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Capt. Gwendolyn DeBias, Assistant Charge Nurse, EMT, 10th Combat Support Hospital (CSH) holds an Iraqi child. This child is one of many civilian patients the 10th CSH provided medical care for during their deployment.

Do the right thing

Medical personnel are held to higher standards

First and foremost, I would like to thank each and every soldier for their service to our country and making the sacrifice of being away from your families in supporting our great nation. This will be the first of a number of topics that I will highlight over the next year. In this, the inaugural issue of the Task Force Times, I want to give you my number one concern: safety. As I told each member of the 3d MEDCOM, as well as their families when we started this journey, safety is my number one issue. I want each one of you to focus on your jobs and return from this deployment safely.

As medical personnel we set the standard for all to see. Soldiers expect us to set high standards. We must do it better than those who came before us and those



Major General
Ronald D. Silverman
Commander
Task Force 3

that will follow. By setting and then raising the standard we do the right thing! We do the right thing because it is the right thing. We don't do the job because of money, or promotions or medals or out of fear of punishment or desire for reward. We do it because that is the way it should be done.

As your Commander, I remain committed to the three leadership principals that have led me throughout my military career: fairness to all soldiers, firmness in dealing with discipline and flexibility when issues arise.

I look forward to the challenge of this assignment and wish each you success as we work together to bring dignity and respect in all of our actions while on this most difficult assignment.

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Public Affairs Officer: Maj. Bobby Hart
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CHAPLAIN'S CORNER

We're in place

Begining a long and wonderful journey

“And when he had call unto him his twelve disciples, and he gave them power against unclean spirits, to cast them out, and to heal all manner of sickness and all manner of disease”

Matthew 10:1

the Chaplain Corps to provide religious support and religious services, moral and morale support, and to keep the Commanding General informed of the overall health of the command Task Force 3. This health is: spiritual, mental and physical. We do this through every

For the members of the 3rd Medical Command, the PROFIS Soldiers, the cross leveled Soldiers, our down trace units Soldiers and you, our families -- peace be unto you all.

From April 2006 until 15 September 2006 when the 3rd Medical Command accepted the transfer of authority, it has been a long and wonderful journey.

We left our homes, our unit assignments: Active Component, Reserve Component, and National Guard to become Desert Medics, the finest medical providers in United States Armed Forces today. To quote Maj. Gen. Ronald Silverman, the Commanding General of Task Force 3, who stressed that his main objectives were “to provide the best medical care for the finest Soldiers in the world” and “for everyone to come home safe and sound”.

He further stated that “that we would provide the same health care for Coalition Forces and detainees”. Our mission is clear to provide a world class health system for this theatre and turn the system over to the people of Iraq.

We are an Army of change and empowerment – Command Sergeant Major Roger Schulz said, “We have an awesome mission.” Each day it is the duty of



Lieutenant Colonel
Irvine Bryer
Command Chaplain
Task Force 3

day contact with our fellow Soldiers, Sailors, Marines and Airmen serving the world for peaceful resolutions to difficult situations. All faith groups are recognized and their religion is practiced freely with respect and regard for others.

We chaplains inform the command of HOLY DAYS and RELIGIOUS HOLIDAYS and in the course of the deployment we participate with each other as much as possible to understand and respect our many faith groups. We believe that our Nation gives us the right to practice our faith – therefore chaplains are the gate keepers of healing by faith.

The Task Force 3 Desert Medics are here to do goodwill – we need your support: letters, e-mail, pictures, care packages and yes, telephone conversations.

Your mission is to keep the home lights burning with warm and supportive messages. Remember we are Family – stay in touch with Family Readiness Group (FRG) – they are doing a wonderful job. Join the FRG – they are a ready link between you and Task Force 3. Your concern and your compassion is our healing power. So from Chaplain Assistant PFC Patrick Chung, I and the entire Task Force 3 Chaplain Corps use your power – care for and heal others.



A row of newly installed dental operating bays are ready for use at the renovated Camp Liberty Dental Clinic. Dentists and dental assistants from the 502nd Dental Company, Multi-National Division – Iraq, cut the ribbon, marking the opening of the state of the art facility Aug. 5. It will serve Soldiers of Multi-National Division – Baghdad.

U.S. Army photo by Spc. Jason Thompson, 4th Inf. Div. PAO

New dental clinic opens for MND-B Soldiers

By Spc. Jason Thompson,
4th Inf. Div. PAO

Blackanthem Military News, CAMP LIBERTY, Iraq – Multi-National Division – Baghdad Soldiers now have a modern, fully equipped dental clinic to serve routine, emergency, surgical and special dental needs.

The Camp Liberty Dental Clinic, operated by Soldiers from the 502nd Dental Company, Multi-National Division – Iraq, based out of Balad, Iraq, opened Aug. 5.

The clinic is furnished with new equipment featuring the latest technology. Dentists and assistants will be able to serve almost any patient’s dental requirements – from the simple to the complex.

“The equipment is state of the art,” said Capt. Ryan Stratton, endodontist, 502nd Dental Co. “We have the capability to do anything from annual cleanings to root canal therapy or from tooth extractions to cavity fillings. We can even create dental implants in cases of emergency.”

The existing Camp Liberty Dental Clinic building required significant renovation before it was ready for the new dental equipment to be installed, said Staff Sgt. Brandon Williams, clinic noncommissioned officer in charge, 502nd Dental Co.

“We had to coordinate with the engineers and (Kellogg, Brown and Root) to redo all the plumbing and electric wiring before we could install the new equipment,” said Williams.

His Soldiers put in a lot of extra time and effort after their regular duty day ended to pitch in and help complete the project in time for the ribbon-cutting ceremony, he added.

“Most of the hours logged by the Soldiers were after a full day of work, which, to me, shows how dedicated they are to being able to provide quality care to the Soldiers who need it,” he continued.

The clinic boasts eight operating bays, including one specialty bay dedicated to root canal therapy, a complete dental laboratory and a full staff of dentists and dental assistants to help process patients in and out quickly.

“We have some of the greatest dentists and dental assistants in the Army, and combined with this new equipment, you will see a lot of great things come out of this clinic,” said Lt. Col. Michael Moyer, officer-in-charge, Camp Liberty Dental Clinic, 502nd Dental Co. “We are here to serve the Soldiers, and I don’t think we’ll have many complaints about the services we offer.”

Moyer concurred that his staff worked long and hard to help complete the clinic on time and noted the product of their efforts was evident at the ribbon-cutting ceremony. Soldiers said they were happy to have completed the “move-in phase” of the project so they could get to work.

“I’m eager to start working in this building,” said Spc. Andrea Haist, dental assistant, 502nd Dental Co. “We’ve put in a lot of hours and it’s good to finally see the finished product.”



3rd MEDCOM steps up

Atlanta based Medical Command takes the place of 30th Medical Brigade

Story by Spc. Sean C. Finch
MNC-I PAO

CAMP VICTORY, Iraq — Atlanta based 3rd Medical Command took over command and control for all medical services in the Iraqi theater, Thursday, in a ceremony held at the Al Faw Palace ballroom in Baghdad. 3d MEDCOM replaced Heidelberg based 30th Medical Brigade.

The 3rd Medical Command arrived in Iraq in late August with the mission of continuing to improve every aspect of the medical system for U.S. Soldiers and Iraqis.

“The 30th Medical Brigade, like the units before them, set very high standards, and we are proud to follow in those footsteps,” said Maj. Gen. Ronald D. Silverman, commander, 3rd Medical Command. “I’m confident that 3rd MEDCOM will continue the trend by becoming a model for other teams to learn from. 30th Medical Brigade is the best medical brigade in the Army, and 3rd Medical Command is by far the best MEDCOM in the world.

“As we continue, we will show the world how a vastly diverse group of people like you see in this room today—different races, different religions and different beliefs—can work and live together in peace,” said Silverman.

Soldiers in Iraq can rest assured that they will continue to get medical support from the best Medical Command in the United States, concluded Silverman.

30th Medical Brigade de-

parted from Heidelberg, Germany and arrived in Iraq on October 10, 2005 with the responsibility of commanding all of the subordinate medical units involved in Operation Iraqi Freedom.

“The Army and the nation, today, are so greatly proud of the 30th Medical Brigade and our endeavors on this field of battle,” said Col. Steven W. Swann, commander, 30th Medical Brigade, “We could not have been successful without the assistance of many people, too numerous to count.”

The soldiers of the 30th Medical Brigade will redeploy to Heidelberg in order to help maintain and support soldiers stationed throughout Europe and the Middle East.



Photo by Staff Sgt. Samuel McLarty, Task Force 3 PAO

Maj. Gen. Ronald D. Silverman, commander of the 3rd Medical Command, and Command Sgt. Major Roger Schulz, 3rd MEDCOM Command Sgt. Maj., assisted by Spec. Desmond Porter, G-3 administrative specialist, unroll the unit colors at the Transition of Authority ceremony held at the Al Faw Palace ballroom, Baghdad, Iraq.

Army Reserve announces new Regional Readiness Sustainment Commands

FORT MCPHERSON, Ga. (Army News Service, Sept. 15, 2006) The U.S. Army Reserve announced today that it will stand up four new Regional Readiness Sustainment Commands, continuing a transformation plan that was announced in September 2005.

As the four new organizations stand up, they will take the place of ten Regional Readiness Command headquarters in providing “base support to Army Reserve units in their respective regions,” said Lt. Gen. Jack Stultz, Chief of the Army Reserve.

“The result of this reshaping will be a more streamlined command and control structure and an increase in ready, deployable assets: An operational force to support the global war on terrorism,” Stultz, explained.

The realignment will:

- Increase unit and Soldier readiness;
- Increase the availability of deployable units and Soldiers;
- Provide improved facilities and training;
- Streamline command and control;
- Increase the number of specialties available to support the global war on terrorism
- Improve Army Reserve business, resourcing, and acquisition processes.

The new 63rd, 81st, 88th and 99th Regional Readiness Sustainment Commands will begin their Initial Operating Capability in phases throughout fiscal year 2007 and will provide personnel, information management, facilities support and equipment support to the Army Reserve units in their respective geographic areas.

The current Regional Readiness Com-

mands will disestablish in phases by FY 09 as the RRSCs become fully operational, and new smaller commands will establish in place of many of the RRCs, Stultz said.

The 81st will be the first RRSC to begin IOC, projected for not later than 1st quarter of FY 2007. It will be organized at Fort Jackson, S.C., supporting a geographical area that includes Kentucky, Tennessee, North Carolina, South Carolina, Georgia, Alabama, Louisiana, Mississippi, and Florida.

The 99th RRSC is being organized at Fort Dix, N.J., and will support a geographical area that includes Virginia, West Virginia, Maryland, Delaware, New Jersey, Pennsylvania, New York, Rhode Island, Massachusetts, New Hampshire, Connecticut, Vermont and Maine. Projected IOC for the 99th RRSC is not later than 2nd quarter of FY 2007.

The 88th RRSC is being organized at Fort McCoy, Wis., with a projected IOC of not later than the 4th quarter of FY 2007. Its geographical area will include Washington, Oregon, Idaho, Montana, Wyoming, Utah, Colorado, North Dakota, South Dakota, Nebraska, Kansas, Minnesota, Iowa, Missouri, Wisconsin, Illinois, Michigan, Indiana, and Ohio.

The 63d RRSC is being organized at Moffett Field, Calif., and will be responsible for a geographical area that includes California, Nevada, Arizona, New Mexico, Texas, Oklahoma and Arkansas. Its projected IOC is not later than the 4th quarter of FY 2007.





Stryker MEV - Medical Evacuation Vehicle



The Soldiers assigned to 3d MEDCOM got a special visitor recently when Soldiers from 123rd INF, 3d BDE brought by a Stryker MEV (Medical Evacuation Vehicle).

The Stryker MEV is capable of evacuating 8 ambulatory patients or four litter patients. It can travel at speeds up to 80 MPH without the RPG shield and up to 65 MPH with it.

*Photo by Staff Sgt. Samuel McLarty,
Task Force 3 PAO*

V Corps holds surgeon conference

Maj. Bobby Hart

Task Force 3 PAO

CAMP VICTORY, Iraq—On a rapidly changing battlefield, keeping up with the latest trends and providing an efficient flow of information is critical.

In an effort to provide communication up and down the medical chain, which ensures the best possible care for troops, the V Corps Surgeon General holds periodic conferences like the one held last week at the Al Faw palace.

“The conference brings together the commanders and command sergeants major from all of our units throughout the theater, as well as coalition forces and people like the Iraqi Minister of Health,” said Sgt. Maj. Anna Quinones, Task Force 3 Clinical Ops sergeant major. “The main thing that came out of this conference was current trends and things we need to look at that will help as we build for the future.”

The conference highlighted trends in the types of injuries that the units are seeing. Insurgent forces constantly change their tactics which results in different

kinds of injuries for our medics to treat.

“The unit commanders provided excellent lessons learned from medical operations of the past year, but equally important, they shared their command perspectives on the dynamic future of a sustained Iraqi healthcare system,” said Lt. Col. Richard Smestad, Task Force 3, deputy G-3 and chief of operations. “We in Task Force 3 will be challenged with continuing a vital supporting role as the system matures.”

One important piece of the medical process is the evacuation of critically injured casualties from the war zone to hospitals where they can get the care they need. The conference focused on the procedures and processes necessary to get patients back to Landstuhl, Germany and then the United States.

“One important aspect of the conference was the opportunity to meet with our counterparts and get to know them face-to-face,” Quinones said. “We got to talk about their lessons learned and how we can make things better for our Soldiers.”

Parting Shot

Send us your best Parting Shots. If we like them enough we'll use them here. Contributors will be given full credit for all photos published. Photos should have some military affiliation but can be of any subject. OIF photos of a medical nature are highly encouraged. Email photos in JPG or TIF format (JPG preferred) to samuel.mclarty@iraq.centom.mil

Maj. Gen. Ronald Silverman leads the staff of 3rd MEDCOM in a round of applause as the unit colors are raised over Camp Victory, Iraq.

*Photo by Staff Sgt. Samuel McLarty,
Task Force 3 PAO*

