18 Mar 2026

MEMORANDUM

From: HM2 (FMF) Garcia, Adrian Anthony, USN
To: All Concerned

Subj: CAMP JOMSBERG, OPERATION LEGIO OVERVIEW REPORT

Ref: (a) Platoon Combat Medic Version 3.0

Encl: (1) Ground Inferstructure Surveillance for Future Courses

1. This correspondence provides a summarized overview of the Operation Legio on Camp Jomsberg, Lipa, Poland, Platoon Combat Medic (PCM) course as a Temporary Duty Assignment (TDY) from 15 Mar 2026 to 17 Mar 2026. Reference (a) provides the course training directives and official practical overview. The information reflects key observations I noted from staff and students and should not be interpreted as a verbatim record.

2. The following are focus points of course concerns and their findings:

a. Medical Condition of Incoming Students. Staff are not informed of students' medical conditions until the students arrive at Camp Jomsberg. Several students have been diagnosed with influenza only after completing in-processing, which has made it challenging for them to keep pace with the course curriculum once they are cleared as non-contagious. The Camp Jomsberg Medical Facility has treated a total of 1,652 patients outside of the standard command check-in process, addressing a wide range of medical needs. Sick call is held after regular training hours, from 1800 to 2000.

b. Splitting TCCC and PCC. The course should be divided into two distinct sessions. Instructors have determined that the current format does not provide sufficient time to address the broad range of student backgrounds. Because staff do not receive information regarding students' demographics, educational history, or prior medical experience until their arrival, significant variation in age, nutritional status, and previous training limits the ability to tailor instruction effectively within a single, condensed course. Separating the curriculum into two courses would allow both staff and students the necessary time to cover all required material comprehensively. This structure would also enable instructors to adjust teaching methods to accommodate diverse learning needs and ensure more consistent training outcomes.

c. Not Enough Instructors. The Camp Commander recognizes that the primary limiting factor in conducting additional courses is the current number of available instructors. Camp Jomsberg has significant potential as seen on enclosure (1), to serve as a centralized "home base" for future medical training programs, including EAST and Senior Combat Admin Medic courses. A substantial amount of unused space on the installation could be repurposed to support expanded operations, including berthing, classrooms, headquarters facilities, and other essential functions. Another challenge is the delayed submission of position bids from partner nations. This has resulted in a backlog of approximately 250 PCM course seats, further constraining the ability to meet training demand.

d. Recommended Addition to PCM Training Directives. Instructors report that the wide variation in students' backgrounds and educational experience results in inconsistent understanding of basic anatomy and its relevance to proper medical practice. It is recommended that the PCM program incorporates a foundational anatomy and physiology module to ensure all students have adequate time to develop essential baseline knowledge. This addition would eliminate the assumption of a uniform level of medical familiarity prior to enrollment and better prepare students for the remainder of the course.

e. Classroom Reference Material. Due to the extensive demands placed on staff and instructors, there is insufficient time to develop supplemental classroom materials, including PowerPoints and reference cards for complex subjects such as antibiotics, airway management, and physical examinations. Providing these reference materials would significantly enhance students' retention of course content and offer a valuable resource for continued use after graduation, particularly when operating in advanced or austere environments.

f. Insufficient Classroom Digital Documents. Staff report that they have been directed to deliver certain courses without receiving the corresponding digital classroom material such as slide decks, student handbooks, or standardized instructional products. In several instances, instructors have been required to rely on open-source references, including Deployed Medicine, or to create digital documents entirely from scratch. This presents a significant challenge, particularly given that multiple nations host and deliver this course and allotted time, yet no unified standard exists beyond the expectation that students achieve the required level of comprehension prior to graduation.

g. TD that do not follow Medical Standard Algorythm. Staff report that they have been required to teach certain TDs that do not align with the principles of Emergency Medicine or Tactical Trauma. These topics appear to have been placed under additional TDs simply because they seemed loosely compatible, rather than because they support the intended learning progression. This misalignment creates significant challenges for instructors and hinders students' ability to understand and retain the material effectively

3. The following are the best unique practices found by instructors:

a. Instructors demonstrate strong proficiency in aligning course material with students' interests, including reinforcing awareness of hazards associated with handling oxygen tanks. One instructor, for example, conducted a controlled demonstration showing how a small ignition source, such as a cigarette, can rapidly escalate into a significant danger, particularly in environments with increased fungal presence. The demonstration was conducted outdoors with appropriate risk management measures in place to ensure the safety of both students and the surrounding area. This approach effectively reinforced the importance of proper oxygen tank handling and significantly enhanced student retention of the material!

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Enclosure (1)