Thanking Our Healthcare Heroes:  
Appreciation for Allegheny General Hospital Nurses

U.S. Army medical recruiters in Pittsburgh, PA were part of the first nationwide hiring campaign called Army National Hiring Days. It’s an all-Army effort to inspire individuals across the nation to consider military service.

U.S. Army recruiters have focused heavily on virtual communications since mid-March when the COVID-19 pandemic necessitated a socially distant society. However, the Pittsburgh Army Medical Recruiting Station had the rare opportunity to conduct a safe in-person event celebrating the ongoing partnership with Allegheny General Hospital.

1st Medical Recruiting Battalion Pittsburgh Station’s Sgt. 1st Class Shandell McClain spearheaded the event to show appreciation to our front-line workers in the hospitals. “We discussed opportunities regarding part-time employment in the Army Reserves,” said McClain.

While recent spikes in local COVID-19 numbers required changes to the outside visitor policy, “we were still able to safely provide the healthcare workers at Allegheny General Hospital with lunch and information. As an added bonus, we were very happy to be able to get our pizza from a fantastic, family-owned, local restaurant,” said McClain, “Giorgio’s Pizza was delicious and they were great to work with.”

“We are all in this together and we are grateful for them and what they do. They have always supported us and we wanted to be there for them while they faced COVID-19 from the front,” she added.

AMEDD Professional Highlight

Dr. Gregory Watson, MD, FACS
COL, MC, USAR

Gregory A. Watson, MD, FACS, originally from State College, Pennsylvania, is a graduate of the University of Pittsburgh School of Medicine. He went on to complete his General Surgery Residency and Trauma/Critical Care Fellowship through the University as well.

Dr. Watson is a board-certified Trauma/General Surgeon and Surgical Intensivist at UPMC Presbyterian and is an assistant professor of Surgery and Critical Care for the School of Medicine. He also works as an attending General Surgeon at the VA Hospital of Pittsburgh. Watson is a board-certified Trauma/General Surgeon and Surgical Intensivist at UPMC Presbyterian and is an assistant professor of Surgery and Critical Care for the School of Medicine. He also works as an attending General Surgeon at the VA Hospital of Pittsburgh.

Dr. Watson currently serves in the United States Army as a Colonel in the U.S. Army Reserve, a member of the 256th Field Hospital out of Twinsburg, Ohio. He joined the Army after September 11th through the Specialized Training Assistance Program during his residency. Dr. Watson went on to serve his country both stateside and through multiple deployments to Afghanistan as a part of both Forward Surgical Teams, as well as Special Operations Command and has been awarded both the Combat Medical Badge, and the Army Commendation Medal (3OLC).

Dr. Watson continues to serve his community, his country, and the future physicians and surgeons of Pittsburgh with pride and professionalism. He has received the Clerkship Preceptor of the Year award, Clinician-Educator of the Year award, Resident Excellence in Teaching Award First Runner-Up and Second Runner-Up, the Resident Richard L. Simmons Mentorship Award, and is a member of the Alpha Omega Alpha Honor Medical Society.

ARMS MEDICINE: SERVING TO HEAL.
JOINT BASE SAN ANTONIO, TX · The U.S. Army Medical Department Board, U.S. Army Medical Center of Excellence, performed a test at Camp Bullis, TX that could dramatically improve battlefield survivability. The team conducted a field test of the Extracorporeal Life Support (ECLS) from 18-20 February at the Deployable Medical Systems Equipment for Training (DMSET) site.

Hospitals have used ECLS, also called extracorporeal membrane oxygenation (ECMO), to treat patients who cannot oxygenate their blood through breathing. Conducting the test in a field environment marks a departure from traditional brick-and-mortar facilities where ECLS systems are normally used. During the test event, both Army medical officers and enlisted personnel participated in scenarios. Army civilians and Soldiers conducted the tests.

ECLS involves the artificial support of lung and/or heart function using a machine that oxygenates a patient's blood outside the body and returns it using a pump, thus allowing the heart and lungs to rest. When a patient is connected to an ECLS circuit, blood flows through a series of tubes to an artificial lung that adds oxygen and takes out carbon dioxide. The blood is then returned to the body through the ECLS circuit using a specialized pump. The device that was tested also provides continuous renal replacement therapy for treatment of acute kidney injuries.

Army healthcare professionals assigned to Joint Base San Antonio and Joint Base Lewis-McChord participated in the test event. The test was requested by the Warfighter Expeditionary Medicine and Treatment (Warfighter EMT) project management office of the U.S. Army Medical Materiel Development Activity (USAMMDA). The Warfighter EMT is working to develop medical capabilities for the combat environment that are normally used to treat wounds in hospital facilities.

Expanding the use of these systems to deployable field care would be a significant advance in expanding prolonged field care. “Organizations like the USAMEDDBD and USAMMDA are working diligently to ensure that Army Medicine has the capabilities required to sustain survival rates during the future fight,” said CW3 Goldie Cooper with the AMEDD Board. “Conducting test and evaluation of advanced medical capabilities like ECLS is a step towards improving prolonged field care methods and saving lives on the battlefield.”

As stated in a publication by the U.S. National Library of Medicine National Institutes of Health the first clinical cases of ECLS for heart and lung failure were in the 1970s with success treating neonatal patients. In the early 1980s, two centers conducted randomized trials in neonates, which demonstrated much higher survival with ECLS, and the term extracorporeal membrane oxygenation (ECMO) was coined. By 1986, there were 18 ECMO neonatal centers and data on 700 cases. In the 1990s, these centers expanded indications to older children with lung and heart failure. ECMO management for post-operative cardiac failure became standard in major pediatric heart centers. Currently, ECMO is used for severe heart and lung failure in all ages. The results of the entire test event will be provided to the USAMMDA Warfighter EMT Product manager in an operational test report to help determine feasibility for deployment with operational units.


**U.S. Army Medical Department Board Tests Extracorporeal Life Support**

By Jose E. Rodriguez, MEDCoE Public Affairs

**PROGRAM HIGHLIGHT**

**Specialized Training Assistance Program**

The U.S. Army’s Specialized Training Assistance Program (STRAP) is designed for physicians currently enrolled in accredited residency programs as well as Nurses who are currently enrolled or accepted to an accredited CRNA program. Once enrolled, you will receive a monthly stipend of more than $2,400 in addition to qualifying for up to $250k of student loan repayment.

Once you have finished your residency program, you’ll train as part of an Army Reserve unit in your area of choice and serve when needed while maintaining your civilian career.

Contact your local Army Medical Recruiting office to discuss the requirements of becoming a commissioned officer in the U.S. Army. The STRAP program is a great fit for residents and CRNA students who have a desire to serve their country as well as their community.

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