

# Task Force *Times*

May 2007

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Sgt. 1st Class Dennis Collett, and Lt. Col. Anthony Pasqualone

COMMANDER'S CORNER

# Sometimes simple things are the best



Major General  
Ronald D. Silverman  
Commander  
Task Force 3

*Sometimes simple things are the best. They don't cost anything and are relevant in all that we do here, in this theater, at home or in life. As I was talking to my Chief of Staff, Col. McIntosh, he shared some of his simple "hillbilly things to practice" and I thought they would be good to share with each of you.*

- 1. Always staff things going down or out of the unit. Talk with the other staff members. If your email has something to do with or impacts another section, get up from your desk and go see them.*
- 2. Do not push the send button unless you get up and walk around the desk. Spend time thinking about what is in your email.*
- 3. Be user friendly to your customers-ALWAYS*
- 4. Contribute to the mission instead of saying "they" aren't listening. Bring up good ideas at staff meetings. Don't use the coffee pot or mess hall for staff meetings.*
- 5. Concentrate on the reinforcement of Positives instead of Negatives.*
- 6. Who else needs input from me? NO ASSUMPTIONS.*
- 7. Everything you do impacts the command and possibly others.*
- 8. Sleep on big decisions.*
- 9. What would your mother think of the job you are doing?*
- 10. Do not forget what your mission is about: SOLDIERS!*

*These 10 simple rules will help you in making decisions. I encourage each of you to read and think about them daily.*

*Thanks for all you are doing to continue to provide the best medical care to America's sons and daughters in this operation.*



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## CHAPLAIN'S VIEW

# How to be a healthy human being



Lt. Col. Irvin Bryer  
Command Chaplain  
Task Force 3

*In the world today we are increasingly concerned with our physical and mental health. We read reports that school age children are not as physically healthy as they were decades ago. We seem to hear more and more often about people with mental or emotional problems (e.g. Virginia Tech).*

*But the complete human is actually built on three pillars; Mental, Physical and Spiritual.*

*Physical health is a condition that's fairly easy to define - fitness, strength, vigor and good shape. Likewise, mental health has recognizable characteristics – contentment, personal happiness and comfortable relations with others in society. But what is spiritual health? Spiritual health is much harder to identify or define, but if we compare it to the other pillars we can start to get a clearer image of what we must do to take care of our spiritual health.*

*Our mental, physical and spiritual pillars are all connected and are all important factors necessary for a good life. But in order to be positive factors, each must be fed and exercised. For physical health a person needs good nutrition and physical exercise. For mental health, the mind needs to be fed a diet of good experiences and exercised with learning.*

*But again, what of spiritual health?*

*Let us look at two words that are central to our spiritual health: prayer and worship.*

*Prayer is an active voice communicating with our God and our Creator to offer praise, make a request, seek guidance, confess sins, or simply to express our thoughts and emotions. Prayer can be both private and public, but both take an effort and may be difficult at first, but get easier with experience. And like a physical exercise, the more it is done, the stronger our "spiritual muscles" get.*

*Let us examine worship.*

*Worship is an active way that we present self with others in a public form before our Creator or God. Although the worship commanded by God is our way of showing reverence, adoration, veneration, and devotion, it is also by design a "spiritually nutritious" feast. When we worship, we become spiritually fed.*

*As we gather our life and the life of the community at worship it is to instruct on how to honor the Creator. We receive wisdom messages about doing good, living in harmony and respecting others.*

*Central to spiritual health are both prayer and worship. Both actions are a type of practice that involves positive acts of giving and receiving. Modern day research finds praying and worshipping through most religions and spiritual groups as positive for health – mental and physical. The affirming action of relating to a Creator or God has a positive health benefit.*

*For believers it is more than a spiritual health benefit - it is connected to a life giving practice of 'faith'.*

A handwritten signature in black ink, appearing to be "IB", written in a cursive style.

# Date production: A matter of Iraqi national pride

**By Maj. John Heil**

Task Force 3d MEDCOM PAO

The production of dates in Iraq has long been a matter of national pride. Over the next six-weeks, the Iraqi Ministry of Agriculture will launch a pesticide spray campaign throughout Iraq against the primary agricultural pests of date palms, the dubas bug.

“Iraq used to be the largest producer of dates in the world,” said Lt. Col. Van Sherwood, Task Force 3rd Medical Command entomologist. “It’s important that spraying the date palm groves take place in order to protect the date crop.”

The date palm has provided Iraq a source of food and shelter throughout history and is linked culturally and spiritually with the country. Iraq dominated the date market until the late 1970’s, producing 75% of the world’s exported dates. Market share fell dramatically as Iraq became involved in wars and faced trade embargos.

Dates still remained the second largest industry in Iraq but production is threatened by a large number of pests including arthropods, fungi, nematodes and phytoplasma.

Of the several enemies to date palms, the dubas bug is considered the number one pest. The dubas bug causes significant damage to the date palm and the dates it produces by feeding on tree sap. Even low to moderate infestations can cause serious reductions in date production. A secondary effect of the dubas bug is damage to any crops growing under the date palms, often citrus trees.

The Iraqi Ministry of Agriculture has traditionally controlled dubas bugs through the aerial application of ULV pesticides. “The best way to control the dubas bug is by aerial spray,” said Sherwood, “because date palms can grow 30 feet tall and the bugs feed in the canopy.

Due to the loss of aircraft, and security concerns following Operation Iraqi Freedom, aerial spraying was not done from 2003 thru 2005. Infestation levels rose, causing a significant decrease in date production.

Last year, in 2006, the MOA, in conjunction with Multi-National Forces – Iraq, conducted a joint effort and contracted internationally for the aerial spraying of over 77,000 hectares of date palms – just more than 190,000 acres.

“This year will be the first time since 2002 that Iraq will execute



*An MI-2 helicopter fitted with MicroNair AU5000 ULV sprayers applies pesticides to the tops of date palm trees. Mature trees can grow up to 120 feet tall making it difficult to fight damaging pests like the Dubas bug. (Photos courtesy Armed Forces Pest Management Board)*

this important program on its own,” said Sherwood. “The plan is to spray within the six main date producing provinces - Karbala, An Najaf, Babil, Wasit, Baghdad and Diyala - over a total of approximately 68,000 hectares.”

The MOA has procured an inventory of several different classes and formulations of pesticides for use in the aerial and ground treatment campaigns against the dubas bug, sunn pest and other agricultural pests.

“The MOA will use Iraqi MI-2 helicopters with two attached tanks and spray booms on each side of the aircraft,” said Sherwood. The aircraft fly approximately 10-20 feet above the tree line to get an accurate and uniform spray on the date palm groves.

“Coalition and Iraqi forces on the ground will be given sufficient notice of where and when the date palm grove spraying will take place in order to limit activity as appropriate,” said Sherwood.

Another agricultural pest, the sunn pest, is a very damaging insect to wheat and barley. During feeding, the insects inject saliva that contains chemicals that greatly reduce the baking quality of flour made from the damaged wheat. The wheat fields of the northern provinces of Dahuk and Irbil are also scheduled for aerial spray.

“This aerial spray program is entirely an Iraqi Ministry of Agriculture operation” said Sherwood.

“It represents tangible progress for the government and is a matter of intense national pride.”



*Dubas bug on palm*

# TF3 hosts chaplain's conference

By Sgt. Joel Gibson

13th SC(E), LSA ANACONDA PAO

BALAD, Iraq – The Multi-National Corps-Iraq chaplain spoke to a group of his fellow chaplains about issues facing religious support teams during a conference here March 27.

MNC-I Chaplain (Col.) Michael D. Tarvin stressed the importance of their mission in theater, encouraging them to “keep leading from the front.”

“I know people who have been wounded in action, been in convoys hit by IEDs [improvised explosive devices], and have been hesitant to go out afterwards,” Tarvin said. “But you need to keep going out with your Soldiers to be there for them.”

Tarvin noted the key role the religious support teams have in helping service-members during stressful times.

“You need to embrace your calling,” he said during his talk at the Audie Murphy Conference Room. “Nobody else can minister to Soldiers.”

The two-day event was organized by the Task Force 3rd Medical Command, which has chaplains working with units throughout Iraq. Other chaplains, including some stationed at Logistical Support Area Anaconda, also attended the conference.

Tarvin noted that chaplains have to maintain their skills in both the military and ministry realms.

“We need to be tactically proficient as staff officers, and technically proficient as ministers,” he said.

Taking personal time is important, but chaplains should also consider carefully what God’s day of rest translates to for Soldiers in a combat zone, Tarvin said.

The chaplain assistants conducted classes throughout the conference on subjects ranging from filling out casualty cards to providing support to a Soldier in crisis.

Task Force 3d MEDCOM Command Chaplain (Lt. Col.) Irvine Bryer said the event gives the chaplain assistants a chance to show their knowledge to the chaplains. It also gives the chaplains a chance to share information about their different missions with each other in a relaxed environment.

Bryer noted that being a chaplain can be a very stressful job,



Task Force 3rd Medical Command Command Chaplain (Lt. Col.) Irvine A. Bryer (right) leads religious support team conference attendees in prayer on March 27 at Logistical Support Area Anaconda. (Photo by Staff Sgt. Gary A. Witte, 210th MPAD)

particularly when wounded survivors are brought in for treatment.

“They don’t say, ‘Let the chaplain sleep,’” he said. “They say, ‘Go get the chaplain.’”

One key task is for the chaplain to not push his counsel to wounded service-members, instead making sure they get a phone to contact their loved ones, Bryer said.

Sgt. Jedidiah Brake, noncommissioned officer in charge of the chaplain section for Task Force 399th Combat Support Hospital, Camp Speicher, gave a presentation on the role of a religious support team serving a CSH. He focused on the Religious support team’s responsibility “to nurture the living, to care for the dying and to honor the dead.”

“If we can’t do that, at a minimum, we’re dropping the ball,” he said.

Brake experienced a personal example of the importance of following faith guidelines when there was a mandatory drive for his blood type.

“After I gave blood, I found out it was for an enemy,” he said. “At first, I had a bad feeling about that. Then I felt that God kind of rebuked me for that feeling, because I remembered the golden rule. Do unto others as you would have them do unto you – not as they would do unto you.”

# Clinic keeps K9s in check

Soldiers receive realistic medical training at Beuhring course



Semi-annual physical exams account for most of the clinic's patients at the Veterinary Clinic on Camp Slayer. (Photo by Spc. Laura M. Bigenho 28th Public Affairs Detachment)

## Spc. Laura M. Bigenho 28th Public Affairs Detachment

Like people, dogs need regular checkups and screenings. The Veterinary Clinic on Camp Slayer provides those checkups and other treatments for K9s across Multi-National Division - Baghdad.

The clinic's primary mission is to provide varying levels of support to dog teams, said Capt. Michael Fielder, Victory Base Complex veterinarian, 248th Medical Detachment. The levels range from one to three, with the first being minor injuries such as broken nails and small cuts. Level Two involves injuries that require a higher level of equipment, and Level Three cases usually require more definitive surgical care.

The clinic is equipped to handle some surgeries, but it depends on the type. Those which cannot be handled at Camp Slayer usually get transported to a clinic in the International Zone, Fielder said.

"If a dog comes in with a ruptured spleen, I could remove the spleen and the dog would be back and working in five to six days," he said. "If I had an emergency surgery come in that we're not fully equipped to handle, I would do absolutely everything I could to stabilize the dog for travel to the next destination."

The clinic is available 24 hours for emergency care, but it has not had any cases since Fielder and Spc. Thanisha Contes, veterinary technician, 248th Med. Det., arrived in September.

Semi-annual physical exams account for most of the clinic's patients, which come in for appointments, Contes said. Depending on the K9's health,

he will receive either a basic checkup or one that is more thorough, where the vet may have to draw blood, run fecal tests or conduct X-rays. After tests are conducted, they are sent to Golby Troop Medical Clinic for results.

"It's very similar to a human going in for a checkup at the doctors," Contes said.

One difference is that it can be more difficult to control a dog, Fielder said. Just like humans, dogs occasionally need tranquilizers to help relax.

"Sometimes we have to give them a little something to take the edge off, but for the most part, their handlers are really (helpful)," he said. The K9s are required to wear a muzzle for everyone's safety and easier handling.

Even when dogs act up, both agree that helping K9s is rewarding and enjoyable work.

"I especially dig the nice ones, but I enjoy the mean ones too, because you can work out an understanding with them a lot of times," Fielder said. "It gives you a good sense of accomplishment."

For Contes, the most rewarding aspect of working as a veterinary technician in Iraq was realizing that she really knew her job. Although she and Fielder work together as a team, there are days he visits other clinics and she stays behind to care for the K9s without him.

"I have a vet I can get in contact with if I need to, but realizing I can get along without the vet is a pretty good feeling," she said. "I love dogs, and it helps that I don't get frustrated with them very easily."

"It keeps us busy," Fielder said. "A lot of the job is being able to work with the dogs' personalities."

# Vietnam vets praise today's Soldiers

By Maj. John Heil

Task Force 3 Public Affairs Officer

Al Asad, Iraq – Sgt. 1st Class Dennis Collett, medic, and Lt. Col. Anthony Pasqualone, nurse practitioner, with the 399th Combat Support Hospital who served in Vietnam, praised today's young Soldiers. Both work in the intermediate care ward of the new Multi-National Forces Hospital in Al Asad, which opened its doors for business on March 19th.

"I am totally amazed about what Soldiers today do to save lives. From the command down I feel that the 399th is committed to saving lives. Life is a priority in this unit," said Collett.

Sgt. 1st Class Dennis Collett began his Army career over 30 years ago in 1967. He served in the supply field as a Specialist Four during the Vietnam conflict in Plei Ku, Vietnam, located in the Central Highlands. His primary duties were to issue supplies, serve on the quick reactionary force and conduct sector patrols about 14 to 15 kilometers from his base camp.

After he returned from Vietnam, he had a 10 year break in service. "I came back to the Reserves because I felt something was missing, we didn't have a good welcome home, and I felt some anxiety after returning from Vietnam," said Collett.

Collett also served during the Gulf War with the 343d Ambulance Company out of Galax, VA. He trained to be an Army Medic in 1981. "The medic training was good back then, but we have much better equipment today," said Collett.

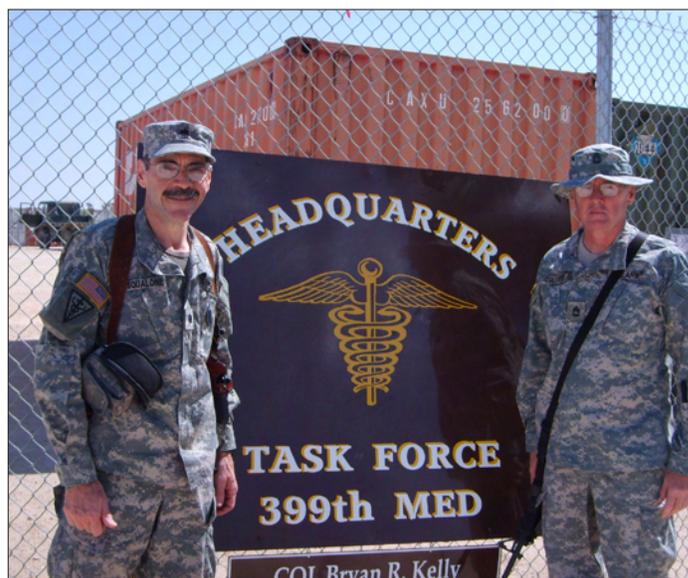
Collett feels that the biggest improvement resulting in such a high percentage of lives being saved on the battlefield today compared to Vietnam is the addition of the Combat Lifesaver Course into a Soldier's training curriculum. "The medic doesn't have to do it all," says Collett.

"Having the other Soldier able to help the medic is the biggest enhancement to saving lives," says Collett.

Patients are transferred from the intensive care unit to the intermediate care ward if their wounds are not that severe. "We provide hands on care after the patient is transferred from the intensive care unit," says Collett.

Collett was cross-leveled into the 399th Combat Support Hospital headquartered in Taunton, Mass. from the 256th Combat Support Hospital headquartered in Cleveland, Ohio.

Lt. Col. Anthony Pasqualone entered the Navy in 1969 after receiving an Associate's Degree in civil engineering. "The Navy needed Seabees to work various projects to win the hearts and minds of the Vietnamese people. I volunteered," said Pasqualone.



Sgt. 1st Class Dennis Collett, medic, and Lt. Col. Anthony Pasqualone, nurse practitioner, with the 399th Combat Support Hospital in AL Asad, are among the Vietnam veterans serving currently in Iraq.

Pasqualone served as a civil engineering technician on the humanitarian team. His base camp was located in the village of Go-Cong, which was a small village 35 miles south of Saigon in the Mekong Delta.

"The villagers were wonderful people. It was a pleasure working with them and helping them," said Pasqualone. Some of the projects the Seabees built were schools, roads, maternity wards and warehouses for the villagers' rice.

"Homecoming was very difficult for me and other Vietnam veterans. Anyone who came back in uniform was frowned upon, spat on and even called baby killers," said Pasqualone.

Pasqualone serves as a nurse practitioner, but he is responsible for the orthopedic clinic and also works in the sick call area.

During the Gulf War, Pasqualone served time in Mainz, Germany as backfill to an active duty unit who deployed to Southwest Asia. "There were a lot of back filled Soldiers who went to Europe to take over the mission of Active Duty Soldiers," said Pasqualone.

In 1972, Pasqualone joined the Army National Guard and entered the medical field as part of a medical detachment with the engineers. He helped provide the medical care for Soldiers. He became a licensed practical nurse in 1975, registered nurse in 1978, and received his commission in 1981.

"I have been with the 399th CSH for 16 total years. I served with them from 1985 to 1999, and then transferred to the National Army Medical Department Augmentee Detachment. In 2002, I volunteered to deploy with them to Kuwait before the war started for a six-month deployment. Then a week before this deployment, the Chief Nurse asked me to volunteer for this deployment. I couldn't say no," said Pasqualone.

"I spent nine weeks in Mosul, nine weeks in Tikrit and now I am in Al Asad. Hopefully, this will be my last move until we redeploy," said Pasqualone.

Continued on next page

# Easter celebration

Soldiers gather to praise a risen Savior Easter Sunday at Al Faw palace



More than 250 servicemen and women participate in Easter Sunday Gospel services at the Al Faw Palace at Camp Victory, Iraq. A number of Soldiers, Sailors, Airmen and Marines spent numerous hours rehearsing to make this Sunday service a success. (Photo by Sgt. Thawng Lian, Task Force 3rd Medical Command public affairs)



ABOVE: Chaplain (Lt. Col) Irvine Bryer gives praise to the Lord on Easter Sunday at the Al Faw Palace on Camp Victory, Iraq. Bryer, Chaplain for Task Force 3rd Medical Command, led the service bringing servicemen and women to their feet in praise of the Lord. (Photo by Sgt. Thawng Lian, Task Force 3rd Medical Command public affairs)

Servicemen and women celebrate the resurrection and the life through a skit for others on Easter Sunday at the Al Faw Palace on Camp Victory, Iraq. (Photo by Sgt. Thawng Lian, Task Force 3rd Medical Command public affairs)



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## ***"Enlisted Soldiers now in the hospital are most eager to learn"***

Continued from previous page

"Today we have a volunteer service and we get a much higher educated and more dedicated Soldier. In Vietnam, we had Soldiers who did not want to be there, they were drafted. It was extremely difficult to deal with those Soldiers. Today its much better," said Pasqualone.

"Enlisted Soldiers now in the hospital are most eager to learn. They are like sponges that soak up everything that you teach them," said Pasqualone.

The 399th CSH falls under the command of Task Force 3rd Medical Command, headquartered in Fort Gillem, Ga. Task Force 3d MEDCOM has command and control of over 30 medical units, including three combat support hospitals and one Air Force Theater Hospital in seven locations. Its other capabilities include multi-functional medical battalions, pathology, dental, combat stress, veterinarian medicine and preventative medicine.

Maj. Gen. Ronald D. Silverman commands Task Force 3d MEDCOM, making him the highest ranking medical person in Iraq. This is the first time a dental officer has had command and control over the entire spectrum of medical services in a combat zone.

# Seasoned Warriors

## Kennedy and Clifford: Vietnam veterans still serve with 1171st

By 2nd Lt. Aaron B. Squiers  
1171st ASMC Public Affairs

The war in Vietnam, for many, is a distant event only known through stories of a relative or through historical programming offered on cable television. As we fight the Global War on Terror, more than 30 years since the end of the Vietnam War, it's hard to imagine that there are still Warriors of long ago still serving today. However, those dedicated Soldiers do exist.

Among the ranks of the 1171st Area Support Medical Company, operating near Baghdad, Iraq, are two such seasoned warriors.

Major George Kennedy is a doctor with the New Mexico Army National Guard and is currently serving with the 1171st Medical Company. He first volunteered for the Army in the summer of 1966, attended basic training at Fort Bliss, Texas and eventually attended Special Forces Training.

After becoming a Special Forces medic, Kennedy deployed to Vietnam where he was assigned to the 5th Special Forces Group. He served in that theater from May of 1968 until May of 1969.

After serving in the Army, Kennedy attended the University of New Mexico where he eventually graduated medical school. Between 1978 and 1981 he served in the Navy as a doctor with the 3rd Marines.

Upon leaving the Navy, Kennedy returned to New Mexico where he practiced medicine. He joined the local Sheriff's Department SWAT team for excitement and he serves as a reserve deputy providing medical support for the team.

Despite having just survived prostate



Maj. George Kennedy and Sergeant First Class John Clifford reminisce about another war, another time. Both served in Vietnam and are serving with the 1171st Area Support Medical Company in Iraq today. (Photo by 1171st ASMC Public Affairs)

cancer, Kennedy volunteered to serve once again. Inspired by the events of September 11th, 2001, he joined the New Mexico Army National Guard in September 2006 after a lengthy medical review process.

Kennedy met up with the 1171st Medical Company in March 2007 to serve a three-month rotation in Iraq.

Sergeant First Class John Clifford has been a Soldier his entire adult life. He enlisted in the Army in June 1970. After attending training at Fort Knox, Ken., and Fort Leonard Wood, Mo., he reported to Fort Riley, Kan., where he served with Alpha Company, 97th Engineering Battalion.

Clifford left for Vietnam in August of 1972. He served nine months with the 510th Engineering Battalion before returning to the United States. Shortly after his return he left active duty and joined the Michigan Army National Guard.

In 1976, he became a full-time federal military technician for the National Guard where he has worked ever since. As a technician, Clifford supported many units at the Wyoming, Mich. Armory. He has worked on various types of vehicles over the years, which led to his promotion to a shop leader.

Clifford served with the 207th Engineering Battalion, 1432nd Engineering Company and 1463rd Transportation Company of the Michigan National Guard before deploying with the 1171st as the motor sergeant in June 2006.

General Douglas MacArthur once said "Old Soldiers never die...they just fade away". For these two men fading away hasn't been a thought. Neither plans to retire for several years, both opting to serve until their mandatory retirement age.

# PAs share battlefield experience

By Maj. John R. Heil

Task Force 3d MEDCOM PAO

More than 70 physician assistants and medical personnel from all over Iraq came together at the Al Faw palace, Baghdad to share their notes on the challenges of battlefield medicine.

The MNC-I Physician Assistants conference, "Healthcare in a Deployed Environment", April 5-7 2007, welcomed not only PAs but other medical personnel to a three day think-tank and educational series designed to let them hear the most current information on a range of issues.

"Bringing us together allowed us to learn about treatment procedures, emergency medical gear and new innovations that other physician assistants have developed," said Col. William Tozier, Task Force 3rd Medical Command Senior Physician Assistant.

"The scope and severity of many of the injuries we see in theater on a daily basis are unlike those experienced at trauma centers [back in the states] – even very busy ones," said Lt. Col. William P. Magdycz, MD, Task Force 3 Surgical Consultant, and one of the discussion leaders for the conference. "Our providers have developed a very unique expertise. Sharing their experience with other providers helps to generalize that knowledge in theater. And this can only improve the timing and quality of care for our service-members."

Once assigned in theater, many PAs find themselves in remote areas and without consistent communication with each other or with other providers due to limited



Col. William Tozier, Task Force 3 Senior Physician Assistant hosted a workshop on traumatic brain injuries during a physician assistants conference held at Al Faw palace in Baghdad, Iraq April 5-7. The conference brought PAs from all over Iraq to discuss the types of patients they were seeing and to compare notes on common symptoms, profiling and treatment plans.

phone and network access, said Tozier.

"This meeting allowed them to talk about topics that currently impact their practice," said Tozier. "I expect that many will change the way they practice medicine as a result of this conference. That is what is important. Not the review of old medical information, but the creation of new information and practices as a result of what they learned here."

This is only the second resident Continuing Medical Education conference for PAs ever held in a combat zone. The first was held in Dec, 2003 in Qatar.

Magdycz said that he could tell that the attendees were eager to increase their specialized knowledge of the evaluation and management of wartime illnesses and injuries. He

was impressed by the number of attendees.

"It takes both forward thinking and unusual commitment from commanders to release so many of their providers all at once for several days," said Magdycz. "Remember that traveling in Iraq is not without risk."

Tozier added, "this is the first conference I have attended where both the speakers and audience were armed with weapons and clips of ammunition."

Topics discussed during the conference fell into two categories: Routine medical care issues, such as hypertension and diabetes; and medical topics unique to the battlefield, like mild traumatic brain injury, extremity trauma, and rapid sequence induction.

Tozier and Magdycz are both assigned to the headquarters of Task Force 3, commanded by Maj. Gen. Ronald Silverman. Task Force 3d MEDCOM's mission is to provide service members the best possible medical and health care, which has resulted in a survivability rate of more than 90 percent – the highest in the history of warfare. Conferences like this one allow battlefield PAs to stay at the front of medical technology.



Cpt. Kimberly Lathan, C. Co. 115th BSB, and Cpt. John Berg, 2-12th INF participate in a workshop on battlefield medical techniques during the physician assistants conference held at Al Faw palace in Baghdad, Iraq April 5-7.

# 32nd MMB welcomes Taji National Depot and the Iraqi 6th Infantry

By 32nd Multifunctional Medical Battalion

Soldiers from the Taji National Depot and the Iraqi 6th Infantry Division conducted a one week exchange with the 32d Multifunctional Medical Battalion (MMB) from 15-20 April 2007 on LSA Anaconda as part of the Iraqi and American Medical Logistics Partnership program.

The weeklong visit by five Iraqi Soldiers is a small piece of an overarching partnership program designed to enhance capacity in Iraq's Ministry of Defense (MOD) medical supply support system. The exchange began on 15 April with a visit by Brigadier General Samir, the Iraqi Army Surgeon General.

Samir received a briefing by the 32d MMB Commander, Lt. Col. William Stubbs, and the 32d MMB staff which included an in-depth discussion about the inter-theater and intra-theater medical logistics organizations; integration into the combat service support distribution system; and how the strategic, operational, and tactical logistics organizations cooperate towards common goals.

At the conclusion of the briefing, Samir and the five Iraqi Soldiers took a tour of the MEDLOG warehouse and received an overview of operations by all sections to include: the Blood Support Platoon, the Medical Maintenance Direct Support shop, the Optical Fabrication Laboratory, as well as all internal warehouse functions.

Upon Samir's departure, the five Iraqi Soldiers spent the next four days working in various warehouse functions. 2nd Lt. Kelsha Weaver, the Officer in Charge of the MEDLOG Partnership Program was the overall coordinator of this event. Weaver worked closely with Navy Lt. Willie Brown from the Multi-National Security Transition Command Iraq (MNSTC-I) who coordinated the logistics for the Soldiers to visit the 32d MMB on LSA Anaconda. Both officers ensured this partnership was a success.

"Allowing the Iraqi logisticians to observe our procedures might give them some ideas for their own system. We have no intention of telling them how to do business; only to allow them to view our procedures," said Weaver.

The Taji National Depot (TND) Class VIII Logistics Officer in Charge, 2nd Lt. Ali Faesal is an Iraqi trained pharmacist who is extremely intelligent and quick to learn. According to Stubbs (32d MMB Commander), "2nd Lt. Ali is a visionary leader. I feel incredible hope for the Iraqi military with men like Ali."

"This training has helped me learn how to better manage the Class VIII TND warehouse," said Ali.

32d MMB Soldiers demonstrated how they receive, store, secure, and issue material from the central warehouse in Balad. An entire day was spent reviewing and conducting an inventory. The 32d MMB Soldiers and their Iraqi partners conducted a monthly 10 percent inventory and 100 percent vault and cage inventory.

Spec. Zatic Davis, a medical logistician from San Antonio, Texas said, "If discrepancies are noted, we research all transactions and submit a memorandum explaining exactly what happened. The paperwork tells the higher command what happened and allows us to correct the account." The Iraqi Soldiers conducted the inventory as well as the causative research.

The week's exchange concluded with an awards ceremony where Stubbs presented all of the Iraqi Soldiers a Certificate of Training.

"I enjoyed your classes because every day I had something new to learn here in medical logistics. I will reflect on the views that I got from the American Soldiers," said Ali, while addressing his American partners at the awards ceremony. At the conclusion of the ceremony, Weaver took the Iraqi logisticians to hit some softballs after the 32d MMB softball game.

Overall, the exchange was very successful and beneficial for both the American and Iraqi Soldiers. According to Navy Lt. Willie Brown, MNSTC-I's Medical Logistics Officer, "Upon return of our trip to Baghdad, the students raved about how their experience with the 32d MMB was the most rewarding experience that they have ever witnessed as logistics personnel and that they plan to implement some of the training."

In addition to this one week exchange, the 32d MMB has also conducted a medical maintenance exchange with their Iraqi counterparts at the Taji National Depot, taught at the Iraqi Army Service Support Institute (IASSI) Public Health Course. Preventive Medicine Detachments under the 32d MMB have also instructed Field Sanitation Courses at the Iraqi Regional Training Sites. In addition, the 32d MMB logisticians played an important role in receiving the initial medical equipment fielding to support the Taji National Depot and the Iraqi Divisions.

The 32d MMB and the MNSTC-I Health Affairs Medical Logistics office closely coordinate all partnership endeavors to ensure unity of effort.





Nurses from the 28th Combat Support Hospital recently finished almost four months of training to become certified in critical care

## 28th CSH nurses take CCRN

**By Maj. David Cassella & Maj. Angela Stone**  
28th Combat Support Hospital

Nurses from the 28th Combat Support Hospital took time from their busy schedule and the hectic challenges of a combat theater to sit for the national certification examination in critical care.

Thirteen nurses (66H and 66H8A) participated in nearly four months of weekly lectures from doctors, nurses and a pharmacist, and they endured countless hours of self study to prepare for this exam. The nurses also formed study groups that significantly enhanced their ability to prepare for the exam.

Nurses who serve in OIF generally don't see

the full spectrum of critical care patients. As a result additional knowledge must be obtained through textbooks and self study.

2nd Lt. Revenia Buck, who spent many years as a critical care LPN during her enlisted time stated, "For me studying for the CCRN forced me to study all areas of critical care."

On the other hand, Capt. Stephen Sheets said he took the exam purely out of peer pressure. "I felt like I had to take it because everyone else was."

Nurses who took this exam dedicated a tremendous amount of time to studying. Many commented that taking the exam during their OIF deployment allowed them to focus more because they did not have the normal distractions of life frequently faced back home.

The nurses found that coordinating to have

the test administered in Iraq was actually quite easy. After making initial contact with representatives from the American Association of Critical Care Nurses, expressing their intent and selecting a date, the plan to test was essentially complete.

The next step required coordinating with a DANTES testing representative. Theirs was an Airman from Victory Base, who was more than willing to accommodate our test date. Fortunately, the exams arrived just prior to the test date. An intense staffing plan was coordinated to ensure adequate coverage during the testing hours.

The efforts of these highly motivated nurses inspired others and many have already scheduled an exam date upon return from deployment.

# Resilient Warriors

Task Force 3 Vietnam vets still serving today in Iraq

**By Maj. John Heil**  
Task Force 3rd Medical  
Command PAO

Vietnam veterans who came back to the US from their tours of duty received no heroes welcome. Some were spat upon. Some were ignored. Most were given dirty looks by people who never served. Despite ill treatment by the people they swore to protect, many Vietnam veterans continue to serve still.

Task Force 3rd Medical Command, commanded by Maj. Gen. Ronald D. Silverman, has several resilient warriors in its headquarters that served during the Vietnam War and are serving again in Iraq. They come from various backgrounds and hold various ranks but all share a unique perspective on the current war and on the Soldiers who are fighting it.

“Back then a Soldier earned their medals,” said Sgt. 1st Class Larry Durham, as the movement and operations non-commissioned officer in charge of the Task Force 3d MEDCOM Reception, Staging, Onward movement and Integration operations in Kuwait. Durham served in Vietnam from August 1970 through August 1971.

“We were younger than today’s Soldier,” said Durham, “but Soldiers during the Vietnam era worked as a team and took care of their buddies,” said Durham.

Durham worked as the NCOIC of a dental clinic in a battalion aid station for the 23rd Infantry Division at landing zone Hawk Hill, outside of Chu Lai. He left active duty in August 1971, but returned to the Army Reserves in May 1983.

It was a long break according to Durham. “I came back because of Ronald Reagan. He brought back a sense of patriotism to Americans. And I wanted to earn some part-time money.”

During his break in service, Durham decided to raise a family as well as get an education. As a civilian he currently works as a patient care technician for the Erlanger Health Care System, a level one facility, in Chattanooga, Tenn.



From left: Col. Mark Gants, senior veterinary officer for Task Force 3d MEDCOM, Chaplain (Lt. Col.) Irvine Bryer, Command Chaplain with Task Force 3d MEDCOM, Lt. Col. James Lange, Task Force 3d MEDCOM Deputy Civil Military Affairs, and Lt. Col. Robert Richardson, a pharmacy consultant with Task Force 3d MEDCOM.

“I feel that Vietnam era Soldiers have a brotherhood with each other that has lasted for around 40 years.” “Today’s Soldiers are given too many medals for nothing; they have a lack of discipline and are concerned about themselves.”

In contrast to Durham, Lt. Col. James Lange, who served as a small unit leader in Vietnam, said “Today’s Soldiers are probably very much like those of Vietnam. The military still trains its personnel the same way it always has with a few minor changes.”

Lange also served with the 23rd Infantry Division, and like Durham, spent one year in Vietnam. He was a Rifle platoon leader who went on several combat assaults and patrols west of Chu Lai. Lange also worked with the 11th Light Infantry Battalion scheduling Chinook and Hurricane helicopter supply missions to deliver equipment and supplies to U.S. and South Vietnamese units.

“I had a break in service from 1975 to 1987,” said Lange. “I came back because one of my co-workers recruited me to a

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## Resilient Warriors

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position at the 818th Medical Brigade.”

During his break in service, Lange completed his Masters and PhD and began his career as a virologist at the Centers for Disease Control and Prevention in Atlanta, Ga.

Lange is assigned to the civil military operations section of Task Force 3d MEDCOM. “I was assigned to the G-9 because I lived and worked in Egypt, for two years. I was the resident scientist at Ain Shams University, assigned to the Middle East Regional Cooperation Project, which was entitled, a study of Arthropod-borne diseases in the near east.”

Currently, Lange is a Reserve Soldier and in his civilian career works as a senior scientist in the laboratory systems division at the CDC. He is also a laboratory consultant working with clinical diagnostic laboratories and blood banks at U.S. hospitals to assure they are using “good laboratory practices.”

“Overall, the force of 2007 is a better one than the force of 1970-71, when I served in Vietnam,” said Lange.

“Today’s military enjoys a well deserved level of respect and support that Vietnam service members also deserved, but could only dream about. There is also better continuity of leadership and mission continuity. The volunteer servicemen and women today are more career-oriented, said Lange. “The biggest change between then and now is in the demographics. Today’s military has more females and junior enlisted with spouses and children.”

Lange noted some unfortunate similarities about the Vietnam and Iraq conflicts, and America’s approach to establishing stable democratic institutions in the countries.

“I have observed first hand, then and now, a series of occidental solutions imposed on an oriental matrix,” said Lange. “We engaged enemies we did not understand and do not understand. We failed to make accurate assessments of our enemies’ capabilities and sustainability. Our understanding of the culture and customs in our areas of operations is very consistent, but consistently bad.”

Lange, and the G-9 section, works with U.S. counterparts and the Iraqi Ministry of Defense and Ministry of Health to support Iraqi expansion of its medical capacity and its progress toward assuming full responsibility for the Iraqi Healthcare System.

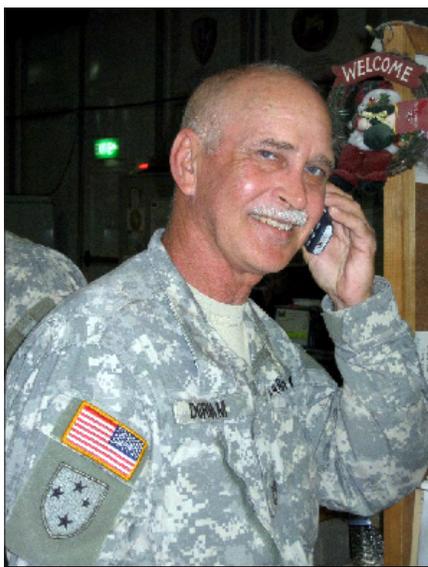
Lt. Col. Robert Richardson, a pharmacy consultant with Task Force 3d MEDCOM, served during the Vietnam War as a hospital corpsman in the U.S. Navy.

“I worked in the ship’s medical department, but mostly ran the ship’s pharmacy,” said Richardson, who served one tour aboard

the U.S.S. Coral Sea. “We were in Vietnamese waters during the fall of Saigon in April 1975.”

Richardson has been serving for over 35 years now with no break of service. “I transferred to the Arkansas Army National Guard in 1979 as a Specialist Five, in order to go to Officer Candidate School, which I did from 1979 into 1980.”

His time with the Army National Guard ended in 2000 when he transferred into the Army Reserve. In his civilian career Richardson is an Associate Professor of Pharmacy practice for the Arkansas College of Pharmacy in Little Rock, Ark and has been in the position for 12 years.



Sgt. 1st Class Larry Durham, is the movement and operations non-commissioned officer in charge of the Task Force 3d MEDCOM Reception, Staging, Onward movement and Integration operations in Kuwait.

In regards to service members then and now, Richardson says, “One difference is that service members are all-volunteer now, but I don’t necessarily think that makes volunteers more patriotic.

“I have found good, loyal, noble, and courageous service members wherever I have been,” said Richardson. “The draftees in the 60’s and 70’s, like me, were not unreliable or un-American, they were just unlucky guys who got called up. I think today’s troops are better educated, better trained and better equipped.”

Richardson sees a lot of similarities in the Soldiers today going out on convoys with a risk of improvised explosive devices and the Soldiers that would walk patrols in Vietnam.

“It took guts, the same guts to walk point watching for Vietcong trip wires and punji sticks as it does to travel on the roads in Iraq,” says Richardson. “To me, it’s not the source of the Soldiers [that’s important]. It’s the basic character and integrity of the American Soldier, which

to me, is largely unchanged.”

Col. Mark Gants, the senior veterinary officer for Task Force 3d MEDCOM in Iraq, said “I think a good Soldier during that [Vietnam] era would be a good Soldier now.”

Gants served in the Army for one tour in Vietnam from June 1970 to June 1971. Initially, he served as the commanding officer of the 194th Quartermaster (Air delivery) that rotated out then moved to the 109th Quartermaster (Air Delivery) and served as platoon leader.

“Both units were parachute rigger units,” said Gants. “We maintained and repaired air delivery equipment and rigged-up loads for airdrop or helicopter sling loads.”

“In Task Force 3d MEDCOM, I have oversight of food safety and security, animal medicine and zoonotic disease control,” said Gants. “I also liaison with civil affairs, Iraqi veterinary personnel and State Department agricultural personnel to keep

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in touch with their ongoing rehabilitation projects in the agricultural sector.”

Gants returned from Vietnam and went directly into the Individual Ready Reserve, but then joined a Reserve veterinary unit while he attended a veterinary college. “I had another break for four years until I returned to the Reserve in 1984 with the 445th Medical Detachment (Veterinary Service). I stayed with this unit until I came on Active duty status with the 3rd Medical Command in April 2003.”

“I originally joined the Reserve for extra money while in veterinary college and then joined the 445th shortly after it stood up,” said Gants. “There were different aspects of veterinary medicine in the Reserve that was not available in routine practice. There were also travel opportunities.”

Gants said that as a Reserve Soldier he was able to go on numerous medical readiness training exercises to places in Central and South America, Europe, Egypt and Korea prior to transferring to the Active component as a member of 3d MEDCOM.

Chaplain (Lt. Col.) Irvine Bryer, Command Chaplain with Task Force 3d MEDCOM, served two tours in Vietnam from 1966 to 1968. “My job initially was a clerk, but soon after I became an infantryman.”

Chaplain Bryer had a break in service from 1969 to 1982. During his break he returned to the civilian sector working for International Business Machines and also completed his bachelor’s and masters degree in Divinity in New York, NY. In 1982, Bryer entered the Army as a Chaplain “to serve God and God’s people.”

“I also pastored four churches, served in the National Guard and developed and worked with an HIV non-profit agency.”

In Iraq, Chaplain Bryer is a minister for the entire command and supervises chaplains and chaplain assistants from several other units, primarily at combat support hospitals and multi-functional medical battalions.

“My teams,” says Bryer, “cover down on staff and patients. They are skilled, trained professionals with backgrounds in clinical pastoral education and stress management.”

“I believe that the military itself is not so different between then and now, but its people are,” said Bryer. “Today, Soldiers



Sgt. 1st Class Robert Siemion is liaison officer with Task Force 3d MEDCOM in Kuwait.

are free thinking [and require] much more explanation than before. They want instant gratification. They wait for nothing and want it now.

“Today’s Soldiers are willing to serve like we did then,” said Bryer. “The main difference, I see, is the Soldiers ability to cope. I believe our society, in general, is more about me and not us.”

Sergeant 1st Class Robert Siemion, a liaison officer with Task Force 3d MEDCOM in Kuwait, served with Headquarters, 1st Marine Air Wing during the Vietnam War as airfield operations specialist from 1967 to 1969.

In Vietnam, Siemion was responsible for all basic operations of the airfield, to include ordinance identification, runway and taxi-way lighting, aircraft movement, aircraft crash rescue, perimeter security, and search and destroy patrols.

Siemion left the Marines in 1973 and re-entered service in 1988. “During my break in service, I owned a trucking business,” said Siemion.

Siemion was cross-leveled into Task Force 3d MEDCOM in August 2006 from the 108th Division in Charlotte, NC. In addition to Vietnam and Operation Iraqi Freedom, he participated in Operation Enduring Freedom.

“In Kuwait, I manage the movement of all Task Force 3d MEDCOM redeploying unit assets, medical hold personnel, Soldiers on temporary duty and leave and the rotator flights,” said Siemion, “I also assist distinguished visitors, units with extraordinary movement and procurement requirements within Kuwait.”

Siemion thinks highly of the Army and today’s Soldiers. “Today’s Soldiers are much better trained and equipped,” he said, “I am proud to be part of an Army that has the support of the majority of Americans.”

Task Force 3d MEDCOM’s resilient Vietnam veterans represent an integral part of the command vital to the total mission. Task Force 3d MEDCOM has command and control of more than 30 medical units with more than 3,000 Soldiers and Airmen and is responsible for the medical care of all service members throughout the country of Iraq. Its capabilities include three split-based combat support hospitals and an Air Force theater hospital, multifunctional medical battalions, pathology, blood components, dental, combat stress, veterinary medicine and preventative medicine.

# Helping the Iraqi Army help itself

By **SSG Christopher Paye**  
61st Medical Detachment

The 61st Medical Detachment, plus additional Level III preventive medicine detachments located throughout the Iraqi theater of operations, are currently working with the Iraqi Army to establish a comprehensive preventive medicine and public health training program.

An integral part of this program is to educate medical personnel within the Iraqi Army through teaching a comprehensive two-week PM class during their 45-day basic medical course. The course is held at various locations throughout Iraq and is supported by U.S. Army preventive medicine technicians.

The overall intent of this effort is to train the Iraqis in PM so they can take a more proactive role when instructing their own personnel. The training includes basic field sanitation topics such as personal hygiene, food service sanitation, insect and rodent identification/control, water supply and chlorination procedures, hot and cold weather injury and waste management.

“We try to cover as many hands on training exercises as possible; it has proven to be very effective in previous training classes and we have received great feedback from the students,” said Spec. Charles Bateman of the 61st Medical Detachment.

Laying the groundwork for a strong preventive medicine system will create an environment where Iraqi officers, non-commissioned officers and Soldiers can be trained to perform proper preventive medicine tasks and general field sanitation.

Through hands on training, Iraqi Soldiers can apply skills they learned in the classroom. Working through, by, and with our counterparts, Iraqis increase their capability and we gain a better understanding of how to meet both short and long-term goals. This greatly enhances the ability of the Iraqi Army by reducing risks associated with disease and non-battle injuries facing their Soldiers.

“As an instructor, feedback is an important tool and after speaking with the students, we learned about many obstacles facing Iraqi medical personnel,” said Spec. Kerri Washington, of the 61st Medical Detachment. “One of our concerns was the lack of equipment and poor supply system. Because of that, we improved and modified our approach to how we present the lesson to the student.”

“It is important for the student to be able to apply what was taught to the real world, said Washington, “Equally important is that they have the equipment to do so. This is a huge concern among Iraqi Soldiers and instructors who support the classes.”

“Once their medical personnel have established themselves

and created a strong foundation from which to build, they will be able to implement the necessary preventive medicine measures to reduce the risk of unnecessary illness and injury. This will greatly improve the morale of their Soldiers, the overall strength of their Army, and help maintain the health of every Iraqi Soldier,” said Sgt. Edgar Campuzano, of the 61st Medical Detachment.

The primary goal in conducting this training is to construct a working program where preventive medicine education and instruction are received from the highest to the lowest levels in the Iraqi Army. This training is just one part of a larger PM initiative; however, these classes will help the Iraqi Army during its transition as part of the Iraqi Government.

## Congratulations!



*Spec. Tamaryn Swickheimer, 61st Med. Det., receives a good Conduct Medal. (Photo courtesy 61st Med. Det.)*

# Officer's win inaugural Desert Medic Cup

By Maj. Brooke Jones  
and Capt. Margaret Sidley  
Task Force 3d MEDCOM Public Affairs

On Sunday, 22 April 2007, at 1000, the Officer's and Enlisted members of HHC, TF 3 MEDCOM met in the inaugural event of the "Desert Medic Cup." As both teams warmed up, tension filled the air as the outcome of the game was in question. Would the young enlisted members dominate the "wiley veterans" or would it be a battle to the end? Those questions were answered within first inning.

With Sgt. Herndon serving as the umpire, "play ball" was heard around the FOB. As the Officer's came to bat, expectations of the enlisted were high. This was soon deflated as 10 runs crossed the plate before the third out occurred. When the enlisted came up, they quickly got two hitters on base but couldn't bring them home as the side was retired. In the second and third innings, the officers were relentless by putting on a hitting exhibition and scoring an additional 10 runs, making the score at the end of the third inning 20 - 0. In the fourth inning, the Enlisted went to the bullpen but to

no avail, more of the same from the officers as they scored another 3 runs. As the first game started to wind down, the Enlisted mounted a rally by scoring one run off an inside the park home run. This jubilation was once again extinguished as they hit into a double play to end the inning. With the officers getting their last bat, they scored 2 more runs making the score 25-1. Mercifully, the game ended with the Enlisted taking their final at bat with no runs and the game being called by the Umpire. The final score was the Officers 25 and the Enlisted 1.

In the second game of the double header, the Officers took the field first and quickly the Enlisted scored a couple of runs before being retired. In the bottom of the first, the Officers started where they had left off by putting 3 runs on the board to take the lead 3-2. From this point on the Enlisted team couldn't get into a rhythm and were held scoreless for the rest of the game. In each of the final three innings, the officer continued to put runs across the plate until the final time was called. Final score of this game was Officers 15 and the Enlisted 5.

Both teams exchanged hugs in a show of sportsmanship as they all crossed the plate. As the teams were gathering for final instructions, Herndon was quoted, "Damn."



Front from left:  
Capt. Neil Roeder,  
Chief Warrant 2  
Marqui Labatore,  
Maj. Ge Yang,  
Lt. Col. William  
Brunson, Maj.  
Murray Kramer,  
Capt. Wanda  
Spraggins and  
Maj. Christopher  
Peterson. Back  
from Left: Capt.  
Margaret Sidley,  
Lt. Col Christopher  
Warner, Maj. Brian  
Nell, Maj. Rodrigo  
Chavez, Maj.  
Michael Brennan,  
Maj. Brooke Jones,  
Lt. Col. William  
Carter, Maj. Kevin  
Peck.

# Parting Shot



Lt. Col. Christopher Warner, inspector general, shows off his grilling talents to Maj. Rodrigo Chavez, nuclear medicine science officer. Warner a self-proclaimed grill master marinated the steaks the night before, seasoned them and grilled them to perfection. In the crowd, I heard someone say "This steak is so tender, I can cut it with a plastic fork!" (Photo by COL William Tozier, physician assistant, Task Force 3rd Medical Command)