

Task Force *Times*

December 2006



Dragons get their patch
Page 3



*Whiteaker joins
Andie Murphy*
Page 6



32nd gains a recruit
Page 9

The skills to save lives



Photos by Spc. Amanda 210th Public Affairs Detachment
Spc. Michael Williams, a medic with the 4th Infantry Division based in Baghdad, marks a man with the letter "T" for tourniquet during CMAST training at the Jameson Combat Medical Training Center. *See full story page 4*

COMMANDER'S CORNER

The holiday season is upon us

As the holiday season is upon us, we need to take time to reflect on the things that are most important: family, friends and the spirit of the season. For many of you, this holiday season will be different. For some, this will be the first time away from home during the holiday season. For others, this may be your second or even third time being away. But, we all have a common bond: Time away from your family in a foreign country, in a war zone, is one of the most difficult things you we will ever do.



Major General
Ronald D. Silverman
Commander
Task Force 3

We, the MEDCOM family, need to ensure we are doing all we can for one another. We demand a lot out of our soldiers and during this special time of year I challenge you to take care of one another. I expect the leaders to continue checking on their soldiers to ensure they are getting time to relax, enjoy a hobby or just rest. Soldiers, I expect you to take the time you are given to do what you enjoy and to rejuvenate yourselves. Reflect on the good things that life has brought to you. This will help you get away from the job and assist with your time away from home.

During this holiday season, I commend each and every one of you for the dedication and hard work that you are doing. It is my sincere wish that you have a great holiday season and to remember our reason for being here, to provide the best medical care to our Soldiers, Sailors, Airmen and Marines during a most difficult time. I am grateful to serve with you during this period of American History and wish you the best holiday season possible.

Desert Medics!



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Maj. Gen. Ronald Silverman, commander of Taskforce 3, places the 3d MEDCOM combat patch on the right sleeve of Col. Erin P. Edgar, 28th CSH Commander. Edgar and Command Sgt. Maj. Marshall Huffman, 28th CSH Command Sgt. Maj., both received patches from Silverman at a ceremony October 30, 2006 at Ibn Sina Hospital.

*Photo by 1Lt. Nick Barringer
28th CSH UPAR*

Dragons get their Combat Patch

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

In 1918 the 81st Infantry Division proudly placed their “Wildcat” patch on their left shoulder before heading off to France in World War I. The 81st ID was the first unit to have a unit patch but the value of the patch was recognized by Gen. John J. Pershing for building morale and unit cohesion and the practice was subsequently adopted by the rest of the American Expeditionary Force. After World War II the wear of the shoulder sleeve insignia on the right shoulder was approved to denote service in combat. Steeped in this rich tradition, the 28th Combat Support Hospital proudly donned the 3rd Medical Command combat patch, Monday October 30, at Ibn Sina Hospital.

The 28th CSH, “China Dragons,” is no stranger to the Iraq Theatre. It last deployed to Iraq in March 2003 in support of Operation Iraqi Freedom. The China Dragons also first established the Ibn Sina hospital during their tour.

“As a perennial optimist, I look forward to the day when this global war, just like WWI, WWII, and the Cold War comes to an end,” said Col. Erin P. Edgar, 28th CSH Commander. “That day, history will look back on us and judge us as ambassadors of liberty, protectors of the innocent and practitioners of mercy. When your grandkids ask you what you did for the cause back then, you can proudly show them this patch and let them know that you didn’t stand by idly when civilization was at risk. You served as a China Dragon – a Desert Medic – and you did so proudly at the one place where you could have the most impact, Ibn Sina Hospital --- aka the Baghdad ER.”

The 3d MEDCOM Commander Maj. Gen. Ronald Silverman and Command Sgt. Maj. Roger Schulz were on hand at the ceremony to award Edgar and his Command Sgt. Major, Marshall Huffman, with the 3rd MEDCOM combat patch.

The 3d MEDCOM, “Desert Medics,” based in Atlanta, Georgia, became an active participant in the Global War on Terror in October 2001, when members of the command deployed to Kuwait and Afghanistan. The 3d MEDCOM deployed again August 26, 2006, and is currently serving in Iraq as the Command and Control for all medical assets in the country, as it did previously in Operation Desert Storm/Desert Shield.

Medical training brings advanced skills to battlefield

By Spc. Amanda Solitario

210th Public Affairs Detachment

LSA ANACONDA, Iraq — Soldiers across Iraq fly to Anaconda to take part in some serious medical training that they cannot find anywhere else in the country.

Once per month, instructors at the Sgt. 1st Class Tricia L. Jameson Combat Medical Training Center, offer an intense five-

day Combat Medical Advancement Skills Training course. The course is geared toward enhancing the medical knowledge of Soldiers while teaching them how to administer aid to wounded patients in a hostile area.

“It prepares the students to protect themselves and the casualties, and to save lives,” said Sgt. 1st Class Michael Manahl of Ames, Iowa, 3rd Medical Command program coordinator for the Jameson CMTC.

The class highlights the importance of advanced hemorrhage control, the number one cause of death due to injury, said Lt. Col. Anthony S. Ramage of Augusta, Ga., critical care consultant for 3d MEDCOM.

“The more people trained to stop the bleeding, the more lives we will save,” he said.

As of now, Anaconda is the only approved location for CMAST in Iraq. It is a 40 credit-hour course divided between class time and hands-on training. The class does count toward promotion points.

Traditionally, the CMAST class was primarily for medics, but the instructors are seeing many Soldiers with various jobs coming through the class. Manahl said a Soldier’s military occupational skill specialty does not have to dictate who is able to provide care to a wounded service-member.

“The medic may be in a vehicle hundreds of meters away from the casualty and unable to get to him for minutes,” said Ramage. “Long enough [for them] to bleed to death.” he said. The key is to train as many people as possible to be “mini-medics

One student, Sgt. Randy Harcrow, a native of Lubbock, Texas and a petroleum supply specialist with 1st Battalion, 17th Field Artillery Regiment, said he was grateful to be able to participate in the program. Part of a convoy security team, Harcrow said he never knows what’s going to happen outside the wire.

This training has really boosted his confidence in his abilities to treat injured Soldiers if the situation presents itself, he said.

Prior to taking the class, students must first pass the 17-day Emergency Medical Technol-

ogy-Basic course, a civilian certification. This is to ensure the Soldier has the fundamental medical knowledge to succeed in CMAST.

As with most military training events, there is a “crawl, walk, run” phase to the program, said Manahl. The work inside the classroom is the crawl phase, and it is here the school’s nine instructors coach the students and answer their questions. One of the most important aspects introduced in the first few days is



Spc. Derek Anderson, a systems operator with the 324th Integrated Theater Signal Team, preps an intravenous fluid bag before sticking the patient.



A student checks the pulse of a patient after administering intravenous fluids. Twelve students in the Combat Medical Advancement Skills Training participated in the final exercise Oct. 27. The CMAST class teaches Soldiers how to treat critically wounded servicemembers on the battlefield.

*Photos by Spc. Amanda Solitario
210th Public Affairs Detachment*

Task Force Times

casualty triage, said Sgt. Joshua Stutzman, a 3d MEDCOM instructor at the Jameson CMTC. Stutzman, a Cincinnati, Ohio native, said triage is all about treating as many people as possible with limited supplies, and prioritizing the patients according to their needs.

On the fourth day, the students get to work with a specialized dummy called the METI-man, which stands for Medical Education Technologies Inc. METI-man is a computer-programmed mannequin designed for students working in the medical field. Stutzman said the METI-man gives the Soldiers the feeling of working on an actual patient. The dummy blinks, talks, breathes, and even bleeds through controls set forth by the instructor.

“It causes the students to react in different ways,” he said. “Their interventions can either help him or hurt him.”

All the time in the classroom and all the hours spent working with the METI-man, culminates into a mass casualty exercise on the students’ fifth and final day. The students are put to the test by taking their medical knowledge and applying it to a real-life setting where their



A student in the CMAST class drags a dummy to the casualty collection point for evaluation.

stress level is heightened and their sense of urgency is pushed to the max, Manahl said.

“We try to base the scenarios off of real-world situations,” he said.

In a recent exercise, 12 students found themselves in the midst of a simulated combat area with more wounded than CMAST personnel.

“For a real triage situation, we need to overload the medics and medic capabilities,” he said. “So, if there are a dozen students in the class, we are putting 14 patients at them at one time.”

Through the morning, the Soldiers had to show the instructors that they could move all the casualties to a safe area, keep an accurate count of the wounded, provide medical care, pull security and call in medical evacuations. Manahl said the group struggled at first, but learned from their mistakes the second time around.

He said that after attending this course, the students are more prepared to go out there and treat casualties.

“I feel like I learned enough in this class to go back and train my Soldiers to take care of anybody on the battlefield,” Harcrow said. “This class will benefit any Soldier. It is very important especially in this environment.”



Staff Sgt. Anthony Cappucci, a postal supervisor with the 394th postal company, and Spc. Michael Williams, a Summerville, S.C. native, strap down a casualty to a stretcher in preparation for medical evacuation while Spc. Derek Anderson, an Army Reserve Soldier from Williamsport, Pa., pulls security during the mass casualty exercise Oct. 27.

TF21 Soldier selected for Audie Murphy

By 2nd Lt. Jose Sanfeliz
21st Combat Support Hospital
UPAR

Army Sgt. Dorothy Whiteaker, a radiology technologist assigned to the 21st Combat Support Hospital, Fort Hood, Texas, was recently selected for induction into the Sergeant Audie Murphy Club while deployed to Baghdad, Iraq in support of Operation Iraqi Freedom.

Induction and membership in the SAMC is a unique privilege for noncommissioned officers whose leadership achievements and performance merit special recognition and who have contributed significantly to the development of a professional NCO corps and a combat ready Army.

Members demonstrate superb leadership characterized by personal concern for the needs, training, and development of their Soldier, as well as concern for their Army families. Whiteaker was nominated by Command Sgt. Maj. Gerald Solis to appear before the preliminary board held at the 30th Medical Brigade Headquarters, Baghdad, Iraq. The board consisted of six command sergeants major asking an array of questions ranging from basic soldiering skills to complex family issues.

Whiteaker performed well and was chosen to advance to the final board held by Eastern Regional Medical Command in Heidelberg, Germany, via video teleconference. Whiteaker excelled once again and was unanimously chosen by all board members for induction into SAMC. She was the most junior Soldier selected out of all nominees.

Whiteaker has excelled as both a radiology technologist and as a Soldier since enlisting in January of 2001. She completed the Army's Radiology Specialist Program in late 2001 as an honor graduate and moved to Fort Knox, KY the following year. While stationed



Sgt. Dorothy Whiteaker

at Fort Knox, Whiteaker was chosen as USA Medical Activity Fort Knox Soldier of the Year 2004, Fort Knox Soldier of the Quarter, 2nd Quarter 2005, and placed on the Commandant's List while attending the Professional Leadership Development



Course 2004. In 2005, Whiteaker moved to Fort Hood, Texas where she joined the 21st CSH and was eventually chosen as 13th Sustainment Command (Expeditionary)

Non-Commissioned Officer of the Quarter, 2nd Quarter 2006.

Whiteaker said she strongly believes she would not be the Soldier she is today without the endless support she receives from her husband Tyler and their three children Baileigh, Ashley and Brock.

"My husband and oldest daughter are very proud and supportive of what I do but I think it is a little harder for my two younger ones to understand why I must go away," she said. "I try and tell them that it is very important for me to go and take care of people that need my help."

The 21st CSH's deployed mission is to provide the best possible healthcare to both detainees and coalition forces alike. Whiteaker feels this unique mission is a great opportunity for her and her Soldiers to excel at their job specialty.

"The lessons learned and knowledge gained during this deployment is unlike anything we could have experienced in the civilian world. This is one of the main reasons I enjoy being a Soldier in the United States Army."

Whiteaker is dedicated to making sure the Soldiers around her get everything they possibly can out of this deployment. All

four of her Soldiers have received the Army Achievement Medal and two have been promoted since the beginning of their deployment. She organizes monthly mock promotion boards for Task Force 21 Soldiers and is also a member of the TF 21 Quick Reaction Force. Whiteaker's future goals are to teach at the Army Medical Department Center and School and instruct at the AMMED NCO Academy at Fort Sam Houston, TX.

Weigel wins... again

Capt. Kara Weigel, a physical therapist at the 28th CSH, won the female division in the Baghdad Marathon with a time of 3 hours 18 minutes and 18 seconds. Weigel, left, is pictured with Maj. Paul Mann, a lab officer with the 28th CSH. Weigel is currently undefeated in races in the IZ.



Race for the Cure - OIF



Maj. Stephanie Leong, Maj. Barbara Slater, Spc. Andrea Betts and Sgt. Jay Jeffries - all with 1972nd Medical Detachment Combat Stress Control - open boxes of t-shirts and snacks for the participants of the Race for the Cure, to benefit the Susan G. Komen Breast Cancer Foundation.

The Iraq Race for the Cure will be held December 17, 2006 at 7 a.m. at Tallil. Team Tallil has already raised \$7,100 of their \$10,000 goal with 76 runners registered, so far.

The race is a 5km run/walk (3.1 miles) and costs \$20 per person. Participants will receive a T-shirt on the day of the race and a chance to win one of several prizes including an IPOD nano.

Runners can registration online at <http://raceforthecure-sofla.kintera.org/operation-iraqifreedom> Click JOIN OUR TEAM at the top and follow the prompts. Make checks or money orders out to Komen Race for the Cure.

FIRST PERSON ACCOUNT

Her name was Maya

By **2nd Lt. Ken McKenzie**
28th Combat Support Hospital

BAGHDAD - Working in the ER of perhaps the busiest Combat Support Hospital in the world, the Army nurses, doctors and medics are exposed to enormous human suffering. Not only do they witness the horror of combat that their fellow soldiers suffer, they see and treat the Iraqi Army, Police, insurgents and even innocent civilians caught in the cross fire of bloody street to street battles.

Soldiers are at greatest danger when traveling the open roads, where IEDs and suicide car bombers are a constant threat. Many Soldiers speak of being in more than eight or nine of these attacks when they are brought in for treatment here at our ER at the 28th CSH.

It is common knowledge to the local Iraqis that you do not approach a convoy of Americans while out on the highway or local road. Signs are posted on the vehicles themselves "Stay Back- Deadly Force Authorized" in both Arabic and English. On a recent Monday afternoon, we were reminded once again how innocent civilians are often caught in the crossfire when convoys are attacked.

The phone in the nurses station rang, a Stryker was on the way in from the back gate with an Iraqi woman with six gunshot wounds, two to the head.

The team assembled and the trauma resuscitation began. The patient was a 24-year-old woman; her head was shaved with two wounds just above her left temple, one bullet hole just below her sternum, a bullet wound to each arm and one to the left shoulder. Her mental status was rapidly changing and it was getting difficult to treat her, so a rapid sequence intubation was initiated.

With the woman sedated and her airway protected, the team could get to work on her multiple injuries. Several of which would have proven potentially fatal on their own. A CT scan revealed an active brain bleed, so the patient was packaged up for medevac to Balad, where the neurosurgical team is located.

While preparing my patient for transport on the Blackhawk medevac helicopter, I was introduced to a well-dressed older man who was the woman's father. He had never flown before, so I gave him a quick brief on what to expect. Minutes later, the helicopter touched down on the helipad and the medics wheeled her out to the pad and I escorted the father, showing him the flight crew who would take care of him while I looked after his daughter on the 20 minute flight.

On the way out through the ER, I noticed a group of Stryker Soldiers gathered with that look on their face I see much too often – the look that says they must have just lost a soldier. I learned that the Stryker unit was on routine patrol when a vehicle rapidly approached and attempted to drive between two Strykers. Warning shots were fired, and then a burst of automatic fire went into the vehicle when it did not heed the warnings. Soldiers know all too well that this is a tactic used by suicide bombers, so the neces-

sity of kill or be killed was once again put upon our Soldiers.

The young woman was in a separate vehicle. An innocent victim in the wrong place at the wrong time, wounded by stray rounds. She was transported to an Iraqi hospital for emergency care.

The Stryker soldiers felt heart sick over this woman's injuries, so they had traveled to the hospital and saw that she was in bad shape. She was not receiving the kind of medical care that they knew was available at the 28th CSH and would likely die. They collected her and transported her to our ER, in hope that she would get what she needed. As the helicopter lifted off, all I could think of is how very sad this was. Her outlook was not good. Her father was devastated and the Stryker Soldiers might as well have lost one of their own.

The flight went well and I delivered my patient to the neuro-team in stable condition. I shook the old man's hand on the way out and offered my concern for his loss. He smiled and grasped my hand with both of his and thanked me in English.



Maya, Spc. Eileen Lui and 2nd Lt. Ken McKenzie

Photos adjusted to protect Maya's identity.

Like so many others, another sad day.

Two days later, after another long day, I was out by the front of the hospital triaging a local Iraqi that had fallen while playing a game of ping pong. He felt injured enough to try to get seen in the ER, but was denied. The only patients we see are at risk of losing life, limb or eye sight. The medic assisting me placed a sling on his injured arm and gave him instructions to follow up in the morning with his doctor.



Maya, as she prepares to leave the hospital.

On the way back to the ER, I saw that young woman's father.

I just froze, not knowing how to pass on my sense of sorrow. She must have passed, I thought, and he had certainly flown back here with her body.

The gentle old man shook my hand with a huge smile and took me to his daughter's bedside.

She was alive and well. She hugged me, and thanked our team for saving her life. I explained to her that it was the Stryker soldiers that saved her, and she said that she remembers their eyes, and would never forget them.

Her name was Maya, an amazing young woman with a fondness for Western culture and music – particularly Eminem. I found the medic who was with her in the ER and introduced Maya to her. They both started crying and hugging each other like long separated sisters. This was an unbelievable ending to a seemingly tragic story, an ending that never would have happened if not for the compassion of the American Soldier. The only tragedy is these guys are still out on combat patrol, not knowing about the life they saved.

The 329th gains a new recruit

By Sgt. Christiane Swartwood
329th Medical Company

The 329th Medical Company had a new recruit join its ranks when Erie Times News reporter, Scott Waldman, arrived in Iraq November 3, 2006. Since then he has traveled from site to site sharing the unit's story.

His first destination was the Green Zone, where he observed 329th medics supporting the 28th Combat Support Hospital. Then he moved to Al Asad, and later reported on the mission at Baghdad and nearby sites.

He has written several articles as well as a daily blog telling of his experiences. His coverage also included photos, video and audio clips which can be viewed at www.goerie.com.

It is interesting for Soldiers to see how an outsider views their mission and lifestyle. Waldman's coverage provides Soldiers' families back home with a perspective and insight that they can more easily relate to.



Erie Times-News reporter Scott Waldman sits in one of the opulent chairs at Saddam Hussein's Al Faw palace, outside Baghdad.

Taskforce 3 is full of losers!

By Maj. Bobby Hart
Taskforce 3 Public Affairs
Officer

Most people would take offense when people talk about them being a big loser, but for several Soldiers in TF 3 MEDCOM, they wear the moniker with pride.

The losing starts at the top with Maj. Gen. Ron Silverman, who has adapted a strenuous workout program and has dropped more than 30 pounds. Silverman said he is in the best shape he has been since his days as a collegiate athlete at the University of Wisconsin and as a recruit in infantry basic training.

“I still weigh more now than I did during my playing days, but mainly because I was a skinny little kid then,” said Silverman, who played tennis for the Badgers. “I do feel a lot better now than I have for several years.”

Although his workload as commander for TF3 MEDCOM prevents Silverman from as regular workouts as he would like, he still tries to get to the gym several times each week and runs whenever he has an opportunity.

“Working out not only helps me physically, but it’s a great way to recharge mentally,” he said.

Silverman’s lead-by-example approach to physical fitness has inspired others to get into shape, but for one Soldier – who may be the biggest loser in all of TF3 – it was much more personal.

Spec. Anthony Reppert, 146th Multifunctional Medical Battalion at Balad, has lost 75 pounds since he got the word he might be deploying. He credits his inspiration to his infant, Kadin.

“My son was born five months premature and really struggled to make it,” Reppert said. “Watching him fight for his life was a kick in the butt for me to do the right thing as a father.”

Reppert, a cook who drank a lot of grapefruit juice and did a lot of running to lose the weight, has seen the hard work payoff. Not only was he able to deploy with his unit, he also was promoted to



Maj. Gen. Ronald D. Silverman, Taskforce 3 Commander, is just one of the Soldiers who has lost weight and worked to become more physically fit. Silverman has lost more than 30 pounds.

specialist. He also had moderate high blood pressure and a bad disk in his back. Losing weight alleviated both, he said.

Promotion was also the key factor in another Soldier who hit the gym to put himself in position to pin on the next rank.

Spec. Travis Herndon, who works in the G-3 section of TF3, lost 55 pounds. Not only does he feel better than he has in years, he also was able to pin on specialist.

“I feel great. At first, the heat was getting to me and I didn’t have a lot of energy,” Herndon said. “Now I have more self confidence and I’m actually able to fit comfortably into my uniforms.”

Herndon has also seen—and felt—the benefits of his new-found fitness. “I used to ache every time I took a PT test,” he said. “My back ached all the time and I was always taking pain killers. Now it doesn’t bother me at all.”

The weight loss for the Soldiers has been a pleasant reward for being deployed, but Reppert sums up the added benefits, “People tell me I look a lot better,” Reppert said, “but more importantly, I feel a lot better—both inside and out.”

FIRST PERSON ACCOUNT

CMOC: Medical outreach

By Sgt. Andrew Brace
285th ASMC UPAR

It was a beautiful Tuesday afternoon. The sun was shining and there was hardly a cloud in the crystal blue sky as we piled into the open bed of the HUMMWV /hum-vee/. With the wind in our faces the excitement in the air was palpable as we bumped along down the road discussing the rapidly approaching event that we were about to attend.

“What would the Iraqis be like?”

“What type of care would we need to provide?”

“Will they let us take their picture?”

These were among the many questions we were asking ourselves as we cleared the security checkpoint advancing towards the small white building where we were to perform our mission. CMOC (the Civil Military Operations Center) is the point of interface between U.S. armed forces and indigenous civilian governments and populations. The community medical outreach program is one of many activities organized by CMOC acting as a synergistic bridge focusing the efforts of military and civilian organizations toward achieving a common unity with the local populous. The community medical outreach program gives Iraqi civilians access to western medicine from caring professionals. This level of care is not widely available nor is it affordable to most Iraqi civilians other places in the country.

Once a month the 285th ASMC provides a doctor and several medics in support of this mission. The building is set up like a typical family practice in the U.S. with a sizeable waiting room and a small treatment area with four makeshift beds for patient care.

The waiting room is generally packed with Iraqis – fully shrouded women in traditional Islamic dress, children as young as one year old and elderly men and women in wheelchairs.

Immediately upon arrival Dr. Mark Tranovich, an Army Lt. Col, and Sgt. 1st Class Kevin Runyon began seeing patients with the aid of an interpreter.

Spc. Stevie Lundell, Spc. Michael Healy, (both combat medics), Pvt. Bart Bennes (a lab tech) and me, all pitched in to help where we could.

Runyon was seeing a young girl whose mother had brought her in for a fever. The interpreter told us that the girl was five, although she looked several years younger. Runyon checked her temperature and looked in her throat and ears. He took a small box of Motrin infant drops from a shelf and handed it to the girl’s mother explaining through the interpreter how to administer the drops. As the girl and her mother were leaving he turned to me with a disappointed look on his face and said “there is only so much we can do”.

For the soldiers, the medical outreach program helps put a face on the war. With so much negativity surrounding us every day it feels good to do something positive for the community.



Sgt. Andrew Brace

TROOP TALK

What are you thankful for?

This year, like every year, I'm thankful for life and good health and being able to live each day to its fullest.

Sgt. Jimmy Mitchell
32nd MMB, Balad



I have a lot to be thankful—my health, a sound mind and my strong family who is very supportive of what I'm doing.

1st Lt. Karen Sims
146th MMB

I'm thankful for God, my family and my friends.

Staff Sgt. Kim Alexander
Taskforce 3



First I'm thankful that I know God, and that America is the type of country that will extend its love to other nations.

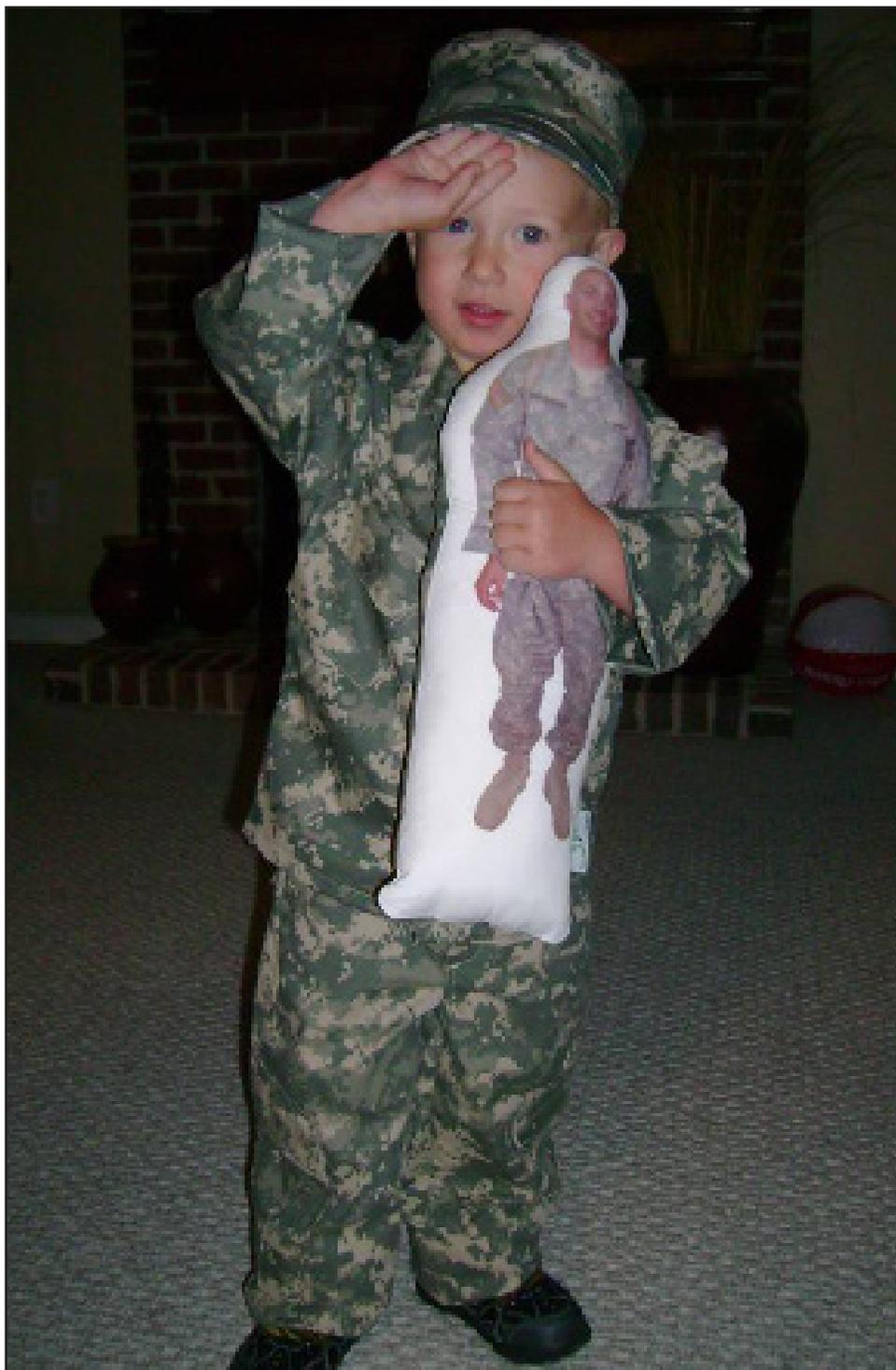
Staff Sgt. Virgilene Davis
Taskforce 3

I'm thankful that I can serve my country and do my part in the Global War on Terrorism.

Spc. Frantz Zephrin
Taskforce 3



Parting Shot



**By Staff. Sgt. Gray
Hutchinson**
285th ASMC UPAR

Soldiers and civilians alike are finding ways to close the gap between deployed service members and their families. One new way is to have a scaled size doll made from Daddydolls.com.

The dolls range in size from 12" to 18" and are made from a soft cloth stuffed with filling much like a pillow. A picture of the Soldier is printed on the front and you can choose from a variety of patterns for the back. The dolls can even come with a voice recorder inside.

"My 2-year-old son loves his Daddy doll. He wants to take it every where he goes and can always give his daddy a hug," said Tara Hutchinson, wife of Staff Sgt. Hutchinson stationed at Camp Liberty Iraq. "It's things like this that really make a difference to a young child."

The web site also has other items available such as picture pillows, picture dog tags, and picture puzzles.

Instructions for ordering Daddy dolls or Mommy dolls are available on the website.

Here Graydon salutes as he holds his Daddy doll to help him cope during his father's current deployment to the Middle East.