



VETERINARY SERVICE NEWS

January-March 2016



Public Health and Pets

MEET
Clara

Clara is a 7-year-old Golden Retriever with a spunky spirit. She and her owner are an inseparable pair that rely on each other to stay healthy.

Make it your mission to be healthy.
Quality sleep, activity, and nutrition help improve fitness and overall mental wellbeing for you and your pet.

U.S. ARMY
LEARN MORE ABOUT THE PERFORMANCE TRIAD: SLEEP, ACTIVITY, AND NUTRITION AT [HTTP://ARMYMEDICINE.MIL](http://armymedicine.mil)

ARMY FAMILY
PLAY. ENJOY. THRIVE. TOGETHER.

MEET
Winnie

Winnie is a 9-month-old orange Tabby Tuxedo kitten who enjoys being held by her owner and relaxes in utter adoration. Winnie enjoys eating healthy snacks, playing with her toys, and people-watching.

Who looks up to you?
Your loved ones can benefit from your healthy lifestyle. Set a good example by getting quality sleep, daily activity, and by eating well every day.

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LEARN MORE ABOUT THE PERFORMANCE TRIAD: SLEEP, ACTIVITY, AND NUTRITION AT [HTTP://ARMYMEDICINE.MIL](http://armymedicine.mil)

ARMY FAMILY
PLAY. ENJOY. THRIVE. TOGETHER.

FREE POSTERS!!!

Order free posters that promote pet health through Activity, Nutrition, and Sleep for use in Veterinary Facilities. There are 14 different posters geared towards pet owners. Great for the lobby/waiting area and exam rooms.

The posters may be ordered through the Army Public Health Center (Provisional) Health Information Products eCatalog at NO COST to the unit for either the product or shipping. To order, use this link to get to the HIO Shopping Cart and then register for a free account.

<https://usaphcapps.amedd.army.mil/HIOShoppingCart/searchResults.aspx?holist=58>

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A CENTURY OF SERVICE!

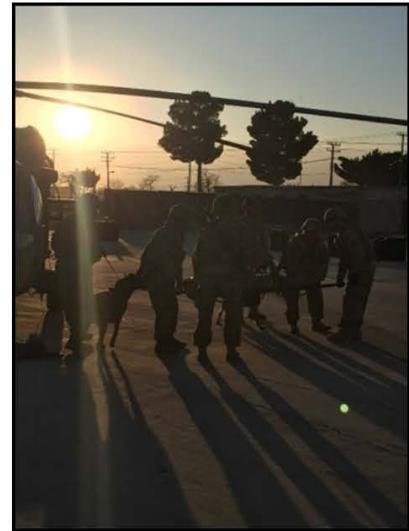
Can it really be a full century,
Our U.S. Army Veterinary Corps came to be?
It's part of the backbone of our veterinary tribe.
So if you will allow me to imbibe,
We will send a few bouquets their way.
Then pause just a moment so we can say,
Your efforts we really do appreciate!
The job you have done has been just great!
Over these years, one hundred long,
You have kept a commitment, true and strong.
In those years you have grown the ties,
That keeps the Army Vet Corps in our minds and eyes.
With your quiet, strong and dedicated ways,
You so deserve our country's universal praise!
So we thank you for the fine work you've done.
Our trust and confidence you have won.
You have woven quite firm the tie that binds,
It warms our hearts and lights our minds.
To once be a military Vet Corps grad,
Is one of the luckiest breaks I ever had!

994th MDVS IN AFGHANISTAN

Bagram, November 2-4 2016: The 994th MDVS answered calls for medical cross training involving MWD scenarios. The veterinary team assigned to Bagram Air Field provided cross training for local Dustoff assets on MWD/Handler MEDEVAC training, and honed the Vet team's capability of receiving an injured MWD patient.

Prior to training, the 994th MDVS developed dosage cards for DustOff assets using the flight medic pharmacy, providing a quick reference for emergencies. After MWD CPG classroom training, the combined veterinary/air medic team then executed a MWD/Handler scenario from point of injury to MEDEVAC including patient loading and safe handling of MWD.

The 994th continues to prepare health care providers for the possibility of an injured MWD while contributing to a "one health" team ethic in theater.



[left] An Animal Care Specialist assists with securing an MWD Handler on litter while his MWD watches over handler. [right]



Handler carries "injured" MWD to helicopter to be MEDEVAC. [left] An Animal Care Specialist assists handler and assesses MWD during the offload of the helicopter. [left]

994th MDVS: Afghanistan

DEC 5th, 2015: MWD Casualty Care

In early December, a picture of a military working dog (MWD) wearing a Purple Heart around his collar went viral around the world. The story behind this picture is one of cooperation between veterinary and human medical providers and their commitment to MWD care. The 994th MDVS credits the MWD's care and medical evacuation to foresight and combined medical training events.

The KAF VTF was alerted to an incoming MASCAL event at Kandahar that involved an injured MWD and handler. A combined patrol had picked up the IED, however the device detonated as the team turned to make their way to a safe distance. The MWD was caught in the blast, primarily on his left hind quarter, and was treated by the medics at the scene then evacuated with his handler for care.

Planning for an MWD event started long before this event. The Veterinary Corps Officer assigned to KAF, made it a priority to integrate and work well with the local Role III early on in the deployment. One way the VTF accomplished this goal was by saving "seats" for any medical provider to participate in routine MWD or CWD procedures. This helped to familiarize the Role III staff with the specific nature of veterinary care.

Even before the 994th arrived in theater the 248th MDVS veterinarian assigned to KAF, implemented a cross training program for the Role III providers concerned with the Clinical Practice Guidelines for Veterinary Care. This effort contributed to a positive and supportive climate for MWD care at the Role III which made a difference in the level of assistance provided to the veterinary team.



A VCO (center frame) prepares to perform an abdominal FAST exam while a combined team of Army FST Medics and Navy Role III nurses clean the MWD's wounds and keep him warm.



MWD's wound before debridement.

The injuries consisted of a large laceration to his left hip, a fractured left femur, penetrating trauma to his perianal area and distal left leg, and shrapnel injuries to his chest. Fortunately radiographs revealed no injury to his pelvis, and his cardiopulmonary system appeared intact via CT scan and FAST examinations. The main goal of treatment was to clean wounds and stabilize for evacuation to Dog Center Europe for definitive care.

Throughout treatment, the NATO Role III was diligent and attentive, eager to overcome their unfamiliarity with a new type of patient. The VCO found the staff easy to work with, adapting easily to provide the MWD with the best care.

The VTF made contact with the Dog Center who provided additional treatment recommendations for the MWD's injuries, as well as recommendations to facilitate a safe flight for the MWD, his handler and the STRATEVAC medics and physicians. "While we were treating him it was great to have an expert on call at the Dog Center", stated the treating veterinarian.

After wound flushing and debridement, the VCO stayed with the patient overnight at the Role III, instructing ICU nurses and ensuring his needs were met. The MWD was kept in the ICU with his handler. If he couldn't see his handler, he would attempt to twist and turn to look at him. Keeping the pair together put them both more at ease.

Treating a real world MWD casualty has generated a lot of interest in MWD care at KAF. Since the MWD's departure, the 994th MDVS has provided 240 contact hours of MWD instruction to the flight line and FST medics at KAF, continuing the efforts and maintaining readiness to ensure the next hero dog has the best possible care.

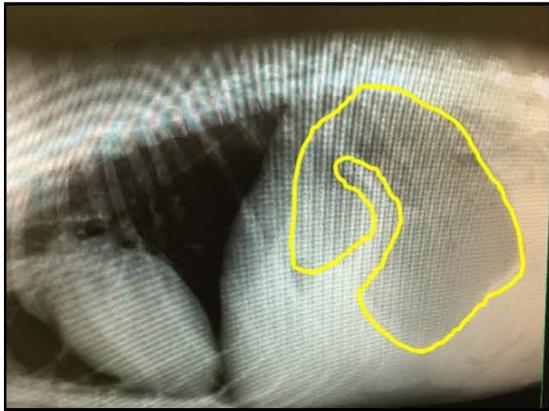
994th MDVS: Forward Veterinary Care

DEC 17, 2015, Bagram Air Field: The 994th MDVS team had an interesting month of surgical cases in December. The BAF Veterinary Team saved a contract working dog (CWD) from a life threatening medical emergency known as Gastric Dilatation and Volvulus (GDV) syndrome.

As an Army Reserve Veterinarian employed in emergency practice, and having completed the Army pre-deployment F-12 and VSTO courses, the treating Veterinary Corps Officer (VCO) had experience and training in the treatment of GDV. Fortunately the symptoms of bloat were caught early by the CWD team and assets were available to rapidly transport the MWD to Bagram Air Field for treatment.

Recognizing a surgery of this type presents a unique opportunity for MWD cross training for local medical providers, the VCO invited a USAF, Craig Joint Theater Hospital Trauma Surgeon to assist with derotation and gastropexy surgery. An Animal Care Specialist performed anesthetic monitoring and took care of the patient during surgery and recovery.

The MWD has since made a full recovery and the BAF team prepares for the next emergency.



Above: The typical "Boxing Glove" appearance of GDV on an x-ray.

Below (L to R): VCO and Animal Care Specialist with MWD after a job well done.



Above: VCO and assisting human surgeon can focus on surgery while an Animal Care Specialist monitors vital signs.

Below: Surgical repair of an Auricular Hematoma for another CWD.



994th MDVS: Forward Veterinary Care

Dec 17, 2015, Kandahar: An MWD pulled the rope from his "kong" (an authorized MWD reward toy) and swallowed it whole. The rope was about 14" long and 1/2" wide. Radiographs were taken but the rope wasn't radioopaque and wasn't apparent in the stomach, however the MWD handler had witnessed the MWD ingesting the rope. The MWD was anesthetized and intubated, and the rope was successfully retrieved via endoscope at the NATO Role III procedures room by the Veterinary Corps Officer.



Left: VCO shows a Navy Nurse at the Role III how to place an airway tube in a canine patient. Center: TAAC-S MWD handlers practice placing an IV catheter. Right: MWD recovers from anesthesia after the Veterinary team retrieved his unauthorized snack. He has made a full recovery.

Kandahar: Combined MEDEVAC Training



Jan 5, 2016, Kandahar: The 994th MDVS has responded to a number of requests for MWD emergency training after a real world MWD Casualty in early December.

Above left: TAAC-S MWD Handler prepares to apply a bandage to an MWD during scenario training, working side by side as the FST medic at center works with a human casualty and directs care and evacuation of the MWD. Above right: VCO instructs flight line medics on proper restraint of an injured MWD. Left: MWD takes in the view from a MEDEVAC helicopter.

218th MED DET (VSS) - Operation Crimson Badger

The 218th MED DET (VSS) held a combined surgical and field training exercise, Operation Crimson Badger, from 23 FEB 2016 to 4 MAR 2016. In the course of Operation Crimson Badger, Soldiers from the Detachment put on and participated in training events ranging from a lane testing All Warrior Tasks such as reacting to fire and movement drills to an EFMB testing lane in which Soldiers practiced loading casualties onto military vehicles and reacting to a chemical attack. Moreover, veterinarians and veterinary technicians set up separate role II and role III veterinary field hospitals and conducted 30 dental and surgical procedures, while food inspectors from the Detachment set up the Food Protection Laboratory and performed real-world sample testing, sanitary inspections, and commercial sanitary audits. Additionally, the Washington State Department of Agriculture trained Soldiers on Avian Influenza disease outbreak investigation. During the second week of the exercise, the Detachment also participated in training scenarios with its overarching Brigade, the 62nd Medical BDE, in which a Veterinary Services Support Team reacted to an ALFOODACT, a Rabies suspect, a canine gun-shot victim, a MWD semi-annual physical exam, and participated in a MEDCAP scenario. It is also noteworthy that while acting as oppositional forces, Soldiers of the 218th MDVSS invaded the defenses of the 47th Combat Support Hospital and took its dining facility and tactical operations command hostage.

The knowledge the Soldiers gained and the skills they honed will be utilized in April 2016 when the Detachment deploys teams to Kodiak, Alaska for Operation Artic Care in addition to exercises the unit participates in around the world such as Pacific Partnership.



Soldier looks on from a fortified fighting position. Soldiers constructed fighting positions and other force protection measures during the FTX.



Soldiers plotting GPS points as part of a land navigation training.



Soldiers at the head of the litter in training on casualty evacuation.

218th MED DET (VSS) - Operation Crimson Badger (cont.)



A Food Inspector lays out petrifilms that were used to test long expired MREs in the Food Protection Laboratory.



A Non-Commissioned Officer (left) discusses MRE inspection documents with Soldier (right).



Soldier reads results from the Novalum used for testing food processing surfaces for bacteria as part of food inspection training.



An Animal Care Technician restrains a patient on the radiography table. Soldiers of the 218th MDVSS performed abdominal and thoracic ultrasounds and abdominal, thoracic, and skeletal radiographs of canine patients to demonstrate the role III veterinary field hospital's imaging capabilities.



Two surgical teams operate side by side in the 218th MDVSS's role III veterinary field hospital. Thirty procedures were performed that included dental cleanings, spays, neuters, rhinoplasties, and a correction of a prolapsed gland of the third eyelid on privately owned animals and military working dogs.



The 218th MDVSS's FOB including TOC, role II veterinary field hospital, role III veterinary field hospital, Food Protection Lab, SIPR/NIPR access point that enabled internet access throughout the exercise, and tents for dining and sleeping.

72nd MDVSS Pre-Deployment Training

During the month of January 2016, the Soldiers of the 72nd Medical Detachment (Veterinary Service Support) completed their final certifications for the unit's upcoming deployment in support of Operation Spartan Shield. From 4-15 January, two instructors from the Food Protection Branch at the AMEDD Center & School executed the Surveillance Food Laboratory Course for 10 personnel from the 72nd and PHCD-Fort Knox. The training will ensure that the unit's Food Protection Laboratory Team will be able to continue to expand surveillance laboratory capabilities during the deployment.



72nd and PHCD-Fort Knox Soldiers with AMEDD C&S instructors.

Next, the unit executed its final deployment certification exercise from 19-21 January. 72nd Soldiers deployed to Camp Hinsch (Fort Campbell Training Area) and simulated real-world animal medicine, food protection, and public health support scenarios they are likely to face in the next year. The Headquarters element also received a number of realistic administrative scenarios to ensure that personnel, supply, communications, and operations elements understood the challenges ahead. The exercise received support from an OC/T team from the 43d MDVSS, Fort Hood. This team served as an essential source of knowledge and mentorship during the event. The exercise was affected by unpredictable January

weather, cutting it short by one day to ensure everyone made it home safely before the storm that resulted in the Washington DC blizzard hit Ft. Campbell. But not before the Soldiers had a little fun in the snow. In the end, the unit achieved its goal to reinforce previous training and provide each Veterinary Service Support Team with the opportunity to work on both collective and individual veterinary service support tasks. They are prepared to assume the current mission and adjust as necessary to the changing operational environment.



Alpha Team Food Inspection Specialists simulate sampling in a CBRN environment and discuss proper sample submission procedures.



72nd MDVSS Eagle Vets, January 2016



Maintaining Competency Through Community Service

Press Release

For Immediate Release

January 12, 2016

Killeen Animal Services partners with Fort Hood Veterinary Services to initiate the Killeen Spay and Neuter Program.

Members of the 43D Medical Detachment Veterinary Services Support (MDVSS) and the Killeen Animal Services have formed a partnership in an effort to help maintain unit and individual readiness and proficiencies, while simultaneously providing a service to the community that will enhance the likelihood of successful adoption of shelter animals and to help reduce the number of unwanted animals.

On Wednesday, January 13, 2016, at 1:15pm, the new partnership will be showcased as the 43D MDVSS will be at the Killeen Animal Shelter to perform spay/neuter surgeries. **Killeen Police Chief Dennis Baldwin and 43D MDVSS Commander, LTC Carl Shaia, will be at the Killeen Animal Shelter, located at 3118 Commerce Drive, both will be available for comment.** Also in attendance will be members of the KISD Career Center Certified Veterinary Assistance Program, to observe the aspects of the veterinary profession specific to the U.S. Army. Dr. Davis with the El Centro Pet Clinic will also be supporting this operation by providing rabies vaccinations for the shelter animals that go through this clinic.

Once a month the 43D MDVSS will send a Veterinary Service Support Team to conduct spay/neuter surgical operations at the Killeen Animal Shelter. Under the supervision of a Veterinary Corps Officer, each team will set up and utilize fielded medical equipment to conduct spays and neuters of animals selected by shelter personnel, that will become available for adoption.

Carroll Smith
Public Affairs
Killeen Police Department



A UNIQUE OPPORTUNITY FOR THE (64-)DELTA FORCE: GLP TOX PATH

LTC Erica E. Carroll, DVM, PhD, Diplomate, ACVP

Until recently, serving as an Army anatomic veterinary pathologist (64D) meant performing necropsies on laboratory or companion animals, evaluating tissues microscopically, rendering a diagnosis, or characterizing the course of disease in pathogen research. Service at several Department of Defense (DoD) laboratories involves assessing the efficacy of various novel therapeutics, blood substitutes, wound dressings or medical countermeasures to meet DoD biomedical needs. The Army, Navy and Air Force all have employed the skills of Army veterinary pathologists. One assignment for a 64D, however, is unique in that it is the sole billet focused purely on toxicologic pathology.



When troops began improvising during battle, using signaling smokes as obscurants, and reporting symptoms, the Toxicology Directorate was asked to assess the components for potential toxicity.

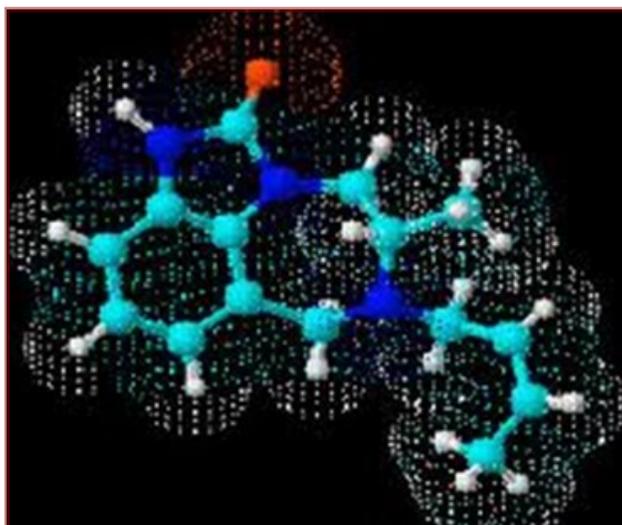


The APHC(P) Toxicology Directorate tests components of munitions such as this Lance rocket, now retired.

In 2009, the Toxicology Directorate of what is now the Army Public Health Center-Provisional (APHC(P)) was chartered to conduct toxicity studies in compliance with Good Laboratory Practice (GLP) Standards in order to comply with Army regulations which require substances intended for the Army Supply Chain to be approved for use through a Toxicity Clearance. The directorate assesses the toxicity of new compounds of military interest (e.g., fire retardants, smoke grenade constituents (Figure 1), munitions, rocket components (Figure 2) and explosives) to determine if they may harm military or civilian personnel or the environment. The mission to test these substances under GLP conditions and approve or disapprove their use with a Toxicity Clearance is unique within the military.

The goal of the Toxicology Directorate is to assess the toxicity of a new molecule or substance early in the

research, development, testing and evaluation phase. Computer models can predict the toxicity of a theoretical substance and compare it to similar molecules whose toxicological properties are known in order to estimate toxicity (Figure 3). This is followed by *in vitro* testing to evaluate the potential of the substance to cause cell death, genotoxicity, or other functional effects. If a new compound passes those tests and is efficacious the TOX Directorate toxicologists develop focused rodent study protocols (acute, subacute, subchronic or chronic) to mimic expected exposure parameters.



Quantitative Structure Activity Relationship (QSAR) compares the molecular structure of a new compound to molecules whose structure and pharmacokinetics are known to predict the physicochemical and toxicological characteristics of many compounds.

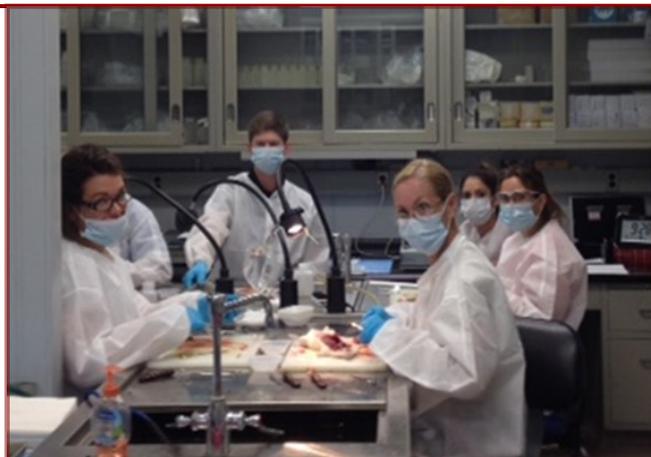
A UNIQUE OPPORTUNITY FOR THE (64-)DELTA FORCE: GLP TOX PATH

The APHC(P) veterinary pathologist leads the Division of Toxicologic Pathology (DIV TOX PATH), whose mission ramps up at the end of the in-life portion of each study. During scheduled necropsies the pathologist oversees the post-mortem examination (Figure 4) while the necropsy team performs an organized dissection (a 'disassembly line'), recording gross observations and organ weights and harvesting tissues for analysis.

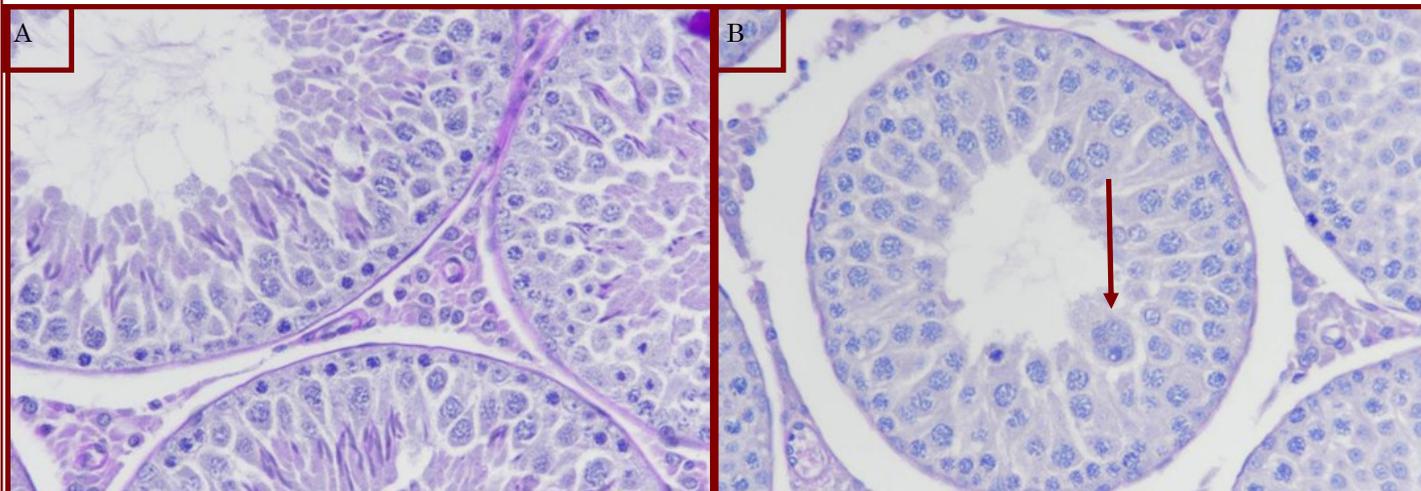
Results of toxicity studies performed at the APHC(P) strongly influence whether a new compound will be fielded to which warfighters will be potentially exposed, therefore the impact can be substantial. This work can result in contribution to the body of knowledge of new compounds, to the establishment of safety guidelines and development of professional scientific publications and presentations.

The TOX Directorate 64D billet requires an Army veterinarian who is board-certified in anatomic veterinary pathology, and one who must learn to function and thrive in a GLP-compliant environment. He/she must build on or learn skills not generally taught during the pathology residency, such as stage-aware spermatogenesis evaluation of rodent testis (Figure 5), cycle evaluation of female reproductive tissues and more detailed neuro-microanatomy. Assessment must include characterization of any evidence of harm to tissues at the organ or cellular level (lesions) but also an assessment of potentially adaptive changes, or the reversibility of lesions upon cessation of exposure.

For those veterinarians who enjoy microscopy and the study of disease (or toxicologic) pathogenesis, a residency in anatomic veterinary pathology in preparation for assignment as the Chief, DIV TOX PATH in the APHC TOX Directorate deserves serious consideration. Toxicologic pathologists, who are generally veterinary pathologists, are important members of organizations such as the U.S. Environmental Protection Agency and the FDA and related private industry.



At the end of studies, tissues are collected and processed tissue for microscopic evaluation. Each member of the team has specific duties resulting in an efficient 'disassembly line.'



Reproductive toxicity is a key part of the pathologist's microscopic evaluation. In contrast to the normal seminiferous tubules from a rat testis (A), tubules on the right (B) from a rat exposed to a munition component lack maturing (elongating) spermatozoa and exhibit multinucleate (abnormal) germ cells (arrow). Periodic Acid Schiff stain is used to highlight developing sperm.

Post veterinarian finds her field fascinating

When Capt. Erin Stein comes to work each day at Redstone Arsenal's Veterinary Services facility, she does it in part, for her brothers.

"I love the working dogs," said Stein, officer in charge of the Redstone's Veterinary Services section. "I have a passion for them. They're incredible at what they do. I come from a military family. Both my brothers are serving currently as well. In a way, this is my way of making sure that people like my brothers make it home, because that's what these dogs do – they save lives."

It is the furry faces of those working dogs that line the walls of the waiting room at Redstone's Veterinary Services facility, where active duty and retirees can take their dogs and cats for basic care by Stein and her friendly staff. Just as Stein is new to the facility – she arrived nearly three months ago – Veterinary Services will soon have something new to offer its patients: soft tissue surgeries, meaning pets can now be spayed or neutered on post, or if they need it, have small masses removed.

"It is a major change that a lot of the Veterinary Corps is undergoing right now," Stein said. "The role of the Army veterinarian is primarily, first and foremost, to serve the military working dogs. That is our number one mission; we will drop anything for those working dogs. That's how important these dogs are."

"The role of the pet – that's my ability to learn and extend my knowledge as a veterinarian on those pets so that the Soldiers are better served. Up to this point, surgeries have not been routinely offered in the Veterinary Corps in the Army, just because our role is not to be primary care for the pets, it's a privilege that's offered for Soldiers and their pets. It's huge that the Veterinary Corps has lightened those restrictions and allowed us to have so many anesthesia days a month. It's an important benefit, because that allows us to make sure that the pets on post are spayed and neutered, that they get the proper dental care, and it also gives me a chance to get more surgery time to better prepare to serve the working dogs."

Surgery days will be on Mondays, with appointments scheduled for Tuesdays through Thursdays. In an average week, Stein and her staff see about 45 to 50 patients. Once surgeries begin, they will care for two to three pets on Mondays, to ensure they are able to properly monitor the dogs and cats post-surgery.

While care for the military working dogs is her primary mission – the dogs provide a critical role in illegal substance detection and patrol and protection services for the installation – Stein also oversees the food mission on post, which involves food inspections and audits, in addition to her veterinary duties.

A military brat, Stein's father served in the Army, before transferring to the Air Force to pursue his love of flying as a pilot. Moving to Illinois at 16, Stein went on to attend the University of Illinois at Urbana-Champaign, where she received both her undergraduate and graduate degrees. Joining the Army June 14, 2015, Stein is about as new to the uniform as she is to Redstone.

"It's a fascinating field because nothing is ever the same," she said. "I have not had a stereotypical veterinary day, where I just see puppies and kittens – there's no such thing as just seeing puppies and kittens. That's what I love about veterinary medicine, is it's so different. There are so many opportunities. In the civilian world, I could go anywhere, and in the Army, and the fact that it has such a huge food mission and public health mission, I can really do just about anything. I find that incredible."



By AMY GUCKEEN TOLSON Staff writer amy.tolson@theredstonerocket.com | Posted: Wednesday, January 20, 2016 10:00 am in The Redstone Rocket

GTMO Section Participates in Cuban Boa Research



Above: Dr. Tolson, assisted by GTMO VTF Soldiers, capture and transfer a snake to the VTF's enclosure

Below: Snakes intubated, gender identified, microchips & transmitters implanted.



Baby Boas are born with 15-20 siblings



GTMO Veterinary Treatment Facility (VTF) Soldiers were given the opportunity to assist Dr. Pete Tolson, Director of Conservation of the Toledo Zoo, with his research on the lives and habits of the *epicrates angulifer* (Cuban Boa). There are currently 12 adult snakes with tracking devices in them which Dr. Tolson monitors and documents behaviors. The Soldiers assisted in the tracking and capture of five pregnant female snakes in order to document birth rates, measure the offspring, and set up tracking devices in five of the largest newborns. Dr. Pete Tolson was stationed in Guantanamo Bay, Cuba as a Marine from 1968-1969 and fell in love with the local wildlife. He obtained a PhD with a focus on the Cuban Boa after he left the Marine Corps and has returned to GTMO twice a year for the past 15 years to conduct his research. Dr. Tolson also trained the new VTF Soldiers how to surgically implant tracking devices into the snakes. These skills will make it possible for the GTMO Section Soldiers to implant tracking devices in snakes brought to the VTF when Dr. Tolson is not there, thus increasing the amount of snakes in the study.

OUTCOME: The observed female snakes gave live birth to 62 baby snakes during the visit. With their newly acquired skill sets, the GTMO Section Soldiers were able to induce anesthesia, measure, perform appropriate surgeries, and administer antibiotics to the five largest offspring after Dr. Tolson had departed the Island. The snakes will be tracked weekly to chart survival rates and growth pattern.

PHCD-Japan (South) participated in a FTX at Okinawa

Public Health Command District Japan Okinawa Branch hosted a Field Training Exercise for Okinawa, Iwakuni, and Sasebo branches 17-19 February 2016. The FTX allowed the branches time to prioritize mission readiness, focusing on M-4 qualification, land navigation skills, and medical lane training. The FTX was held at various locations around Okinawa on Kadena Air Base, Camp Hansen Marine Corps Base, and USAG Torii Station.

1st Special Forces Group provided excellent instruction on weapons qualification and familiarization during the first two days of the FTX. 100% of Soldiers qualified on the M-4 and many Soldiers were able to fire multiple times, improving their scores for extra promotion points. In addition to focusing on the fundamentals of marksmanship on the M-4, Soldiers were familiarized with pistols (M-9, Sig Sauer and Glock) along with other weapons like the HK-MP5 and the SCAR-H. An Okinawa Veterinary Corps Officer (VCO) won the pistol marksmanship exercise, with one of her Non-Commissioned Officers (NCO) coming in second. Junior Soldiers also had the opportunity to set up and tear down the range on the second day, learning valuable skills they will use as NCOs.



The group participated in an obstacle course on Camp Hansen at the end of the second day, not only getting a great workout but also learning how to work together as a team and build leadership skills.

The final day was filled with refresher land navigation training through a challenging course on Torii Station. The dense Okinawan jungle and steep terrain, while difficult to navigate, was a great illustration of how important it is to know and practice these Soldier skills.



Finally, the FTX was rounded out with medical lane training. Another VCO gave training on what to expect when competing for the Expert Field Medical Badge and set up a combat training lane where Soldiers could practice medical care under fire, triage skills while treating multiple patients, and MEDEVAC requests for a helicopter landing point.

This was the first of what hopes to be an annual FTX for PHCD-Japan South.



Fort Buchanan Partners with 81st Civil Affairs for Mission Rehearsal Exercise

The Veterinary Corps Officer for Fort Buchanan Veterinary Services partnered with the 81st Civil Affairs Battalion veterinarian from Fort Hood, for part of a week-long Mission Rehearsal Exercise (MRX). Along with 321st Civil Affairs Brigade (San Antonio), 8th Psychological Operations (Fort Bragg) and 95th CA BN (Fort Bragg), the 81st Civil Affairs Battalion (CA BN) conducted the MRX and validation for upcoming Southern Command deployments.

From 09-10 March 2016, Fort Buchanan VS and Delta Company/81st CA BN organized and executed training for a Veterinary Civic Action Program (VETCAP) in Aguadilla, Puerto Rico. Team medics, BN veterinarian, and BN surgeon worked with the “host-nation” veterinarian to provide remote care to privately owned animals, and to provide education and other services to animal owners. The VETCAP focused on basic preventive care and infectious and zoonotic diseases in a notional marginalized rural area of operations (AO).



D/81 team medics and BN surgeon) greet the first patient of the day.



D/81 team medics conduct initial assessment and exams.

In addition to military medical stability operations (MMSO) direct patient care, the engagement: (1) built team medics’ animal and live tissue skills (e.g., blood collection, subcutaneous and intramuscular injection); (2) enhanced interoperability with organic public health assets; (3) established a potential chain-of-custody for class VIII supplies to the Caribbean AO; and importantly, (4) strengthened strategic communication and positive perception of US forces.

After the clinic and subject-matter expert exchange, 81st CA BN released expendable class VIII to partners and catalyzed further supplies (from the American Veterinary Medical Association) to non-governmental organizations in Puerto Rico. Informally, 81st CA BN planned to conduct future SMEs and engagements. Thanks to all the role-players, command teams, and most importantly owners and their pets at Coast Guard Air Station Borinquen for making this a successful exercise! Hasta Pronto!

For more info on this exercise see: <https://www.facebook.com/85thCivilAffairsBrigade/videos/vb.158599327507841/1176964275671336/?type=2&theater>



VCOs pose with the last satisfied customer of the exercise.

Veterinary Services Soldiers are Army Strong!



South Texas Branch Veterinary Services (PHCD -FH) Soldier wins Installation Weightlifting Competition. A Specialist (Center) took first place in the Female Category in her installation's Weight Lifting Competition held at Soto Cano Air Base, Honduras. This is her second win since her arrival in October.



Five officers from the Ft. Carson Public Health Command and the 438th MDVSS completed the English Channel Swim Challenge sponsored by Fort Carson Aquatics. The challenge required swimming 22 miles within 12 weeks from 4 January to 28 March. That's 38,720 yards or 1,549 lengths of the pool. All this for a t-shirt and of course, improved physical

February is National Pet Dental Health Month

Even if your clinic does not perform dentals, you can still provide pet owners will information on pet dental care.

Veterinary Resources for
Pet Dental Health Month

Get the word out at your clinics!!!

February is National Pet Dental Health Month

Veterinary resources are available on the AVMA website:

<https://www.avma.org/Events/pethealth/Pages/February-is-National-Pet-Dental-Health-Month.aspx>



Comprehensive Oral Health Assessment and Treatment (COHAT) Guidelines

The Veterinary Medical Standardization Board (VMSB) is pleased to release the Comprehensive Oral Health Assessment and Treatment (COHAT) Guidelines. This new guideline for small animal patients is based on current, qualified evidence-based medicine as well as expert consensus statements and guidelines. The term COHAT accurately describes the multistep process from admission to discharge for a patient that is presented for evaluation of plaque, gingivitis, periodontal disease or other oral disease. This process of COHAT starts with a thorough patient history and ends with a discharge appointment where procedures and home care instructions are discussed in detail.

The guidelines that follow are established not to limit clinicians from the inherent differences in practice that occur due to varied training backgrounds and experiences, but to promote uniformity among our caregivers and to enhance the practice management aspects inherent in a dispersed multi-site veterinary practice. It is well beyond the scope of these guidelines to be an encompassing instructional document on veterinary dental care; there is a vast array of printed resources and educational courses that may be referenced for additional detailed instruction. These guidelines serve to provide parameters for provision of care based on facility tier, provide key points associated with common tasks, and establish standards for these tasks that must be adhered to for consistency of care in our global practice environment. These guidelines are intended to serve as sound guidance for all veterinarians and animal care specialists/technicians within the US Army Veterinary Service, and should be followed with the concept of COHAT as the core, breaking down oral evaluation and treatment into task components that should be customized to the individual patient. Questions, concerns, and recommendations should be submitted to the VMSB for consideration.

The COHAT document can be located in Lotus NotesàDiscussionsàVMSB Approved StandardsàDentistryàCOHAT. It is also listed under Evidence Based Medicine GuidelinesàCOHAT.

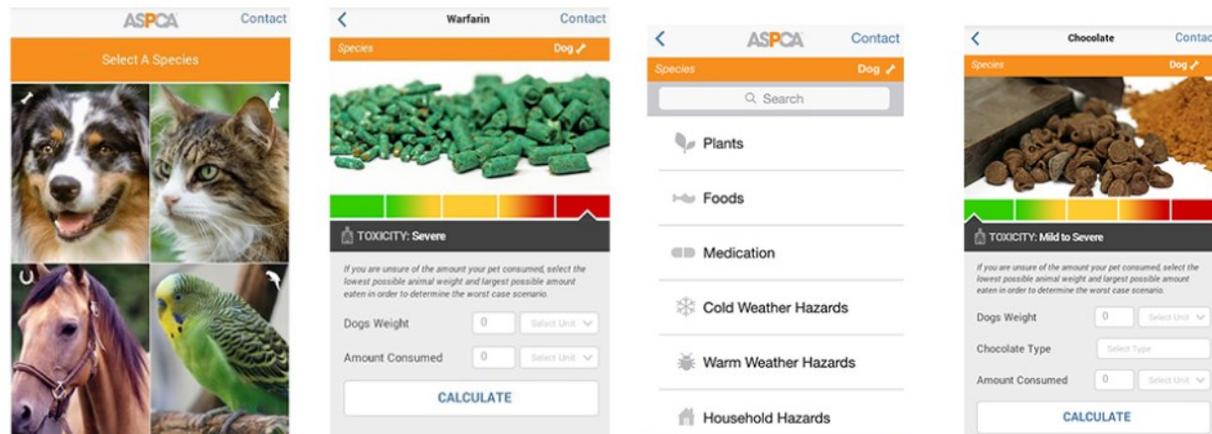
The document will also be linked in the Left Hand Navigation within the ROVR application.

A special thanks to the veterinarians contributing to this effort!

National Animal Poison Prevention Week – 20-26 March 2016

ASPCA Animal Poison Control Center (APCC) free mobile app available!!!

<https://www.aspc.org/pet-care/animal-poison-control/apcc-mobile-app>



ASPCA Animal Poison Control Center has a free mobile app for pet owners available for download. ASPCA states that the app includes, “colorful images for easy identification, level of toxicity, side effects, and actions to take for each item listed.” The app is available at the Apple App Store and as an Android App on Google Play.

1. "The views expressed in this product are those of the author(s) and do not necessarily reflect the official policy of the Department of Defense, Department of the Army, U.S. Army Medical Department or the U.S."
2. "Use of trademarked name does not imply endorsement by the U.S. Army, but is intended only to assist in identification of a specific product."

Could Your Diet Kill Your Dog ?

Xylitol is a sugar substitute commonly used in sugarless gum, children's chewable multi-vitamins, oral care products and a variety of nut butters (such as peanut butter, sunflower butter; check the brand ingredients before feeding to pets). It also used in many dietary baked goods and candies. Xylitol containing products are recommended for diabetics and those following low-carbohydrate diets. However, xylitol is extremely dangerous to your dog. If you see "naturally sweetened" or "natural sweetener" promoted on the product, check the ingredients for "xylitol" or its chemical classification, "sugar alcohol."

The effects of xylitol can be seen within 30 minutes of ingestion and can be very severe. In some cases xylitol has resulted in acute liver failure. Only a couple of sticks of xylitol gum can be toxic to a 20 pound dog.

For additional information please visit:

<https://www.avma.org/News/JAVMANews/Pages/061001b.aspx>

<https://www.aspc.org/>

<http://www.fda.gov/AnimalVeterinary/NewsEvents/CVMUpdates/ucm244076.htm>

National Heartworm Awareness Month

It's Heartworm "Season." What is the definition of seasonality in your specific location? Are you experiencing an early spring? Was there a late winter? These are just two of the factors that adjust our definition of seasonality.

What should we be recommending for timing of heartworm prevention?

The American Veterinary Medical Association, the American Animal Hospital Association and the Companion Animal Parasite Council all recommend following the American Heartworm Society's guidance of year round prevention for all dogs and cats (specifically in areas where heartworm infection is considered endemic in dogs).

The American Heartworm Society (AHS) guidelines explicitly recommend year round administration of macrocyclic lactone preventives as well as annual testing (for dogs). Administering a preventive year-round also has merit for the following reasons: 1) activity against some common intestinal parasites and external parasites (with specific products); 2) increased compliance, and 3) retroactive efficacy as a safeguard for inadvertent missed doses.

Recently, macrocyclic lactone resistant microfilaria has been a topic of concern for veterinarians and pet owners. It is important to understand and communicate information about resistance appropriately to pet owners. Key points include:

- Research findings do not demonstrate widespread ineffectiveness of available heartworm preventives; macrocyclic lactones continue to be effective in the vast majority of cases.
- The latest information reinforces what the American Heartworm Society (AHS), along with other heartworm experts, has advised for years—that appropriate, on-label usage of macrocyclic lactones is paramount. Inappropriate product use, such as the use of macrocyclic lactones alone (the "slow-kill" method) to treat heartworm-positive dogs, and the off-label use of large-animal products as heartworm preventives, is not recommended.
- Lack of efficacy in heartworm preventives can be related to many factors, including resistance, but the most important of these is compliance. By following label recommendations for the use of preventives, and monitoring patients appropriately, veterinarians can play a vital role in maintaining the effectiveness of macrocyclic lactones medications.

The guidelines also recommend a specific treatment protocol for heartworm-positive dogs. This treatment protocol includes administration of doxycycline in combination with a macrocyclic lactone, followed by a three-dose regimen of melarsomine.

It is very important that the entire veterinary team be educated and in concert with each other regarding heartworm preventative protocols within your practice. There are many resources to provide training to every staff member.

<https://www.heartwormsociety.org/veterinary-resources>

<http://www.capcvet.org/capc-recommendations/canine-heartworm/>

<https://www.avma.org/public/PetCare/Pages/Heartworm-Disease.aspx>

Current formulary approved heartworm preventatives:

DOGS:

Heartgard Plus

Tri-Heart Plus

Advantage Multi

CATS:

Revolution

Heartgard

SPREAD THE NEWS!!! Encourage pet owners to find out more!!!

April is: National Heartworm Awareness Month;

<https://www.heartwormsociety.org/pet-owner-resources/heartworm-basics>

American Red Cross Pet First Aid Awareness Month;

<http://www.redcross.org/news/article/April-Is-Pet-First-Aid-Awareness-Month>

Prevention of Cruelty to Animals Month;

4-10 April - National Public Health Week;

<http://www.nphw.org/about>

26 April - National Kids and Pets Day;

11 April - National Pet Day;

30 April - World Veterinary Day

www.worldvet.org

17-23 April - National Pet ID Week;

Canine Influenza

APHC(P) Technical Communication

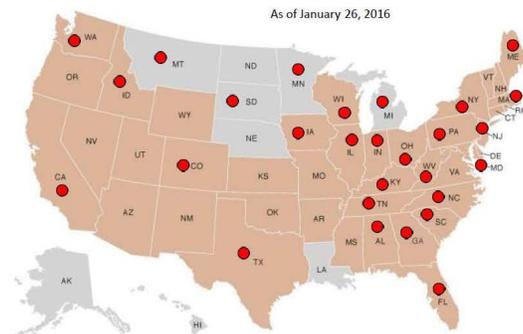
11 February 2016

SUBJECT: Canine Influenza H3N8 and H3N2 Update

1. Canine influenza (dog flu) is a contagious respiratory disease in dogs caused by a type A, Canine Influenza Virus (CIV). Currently, there are two canine specific influenza strains circulating worldwide: H3N8 and H3N2. In some states, CIV is a reportable disease. To date, human infections have not been reported with either canine influenza viruses.
2. H3N8 virus is closely related to an influenza virus discovered in horses over 40 years ago. This horse influenza virus adapted to and resulted in clinical infection in dogs, and was first isolated and reported in 2004, initially in greyhounds. This virus is now considered a dog-specific lineage of influenza A (H3N8) virus.
3. H3N2 (canine variant) virus was first detected in dogs in 2006/7 in South Korea and since reported in China and Thailand. Preliminary findings suggest the virus is of avian origin adapted to infect dogs. H3N2 (canine variant) virus is different from human seasonal H3N2 viruses.
4. Practice of sound husbandry and cleaning techniques is vital to prevent the spread of CIV. AVS personnel should wash hands and take common precautions to prevent droplet and aerosol spread between patients with respiratory symptoms. Wash hands and change clothes following handling of known-exposed and/or sick dogs before handling other patients or pets. Soap and water is very effective at inactivating influenza virus. To treat surfaces such as kennels, exam tables, and doors, approved veterinary disinfectants such as quaternary ammonium compounds or common household bleach solutions (1:30 dilution) are effective at killing the CIV.
5. The VMSB and GVMP have approved two vaccines to protect dogs against canine influenza A H3N8 and H3N2. Both are available through Henry Schein Animal Health (as of 16 FEB 2016).
 Nobivac[®], Canine Flu H3N8 [manufacturer Merck]
 Nobivac[®], Canine Influenza Virus H3N2 [manufacturer Merck]
6. Immunizing MWDs against CIV should be performed on a kennel by kennel basis case and after consultation with the supporting Clinical Veterinary Medical Specialist or DODMWDVS. Likewise, Army veterinarians should assess risk with pet owners (e.g., living in a CIV outbreak area, known exposure to a CIV-infected dog, etc.) and determine if the POA is a vaccine candidate. There are no CIV vaccines for cats.

H3N8 and H3N2 Cases

As of January 26, 2016



H3N8: *Source: Syndromic surveillance data of Dyrda Crawford, DVM PhD, University of Florida; Edward Dubovi, PhD, Cornell University; Sarraj Kapil, DVM, PhD, ACVIM, Oklahoma State University; Rhode Island State Veterinarian's office; and IDEXX Laboratories, October 2015.

H3N2: Task Force Surveillance Program, Jan 2016

States with CIV-infected dogs

● H3N2 ■ H3N8

Mesenteric Torsion

Mesenteric or intestinal torsion is a rare, often fatal condition that appears to be over-represented in Military Working Dogs (MWDs). This article is intended to raise awareness of the condition, to assist with diagnosis, to stress the importance of 64F consultation, and to emphasize early surgical intervention when mesenteric torsion is suspected. Handler training is also important so that they know and understand some of the clinical signs that might indicate a torsion, or at least the need for emergency veterinary care.

The condition continues to be a diagnostic and treatment challenge in the Military Working Dog with at least one dog lost to this condition every calendar month during 2014. Thus far in 2016 we've already lost another four, and only have FIVE known survivors since 1990. We want to re-emphasize the condition, diagnostic methods and aggressive treatment as well as discuss proper and timely reporting of cases.

Several breeds are affected and the condition has been reported in all dog breeds currently employed by the DOD and TSA. German Shepherds appear over-represented in veterinary literature and the current study examining risk factors in Military Working Dogs also found that German Shepherds have a higher risk for developing this condition. While the underlying cause is unknown, an increased risk of torsion has been associated with concurrent GI disease including parvoviral enteritis, intussusception, exocrine pancreatic insufficiency, intestinal neoplasia, parasites and GDV. Dogs of virtually any age can be affected. Rapid presentation by the handler, diagnostics, stabilization and early surgical intervention are all related to survival.

Clinical Signs:

Both Veterinary Service and kennel personnel must understand that clinical signs can vary from severe to mild depending on duration of the condition. Common signs are similar to many other acute abdomen cases- lethargy or collapse, persistent restlessness, abdominal pain, abdominal distension (may be minimal), tachycardia, hemoconcentration, severe hematochezia (profuse, frankly bloody stool), and shock. It also merits mentioning that prior to shock and collapse severe hematochezia might be the most important clinical sign seen at the kennel. However, some of the recent MWD cases have presented with mild, nonspecific signs and were only diagnosed after radiographs and exploratory surgery. Body temperature can be variable with both hypo and hyperthermia reported. Some patients are found dead.

The diagnostic workup for these cases includes: Chemistry panel with electrolytes and complete blood count, lactate if available, fecal exam, abdominal radiographs and an AFAST exam.

It is important to obtain early radiologic diagnosis for suspected mesenteric torsion. However, initial treatment for shock is often needed, with radiographs following as soon as the dog's condition allows. If torsion is a possible differential based on clinical signs and/or radiographic findings, it is necessary to recognize the need for surgical intervention as soon as possible.

While some animals have vague signs, the following signs are indicators for radiographs in all acute cases:

Severe or persistent abdominal pain or rigidity

Abdominal distension

Any indication of shock: tachycardia, weak pulses, collapse, decreased CRT, pallor, hyperthermia that is not related to exertional causes, hypothermia.

Hematochezia in conjunction with other clinical signs

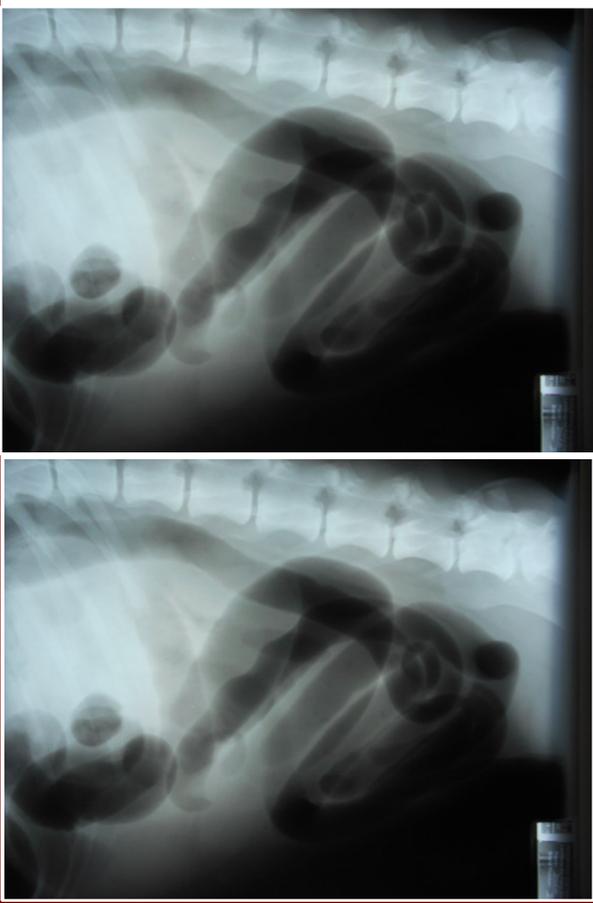
Unexplained or refractory tachycardia with any abdominal discomfort

When there is doubt or concern about the cause of any nonspecific abdominal signs

Differential diagnoses include any causes of acute abdomen: mesenteric torsion, GDV, pancreatitis, HGE, GI foreign body, septic peritonitis, bile peritonitis, trauma, splenic torsion, urinary obstruction, and neoplasia.

Diagnostic Imaging:

CASE 1: Note the dilated loops of bowel, mainly colon. The colon cannot be completely followed to the rectum. The typical generalized small bowel dilation is not noted in this case. This was a mesenteric torsion involving small bowel and colon. Additionally, there is incidental cecal inversion into the gas-dilated ascending colon on the left side of the abdomen in the caudal VD projection. The cecum is somewhat comma-shaped and not gas filled (see arrows).



CASE 2: Note the dilation of the bowel and stacking of the intestinal loops. The colon cannot be completely followed to the rectum. This was a full mesenteric torsion.



Treatment: Again, initial treatment is aimed at correcting shock and may be required before radiographs. Calculate the shock dose @ 90 ml/kg, give ¼ dose crystalloids and reassess every 15 minutes. For acutely decompensated patients that are collapsed, one could give hypertonic saline 1-5 ml/kg prior or in conjunction with saline. Serum lactate is a great serial marker of global hypoperfusion but should not be used as a sole prognostic indicator. Use serum lactate to monitor effect of therapy.

Upon diagnosis or suspicion of a surgical abdomen, anesthesia is initiated using the VMSB compromised patient protocol. Abdominal exploratory with resection of devitalized tissue and anastomosis is the definitive treatment. The necrosis can extend from distal to the left limb of the pancreas through much of the colon, but can also be less severe (i.e. segmental). The torsion must first be derotated in order to fully assess the extent of the resection. This is a point where many toxic cytokines are released, causing the dog to become more hemodynamically unstable. Be prepared to address significant hypotension and cardiac arrhythmias following derotation.

Post-op care: Maintain perfusion with appropriate fluid therapy; crystalloids as first choice

Often patients are severely hypoalbuminemic- may need to consider plasma or albumin transfusion if available. Patients may become markedly hyper or more likely hypocoagulable from effects of SIRS/primary disease, so monitor coags/platelet counts and consider Fresh Frozen Plasma or whole blood PRN

Monitor for ventricular arrhythmias (may need lidocaine boluses or CRI to treat). Recommend Holter monitoring or continuous EKG for at least the first 24 hours post op

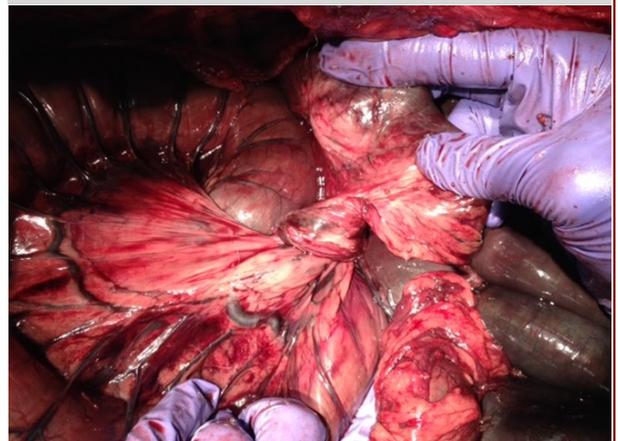
Pain management- titrateable opioid such as fentanyl as CRI 1-4 mcg/kg/hr is best. Ensure appropriate level of consciousness with serial neuro exams while on pain medications; intractable pain with opioids can be supplemented by adding ketamine and/or lidocaine CRIs.

Gut protection- recommend H2RA or proton pump inhibitor (PPI), with note that PPI takes 3-5 days to get up to therapeutic levels; can do Pantoprazole CRI with 1 mg/kg loading dose followed by 1-2 mg/kg/day CRI as PPI if desired. Incision care - when it occurs, dehiscence of intestinal surgery typically occurs 3-5 days post op.

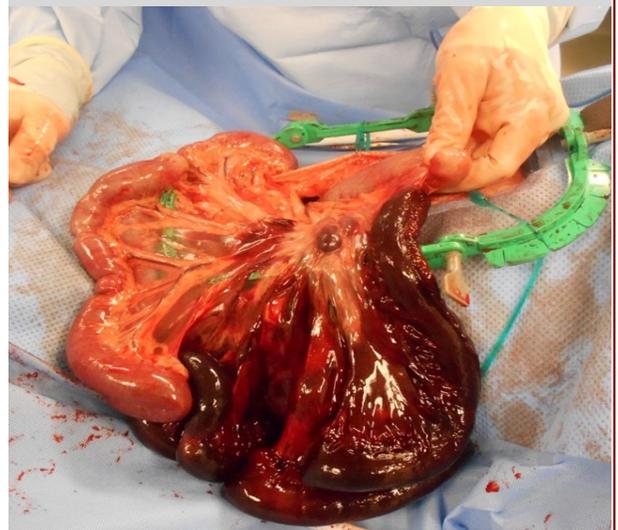
Incision care; when it occurs, dehiscence of intestinal surgery typically occurs 3-5 days post op.



Distended, necrotic bowel seen with mesenteric torsion cases.



Typical appearance of the twist at the root of the mesentery as seen on necropsy.



Segmental necrosis prior to intestinal R&A.

Mesenteric Torsion (concluded)

NOTE: One comment about preparation for these kinds of cases is that because anesthesia is complicated, the R&A can be quite extensive and the post-operative nursing care very laborious, referral to a specialty surgical practice may be the best course of action. Additionally, when discussing referrals, it is advisable to inform the receiving veterinarian of the higher risk of mesenteric torsion within the MWD population.

It is important to remember that IAW AIPH (VET) MEMO A12-06, Unexpected Patient Death dated 3 Oct 2012 paragraph 5.b.2) that “In the case of a GOA death, the Military Working Dog (MWD) Center at Lackland AFB, TX (dog.consult@us.af.mil) must be notified by the clinical consultant (64F) and the MWD Database on Lotus Notes updated by the attending VCO or DOD civilian within 24 hours.”

Finally, the Dog Center is continuing to collect cases to examine risk factors of mesenteric torsion in MWDs. Through searching the Lotus Notes MWD database, WDMS, and the deceased dog database, and with the help of Veterinary Corps Officers and their staffs, we have identified over 62 cases since 1990.

Before shipping the record to the Dog Center, ensure that the MPL (for both ROVR and hard copy) is updated to include the mesenteric torsion event and date. When shipping the hard copy include a note that the record needs to be added to the torsion study files.

Army veterinarians mark century of service

January marks the beginning of an exceptional year for the Army Veterinary Corps. On June 3, the Army Veterinary Corps will celebrate its 100th anniversary. However, most civilians and a large number of service men and women are not aware of what this unique and vital organization does to support the mission of the United States military.

One of the most common comments that Army veterinarians receive is, "I didn't know that the Army has veterinarians. What do you do?" The simple answer is, "A little bit of everything." We are everything that a civilian veterinarian is combined with everything that an Army officer and Soldier is. Army veterinarians are stationed all over the world and provide support to all branches of the military as well multiple other government agencies.

While the Air Force has a small number of public health veterinarians, the Army is the only branch that has clinical veterinarians. In 1776, veterinary medicine was a very young and generally unknown field, especially in "New World." However, veterinary medical expertise was recognized as a necessity for the young American Continental Army when Gen. George Washington ordered that a "regiment of horse with a farrier" be raised.

What exactly is an Army veterinarian? The quick answer is "not your normal veterinarian." Just like our civilian counterparts, Army veterinarians are licensed medical doctors having received their doctorate from an accredited school of veterinary medicine. A veterinarian has attended at least eight years of higher education in order to earn their doctorate. However, the Army challenges its veterinarians to complete an ongoing mission that regularly defies the routine.

The Army Veterinary Corps falls under the Public Health Command which is under the Army Medical Department. Army veterinarians have two major missions: animal and food. The animal mission on each post is three-fold: government owned animals, privately owned animals, and wildlife. The most important aspect of the Army veterinarian's mission involves the health and welfare of government owned animals which include the incredible military working dogs as well as horses, goats and other animals.

Army veterinarians partner directly with the dog handlers to provide both routine and emergency veterinary care for the dogs. Through this close partnership, the military working dogs have access to care from the battlefields to their home bases. Privately owned animals (service members' and retirees' pets) are also an important part of an Army vet's job. The level of care available at each post varies with the size of the post as well as the mission of the post and multiple other details.

The different levels of care range from vaccine-only clinics to full veterinary hospitals with advanced surgery capabilities. In addition to general practitioners, the Army also has specialized veterinarians including surgeons, critical care specialists, internal medicine specialists, radiologists, behaviorists, pathologists, preventive medicine experts, and epidemiologists, to name a few. Other Army veterinarians are also involved in research and development in order to make important advancements including vaccine development as well as many other important projects.

The food mission is the more unknown side of an Army vet's job. This mission involves food inspections and audits. Army vets are responsible for inspecting all sources of food available on post and to the service men and women. Even the military delicacy of MREs are carefully inspected to ensure their safety and edibility. This mission has historical significance dating back to even before the beginning of the Veterinary Corps when veterinarians were responsible for inspecting meat processing facilities that served the military. The Army soon realized that other food sources were at risk, and since veterinarians are already highly trained in public health and zoonotic diseases, the food mission expanded to what it is today.

With the high diversity of missions, many Army veterinarians spend a large percentage of their time outside of the clinic. Veterinarians in the Army have the unique opportunity of being heavily involved in countless other missions both overseas as well as within the United States. Wherever the United States military goes, there is always veterinary presence at some level in order to support the mission of both the human and canine Soldiers.

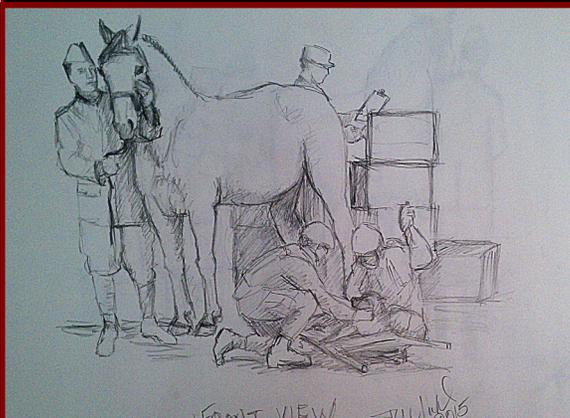
By Capt. ERIN STEIN Veterinary officer | Posted: Wednesday, January 20, 2016 10:02 am in The Redstone Rocket

Save the Date!! U.S. Army Veterinary Corps 100th Birthday, 1-3 June 2016, Fort Sam Houston

US Army Veterinary Corps 100th Anniversary



POC for Celebration: www.uniformedvma.org/



Check out our latest Veterinary Corps Video at the following link:

<https://www.youtube.com/watch?v=7kE8skGGIPU&feature=youtu.be>

US Army Veterinary Corps History

Veterinary Service Efforts in the Early Cold War

By

Nolan A. (Andy) Watson

The massive military presence (as well as military dependents) in post-war Europe provided an urgent need for food inspection. The inspection mission followed troop concentrations and local production facilities. Veterinarians and veterinary technicians served in a variety of European countries and were instrumental in preventing food related sickness for millions of people over the course of five decades.

To ensure food safety for the large Army of the Cold War, veterinary personnel were serving roles similar to USDA and the Food and Drug Administration (FDA) in overseas locations. As an example, the Veterinary Food Inspection Specialists in Romania and Yugoslavia performed ante mortem and postmortem carcass beef and pork inspections destined for all services (most meats were locally procured). Dairy plants were inspected using the FDA's Pasteurized Milk Ordinance and had to meet equivalent standards.

The US Army Veterinary Detachment, Europe performed these missions across a staggering geographic area. The countries that inspectors surveyed commercial food plants included: Denmark, Norway, Sweden, Finland, Scotland, Iceland, Greenland, The Netherlands, Luxembourg, Belgium, France, Spain, Austria, Yugoslavia, England, Wales, Northern Ireland, the Azores and Germany. These inspections involved large contracts and saved the DoD millions of dollars versus shipping perishable items overseas, thus eliminating expensive air transportation modes to deliver the items with any shelf life remaining.

Although the first mission in post-World War II Europe for veterinarians was food safety, veterinary treatment facilities were established for government-owned animals and later, pets. Veterinarians also monitored the procurement of dogs for the military. In 1950 a European Command (EUCOM) Dog Training Center was established and located at Lenggries, Germany. The unit would later change its name but not mission to the "US Army Dog Training Detachment, Europe" and was directly supported by the 51st Medical Detachment (Veterinary Animal Hospital). The 51st would remain in Europe and go through some name changes and moves in the coming decades, and was later designated as "51st Medical Detachment (Veterinary Medicine)". In 2008 the detachment left its station on Pulaski Barracks in Kaiserslauten, Germany. A veterinary activity remained in place; however, and was renamed Dog Center Europe.

Early comprehensive food testing and other diagnostic/laboratory support for veterinary activities in Europe was provided through the USAREUR Medical Laboratory located at Landstuhl, Germany. The laboratory was established in 1954 and had a veterinary element, the "Department of Veterinary Medicine" staffed by personnel assigned to the 10th and 4th Medical Laboratories. The work load was considerable. In the mid-1960s the laboratories performed approximately 60,000 separate food analysis determinations per year.

It wasn't all good news...

Military Veterinarians Ordered To Find New Jobs or Quit Forces

**Wilson Sets July 1
As Deadline for
Closeup Plan**

Image caption: Headline from European Stars and Stripes newspaper from May 22, 1956. The headline describes the problem faced by Military Veterinarians when the Secretary of Defense, Charles Erwin Wilson, issued a memorandum barring the commissioning and enlisting of veterinary personnel and also sought to replace veterinarians in uniform with contract veterinarians.

Despite successes and the growing *peace-time* force, there were detractors for the Veterinary Corps. Charles Erwin Wilson, the Secretary of Defense (1953 to 1957) sought to reduce military spending after the Korean War. In his efforts, he decided that veterinarians of the Army and Air Force would need to leave the military or find non-veterinary related positions. Wilson reasoned that contracted animal care would be more efficient, echoing statements that he had made publicly "that there were more veterinarians in the military than animals". His analysis totally disregarded food safety/inspection missions and laboratory work. Despite Wilson's May 15, 1956 memorandum barring the commissioning and enlisting of veterinary personnel and testimony before Congress (since the Veterinary Corps was established by Congress in 1916, it alone had power to disestablish the Corps), his order was rescinded. Unfortunately, the elimination of veterinary services would again be revisited after the Vietnam War.

US Army Veterinary Corps History

The US Army Veterinary Corps in Vietnam

By

Nolan A. (Andy) Watson

Earliest Phases

In an effort to bolster the Army of the Republic of Vietnam's (ARVN) capabilities, American advisors worked towards enhancing the ARVN military working dog (MWD) program. The ARVN Veterinary Corps didn't have any graduate veterinarians and the MWDs were experiencing extensive medical problems. The first Veterinary Corps officer to serve in Vietnam, First Lieutenant Roger N. Wiggins, arrived in early 1962. His mission was to help establish a veterinary care system for the ARVN MWD program.

US Veterinary Corps personnel were also involved in many ARVN civic action activities with very limited long-term success, to include holding dog clinics, human clinics, animal husbandry programs (swine, poultry, and cattle), and rabies control programs. Rabies is endemic to the country and was continually battled as American involvement increased. Civic Action activities would also continue as American involvement increased.

One of the more successful US Veterinary Corps efforts was establishing the ARVN food inspection program; the ARVN personnel trained in the United States established their food inspection program patterned after the US Army Veterinary Corps program. This included origin and surveillance inspections and laboratory testing. In 1966, US veterinary personnel established a three-month food inspection course to train ARVN enlisted personnel in Vietnam. The ARVN program developed their own combat rations that were inspected by ARVN food inspectors.

American Forces-Animal Care

In 1965, Military Police brought in the first US military dogs to support American forces. By November 1965, 180 sentry dogs were in country spread out at 10 locations. The dog food supply system and fixed kennels were not readily available, which kept veterinary personnel busy trying to mitigate problems. Marines also brought in sentry dogs. The first scout dog platoon arrived July 14, 1966 and by the end of 1966, the total number of dogs rose to 673.

The veterinary care system, patterned after the human medical care system, started at the primary level with the Military Occupational Specialty 91T (now 68T Animal Care Specialists) organic to each scout and sentry dog platoon, at the dispensary level, and the veterinary hospital level for long term care. The improved care also included an evacuation system to each level of care. Due to the wide dispersion of dog platoons and the increased number of dogs (1,200 dogs by 1967), veterinary food inspection (JA and JB) detachments had to pick up the dispensary level care. Military Occupational Specialty 91R (today's 68R Veterinary Food Inspection Specialists) were cross-trained by the VCOs to provide animal care. The JA and JB teams Tables of Organization and Equipment were eventually changed to include veterinary medicine sets and 91T personnel.

US Army Veterinary Corps History (cont.)

By January 1966, three veterinary units were in the country, the 4th (VS), 75th (VS) and the 936th. Initially, veterinary hospital care fell to the 936th Medical Detachment (ID), which maintained a small animal hospital located at Tan Son Nhut, in early 1966. The 504th Veterinary small animal dispensary arrived in Vietnam in October of 1966. Adequate veterinary assets were on ground to now focus on improving preventive medicine and kennel facilities.

The initial evacuation system did not include helicopters. By 1969, helicopter evacuation became available for dogs and handlers, and an evacuation policy was established for dogs requiring more than seven days of treatment; however, no dogs were evacuated outside of Vietnam.

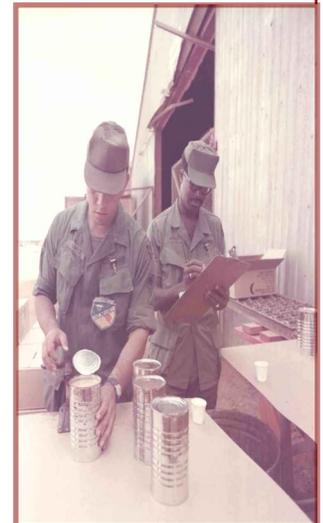
American Forces-Food Inspection

As American Forces increased so too did their need for substantial rations. Problems needed to be addressed, including substandard warehousing and storage facilities at the port, and a shortage of refrigeration and freezer space. Staggering food losses occurred until late 1967, when ships arrived with food in self-refrigerated Sea-Land vans, which could continue refrigerating the items during transport to the various bases in Vietnam. As ships took 45 to 50 days to reach Vietnam from the United States, veterinary service personnel were deeply involved with local procurement inspections of foods, to include eggs, dairy, ice, bread, and fresh fruits and vegetables; each egg had to be candled.

Filled milk plants had to be established and inspected as Vietnam practically had no dairy industry. Filled milk, or milk reconstituted from skim milk powder with vegetable fat (coconut oil) was often used in the Pacific and was of high quality, wholesome, and greatly appreciated by service members. Ice plants had to be closely inspected to monitor proper chlorination to prevent numerous diseases.

One study on bacterial flora from fresh fruits and vegetables (FF&V) received showed 30 percent of the samples were positive for Shigella, so veterinary personnel provided chlorination instructions and focused inspection efforts on mess halls to ensure produce was washed, chlorinated, and rinsed in three separate tanks. Surveillance food inspection was always in demand to mitigate losses due to dispersed Class I operations: poor storage facilities, heat, humidity, limited refrigeration capabilities, rodent problems, insect infestations, and excess food supplies in storage.

The 9th Medical Laboratory arrived in Vietnam in May 1966. The unit's arrival helped support decisions of the field inspectors. Through constant monitoring and inspection, foodborne illness was never reported as a significant problem, despite all of the other problems encountered with the food. This reflected positively on the Veterinary Service's performance in Vietnam.



Food inspectors with the 245th Medical Detachment (Vet). Long Binh, December, 1968.

US Army Veterinary Corps History (cont.)

Laboratories

Laboratory support for the veterinary personnel and their operations was essential, and similar to the other activities it took time to coalesce. Testing for diseases and food nutrition or studying other occurrences, the lab work was performed at larger facilities until the veterinary detachments and their substations were solidified and properly equipped. The veterinary division of the 9th Medical Laboratory started providing comprehensive veterinary laboratory service in Saigon on August 1, 1966. When the 9th was inactivated and left Vietnam, the 406th Medical Laboratory in Japan assumed its duties. The Southeast Asia Treaty Organization (SEATO) Medical Laboratory in Bangkok, Thailand was another source for comprehensive research. Items encountered in the field were also “collected”. Some of the histopathology specimens were sent to the Armed Forces Institute of Pathology (AFIP) in Washington for further study.



The 176th Veterinary Detachment HQ (JB), located at Cam Rahn Bay in November, 1969.

There was also another major veterinary laboratory within the country as well. VCOs worked closely with the US Agency for International Development to control livestock diseases and develop a vaccine production facility in Vietnam. This was partially achieved through the establishment of the Vietnamese National Institute of Bacteriology, which had to be created virtually from scratch. US Army veterinary personnel worked together with the South Vietnamese to maintain production, research and testing. The first objectives were to build laboratory infrastructure in Vietnam, which required improved administration, facilities, equipment, supplies, testing capability, vaccine and bacterin production, and also training programs for Vietnamese personnel to eventually run the programs. These VCOs were instrumental in producing vaccines for hog cholera, Newcastle disease, fowl pox, and rinderpest.

In addition to veterinary services personnel in laboratories, preventive medicine units, and Special Forces; there were six types of TO&E veterinary units assigned in Vietnam. The 522nd Medical Detachment located in Long Binh was the TO&E units' command and control unit. Subordinate units included three JB teams (4th Medical Detachment responsible for III and IV Corps, the 176th Medical Detachment supporting II Corps, and the 175th Medical Detachment supporting I Corps), two JB (reduced) units in II and III Corps, one JA team in III Corps, one ID Veterinary hospital at Long Binh, and several IE small animal dispensary units in III and II Corps.

Sources:

- 1-Correspondence between Colonel (ret.) William Kerr and COL (ret.) Leslie Huck
- 2-The History of the United States Army Veterinary Corps in Vietnam: 1962 -1973, by COL (ret.) William H.H. Clark,

US Army Veterinary Corps History

Military Veterinary Service Consolidation

The veterinary profession within the military is no stranger to proposals for its elimination. Throughout the 1970s multiple federal government level reviews and Congressional committee debates, primarily centered on budgetary concerns, questioned the need for veterinarians in the military. Potential courses of action ranged from phasing out both the Army and Air Force Veterinary Corps to maintaining a Veterinary Corps structure heavily composed of civilian veterinary professionals. Ultimately these plans of action would result in a September 1979 recommendation by the House Authorization Committee calling for, among other suggestions, disestablishment of the Air Force Veterinary Corps. The FY 1980 Defense Appropriations Bill directed this action and on March 31, 1980 the US Army Veterinary Corps became the executive agent for all Department of Defense (DoD) veterinary functions.¹ Later, DoD Directive 6015.5, *Joint Use of Military Health and Medical Facilities and Services*, February 5, 1981 would officially outline this responsibility in writing.²

The news article on the next page, published in a 1980 Journal of the American Veterinary Medical Association, summarized the veterinary profession's thoughts on the decision to disband the Air Force Veterinary Corps.³



Sources:

1-William H.H. Clark, *The Fight for Survival: The Administrative History of the United States Army Veterinary Corps, 1971-1983* (Falls Church, VA: Office of the Surgeon General, 1987).

2-Clyde B. Hoskins, *DoD Veterinary Service Activity Role in DoD Food Safety* (Carlisle Barracks, PA: US Army War College, 1998).

3-JAVMA, February 15, 1980, p 296.

US Army Veterinary Corps History (cont.)

Senators Fail To Support Military Veterinary Corps

On Dec 11, the House-Senate conferees announced their recommended compromise on HR 5359, the appropriations bill for the Department of Defense (DOD) for fiscal year 1980. Included in the compromise is acceptance of the proposal to abolish the Air Force Veterinary Service and to reduce the number of veterinarians by up to 40%. Since the conferees' report is expected to be accepted by both houses and signed into law by President Carter, this action will dissolve the Air Force Veterinary Service. The specific directives to the Defense Department are:

1) "Disestablish" the Air Force Veterinary Service, effective no later than Mar 31, 1980. The Army will become the "executive agent for all DOD veterinary functions." Although the Air Force corps will disappear, its veterinarians will remain Air Force officers. They can keep their blue uniforms.

2) Reduce the number of veterinarians by 10%, which will be about 67 persons. A time schedule is not mentioned, but presumably the reduction will occur as fast as attrition will permit.

3) "Replace 30% of the current military veterinarians with other professional personnel with backgrounds in food inspection and management, sanitary science, public health, and other related fields."

4) "Continue the planned DOD phase-out of the veterinarian scholarship program." New scholarships were not awarded for the current academic year, so this directive is accomplished.

5) "[V]eterinary positions involved in research and development should be civilianized to the maximum extent possible without jeopardizing legitimate military requirements."

This effort was initiated by the House Defense Appropriations Subcommittee and its staff. A sixth proposal was made by the Subcommittee but rejected when HR 5359 reached the House floor. This was the provision that the special pay for military veterinarians be abolished. This was strongly opposed by other members of the House at least in part because it is an issue within the jurisdiction of the Armed Services Committee. When the chairman of the House Armed Services Subcommittee on Military Compensation, Representative Bill Nichols (D, Ala), offered an amendment to restore the special pay, it passed without serious dispute.

Many veterinarians must be wondering why promoters of this phase-out would want to do this, and why it would get substantial congressional support. Following are several quoted excerpts from the House Appropriations Committee report on the bill. If you

were a congressman, relatively unfamiliar with veterinary medicine, would not this all sound very logical?

—Several thousand government-owned animals also require care but the workload they represent is less than 10 percent of the Veterinary Corps workload. Because there is such little animal care required of the average military veterinarian, the education the Doctor of Veterinary Medicine (DVM) receives in colleges and universities does not prepare him for the duties he will be asked to perform when he enters the Service.

—The DOD zoonosis mission appears to be conducted primarily through the pet clinics located at the base level. Although the worth of the mission is difficult to measure, the value of rabies control is minimal considering the number of rabies deaths in the U.S. averages about one per year. . . . It would seem that where there are civilian veterinarians, they could perform this mission, including pet inoculations required before pets are allowed on bases.

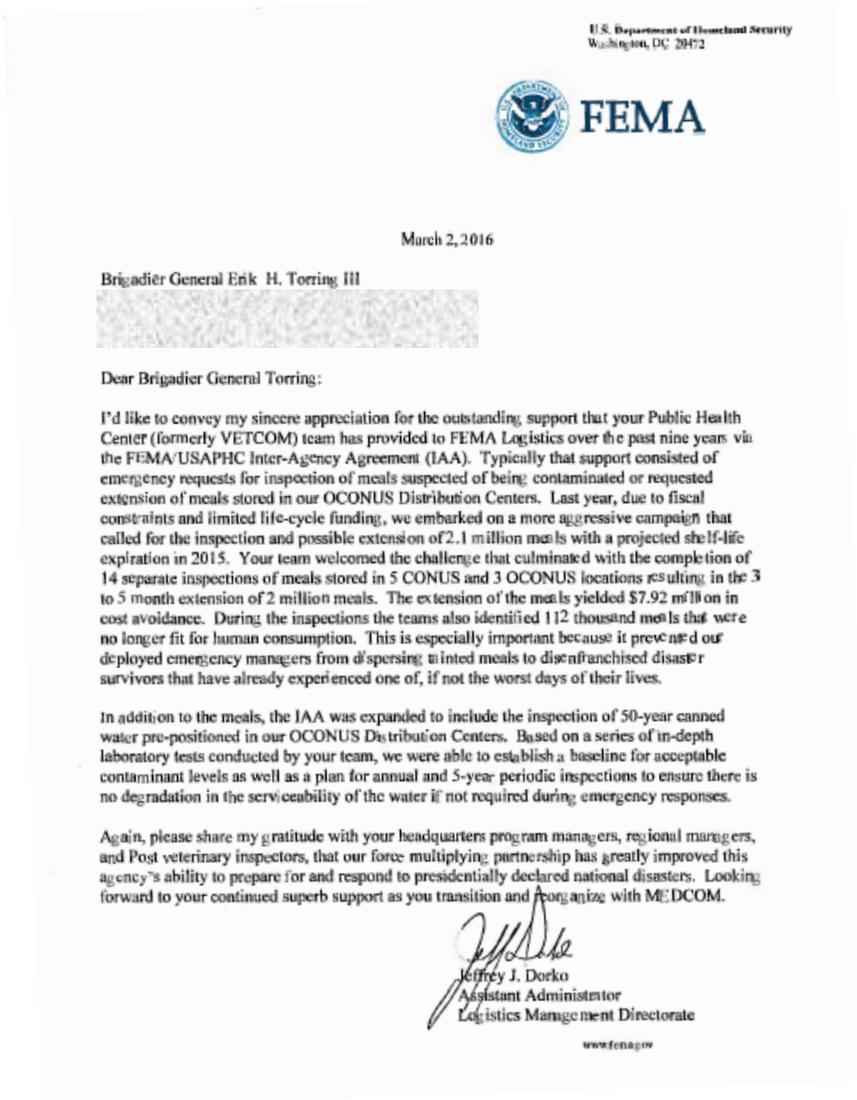
—The Committee questions the present level of veterinarian support dedicated to the food inspection function. By the end of this year, military veterinarians will no longer perform Class 1, 2 and 3 food inspections (antemortem, post-mortem, and prior to purchase inspections) in CONUS [continental U.S.]. . . . The food inspection activities of the military veterinarian are primarily supervisory and administrative in nature. Enlisted personnel conduct most of the actual food inspections; . . . Graduates of hotel and food management programs could, perhaps, serve as better choices in administrative capacities, and provide a more focused expertise for the services.

—Veterinarians oversee inspections of mess halls, food processing plants, vending machines, and other locations where food is stored. . . . the DOD study concludes that the cost-effectiveness is marginal. This area could also be staffed with sanitarians and persons who specialize in public health. The requirement for only the specific skills of the DVM has not been demonstrated.

Furthermore, the report claims that these cutbacks in veterinarians will save money. It is alleged that a 10% reduction in the number of military veterinarians will save \$1,676,000 if no new personnel are needed to replace them. Replacing an additional 30% of the veterinarians with other personnel will save \$1,420,000 because the pay level will be lower, in theory.

Despite vigorous efforts by the AVMA and other associations and individuals around the country, congressmen could not be convinced of the merit of retaining the Air Force Veterinary Service. They could not be convinced that the House Appropriations Committee's facts apply only to the situation in the United States. They apparently discounted the fact that there is only one veterinarian on many of the bases performing the zoonoses control, food inspection, and public health and administrative duties, and that the committee's proposal may require that this one veterinarian be replaced by three or four less broadly trained persons. They seem to have ignored the fact that DOD has its research veterinarians in uniform because the military training systems provide the only methods of securing the specialized personnel needed for critical biomedical research. They were not persuaded when USDA Secretary Bob Bergland stated that his department depended on the manpower of the military veterinary corps during emergency animal disease control projects.

Veterinary Services and FEMA Inter-Agency Agreement



Unaffiliated Veterinary Service Facebook Pages

1. UVMA (Uniformed Veterinary Medicine Association)
2. AREVP (Association of Retired Enlisted Veterinary Personnel)
3. The mighty 68R club
4. 68T, 68R and 68S NCO Leadership Support Forum
5. Soldiers of the Veterinary Corps
6. Army Veterinary Corps Group
7. Former Students of the 68R10 Veterinary Food Inspection (2012-2015)
8. 68T [Animal Care Specialist] MOS
9. ROVR

AMEDD Museum Seeks Exhibit Material

We encourage all the Corps and specialties to seek out and pass along photos, equipment, documents, and other objects to the AMEDD Museum and the ACHH archive which are related to their service. We can only exhibit the items and photographs that we have access to, so please help us to tell the AMEDD story even better.

Artifacts & Objects: 3D objects are accepted through the museum staff and require a small amount of paperwork that identifies the donor and any pertinent information about the provenance and history of the items. Once the museum is contacted and a few details are provided, a determination is made as to whether the museum can accept the material. It's a very simple process that keeps the collection of the museum from getting too cluttered with duplicative material.

The museum's phone number: **210-221-6358**

The museum's addresses:

**U.S. Army Medical Department Museum
3898 Stanley Road (bldg. 1046)
Ft Sam Houston, TX 78234**

Or

**U.S. Army Medical Department Museum
P.O. Box 340244
Ft Sam Houston, San Antonio TX 78234**

Documents and printed images/photos also require documentation and captions so that we know where these things originated from, but they can be sent/shipped directly to the ACHH Archives:

Archive phone number: **210-808-3297**

The archive's address:

**U.S. Army Medical Department Museum/ACHH Archive
3898 Stanley Road (bldg. 1046)
JBSA, Ft Sam Houston, San Antonio TX 78234**

For submitting digital photos to the museum: We need the very highest resolution possible. These can be submitted via email (usarmy.jbsa.medcom-ameddcs.list.amedd--regiment@mail.mil) CD or we can provide an online folder for large data files. Along with the high resolution copy of the photos we also need thorough captions, potentially a signed release (we can provide that via email).