

Task Force *Times*

November 2006

The Fastest Physical Therapist on the FOB



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Capt. Kara Weigel (right) a physical therapist with the 28th Combat Support Hospital placed first in the women's division at this year's Baghdad 10 miler in the International Zone. See the complete interview on page 4.

COMMANDER'S CORNER

Safety is up to us

SAFETY: defined by Webster's as: the condition of being safe from undergoing or causing hurt, injury or loss.

Now that I have your attention, how many of you have thought about safety in the last week, day or even hours? We have all taken safety for granted and when we continue to do so, accidents occur. As we enter into the Iraqi winter, we all must be aware of the conditions that we will all face over the next few months.

Typically, these winters are challenging especially when we have been accustomed to very high temperatures. Conditions that will be present include high winds, extreme dust, cold temperatures and rain. In order to conserve the fighting force we all must make preparations to combat these hazards and minimize personal injuries and property loss due to these conditions.

In Southern and Central Iraq, wind storms are common. Strong winds are known for producing violent dust storms. This dust can cause irritation and abrasion to unprotected eyes and can also complicate the respiratory system. These factors, along with rain, can cause your soldiers to



Major General
Ronald D. Silverman
Commander
Task Force 3

experience wind chill. In the north where temperatures are lower, the propensity for hypothermia, chilblain, immersion foot and frost bite is not uncommon.

In vehicles, the wind and dust reduce driving visibility in all directions of travel. These effects can be compounded by rain being wind driven and falling heavily. Ensure you maintain your vehicles windshield wipers to mitigate the risk of not being able to see when this occurs. Poor traction on wet and muddy pavement also contributes to accidents. Dust will also reduce your visibility from one to three meters. Your drivers must be trained and prepared to face an uncertain winter season.

As leaders in the medical field we must all take actions to mitigate the risk of injuries due to weather and weather related accidents. I charge each and every one of you

to take the time to ensure each soldier is properly prepared to face the Iraqi winters. If you need more information on safety, please contact Task Force 3 Safety Officer, Maj. Tim Doherty or Staff Sgt. James Jeffares, Safety NCOIC.

Desert Medics!

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Capt. Brian McKeon examines insect bites on a Soldier's arm during Sick Call at the Golby Troop Medical Clinic on Camp Victory in Baghdad, Iraq.

The PAs in attendance agreed.

"We just got on the ground here a few days ago, so it's important we talk to the people who have been here and who have done what we'll be expected to do in the next year," said Maj. Todd Kreykes, a PA with the 1171st Area Support Medical Company (ASMC).

One responsibility of the 1171st is to man the Troop Medical Clinic (TMC) on Camp Victory, which Kreykes says provides the unit an opportunity to treat a wide range of injuries.

"Being on post, we see a lot of orthopedic injuries resulting from sports-related accidents," Kreykes said. "But we are a Level two facility, so we do see trauma victims who we have to stabilize and then transport to other facilities."

Another 1171st PA, Capt. Brian McKeon, said the most common ailment coming through the TMC is what Soldiers call the "Baghdad Bug" or "Grunge" which keeps the medical facilities full almost every day during sick call.

"This is a very dusty environment so we get a lot of upper respiratory ailments," McKeon said. "I think almost everybody here will suffer through at least a few days feeling the effects of the environment."

Tozier said the work being done at the TMC is typical of the high tempo action PAs see in Iraq.

"Our PAs here have an excellent opportunity to see the full realm of ailments," Tozier said. "It's a very stressful situation, but the wide range of activities gives the PA's a chance to hone their skills they couldn't get anywhere else in the world."

PAs gather to share ideas

By Maj. Bobby Hart
Task Force 3 Public Affairs

CAMP VICTORY, Iraq—At any one time, more than 120 physician assistants (PAs) are in Iraq performing the full gamut of medical services ranging from trauma, acute and primary care, training for medics and clinics for Iraqi civilians.

A group of these physician assistants met in the Oasis Dining Facility here as part of Physician Assistant Week which runs from October 6-12.

"This was a good opportunity for our PAs to get together and share ideas," said Col. Jim Tozier, the Army's senior PA. "We have people spread all across Iraq. Even with this group tonight, we are all on the same Forward Operating Base, but this is the first time some of us have met."

Tozier and Maj. Jose G. Mangrobang, the senior Corps PA, organized the event to recognize the job PAs do in theater and to give the Soldiers an opportunity to mingle and unwind.

"One of the important things that came out of this was the chance for some of the people who just got into country to meet some of the experienced people and pick their brains," said Tozier, an Active Duty Soldier assigned to the 3rd Medical Command. "The Soldiers who have been here for the past year have gained an incredible amount of knowledge and are more than willing to pass that along."



Maj. Todd Kreykes checks on an Air Force Airman during his rounds at Sick Call at the Golby Troop Medical Clinic on Camp Victory in Baghdad, Iraq.

Photos by Maj. Bobby Hart
Task Force 3 Public Affairs
Office

Fastest physical therapist on the FOB

By 1st Lt. Nicholas Barringer,
28th Combat Support Hospital UPAR

If you ran in the Baghdad 10 miler this year, you might have experienced a traumatic event. You were probably pumping your legs as hard as you could with your lungs heaving for air when it happened. The steady sound of footsteps coming up behind you as you catch a glimpse of a smiling brunette gracefully striding past you and running off into the distance.

Don't feel bad. The same thing happened to most of the runners at this year's Baghdad 10 miler as Capt. Kara Weigel placed first in the women's division. Capt. Weigel is a physical therapist with the 28th Combat Support Hospital "China Dragons" at Ibn Sina. I had the opportunity to interview the "Fastest Physical Therapist on the FOB" and glean some of her background and great running advice.

When did you start running?

I started doing races in 5th grade track, but didn't start training until the summer before 7th grade (12 yrs old).

What made you want to start?

I contribute it to two different things... the first is that I was good at it, or at least better at that than sports that require coordination (mainly any sport that involves a ball). The second is that it was a good way for me to get out of the house and be alone, my parents actually got divorced that summer and running was positive way out for me.

What college did you run at?

I ran at Augustana college in Sioux Falls, SD; it is a NCAA division two college. I was only mediocre in college (it's amazing how that happens when you have

more competition). I did place 2nd in the 10k at our conference track meet my senior year, but I was never fast enough to make it to nationals. I placed in the top ten once, I think, at our conference cross country meet, but to be honest I stopped keeping track of places and times after high school. Ask me what place I got at state and what my time was for each event in high school and I could still tell you.

What are your best times?

I'm digging deep in my memory here and guessing, the only ones I know for sure are the one and two mile times... My 1-mile- 5:17, 1500- 4:59, 3200/ 2 mile- 11:34, 3k- 10:50, 10k- 38:45, 10 miler- 69:30. I would have run under 68 last year if the course wouldn't have been rerouted. Marathon- 3 hr 25 min

What was your time at the 10 -miler?

This year, 1hr and 13 minutes.

Has it been difficult balancing work and running; how do you do it?

Yes, at times it can get difficult. If I work a long day sometimes I don't feel like I have the time or energy to work out. I try to remind myself that I will feel more energetic and I will be more productive if I workout. If this is a problem one of my patients is having, some of the advice I give them to help combat it includes: changing their workouts to include more quality less quantity, for instance run for a shorter amount of time at a faster pace or lift heavier weights for two sets instead of three. Or dividing their workout into smaller portions (if you can't devote 30 minutes at one time to exercising try going on a 15 minute walk in the morning and one in the evening. The bottom line is that you have to set a routine of some kind and stick with it.

Continued on next page

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As a Physical Therapist, what are the typical mistakes that runners make that lead to injuries?

The big three are overtraining, increasing mileage or intensity too fast, and wearing the wrong kind of shoes. Everyone has a different level of mileage that they can safely maintain before their body starts to break down and get an overuse injury. If you notice that your start to have pain or feel more fatigued than you should during a workout you might be overtraining. Adding two sessions of cross-training into a workout regimen and taking one to two days off per week will help reduce this risk. When starting a workout program it is important to increase the difficulty gradually. The rule of thumb is to increase mileage or intensity no more than ten percent per week. I could go into a lot of detail about running shoes, but I won't right now. At www.runnersworld.com they outline the different types of feet and what kinds of shoes are appropriate for each type. Also make sure to get a new pair of shoes every 400-450 miles or at least every 6 months.

Any advice on how somebody can improve their 10-mile time?

A simple addition to your workout routine that can help improve your time for any race distance is adding one speed workout a week to your training. Running the long runs is needed in order to cover the distance, but doing that over and over again won't necessarily improve your time. Speed workouts are what make you faster. A workout I like to do is called a fartlek (that's Swedish for speed play). It's nice because it can be done anywhere (including on a treadmill). Warm up for ten to 15

minutes, then run 60 seconds hard (this should not be all out, but at 80 percent of your maximum heart rate), slow down to your normal running pace for 60 seconds and then run 60 seconds hard again. Repeat this hard, easy, hard, easy combination for 10 to 20 minutes depending on your fitness level. Afterward be sure to cool down and stretch, expect some soreness with speed workouts initially.

Do you listen to music when you run? If so what?

I actually just started listening to music while running a month or so ago after purchasing my first MP3 player. I'm a bit behind the times. I never knew what I was missing out on. It is a great way to stay motivated when you feel like a hamster in a cage. I just built my first playlist it includes a little of everything. Daddy Yankee, Kanye West and Johnny Cash are few of the artists on it.

Do you think about anything when you run? If so what?

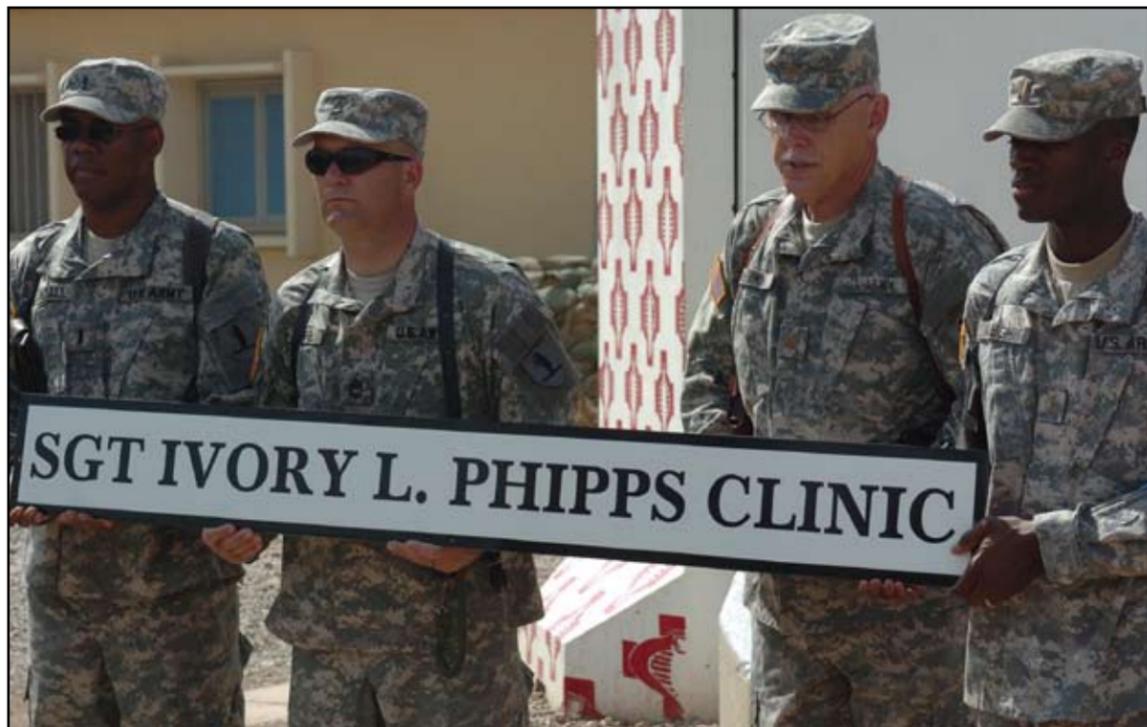
I actually try not to think about too much while I run. It is my time to decompress and let my brain rest. It's my form of meditation.

Has being a runner helped you be a better physical therapist?

I believe being athletic has helped. Especially since I treat mostly soldiers. Physical fitness and running is such an important part of a Soldier's career I think I am able to offer soldiers who are unable to run not only treatment for their current injury, but also advice on how to prevent the injury in the future.



Capt. Kara Weigel



Soldiers from the 226th Area medical Services Company hold the sign for the new Sgt. Ivory L. Phipps clinic. The clinic was dedicated in memory of a soldier killed in battle.

Photo by Maj. Bobby Hart
Task Force 3 Public Affairs Office

Balad troop medical center honors fallen Soldier

By Maj. Bobby Hart
Task Force 3 Public Affairs

LSA ANACONDA, Iraq—It was a simple matter of forgetting state boundaries and remembering a fallen comrade recently as members of the Missouri National Guard held a ceremony renaming the local Troop Medical Center after a Guardsman from Illinois.

Members of the Missouri National Guard's 206th Area Medical Services Company (ASMC) officially changed the name of the Cobra Clinic at Anaconda to the Sgt. Ivory L. Phipps Clinic.

Phipps was a member of the Illinois National Guard's 1544th Transportation Company and was killed during a mortar attack in 2004. He was a 15-year veteran in the Army and was on his last enlistment before retiring.



Sgt. Ivory L. Phipps

"The reason we're here today adds realism to our mission," 1st Sgt. Mark Farrell said. "People do die and it's our responsibility in the medical services to provide them with the best care possible."

"This is our way to remember a fallen comrade," said Maj. Lester Bland, commander of the 206th. "The unit that was here at the TMC before us was from Illinois and they wanted to honor this soldier. Everybody here still called it the Cobra Clinic, so we wanted to make it official."

"From this day forward this facility will be known as the Sergeant Ivory L. Phipps Clinic," Bland said. "We dedicate our work to the saving of lives. It

is our goal as medical professionals to return every soldier that we come into contact with to their loved ones."

China Dragons return to Ibn Sina

By 1st Lt. Nicholas Barringer,
28th Combat Support Hospital UPAR

The Ft. Bragg-based hospital unit that initiated health care operations in Baghdad in 2003 has come full circle and returned to in Baghdad.

The 28th Combat Support Hospital, assumed authority of the Ibn Sina Hospital facility in the International Zone, from the 10th Combat Support Hospital, Fort Carson, Colorado, Sunday October 8, 2006.

Maj. Gen. Ronald D. Silverman, commander, 3rd Medical Command, was on hand to welcome the incoming China Dragons and to congratulate Col. Dennis D. Doyle and the Mountain Medics of the 10th CSH on a job well done.

"You have done more than just provide care," said Silverman. "You have developed new techniques and procedures that enhance the survival rate of your patients." Silverman also reminded the 10th CSH that the mission does not end until they re-deploy successfully and reintegrate into their home communities and families.

Silverman welcomed Col. Erin P. Edgar, commander of the 28th CSH, and the China Dragons to the Task Force 3 Desert Medic family, and charged the 28th with "to carry on the great mission of this hospital [Ibn Sina]."

According to Doyle, his "Mountain Medics" provided outstanding care at both the Tailil and Baghdad locations with "unmatched combat trauma resuscitation, Level III hospitalization and surgery, combat stress control and far forward surgery augmentation throughout central and southern Iraq".

Medical Task Force 10 produced astonishing numbers racking up 37,000 outpatient visits, 8300 emergency room visits, 4,300 inpatient admissions and

3,600 evacuations in their year tenure. These numbers represent "individual lives saved and suffering ameliorated," said Doyle.

The 28th CSH originally opened Ibn Sina for coalition use in the early months of OIF I after the fall of Baghdad. Many of the Soldiers currently with the 28th CSH have been with the unit since they opened Ibn Sina, and several members have served at Ibn Sina with other units.

The "China Dragons" will now continue the mission of providing state-of-the-art combat health support throughout central and southern Iraq, said Edgar. He also wished the Mountain Medics a safe return home for some well deserved rest and asked that God bless the China Dragons as they carry on the mission at Ibn Sina.

Edgar stated the charge of the 28th is to be "the strength for the Warrior, hope for the wounded, and comfort for the dying."



Col. Erin P. Edgar (right), commander of the 28th CSH unfurls the unit colors at the transition of authority ceremony, Oct. 8, 2006, in Baghdad.

Glamour magazine honors Soldiers

Four members of Task Force 3 featured in annual celebration

By Maj. Bobby Hart

Task Force 3 Public Affairs

CAMP VICTORY, Iraq — For the third consecutive year, women in the military got to share the stage with some of the most influential — and glamorous — women in the world as Glamour magazine hosted its 17th Annual Woman of the Year celebration, Oct. 30 in New York City.

Organizers say the event, held this year at the Radio City Music Hall, recognized the accomplishments of women worldwide and is considered the equivalent of Time magazine's Man of the Year award.

Past honorees of the magazine, which targets women ages of 18-49 and reaches a subscription audience of 1,411,061 in the United States, include entertainers like Catherine Zeta-Jones, politicians like Hillary Rodham Clinton, sports stars like Venus Williams and the 2005 Woman of the Year winner Mukhtaran Mai, an illiterate, 33-year-old Pakistani woman that launched an international campaign against the abuse of women after she was raped in her home country.

Joining the list of honorees for the 2006 awards was 12 Army females, including four Task Force 3 Soldiers currently serving in Operation Iraqi Freedom.

Lt. Col. Marta Vives, 21st Combat Support Hospital, 1st Lt. Grace Chung, 226th Medical Logistics Company, Staff Sgt. Maria DeHoyos-Gill 21st CSH and Staff Sgt. Natalie Strawn, 47th CSH, were among the 12 Soldiers selected for the 2006 honors.



Staff Sgt. Natalie Strawn, 47th CSH



Staff Sgt. Maria DeHoyos-Gill 21st CSH

“These women are being recognized for the tremendous jobs they do under extremely stressful situations,” said Sarah Wachter, producer who supervised interviews with the 12 women. “We have women here who are exceptional at the jobs they do.”

This year's gala will featured video clips of each of the Soldiers, most of whom remain in combat zones. Soldiers selected ranged from gunners to service personnel.

Selection came as a surprise to all three of the Task Force 3 Soldiers.

Strawn, a laboratory technician, said she was amazed when she heard she had been selected. “I thought they were kidding when I first heard they wanted some women for Glamour magazine,” she said. “It's kind of hard to feel glamorous over here. I sent in my bio and then I thought they were kidding again when they told me I had been selected.”

“My command said they really wanted me to submit a bio a few months ago,” said DeHoyos-Gill, who works in physical therapy. “I was shocked when I heard I had been selected. There are many extraordinary women here and for me to be chosen is truly an honor.”

Task Force 3 is the collective name for all medical personnel assigned to units under the control of 3rd Medical Command, a reserve unit from Atlanta Georgia. There are nearly 30 medical units, and around 3,000 Soldiers taking care of the health and medical needs of all of the nearly 150 thousand service members assigned to support Operation Iraqi Freedom.

Service members send messages home for the holidays

CAMP VICTORY, Iraq—Soldiers who will be away from their loved ones this Holiday Season will have an opportunity to lessen that pain thanks in part to the public affairs team of Task Force 3.

The public affairs team for TF3 has coordinated with different video teams in country and traveled to sites throughout Iraq and Kuwait to film Soldiers' messages back to their families in the States.

“When we found out funding was preventing the regular Holiday Greetings team from coming over this year, we got with other people who have video capability and started trying to cover as much territory as we could,” said Maj. Bobby Hart, Task Force 3 public affairs officer. “We've been lucky because we knew some of the people like Staff Sgt. David Howell who is from Atlanta and who is working with AFN.” Howell is with the 356th Broadcast Public Affairs Detachment (BPAD).

Through the efforts of the different video teams working through the Army's Digital Video Imaging Distribution System (DVIDS), well over 1,000 Soldiers have had the opportunity to do the greetings and there will be more opportunities in the future. One Soldier who was happy to advantage of the opportunity was Lt. Col. Bob Richardson, head pharmacist for Task Force 3.

“In the Gulf War, I didn't walk across the street to do this when I had a chance,” Richardson said. “My wife and three daughters sat by the T.V. waiting for Daddy to be on. It's a burden I've carried for 16 years.”

Hart said through the efforts of people like Staff Sgt. Sam McLarty and Sgt. Thawng Lian — both with Task Force 3 PAO — Howell and AFN and other BPADs like the 210th MPAD in Balad and 49th MPAD at the IZ, every Task Force 3 Soldier who wants to do a greeting should have an opportunity.

“This is the one of the fun parts of our job,” said Lian. “We know the Soldiers and their families will have a tough time during the Holidays. This is our gift to them.”



Photo by Maj. Bobby Hart, Task Force 3 Public Affairs Office

Sgt. Matthew Coleman, a Task Force 3 Soldier, sends holiday wishes to his friends and family back home.

TROOP TALK

What has been your biggest surprise since getting into theater?

"I really thought I would be using my skills treating soldiers, but instead, I am teaching other Soldiers how to do it."

Sgt. Joshua Stutzman
285th ASMC, Balad



"The amount of tracking reports we have to do and the palm trees. I never thought I would see palm trees."

Sgt. Jason Gordon
32nd MMB, Balad

"How bare the infrastructure is and how appreciative the Iraqi people have been."

Lt. Col. Shan Bagley
561st Med. Co. (DS), Balad



"Being able to get new eye glasses made at the 32nd in 15 minutes."

Sgt. 1st Class Mike Manahl
3rd Medical Command, Balad

Crescent Dragons assume medical logistics mission

By 1st Lt. Crista Campos
32th Multi-Functional Medical Battalion UPAR

LSA ANACONDA, Iraq – Supplying coalition forces with medical supplies, blood operations, optical fabrication, and medical maintenance throughout Iraq was handed over to Task Force 32 during a ceremony Oct. 9.

Crescent Dragons from the 32nd Multi-Functional Medical Battalion, from Fort Bragg N.C., received the important medical logistics mission from 226th Multi-Functional Medical Battalion during the transfer of authority ceremony.

With their colors uncased, Lt. Col. William Stubbs, TF 32 commander, reassured Maj. Gen. Ronald D. Silverman, commanding general for Task Force 3, that his professional Soldiers were ready for the task at hand.

"We are poised and ready to assume the mission of providing medical logistics support to the Iraqi theater of operations," he said. "Over half of the 32nd Soldiers from Fort Bragg were deployed during OIF 04 and 06 and have experience and a great understanding of how the system works."

The 32nd MMB, an active duty unit out of Ft. Bragg, NC, began its second deployment for Operation Iraqi Freedom in September – after spending only 10 months back home at Fort Bragg.

While at Anaconda, the battalion will command and control four preventive medicine detachments, three combat stress control detachments and one veterinarian detachment that spread Soldiers to 24 locations throughout Iraq.

"We are also extremely excited and looking forward to our new mission as a multi-functional medical battalion headquarters providing world-class veterinary, combat stress and preventive medicine support to the Coalition Forces currently serving in Iraq," he said.

"The 226th Multi-Functional Medical Battalion did an outstanding job and we will continue their great legacy. Safety, professionalism and quality in everything we do."

FIRST PERSON ACCOUNT

We have arrived

By Sgt. Chris Babich
206th Area Support Medical Company UPAR

It has been almost four months since the 206th Area Support Medical Company started its journey to Iraq. This journey started on July 5, 2006 at the 206th's armory in Springfield, Mo.

We arrived at the armory at 5:30 a.m. We had loaded our bags and equipment onto a semi-trailer truck the day before. On this morning we loaded our carry-on luggage under our assigned bus and said our sad good-byes to family and friends. Our journey had begun.

Our first stop on the road to Iraq was Fort McCoy, Wis. We spent two and half months at Ft. McCoy training and preparing ourselves for our one-year tour of duty in Iraq. We trained in everything from basic first aid and CPR to convoy operations and 91W (Medic) Pre-Deployment Training. Our officers were tested in their ability to adapt and overcome a myriad of situations.

The responsibility for the soldiers was passed on to the Non-Commissioned Officers (NCOs). We were asked to provide training, ensure discipline and accountability for all of the soldiers in the 206th.

The day finally came to say good-bye to Ft. McCoy. It was September 16, 2006. Once again we loaded our bags and equipment onto a semi-trailer truck. We were all ready to get in country and start providing medical care to the troops in Iraq. We loaded ourselves and our carry-on bags onto busses headed for Volk Field. Once there we settled in to wait for our flight to Kuwait.

After 14 hours of travel we landed in Kuwait City, Kuwait. Again we loaded bags and equipment onto a semi-trailer truck and we boarded busses. We had a two hour bus ride to Camp Buerhing, Kuwait. We arrived and received several briefings. Then it was on to breakfast. The rest of the day was spent resting and trying to recover

from jet lag. We spent ten days at Camp Buerhing. We received some up-to-date IED training and some very important Friendly Fire training—how not to do it. The rest of our time there was spent acclimatizing to the 120+ temperatures and covering some other needed training such as a briefing on Ramadan and a briefing on Code of Conduct.

Finally on September 28, 2006 we were ready to go "over the berm." For the second to last time on this leg of our journey we loaded our equipment and bags on a, you guessed it, semi-trailer truck, boarded busses and headed to Ali Al Salem LSA, Kuwait. We arrived just before lunch. We ate lunch and then it was back on the busses for a short trip to the passenger staging area. We were assigned a holding tent. Our equipment and bags were loaded onto pallets for our flight. We waited for a little less than an hour. Our number was called. Time to go. Once more onto busses. A short drive later we were sitting behind an Air Force C-130. Cargo bay doors wide open. Inviting us to come in and take a seat. We did just

that. Not one of us hesitated or had second thoughts. Once we had taken our seats, our pallets were loaded behind us. The next thing we knew was we were airborne. An hour later and we were touching down at our final destination in Iraq.

The process that got us to Iraq was reversed. While waiting for our pallets we, the base, came under indirect fire attack. To the bunkers we went. Someone said, "Wow, not even here an hour and we're already in the bunkers." It was a short stay. Only 20 minutes. We de-palletized our bags and equipment and loaded it onto another truck. Back onto busses and off to our home for the next 365± days. We are all glad that we won't have to load or unload our gear for a long time to come.

But, I'm sure none of us will complain when it comes time to load it all up again so we can head home to our families and friends.



Sgt. Chris Babich



Staff Sgt. Myla Vizcarra prepares instruments for the operating room Oct. 14 at Balad Air Base, Iraq. Sgt. Vizcarra is an operating room technician assigned to the 332nd Expeditionary Medical Group.

Photo by Staff Sgt. Alice Moore
332nd Air Expeditionary Wing Public Affairs

OR techs help save lives in Iraq

By Staff Sgt. Alice Moore

332nd Air Expeditionary Wing Public Affairs

Helping to save lives everyday in theater is something operating room technician Senior Airman Shannon Brito, deployed from Travis Air Force Base, Calif., takes great pride in.

Behind the doors of the hospital, lie three operating rooms where the 332nd Expeditionary Medical Group's OR technicians feverishly work to ensure patients live to see another day.

"Working here you never know what type of case will come through the doors," Brito said. "That's what makes this job the biggest challenge. We just try and do our best to keep the patients stable."

On average, the OR technicians here deal with 12 to 16 patients a day. The OR supports service members from all branches of the U.S. military and coalition forces within the U.S. Central Command's area of responsibility. They also support Iraqi nationals, Department of Defense employees and contractors in the area of responsibility. The hospital's OR can accommodate up to six patients at one time. The technicians assist in cases that range from broken bones to severe internal organ damage.

"We service anyone who needs care in the AOR no matter who they are," said Master Sgt. Velinda Tharpe, surgical services superintendent, deployed from Lackland Air Force

Base, Texas. "We deal with minor to severe cases and our job is to get these patients stable so they can either go back to their service or receive more definitive care as soon as possible."

Assisting doctors with surgery cases isn't the only thing the OR technicians are responsible for. They also ensure that adequate equipment and sterile supplies necessary for surgical procedures are maintained, said Tech. Sgt. Jeff Wilcox, noncommissioned officer in charge of the OR also deployed from Lackland AFB, Texas.

"The patient is our number one priority. Everything else is secondary," he said. "We account for almost 45 percent of the hospital's business here. Our specialty allows us to be a bigger hitter of the team. There is definitely a higher level of intensity working here as opposed to home station."

With the volume of work the OR technicians face, the technicians credit teamwork to mission success.

"I think what we're doing out here is great," said Airman 1st Class Sara Moore, OR technician deployed from Lackland, AFB, Texas. "This experience here makes me proud to be a part of the U.S. military. It's great to see all of us come together and work as a team."

And at the end of Brito's day, the OR technician knows she's making a difference.

"We're saving lives. Without us here, people would die. It gives me great satisfaction knowing that we have a hand in saving these people."

Taking care of Soldiers

Task Force 3 RSO&I team moves units forward

By Maj. Bobby Hart

Task Force 3 Public Affairs

CAMP BUERING, Kuwait—Some of the first faces deploying troops see when they land in Kuwait are also some of the last they see before they leave.

The Reception, Staging and Onward Integration (RSO&I) team for Task Force 3 is made up primarily of Soldiers from the Army Reserve's 3rd Medical Command from Fort Gillem, Ga. and is responsible for ensuring troops have the necessary training and documentation necessary to move to Iraq.

"Our mission for the RSO&I Team is to meet and greet the deploying medical personnel and give them a warm welcome coming into country," said Sgt. 1st Class Jerry Burris, who worked with the team. "There's some anxiousness about the unknown when many of the troops get into theater for the first time and it's important they have someone there to help them."

Units arriving in Kuwait usually spend seven to ten days adjusting to the climate and getting additional training. Lt. Col. Phillip Good heads up the team and ensures

training of the units remains on track for them to meet their timeline to move into Iraq.

One of the frustrating parts of the job is that with the ever-changing security issues in theater, the training must change too. Some units getting trained at the mobilization stations have to go through additional training and at times, repetition of training.

"It is frustrating at times, but the RSO&I team does a very good job of helping to make the transition easier," said Lt. Col. Roberto Reid, commander of the 113th Medical Company. "I wish there could be more coordination between the mob station and RSO&I, but as quickly as things change over here, it is tough."

"The RSO&I team took good care of us," Reid said. "They greeted us, explained everything and gave us a projected time line that ended up being accurate."

Burris said as important as taking care of the incoming troops is, it is not the best part of the job.

"We are also there for the troops on the other end of their mission," Burris said. "We take care of them as they prepare for going back to their loved ones."



Lt. Col. Phillip Good



Lt. Col. Phillip Good, OIC of the Task Force 3 RSO&I team welcomes a unit to the theater. Units arriving in Kuwait usually spend seven to ten days adjusting to the climate and getting additional training.

Photo by Sgt. Thawng Lian
Task Force 3 Public Affairs Office



Photo by 1Lt. Nicholas Barringer, 28th Combat Support Hospital

Iraqi Prime Minister Nouri al-Maliki poses with Soldiers of the 28th Combat Support Hospital during a dinner at al-Maliki's home.

Dragons dine with al-Maliki

By 1st Lt. Nicholas Barringer,
28th Combat Support Hospital UPAR

They say that the way to one's heart is through the stomach. This pearl of wisdom was never more true than Friday, Oct. 20, when the 28th Combat Support Hospital's leadership and soldiers dined with the Iraqi Prime Minister Nouri al-Maliki at his residence.

China Dragons from privates to colonels representing different sections in the hospital attended the dinner. The Prime Minister and 28th CSH Commander Col. Erin P. Edgar sat and discussed the subject of the ever-growing US-Iraqi relationship.

"The fact that Iraq is known as the cradle of civilization is not lost on us," Edgar said. "We find ourselves at a vital crossroads in the history of this civilization, and America's commitment to success in Iraq is highlighted by the presence of these healthcare providers who represent hope and healing for countless people in this country."

The Prime Minister and his staff then treated the China Dragons to a culinary extravaganza containing a plethora of dishes from the Arabic cuisine. The 28th CSH soldiers were privy to the most succulent cuts of lamb to the most delectable pieces of baklava.

After the dinner the Prime Minister posed for photos with many of the visiting soldiers. The evening ended with the Prime Minister bidding the China Dragons farewell as they were whisked away back to the hospital by his drivers.

At the end of the night, several Soldiers expressed that the evening's events will be a cherished memory of their tour in Iraq. Sgt. 1st Class Jeffrey DeGarmo shared his thoughts on the evening by saying "It was a great honor and I was proud to eat with a man who is trying to rebuild a nation."

Although the dinner was a chance for soldiers to eat some tasty food hopefully it will also serve as another brick in the strong foundation of the US-Iraqi relationship.

Hospital construction begins at Anaconda

By Sgt. 1st Class Mark Bell
332nd Air Expeditionary Wing Public Affairs

LSA ANACONDA, Iraq – The future of Iraqi and coalition forces medical care is four small holes closer to being completed after a ground-breaking ceremony for a multi-million dollar, state-of-the-art medical complex.

With symbolic shovels digging into the Iraqi soil, three years of planning the large project is now becoming a reality, said 332nd Air Expeditionary Wing commander Brig. Gen. Robin Rand, Oct. 15, 2006.

"This is one more step into helping Iraq transition to democracy. We are going to make this place better," said Rand. "We are going to give them a facility they can build upon."

Rand said he is excited to have this project happen on his watch. The current Air Force Theater Hospital located here began as the Army's 21st Combat Support Hospital in 2003. The 21st CSH provided Level III care to coalition forces, with a humanitarian mission to give medical care to Iraqis who visited the hospital.

The Air Force assumed responsibility for the hospital mission in late 2004 and re-designated as an AFTH, operated by staff from the 332nd Expeditionary Medical Group.

The planning and development process began in November 2003, said Col. Brian Masterson, 332nd Expeditionary Medical Group commander. "The new medical campus will be a hardened facility that will provide world-class medical and trauma care for our wounded comrades and Iraqi citizens," he said.

Masterson said the new facility, when completed, will serve as the gateway for definitive care for wounded heroes.

"The new medical campus will be the phoenix of the Air Force Hospital, it will grow from its current 61,000 square feet to more than 100,000 square feet," he said.

Masterson said the ceremony represents the culmination of three years of planning.

"The result will be a marvelous new facility which brings the most advanced life-saving technology to the deployed locations," he said. "It is our job to save the lives and return our brave comrades home to the families and to the road to recovery."

The new hospital will be only a small part an integral system that begins with the warfighters and their families, he said. "The proper treatment, proper protective equipment, training, and combat medics, is what helps return our people through the various facilities to home."

The current facility has 18 intensive care units, 40 intermediate care ward beds, and six operating tables.

The new facility will contain among other rooms, 23 exam and office rooms and 17 dental treatment rooms.

"Ultimately our long-term goal, not only here, but throughout the country, is to turn it back to the Iraqis with an improved infrastructure, to include hospitals and other facilities," said Maj. Gen. Ronald Silverman, commanding general of the 3rd Medical Command.



Photo by Maj. Bobby Hart, Task Force 3 Public Affairs Office

Maj. Gen. Ronald Silverman (center), commanding general of the Task Force 3, Brig. Gen. Robin Rand (second from right), 332nd Air Expeditionary Wing commander, and Col. Brian Masterson (right), 332nd Expeditionary Medical Group commander, were among those participating in the ground breaking ceremony for the new hospital at LSA Anaconda.

Parting Shot



Spec. Michael Vangelder of the 32nd Multifunctional Medical Battalion (MMB), helps to leave the unit's mark in Camp Buehring, Kuwait, as he and other soldiers painted the unit sign prior to moving across the berm for a year-long deployment to Iraq.

Photo by Maj. Bobby Hart
Task Force 3 Public Affairs Office