

MARYLAND DEFENSE FORCE 10TH MEDICAL REGIMENT: PAST, PRESENT AND FUTURE

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INTRODUCTION - THE PAST

The Maryland Defense Force (MDDF) has almost always had some form of medical support, typically of the aid station format. In the mid-1990s, Brigadier General (MD) Frank Barranco, Commanding General of the MDDF (CG/MDDF) and himself a renowned physician, decided to build a responsive Medical Command to provide medical support in the event of a natural or manmade disaster. The Medical Command began to staff up to General Barranco's expectations, but was limited to providing aid station support to MDDF personnel and civilian participants at a parade or other civic gatherings.

By 2001-2002 the MDDF Medical Command (MEDCOM) existed as a bare bones headquarters training and operational planning outfit staffed by two physicians, a couple of health related Ph.Ds, two Medical Service Corps (MSC) administrative officers, a sanitarian, two former combat medics and one nurse. Additional medial and allied health personnel were scattered among the four former regional battalions, now designated military support region (MSR), teams that collectively accounted for no more than two doctors, four or so nurses, a handful of emergency medical technicians (EMTs), and a smattering of health support personnel. These people reported directly to their regional MSR commanders, and not to the director of MEDCOM who had no operational authority over MDDF medical personnel per se.

In 2003-2004, Brigadier General (MD) N. Lucas, the CG/MDDF at the time, began an effort to redesign the MDDF from its Cold War format into an organization based on professional directorates supported by the line battalions, or regional support teams. This movement opened up an opportunity for a full resurrection of the Medical Command and life began to stir within its tottering form. By late 2005, Brigadier General (MD) Frederic Smalkin, the next CG/MDDF, redesignated the quickly growing MEDCOM as the MDDF 10th Medical Regiment (10MEDRGT) as a result of its service during the Katrina recovery effort, and arranged for it to have a much broader mission. Under the direction of its then new, and current Commander, Colonel (MD) Robert Barish (M.D.), the 10th increased its mission portfolio well beyond what was originally thought feasible.

THE PRESENT

The 10MEDTGT mission portfolio has already increased to include humanitarian services, medical support for the Maryland National Guard (MDNG), [including support for the Maryland Joint Force Command (MDJTF), MDNG Post Deployment Health Reassessment (PDHRA), MDNG Periodic Health Assessment (PHA), and MDNG Soldier Readiness Program (SRP)], Maryland General Assembly Physician of the Day Program, Disaster Preparation, raising awareness, and a variety of other support activities.

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Humanitarian Service

Under the present Regimental Command the 10th became the second State Defense Force (SDF) medical unit to attain the status of a military Medical Reserve Corps (MRC) as registered and authorized by the U.S. Surgeon General (Greenstone, 2006, 2007; Nelson, et al., 2006, 2007). Through support from the Baltimore County Health Department (BCHD) and the Towson University Department of Health Sciences, the 10MEDRGT became the BCHD's recognized surge medical unit within Baltimore County and as a special focus of its MDDF-Medical Reserve Corps (MRC) status, the 10MEDRGT is able to augment its internal statewide military medical support role.

As mentioned above, under Brigadier General Smalkin the 10MEDRGT accepted its first significant assignment by deploying to Louisiana in support of the Hurricane Katrina victims (Colgan, Davis and Barish, 2006). This was a most unusual deployment for a SDF unit to serve outside its borders. Under the current CG/MDDF, Brigadier General (MD) Courtney Wilson, the 10MEDRGT has logged an accelerated record of "firsts" by taking on a series of humanitarian missions outside the borders of Maryland (i.e., Bosnia and Herzegovina, and the Souix Indian Nation at the Rosebud Reservation in South Dakota). Both deployments were in support of the Maryland Air National Guard's (MDANG) 175th Wing's training mission.

The mission to Bosnia and Herzegovina took place in July 2006 and was part of the MDNG's ongoing State Partnership Program. Seven of the 80 team members were MDDF medical officers who assisted in seeing about 2000 patients, many of whom hadn't seen medical care in years and who were thinly scattered among 17 remote mountain villages.

In April 2007, Colonel (MD) Robert Barish, the 10th's (often used herein to denote the 10MEDRGT) commander appointed Lieutenant Colonel (MD) James Doyle to be point of contact (POC) for the MDDF's two week deployment with the 175 ANG Wing to the Pine Ridge Indian Reservation Annual Training. Their mission was to provide medical care to Sioux tribe members at Indian Health Service clinics on the Pine Ridge and Rosebud Indian Reservations in southwestern South Dakota 9-23 July 2007. Eight MDDF physicians and mental health workers signed up for this initiative and although treatment numbers are not available, four of the MDDF physicians saw almost 400 patients. Eight members of the 10MEDRGT participated and Lieutenant Colonel (MD) Doyle reported that the MDDF supplied 100% of the mental health team, 100% of the Emergency Medicine physicians, pediatricians and internists, and overall 80% of the physician-hours.

Medical Support to the MDNG

Long part of the MDDF's core mission, providing the support to the MDNG has always been a goal, albeit an elusive one. As indicated above strong support by the Adjutant General (TAG) Bruce F. Tuxill and by a series of MDDF Commanding Generals changed all that. One of the first indications of the changing relationships took place in November of 2006 when 10MEDRGT personnel were invited to participate in a fall joint state military medical education conference with the NG. This set the stage for a series of state joint activities that were to have far reaching implications for the MDDF and ultimately the MDNG.

Operation Vigilant Guard

Most recently, in the Fall 2007, nine 10MEDRGT personnel participated in Operation Vigilant Guard (OVG) JTF sponsored by the National Guard Bureau, Maryland National Guard, and 175th MDANG (Hastings and Henry, September 2007; Hasting and Henry, Fall 2007). The JTF staff was responsible for planning and managing the employment and support of all MDARNG and MDANG, and MDDF elements when called up by TAG for homeland security/homeland defense missions. OVG was designed as a command post exercise (CPX) to train leaders in a simulation environment—without actual troops.

The JTF Commander, Brigadier General Guy Walsh, determined the need for staff augmentation for this exercise from both the Army and Air service components and specifically requested additional augmentation from the MDDF, “both for this exercise and as a “train up” for upcoming potential missions (McIntyre, 28 August, 2007). Nine 10MEDRGT personnel reported for duty as Medical Plans Officers/Liaison Officers (LNOs) for this CPX. Their role was to assist the commander and operations officer in planning for the employment of medical units and personnel; receiving and analyzing medical intelligence (i.e., syndromic surveillance material and any sort of medical threat information: what type of medical supplies are needed, by whom, and for what; what disease threats loom and what are the possible health risks to the proposed operations and deploying forces). These officers would also assist “in mission analysis to determine when to call up additional medical capabilities (i.e., do we need more physicians or EMTs or both; do we need certain types of medical evacuation capability) (McIntyre, 29 August, 2007).

The overall operation was “designed to train on and demonstrate the NG’s ability to achieve Unit of Effort in conducting JTF/multi-echelon operations in support of homeland security/homeland defense missions in Maryland and the national Capitol Region (NCR)” (McIntyre, 28 August, 2007). MDDF participants were excited about this activity and OVG POC Lieutenant Colonel Robert M. Corcoran, Unit Mobility Officer for the 175th MDNG/SGP, characterized it as “a great exercise -- It was thought provoking and positive. A perfect exercise without difficulties, complications and mistakes is a poor exercise as it does not provide opportunities for learning and improvement. The enthusiasm of the exercise cadre and MDDF was motivating.” One important result of this mission was that the MDDF would adapt its use of ARMY medical professional Military Occupation Specialty (MOS) designations with the U.S. Air Force specialty codes (AFSC), which are more closely aligned with civilian medical designations (i.e., licensure); hence, more appropriate for qualified State Defense Force SDF Medical Department personnel.

POST DEPLOYMENT HEALTH REASSESSMENT

Such training paved the way for MDNG support missions that appear to be unparalleled in the annals of state defense force history. Although MDNG mobilization support has always been a mission of the various MDDF Medical Commands (as it is in other states), the 10th’s lead in conducting is the Department of Defense (DOD) mandated Post Deployment Health Reassessments (PDHRAs) to assist the MDNG in determining the physical, emotional and psychological health of its returning troops appears to be another MDDF first. So far, an average of 13 MDDF physicians, physician assistants, nurse practitioners, as well as a range of licensed mental health professionals have assessed over 500 MDNG soldiers, of which about 30% have been referred for additional care.

The newest MDDF mission, another apparent SDF first, will be assisting MDARNG medical personnel in conducting Periodic Health Assessments (PHAs), and in helping with the Soldier Readiness Program (SRP). PHAs are required yearly for all NG soldiers and two MDDF physicians or physician assistants will work one day a month in this important activity which will take place in the Beacham Clinic at Maryland's Camp Fretterd Military Reservation. At this writing eight MDDF medical officers have been trained for this role by MDARNG Lieutenant Colonel Howard Bond, who himself was, until recently, a MDDF medical officer. Future trainings have been slated and it is likely that this role will expand.

At this moment, new missions keep flowing to the 10th as is reflected in a recent email sent to all NG medical commands by Maryland's Deputy State Surgeon, Captain William Fox (January 29, 2008) urged other NG deputy State Surgeons to look to the possible support of their state defense force medical commands to augment NG medical human resources. He applauded Maryland's 10MEDRGT "physicians, PAs and NPs" who "have been intimately involved in the PHA process, and have even completed the electronic PHA. He also described how the MDDF doctors had just embraced a program where the MDDF Nursing Corps visits M-Day units on weekends and administers vaccines using prepositioned supplies.

MARYLAND GENERAL ASSEMBLY PHYSICIAN OF THE DAY PROGRAM

In December 2006, Colonel (MD) Barish asked Lieutenant Colonel (MD) Doyle to organize the MDDF contribution to the Physician of the Day program for the 2007 Maryland General Assembly session. The 10MEDRGT supplied a number of uniformed physicians to the state medical society (*MedChi*) to treat any medical problems that arose during the legislative session. This helped raise awareness of the MDDF among state legislators.

COMBAT LIFESAVER TRAINING.

The Deputy State Surgeon, Captain Fox, recently requested additional support from the 10th in training MDNG soldiers in combat lifesaving (CLS) (Doyle, 2007a; Doyle, 2007b). MDDF's Medical Team Leader, Lieutenant Colonel (P) (MD) Shanahan, and Nursing Team Leader, Lieutenant Colonel (MD) Karl have been assigned to work with Captain Fox to implement this program. Major (P) (MD) Alves has been assigned to lead the effort, under their direction, consisting of MDDF physicians, nurses, and Emergency Medical Service personnel.

Other Support Roles

Another MDNG support role played by the 10th (and many other MDDF members) occurred when fourteen of its members participated in ceremonial duties in the January 17, 2007 Gubernatorial inauguration of newly elected Maryland Governor Martin O'Malley. Six other 10MEDRGT personnel staffed a first aid treatment station for inauguration personnel.

Many members of the 10th have outstanding reputations in their field and its nursing corps is no exception. An example of this record is Captain (MD) Odediah Skolnick, RN, who was selected in November 2006 by the Maryland Nurse's Association as one of the 12 "showcase" nurses for their annual nursing calendar. Captain (MD) Skolnick, RN, was selected for her work at Katrina and her

participation in a joint training exercise (buddy-first aide evaluation) with the MDANG 175th Air Wing among her many other contributions to the 10th

Disaster Preparedness

Emergency service and disaster preparedness have been on the plates of many of the nation's SDF units and the MDDF is no exception, as its record at Katrina attests. Since that time, despite its ongoing MDNG support roles, the 10th has continued to train for various surge medical support roles to support civil authorities when they are overwhelmed. In June of 2006, for example, approximately 35 MDDF soldiers participated in a statewide, real-time emergency HazMat disaster exercise (Operation: I-70 Road Rescue) (Spencer, Harris and Valentine, 2006). This was the culmination of a multi-agency planning process that began in November 2005. MDDF Personnel set up and operated two surge capacity sites (Towson University and Essex Community College), where they treated overflow patients from three area hospitals.

In December 2007 the 10th's Deputy Commander, who is also the point of contact (POC) with the Office of the Surgeon General for its MRC status, met with the Baltimore County Emergency Management Task Force, comprised of representatives of five Baltimore County hospitals, colleges and universities (Community College of Baltimore County, Towson University, and Goucher College) the Baltimore County Fire Department and Police jurisdictions to plan an even larger field training exercise (FTX) than the previous year's I-70 Road Rescue FTX. This event, FTX-2008, is based on a scenario where a tornado devastates the Towson University Campus. The MDDF will once again staff a surge treatment facility to handle the 200 or so walking wounded, worried students, and community "smart victims" that will be recruited for this event.

Raising Awareness

Many members of the 10th have written articles in regional and national publications, and given interviews to local newspapers documenting how SDF medical units can augment America's sorely taxed military health infrastructure. Most recently, two articles written by members of the 10th have appeared in a prestigious DOD peer reviewed publication, *Joint Center for Operational Analysis (JCOA-LL) Journal*, Vol. IX. The first, "Developing Vibrant Defense Forces" (Nelson, Smalkin, Barish, Doyle and Hershkowitz, 2006 and 2007) focuses on the 10th's role during Katrina and how it became a registered MRC, and the second, entitled "Medical Aspects of Disaster Preparedness and Response: A System Overview of Civil and Military Resources and New Potential," written by Colonel (MD) Nelson and U.S. Public Health Service Captain David Arday, M.D. [the former director of the National Disaster Medical System (NDMS)] had a broader focus, but also addressed potential growth roles for state military forces as well as the MRC movement, which has been expanded due to recent passage of the Pandemic All Hazards Preparedness act (Pandemic and all-hazards preparedness act, 2006).

Unit Development and Program Support

Recruitment and retention is a priority now like never before. In this connection the 10th's Deputy Commander, who is also the POC with the office of Surgeon General for the 10th's MRC status, was able to secure a \$10,000 capacity building grant from the National Association of County and City Health Organizations (NACCHO) to develop hospital posters and recruitment brochures to help meet

the 10th's new recruitment goals. This is prodigious as Governor Martin O'Malley is so impressed with the MDDF that he has mandated it expand significantly, to 2,000 in 2008. This means that the 10th needs to triple its size in the coming year if it is to meet its share of the quota and its future MDNG support missions in support of homeland security/homeland defense.

Like all SDF units everywhere, a good percentage of the MDDF volunteer's active time is spent in training and the 10th is no exception. Training opportunities abound and cannot be fully detailed here. The high caliber of the 10th's personnel make for some exceptional training opportunities. For instance the 10th's Director of Operations and Training (S-3), Colonel (MD) Stanley Minken, a professor at the Uniformed Services Health Science University, has arranged for 10MEDRGT members to take both the Basic Life Support (BLS) and Advanced Cardiac Life Support (ACLS) courses, which allowed 10MEDRG personnel to become certified in both BLS and ACLS at no personal cost. Colonel (MD) Minken has also made arrangements for several MDDF personnel to achieve instructor training in both.

OTHER INTERNAL SUPPORT FUNCTIONS

In addition to many training opportunities, the 10th also provides health support to its own personnel. One such initiative was the Voluntary Health Screening Program, initiated in April 2007. MDDF physicians performed medical and family history, blood pressure, weight, and blood sugar assessments and discussed the results with the participants. Another was the offer of free flu shots to all MDDF soldiers during two regular drills at the MDDF Headquarters in Pikesville, Maryland. Lieutenant Colonel Bond had obtained at least fifty donated doses of flu vaccine, which were given on a first-come, first-served basis. Not all tasks are enjoyable, as the 10th was also tasked with testing identified soldiers for MDDF weight standards, adjusted by age and height, in accordance with MDDF Regulation 600-9 (Maryland Army National Guard Regulation 600-9, 2003).

CONCLUSION AND THE FUTURE

The status of the rising star 10th is perhaps best indicated in the heavy responsibility that the MDNG has placed on its Commander Colonel (MD) Robert Barish, M.D., who in August of 2007 accompanied the Maryland Delegation to the National Guard Association of the United States (NGAUS) Convention in Puerto Rico in order to observe it in preparation for his role as Chairman for the upcoming NGAUS convention hosted by Maryland in Baltimore in September 2008. Colonel (MD) Barish will be under standing orders for over a year until the conference is over.

As a result of this assignment, Colonel (MD) Barish chaired the MDNG committee meeting preparing for the upcoming NGAUS convention in September of 2008. The meeting was held at Warfield MDANG on December 13, 2007. The next day, at the request of Major General Tuxill, MDTAG, he presented the plans for the NGAUS convention September 2008 to the retired general's briefing of Maryland. The briefing included an overview of housing, logistics, support/fund raising, event planning, entertainment, budget, and economic impact to the State of Maryland. Members present at the briefing included Brigadier Generals, Walsh, Leacock, and Wilson and Major General Tuxill, in addition to the numerous retired Generals from MDNG.

Building on the 10th Medical Regiment's performance over the past several years, including its status as a military MRC, and the additional MDNG health support activities delineated above, it is clear that its role will continue to increase. As the 10th's staff increases, specialty units are being considered

to expand its support capability, such as, a “body reclamation” unit, a Chaplain with psychological and sociological background, and others as the need is determined, requested by the MDNG, and approved by MDDF Command. The 10th is being considered by MDDF Command for the addition of specialty units, including the following (Doyle, 2007a; Doyle, 2007b):

Develop a memorandum of understanding (MOU) between MDARNG and MDDF medical elements that would serve as a model for future MOUs. Anticipated items are the PDHRA, PHA, SRP and Military Occupation Specialty (MOS) Medical Retention Board (MMRB).

Aviation Medical Examiner (AME) training for Flying Duty Medical Examinations (FDME) for MDDF physicians in anticipation of assisting MDARNG AMEs in performing flight physicals.

Nursing opportunities to improve medical readiness, such as nursing teams to travel state-wide to visit MDARNG drills at local armories, particularly to administer vaccinations and perform visual acuity checking.

Dental readiness to be performed by military dentists in the MDNG and MDDF utilizing existing dental facilities at Camp Fretterd and Edward J. Wiede Airfiled.

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