

From: Schrody, Allison

Sent: 2/25/2013 10:00:10 AM

To: TTAB EFiling

CC:

Subject: U.S. TRADEMARK APPLICATION NO. 85410419 - WARFIGHTER MEDIC
- 36524-12 - Request for Reconsideration Denied - Return to TTAB - Message 5 of 5

Attachment Information:

Count: 3

Files: Exhibit9-2.jpg, Exhibit9-3.jpg, Exhibit9-4.jpg

For the most part, despite increased technology in weaponry, the types of injuries suffered in war pretty much have stayed the same, Mayer said. Soldiers die on the battlefield primarily from three causes: they bleed to death as the result of severe trauma, an object penetrates their chest and blocks their breathing, or they suffer a head injury that results in a blocked airway, he explained.

The vast majority of those who die in battle do so because their injuries are catastrophic and they would not survive regardless of how quickly medical care is applied, Parsons said. But there are a small percentage of injuries that could be survivable if the right care is provided quickly.

"What can we train our medics to do to keep these soldiers alive long enough to make it to the combat support hospital?" Parsons asked, noting that care in those hospitals is comparable to that in the United States. "Our focus is to be able to treat those preventable causes of death at the point of injury and get that soldier alive back to that hospital."

The school trains medics to recognize those types of injuries and then treat them, Parsons said, through a dynamic curriculum that constantly is updated with input from the battlefield.

"We have the ability to internally ... change our training program to meet the needs of the combatant commander on the battlefield," Parsons said.

As a result, he said, combat medics are learning and employing much more advanced techniques, especially to restore breathing and stop bleeding.

Medics now learn how to perform surgical cricothyrotomies, which involve cutting an emergency airway in the patient's throat. They learn how to insert a needle into the chest to relieve air pressure on the heart caused by a wound that has penetrated the chest cavity and collapsed a lung. They also learn to use tourniquets — once considered a last resort — often. Now, the new combat action tourniquet often is the first item medics take out of their bag, Mayer said.

"Tourniquets used to be taboo, and the tourniquet that was in the Army inventory was a piece of junk," Mayer said. His department worked with industry officials and other military agencies to develop a tourniquet that can be trained on and used successfully on the battlefield. Now, all soldiers are issued tourniquets when they deploy to combat, and medics carry several of them.

"Probably the single most successful thing we've done in this conflict is change the ... dynamic of tourniquet use," Mayer said. "We do it all the time on the battlefield now, and it's saving lives."

The school also has leveraged technology in its teaching tools. The school has one of the largest collections of human simulation systems, Mayer said. Mannequins with pulses and breathing systems are modified with simulated trauma wounds, and are integrated into the training to give the students a better idea of the wounds they eventually will treat for real.

The school also has two "blood labs" in which the students sharpen their skills as soldier medics. One lab simulates the scene of a suicide bombing in a market place, and the other simulates a bombing in an office building.

Strobe lights cut the darkness and fog machines fill the room and obscure the setting. Bloody mannequins — some in uniforms and others dressed as civilians — are scattered on the floors in a maze of rooms. Blaring music and screams of pain and panic fill the air, and the medics must work through the scenarios using both their soldiering skills and their medical training. In their attempts to render aid, they must first look for homemade bombs and enemies bearing weapons.

This is somewhat of a paradigm shift for the use of medics, who in past wars often put themselves in harm's way to render aid and rarely used weapons in battle, Mayer said. Now, they are told to shoot first, eliminate the enemy, and then go about their tasks as medics.

"Re-soldiers first. Don't become part of the problem. Become part of the solution," Mayer said.

Army Sgt. 1st Class Greg Deleon, a two-tour Iraq war combat veteran and an instructor/writer at the school, agreed, saying that the soldier medics must first gain fire superiority before rendering aid.

"In order to get someone treated efficiently, you first have to get rid of the fire," Deleon said.

The school also is expanding its field training facility at nearby Camp Bullis. Plans are to expand the training facility and modify it to resemble a forward operating base, Mayer said. Gates, checkpoints and guard towers are planned to give it more of a combat environment feel.

"It absolutely helps. It puts them in a situation where they have to have some type of critical thinking to get the job done," Deleon said.

Army Staff Sgt. Ryan Watson, an assistant senior instructor at the school, said the more realistic training gives

...they can get a better understanding of what they will encounter on the battlefield.

"You have to have the overall big picture to not just treat patients, but [also to] watch out for yourself, because if you become a patient, you are no longer that combat multiplier," he said.

Familiarization also helps the medics learn to keep calm so they can administer aid, he said.

Watson said the training now is much more advanced than when he went through the school in 1999. Before, it was more static and not as sophisticated, he said. Today's training would have been helpful in preparing for his two combat tours in Iraq, he said.

Deleon said the current training easily translates to saving lives on the battlefield.

"Absolutely – without a doubt," he said. "I only wish I could have had it when I went through. It will help them to be prepared for what they are going to see."

Deleon and Watson said their own combat experiences are proving helpful in the classroom, because they can relate personal experiences to the training.

"It grabs the students' attention, and they are more apt to pay attention to the course," Watson said.

The medics typically are deployed at the platoon level, with each medic responsible for about 40 troops. But they do not initially earn the coveted title "doc," Watson said. First, they must prove they are part of the team.

"If the platoon is filling up sand bags, grab a shovel," Watson said.

Unfortunately, the fastest way to earn the title is to have something bad happen and for the medic to do everything right, he said.

Mayer said the school will continue to expand, evolve and incorporate lessons learned into its training. Meanwhile, soldier medics are proving themselves daily in combat, and more soldiers are returning home alive because of their efforts, he said.

"They are the biggest combat multiplier on the battlefield," Mayer said. "Those [infantry] guys kick in doors and engage and kill the enemy because they know if they're hit, medics are right there to save them."

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[Photo Essay: Combat Medics Train on Fort Sam Houston, Texas](#)
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Combat medics work through the "blood lab" at the Department of Combat Medic Training at Fort Sam Houston, Texas. Mannequins with pulses and breathing systems are modified with simulated trauma wounds. They are integrated into the training to give the students a better idea of the wounds they eventually will treat for real. DoD photo by Fred W. Baker III

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Combat medics work through the "blood lab" at the Department of Combat Medic Training at Fort Sam Houston, Texas. The school has two "blood labs" in which the students sharpen their skills as soldier medics. One lab simulates the scene of a suicide bombing in a market place, and the other simulates a bombing in an office building. DoD photo by Fred W. Baker III

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Army Staff Sgt. Anthony Haney delivers a review of the combat medics' performance in the "blood lab" at the Department of Combat Medic Training at Fort Sam Houston



Department of Combat Medic Training at Fort Sam Houston, Texas. The medics must work through the lab using a combination of soldier and medic skills administering aid, but watching for hidden dangers such as homemade bombs and enemy weapons. DoD photo by Fred W. Baker III
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Army Pfc. Michael Gray prepares to be tested on inserting an advanced airway device at the Department of Combat Medic Training at Fort Sam Houston, Texas. Army officials have revamped the program to focus on training for battlefield medicine. Sixty percent of its graduates deploy to combat within six months, officials said. DoD photo by Fred W. Baker III
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Army Sgt. 1st Class Greg Deleon, a two-tour Iraq War combat veteran and an instructor/writer at the Department of Combat Medic Training at Fort Sam Houston, Texas, demonstrates the proper way to use a combat action tourniquet. Once taught to be used as the last resort, now the new tourniquet is many times the first item out of the medic bag. DoD photo by Fred W. Baker III
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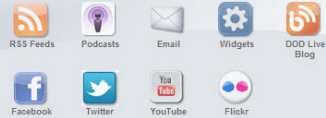
Army Staff Sgt. Ryan Watson, an assistant senior instructor at the Department of Combat Medic Training, discusses the many medical devices now carried by combat medics in battle. Watson said that the more realistic training at the school gives the medics more of an overall view of what they will encounter on the battlefield. DoD photo by Fred W. Baker III
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