 16 years on active duty and never did a mission like this. I love this, it's humanitarian and it makes a difference," said Lt. Col. Charles Lerner, physician with the 301st Field Hospital.

"IRT's are the best retention tools for Army Reserve medical providers, it's events like this keep medical providers excited to continue serving," said Maj. Gen. William Shane Lee, Commander of the 3D MC(DS).

For the military providers in Wise, the planning and coordination with local providers paid off. Air Force Reserve Physician, Maj. Winnifred Lamarre said, "This was not fragmented care. We were integrated with the community. Having the Health Wagon here is a great resource because they are so plugged into the community for resources available. They have a medical records liaison available here to look up historical data so we are providing patient's a continuity of care."

Once on ground and running the healthcare providers were actively engaged. With a population of 38,000, Wise County, Va.; located approximately sixty miles north of Bristol, Tenn., high on the Appalachian Plateau is in critical need of basic healthcare. The area was once an economic hub of the coal industry, but due to enduring economic struggles, Dr. Teresa Tyson, Executive Director of the Health Wagon and IRT community partner, describes the area and its health care disparities as, "The kidney stone belt, the black lung belt and the Bible belt, because everyone is praying for us."

IRTs like this blend critical community support with relevant military training. According to Bonafede, "This has real-world value for Army Reserve medical service members – this type of training benefits Supporting



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3d MC(DS) Soldiers Create CENTCOM PAD SOP

The U.S. Military's ability to provide world-class, immediate life-saving care and transportation for Service Members across the globe is preeminent and always improving. Col. Richard Bailey, 3D Medical Command (Deployment Support) (FWD) Commander stated, "We are here to fulfill the promise given to every Soldier, Sailor, Marine and Airman that if they deploy in the service of our great nation and become injured or ill they will receive world-class medical care."

Maintaining patient records and administrative data across multiple military hospitals, countries and Services is a complex yet critical component to care that prior to now was without standardized processes for patient administration or movement in the CENTCOM area.

Upon arriving to Camp As Sayliyah, Qatar in late fall 2018, Sgt. 1st Class Annette Brown, 3D MC(DS) (FWD) and civilian pre-algebra teacher, volunteered to lead a CENTCOM medical administration team project to develop consolidated SOP for patient administration (PAD) and patient movement. Brown said she volunteered for this project because, "There was a need to standardize procedures and doing so would be a way to improve overall patient by providing greater continuity of care."



After nine-months of research, collaboration and old-fashioned hard work, CENTCOM now has standard procedures for everything related to patient administration from eligibility and registration to tracking, documentation and movement in theater as well as follow-on definitive care in the U.S.

Until recently every facility, from an Army Combat Support Hospitals to Navy Hospital Ship, Surgical Teams and clinics operating in the CENTCOM Area of Operation operated off independent SOPs and best practices. This new policy combines the best policies into one CENTCOM approved standard policies and procedures from all services and roles of care with direct and immediate impact to Service Member care. "Although every facility has used pre-approved, site specific patient assignment and numbering systems, they were not all speaking the same language. This policy standardizes those practices, improving continuity," said Brown.

One of the many experts assisting Brown was Capt. Felicia Gilliland with the 528th Field Hospital, Bagdad Diplomatic Support Center. After hearing Brown put out a request for assistance for a CENTCOM PAD SOP Gilliland jumped on-board, without delay, sending Brown reference documents from throughout her career. "Because I have been PAD for almost 22 years, it was my chance to assist in changing how we can improve patient care and documentation but also have the ability to give some heavy input in how patient movement should work as well," said Gilliland.

Brown started by analyzing SOPs from every location she could, not realizing how big a project this would become. Working with representatives from Bagram, Kabul and Kandahar medical facilities in Afghanistan, Army hospitals in Iraq and Kuwait, the Navy Role 2 facility in Iraq and Air Force Role 2 facility in Qatar, several Role 1 facilities in Kuwait, Jordan, and Qatar as well as Patient Movement entities in Afghanistan, Qatar and Kuwait, she gathered joint, on the ground perspective and expertise. In addition, Brown and her team coordinated for input from CENTCOM, USTRANSCOM, AFCENT, ARCENT, Joint Trauma System, Office of the Surgeon General Leadership and PASBA. "This truly is a combined effort," said Brown.

“This policy combines the best policies into one CENTCOM approved standard policies and procedures with direct and immediate impact to Service Member care,” said Brown, adding, “Now, every facility will know instantly where a patient was treated and what care was received for and all services and treatment facilities are speaking the same language with similar reports and data capturing procedures to ensure the care received follows the patient throughout their military career.”

“If a service member needs to travel from Afghanistan to Kuwait and then to Germany, every provider and administrator along the way will instantly have access to an accurate and complete patient care history,” said Brown.

An Army.mil article, by Michael Klieman (2019, Dec. 2), “USTRANSCOM oversees strategic theater patient movement”, (<https://www.army.mil/article/230534/>) describes the, 8,000-mile evacuation of a Service Member from Bagram Air Base, to Brooke Army Medical Center.

“This article sites a case that highlights how standardized procedures across the Combined Joint Operations Area helped facilitate successful movement of a critical patient to the States for definitive care,” said Brown.

Brown stressed this policy is focused on improved patient care through standardized administrative and movement procedures and accurate documentation and required a total team effort. “The procedures the 'En Route Patient Staging System team in Bagram, at Craig Joint Theater Hospital, followed were from the CENTCOM PAD and Patient Movement policy draft. From a strategic point, USTRANSCOM established priorities and procedures for this type of movement. How everyone worked together to successfully treat, document and move the patient from Bagram directly to San Antonio was a combination of our standardized procedures and ones from USTRANSCOM, Theater Patient Movement Requirements Center–Europe, the Patient Administration teams and Air Evacuation specialty crews. It truly is a combined effort,” said Brown.

This SOP also spells out processes for when NATO and Coalitions partners deploy, and require medical transportation for treatment. Gilliland worked with liaisons from Canada, Romania, and Australia who wrote their own SOP's explaining how the US

can facilitate moving their Service Members. “This SOP also covers troop movement to a US Role IV facility and steps to get service members to their home country, said Gilliland, adding, “These small intricacies of PAD downrange can be the difference between life and death of a patient.”

After nine-months of extensive research collaboration and writing, the new policy is set for implementation across CENTCOM, but implementation is the first step in the process, next is training, “Our goal is to design a specific program to develop and implement training for PAD professionals deploying to contingency operations,” said Gilliland.



New NCO successfully manages the challenges of work, school and service

The Army Non-commissioned Officer Corps gained another leader when Sgt. Dana Valenia, a 68C, Licensed Practical Nurse, was promoted in front of family and fellow 865th Combat Support Hospital Soldiers, Dec. 8, 2019.

Valenia, a resident of Freeland, Pa., started her Army Reserve career early, joining right out of high school at 17, saying, “I did not want to leave home for a long period of time, I could not see myself leaving my family.”

“I liked the simplicity of the commitment where I traveled away for school but returned home afterwards. Although not 100 percent accurate, my recruiter explained it as, you only have to go 2 days a month and 2 weeks in the summer,” Valenia said.

Scoring well on her ASVAB, Valenia had numerous career choices available, “Choosing nursing was the right choice for me with it being my area of interest and it would transfer well to civilian career as well,” she said.

“Being in a CSH brings lots of exciting challenges, there are a wide range of roles a 68C can take part in within a combat support hospital. I am NCOIC to intermediate care ward which receives patients to continue medical care, send back to quarters, or send to a higher level of care,” Valenia said.

Not uncommon in the Army Reserve medical field, Valenia’s civilian and military careers overlap, “I work as a license practical nurse, but am also enrolled in a registered nursing program. My weekly school schedule consists of classroom time, laboratory time, and clinical hands on time; plus studying,” said Valenia. Adding, “Combining my G.I. Bill and money from my contract the Army makes school debt-free.”

Like many Army Reserve Soldiers, Valenia successfully manages the challenges of work, school and service. “It’s a challenge at times, but manageable. I concentrate on high priority needs first, my education, the needs of my Soldiers, and organization. It also helps to know I have the support of my platoon.”

I love being in the 865th, the success we have doesn’t happen by accident or individually, “There is a great cohesiveness of Soldiers and everyone is willing to step up and do what needs to be done. The success of our detachment is the great people I work with. We are all motivated and with most of us coming from a medical background we understand teamwork is essential to getting the mission done.”



(MEDREX Continued) MEDREX 19-1 highlighted the importance of gaining general experience as a biomedical technician. “In many cases experience was the only resource we had to draw from in this environment,” said Yonkers. “It was an honor to share the experience of servicing equipment beside the Chadian biomed techs.”

MEDREX 19-1 is a combined effort between the Chadian government, [U.S. Army Africa](#), the U.S. Army Reserve 3rd Medical Command Deployment Support, along with [Fort Hood’s Dental Activity](#) (DENTAC). MEDREX 19-1 is the first in a series of medical readiness exercises that U.S. Army Africa is scheduled to facilitate within various countries in Africa, and serves as an opportunity for the partnered militaries to hone and strengthen their general surgery skills while reinforcing the partnership between the countries.

The mutually beneficial exercise brought Chadian military and U.S. Army medical professionals together to foster cooperation while conducting medical specific tasks.

(329th Continued) “This was great training by pulling the 329th lieutenant’s out of their comfort zones as the Canadian Forces task organization and assets differ from ours,” said Rush.

“This mission expands our interoperability with other forces and allows us to build camaraderie by assisting with planning and participating. Every year, we have Soldiers who consistently volunteer to attend this event. They appreciate the relationships we have been able to build over the past four years,” said Rush.

Capping off the event was The Feast of St. Luke’s dining in. “This event gave us the opportunity to experience Canadian customs; allowing our Soldiers to meet and interact with the Canadian Forces building camaraderie outside of training,” said Rush.



3D MC(DS) FINEST





