

Second Edition, Third Issue, Fall 2009



WARRIOR MEDIC

An Army Reserve Medical Command Publication



Professionally Managed Soldiers, Trained Warrior Medics, Army Medical Units Ready to Deploy

ARMY RESERVE MEDICAL COMMAND

Celebrates
2009 - The Year of the NCO



FEATURED
AR-MEDCOM NCO...

*Staff Sgt. Yanira Constance,
UA & NCO for the
369th Combat Support Hospital
(CSH) Puerto Nuevo, P.R.,*

*"Army NCO —
No One is More
Professional than I...."*

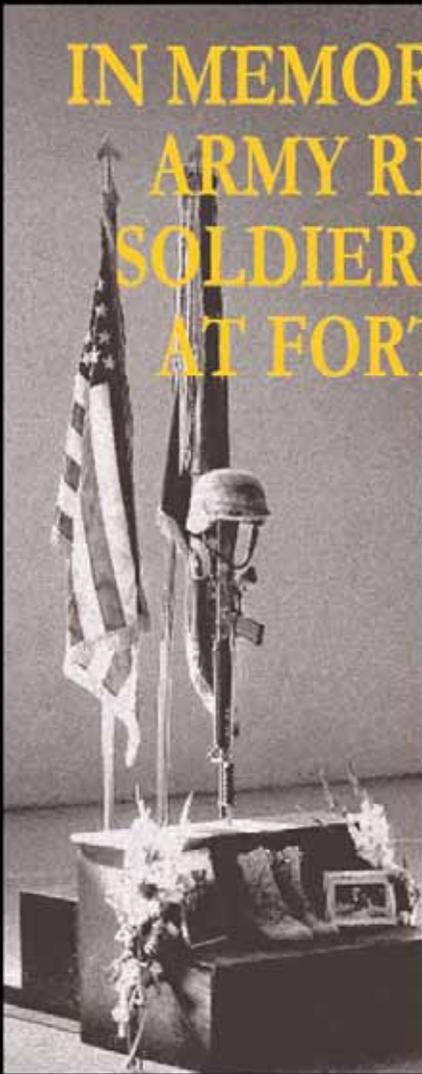
*"Even though she has only been the UA for a short
period of time, you can see the difference she is making,"*

*Command Sgt. Maj. Jose R. Vazquez,
Command Sgt. Maj. for the 369th*

*"I have known her since she joined the unit as a
private and has always been an outstanding Soldier.
Now, she is an outstanding NCO training
new outstanding Soldiers."*



IN MEMORY OF THE ARMY RESERVE SOLDIERS KILLED AT FORT HOOD



**12 Soldiers and
one civilian
employee were
killed in the Nov. 5
shooting incident
on the post.**

**5 were Army
Reserve
medical
professionals.**

**GREATER LOVE HATH NO MAN THAN
THIS, THAT A MAN LAY DOWN HIS
LIFE FOR HIS FRIENDS.**

**1908th Medical Company,
Independence, Mo.**

**Lt. Col. Juanita L. Warman, Havre De Grace, Md.
Capt. John P. Gaffaney, San Diego, Calif.**

**467th Medical Detachment,
Madison, Wis.**

**Maj. Libardo Caraveo, Woodbridge, Va.
Capt. Russell Seager, Racine, Wis.
Sgt. Amy Krueger, Kiel, Wis.**

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On The Cover:

Lt. Col. Ned Hubbard an optometrist from the 7203rd MSU performs an eye exam to determine the type of prescription that Kennedy Brown, 6, a Clarksdale resident will need. Children's who were not able to get their prescription glasses on site are able to receive them by mail.

Photo by Staff Sgt. Julio Nieves

Do you have a story to tell?

The goal of the Army Reserve Medical Command's Public Affairs Officer is to feature stories in this publication that represent units from all over our command's region of responsibility. We are always seeking stories that would be of interest to our readers. Contributions are welcome. Story ideas as well as written articles and photos for consideration should be submitted to ARMEDCOMPAO@usar.army.mil, or call 1-877-891-3281, extension 3730.

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Words from the Wise

From the New Commanding General...

I want to take a moment to thank all of you for your past support of Maj. Gen. Hasbargen and Col. Kelly-Hoehn. But with their departures comes a new chapter in the history of the Army Reserve Medical Command. A chapter that will continue to focus on consistent conflict around the globe in which medical professionals such as ours will be needed.



I encourage you to seek out new and innovative ways to train our Soldiers more efficiently to get them to the battlefield quicker. I'd ask that you seek out what training options you might have locally in your region that may benefit you're Soldiers and our command.

I look forward to meeting you as a travel to battle assemblies throughout the country. Talking directly with Soldiers in the field, at any level, is the best way to understand their needs, concerns and ideas.

I thank you for your service to our nation and our Army. I also want to thank the Family members who support you, consistently enabling you to do your Army Reserve job. Without them supporting you there would not be any innovative ideas coming in to better train our Soldiers.

Maj. Gen. Robert J. Kasulke, Commanding General, AR-MEDCOM

From the Former Chief-of-Staff, AR-MEDCOM...

I want to take a minute to thank everybody for their continued support over the last three plus years I have been a chief of staff at the Army Reserve Medical Command. Your outstanding dedication to your job and our Soldiers have enabled us to provide outstanding care for our military patients, units, and Families.



My job, while challenging at times, was made possible by your assistance and attention to detail. Together we deployed thousands of Soldiers to the Balkans, the Middle East, Europe, and countless mili-

tary treatment facilities throughout the United States. Our medical professionals were trained, sustained, and maintain by your hard work and excellent staff coordination. Because of this hundreds, if not thousands, of our fellow military colleagues owe their health and possibly their life to you.

Though my tenure as chief of staff is ending, I am comforted knowing that our Soldiers will still have professionals like you looking out for their best interests as we provide the best medical care possible to our troops.

It has been a pleasure to serve as your chief of staff, and as a fellow Soldier with you, during this vital time in our nation's history. I will look back at the history of the Army Reserve Medical Command and know you and I together truly made a difference to our Reserve Soldiers and fellow military colleagues as we fought against terrorism, defending and our way of life.

Not everybody can truly say their job and life has made a difference in this world and to those around them. They care we've provided through the Soldiers we've trained, has positively affected countless lives around the world.

I am proud of the work we have done and of the commitments that each of you continue to display while you continue to serve into the future.

Thank you again for your assistance and support. Godspeed in all your future endeavors.

Col. Deborah A. Kelly-Hoehn, Former Chief-of-Staff AR-MEDCOM

From the CSM...

As the Year of the NCO comes to a close, I want to thank each NCO out there for your service. I also want you to know your contributions are noted by the highest levels of command within our military. Below are comments made by the Secretary of Defense regarding the importance of NCO in his life and career.



Gates Praises NCO Corps as Army's 'Steel Spine'

By John J. Kruzal, American Forces Press Service

WASHINGTON - Soon after donning his Air Force second lieutenant uniform in

1967, Robert M. Gates learned an important lesson about how the U.S. military functions.

"It took me all of about a day and a half before I figured out who it was that really made the military run -- or at least, made we junior officers run: the noncommissioned officers," he told an audience at the annual Association of the U.S. Army conference here today.

"So I did what my sergeant suggested," he recalled. "And the two of us did my job pretty well."

Gates, now secretary of defense, reflected on how this early insight into the value of NCOs helped to shape his view of the military that he would lead as its civilian chief some 40 years later.

Often described as "the backbone of the military," a noncommissioned officer, or NCO, is an enlisted member of an armed force who has been given authority by a commissioned officer. The Army's NCO corps includes corporals and all grades of sergeant.

"As secretary of defense, I pay every bit as much attention to what NCOs say now as I did when I was a very green second lieutenant," he said. "I always make it a point to meet with and listen to NCOs around the country and in the theater, where they're serving with such honor and distinction."

Highlighting an exceptional example of the kind of courage and leadership often associated with NCOs, Gates invoked the story of Army Sgt. 1st Class Jared Monti, an NCO who posthumously received the military's highest decoration last month.

"His is a story of true valor, and there are so many others," Gates said. "And in fact, it's hard to believe that only six Medals of Honor have been bestowed since 2001, all posthumously."

Gates also singled out Sgt. Jason Easom, an Army NCO with two tours in Iraq under his belt. Easom, an enlisted aide to the defense secretary, is one of the first people Gates sees when he enters his office in the morning, Gates noted.

"As you might expect, he's almost always there when I leave, as well," the secretary added, underscoring his personal knowledge of the daily contributions NCOs make.

Keep up the good work!

Command Sgt. Maj. Roger Schulz, CSM, AR-MEDCOM

Medical Experts Lend Helping Hand in Swaziland

By Sgt. 1st Class Eugene Pomeroy, 7th Civil Support Command Public Affairs.



MBABANE, Swaziland - U.S. Army Reserve Soldiers, Col. Morgan M. Gray, commander of the Medical Support Unit-Europe (MSU-E) in Mannheim, Germany, and Capt. Charles A. Pastor, a

medical doctor assigned to the MSU-E, took part in an exercise designed to share the Army's medical expertise with Swaziland military leaders and Ministry of Health officials, August 2009.

MEDFLAG 09 is a joint and combined military exercise led by U.S. Army Africa in support of U.S. Africa Command (AFRICOM) to improve medical disaster preparedness and humanitarian assistance management.

The three-phase MEDFLAG exercise, in addition to promoting medical and security cooperation between the U.S. and Swaziland militaries, also aimed to improve interoperability between Swaziland military and government ministries and enhance the Swazi's capabilities to respond to disasters and medical emergencies.

During the first phase, Gray and Pastor provided training on the military decision-making process and responding to disasters and pandemics, and demonstrated how inter-ministerial cooperation is essential in disaster response. Representatives from Swaziland's Ministries of Health, Agriculture, and the Umbutfo Swaziland Defense Force took part.

"They were very interested in the presentation, The Ministry of Health and the Ministry of Defense worked well during the pandemic influence table top exercise supporting the importance of inter-ministry coordination during disaster response," said Gray.

Swaziland recently created a national disaster pandemic task force, and since the country recently experienced a cholera outbreak, the pandemic exercise was relevant and helpful in further developing their capacity to manage medical emergencies. Swaziland also faces challenges with diseases such as HIV and tuberculosis,

which are prevalent in the country.

During phase two of the exercise, Gray helped supervise and script the narration of the mass casualty exercise conducted by Swaziland military and first responders.

"We came up with a script to explain what all the actions were as they were occurring during the [mass casualty exercise]," said Gray. "This event was observed by many U.S. and Swaziland dignitaries, and they were impressed by the rapid response and effective treatment and evacuation performed by the Swaziland first responders."

In phase three -- the humanitarian civic action phase -- veterinarians, dentists and other medical personnel went into each of Swaziland's four districts, setting up clinics in schools and treating animals at various sites.

"The Ministry of Health is doing a tremendous job attempting to improve the health of the Swazi's with the resources it has and is grateful to the medical and humanitarian projects such as MEDFLAG 09 that provide some very helpful assistance," said Gray.

During the two-week exercise, roughly 2,400 medical and dental patients were seen and treated during visits to the Swazi villages in each of the four regions of the country. At veterinary sites, nearly 10,500 animals received treatment.



Army Reserve Col. Morgan M. Gray, commander of the Medical Support Unit-Europe (MSU-E) in Mannheim, Germany, holds a Swazi orphan during a medical exercise in Mbabane in August 2009. MEDFLAG 09 is a joint and combined military exercise led by U.S. Army Africa in support of U.S. Africa Command to improve medical disaster preparedness and humanitarian assistance management. (Photo by Staff Sergeant Lesley Waters, CJTF-HOA)

Gray also supervised an outreach project to the Emmanuel Khayaletu orphanage in Motjane. Exercise participants donated more than \$800 worth of food, supplies and toys for the orphanage.

"I guess the most rewarding thing was to see the children's faces. It was like Christmas in the summer time," Gray said. "I think it was a very productive exercise; all the participants gained from it, both the U.S. military and the Swazi."

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Medics Lend a Helping Hand

Story and photos By Spc. Christopher A. Hernandez, 345th Public Affairs Detachment.



FORT HUNTER LIGGETT, Calif. - After an intense gunfight, a U.S. Soldier lies wounded in the dusty landscape. The casualty suffers from a gaping gun shot wound, accompanied by a large exit wound through

the back. To make matters worse, his internal organs are exposed.

The mission is a resounding success. Although there were a few minor setbacks, the patient will arrive at the hospital in time and undergo operation.

What took place was a training exercise and part of Global Medic 2009, the U.S. Army Reserve Command's premiere joint training exercise. The patient is actually a mannequin preset to specifications by Regional Training Site - Medical. The entire scenario was created by 7305th Medical Training Support Battalion's observer-trainers such as Army Staff Sgt. Sean Nikakis and Army Maj. John Niedzwiedzki.

The 7305th MTSB is an active participant in the Global Medic exercise taking place at Fort Hunter Liggett, Calif., and the unit's intention is to present mentorship and supervision to medics participating in the event.

"In the exercise, we provide guidance

and information so that they can go forward and improve their skills to better prepare them for deployment," said Master Sgt. Tinamarie Reese, senior noncommissioned officer of the 7305th MTSB.

Reese, working in tandem with her officer counterpart, Col. Darryl Burton, to provide command and control over the observer-trainer cell of Global Medic. The medical unit originates from Sacramento, Calif., with an auxiliary detachment operating in Camp Parks, Calif. In addition to the main staff of 7305th MTSB personnel, nine additional units fall under its command to supplement the training regimen for Global Medic.

According to Reese, the 7305th MTSB frequently synchronizes with RTS MED to devise training schedules and planning. While the unit constructs a scenario in their tactical operations center, RTS MED supplies either a mannequin or a live-role player to play the role of the casualty. RTS MED then informs the observer-trainers of the casualty's location. Subsequently, the observer-trainers provide the mission brief for the medics engaged



Army Staff Sgt. Sean Nikakis monitors as Pfc. Justin Weggie and Spc. Heather Cochran evaluate and treat a mannequin, prepared beforehand by RTS MED. The mannequin casualty simulated a gun shot wound to its chest with an accompanying exit wound through its back, and also suffered from abdominal evisceration.

in the prospective scenarios. Finally, the mission begins, and the observer-trainers walk the medics through their courses of action.

At the conclusion of every training mission set, the observer-trainers conduct formal after-action reviews of the overall performance of the medics. The AARs address the pros and cons of the exercise, providing a template for Soldiers to base their future training missions on. Afterwards, the information gathered from the scenarios and AARs are entered into the database collection situated in the 7305th MTSB tactical operations center.

The 7305th MTSB will continue to provide observer-trainer support until the exercise's completion, and the lessons learned will help better prepare the training units for future deployments.

Global Medic Ends in Success

Story and photos by Staff Sgt. Tim Sander, 345th Mobile Public Affairs Detachment.



FORT HUNTER LIGGETT, Calif. - The U.S. Army Reserve is a safer environment these days - due largely to the training that more than 400 medical Soldiers received during Global Medic 2009 June 10 through

15 at Fort Hunter Liggett, Calif.

Global Medic 2009 replicated all aspects of operations on today's modern battlefield, allowing the Reserve medical community to train as the fight. The exercise simultaneously took place at three Army installations across the United States.

"Global Medic's main purpose is to provide the tools and resources to allow unit commanders to evaluate, assess and train their units," said Col. Eric Rodriguez, deputy commander of the Army Reserve Medical Readiness and Training Command.

During the six-day exercise, Soldiers from ten different Reserve medical units

worked side by side with some of their active duty counterparts, as well as support rolls filled by the Marine Corps, Air Force and other key elements of the Army Reserve.

Rodriguez explained that training this way helps all units involved because the more each unit knows about the other's functions, the better they will be able to work together in real-world military operations.

"Everyone is looking at this as their opportunity to exercise their ... skills, to validate their procedures and techniques and use it as a tool to retrain if necessary to maintain the proficiency level required to be successful," said Rodriguez.

Despite the dry weather and the somewhat rustic living environment, morale of Global Medic's participants seemed healthy.

"I was able to talk to the Air Force,

Marines and others and everyone is very satisfied in what they have seen and they are willing to come back next year - and that's the whole expectation," said Rodriguez.

For Soldiers like Pvt. Jose Arroyo, an operating room technician for the 349th Combat Support Hospital and a native of Fontana, Calif., the training he is receiving here is a rewarding experience.

"The training we're doing here goes hand and hand with what we will really do in theater," said Arroyo. "It's a great feeling to know people will come in, get fixed and sent back home to their Families when they are better."

Operations such as this one have led to a drastic increase in the real-world survivability rate of patients under U.S. care. The current survivability rate for personnel under U.S. care is more than 90 percent - the highest in the history of warfare.

AR-MEDCOM Gets New Commanding General

New CG Takes Reigns of Army Reserve Medical Command

Story and photo by Maj. William D. Ritter, Army Reserve Medical Command Public Affairs Office.



PINELLAS PARK, Fla. - The Army Reserve Medical Command (AR-MEDCOM), headquartered here, has a new commanding general.

In a ceremony, hosted by Army Reserve Chief, Lt. Gen. Jack C. Stultz, Maj. Gen. Robert J. Kasulke assumed command from Maj. Gen. James A. Hasbargen on Sunday, September 27.

The AR-MEDCOM was established in Pinellas Park on October 16, 2005. It trains, certifies and deploys medical professionals around the world to support the health needs of our military. The unit consists of doctors, nurses, dentists, psychologists, veterinarians and thousands of support personnel. The command has deployed over 5,000 Soldiers in support of operations Iraqi and Enduring Freedom since 9-11.

Hasbargen, who relinquished command, retired from the Army Reserve after serving 32 years in the Army. He was lauded by Stultz for his work.

"Jim Hasbargen has been a thorn in

my side," said Stultz. "But that's not a bad thing. That means he genuinely cares about his Soldiers, his Families and he won't let me rest without doing what needs to be done. That's the sign of a good leader," he added.

Lt. Gen. Stultz thanked Maj. Gen. Hasbargen for his service and the Hasbargen Family for supporting the general over his entire career.

"We owe Jim and the Hasbargen Family a huge debt of gratitude," said Stultz. "His Family, for sharing him with us, and letting him do what he did, and for him giving us the dedication and devotion he did, volunteering to wear this uniform all those years - All while running a private practice."

Hasbargen, a board certified nephrologist, spent 15 of his 32 years in the Army on active duty. He served the last three as the commander of the AR-MEDCOM. He is also board certified in internal medicine. He is from Illinois.

Stultz, joined at the ceremony by Congressman C.W. Bill Young, also praised



Maj. Gen. James A. Hasbargen rolls up his two-star command flag, symbolizing his retirement, during the Army Reserve Medical Command's change-of-command ceremony Sunday in Pinellas Park. Lt. Gen. Jack C. Stultz, (rear) Army Reserve Chief, presided over the ceremony.

Hasbargen's replacement.

"Bob Kasulke is another great medical leader in our military," he said. "I've had a lot of interface with him at the Pentagon on a regular basis. He is the right man, for the right job, at the right time," added Stultz. "I could not have picked anyone more qualified, or better suited for this job, at his time to move the AR-MEDCOM forward."

Maj. Gen. Kasulke was directly commissioned in the Medical Corps in 1980 following graduation from medical school while completing a fellowship in vascular surgery. He has served in the Army Reserve since then and held various assignments of greater responsibility. He comes to the AR-MEDCOM from the Office of the Surgeon General, Reserve Affairs.

In his civilian career, Kasulke specializes in the medical and surgical treatment of patients who suffer from venous disease. He is board certified in both general and vascular surgery. He is from N.Y. state.



Maj. Gen. James A. Hasbargen (left) outgoing commander; Lt. Gen. Jack C. Stultz, (center rear), Army Reserve Chief; and Maj. Gen. Robert J. Kasulke (right), outgoing commander, are escorted by Brig. Gen. David Smalley to review the troops during the the Army Reserve Medical Command's change-of-command ceremony.

Reserve Medics Train Next to Civilian Counterparts

Story and photos by Maj. William D. Ritter, Army Reserve Medical Command Public Affairs Office.



NASHUA, N.H. - A new training program brought Army Reserve medical Soldiers to the Radisson Nashua Convention Center for their combat medic sustainment training.

Held in conjunction with the National Federation of Licensed Practical Nurses' (NFLPN) convention, healthcare specialists (68W) and licensed vocational nurses (LVNs, 68W-M6) gathered to receive part of their mandatory, bi-annual medical training.

The 2009 68W sustainment conference is the second iteration of a new program to train medics with 28 hours of continuing education units (CEUs) during their four-day event. By condensing the training into one conference, commanders get re-certified Soldiers without losing multiple battle assemble training periods.

"Our main goal is to re-certify as many Army Reserve medics as we can," said Sgt. Maj. Michael Robinson, the event organizer. "But one of the added benefits that we are providing is time. Time for commanders to utilize their Soldiers for other mission requirements," he added.

According to Staff Sgt. Joellan Schroeder, the conference is also benefiting first line leaders.

"I'm a platoon sergeant, so I have a lot of administrative things to do (at battle assemble)," she said. "My time is valuable. This conference is an excellent way for me to get my CEUs done without effecting my weekend drill time," she said.

The inaugural 68W sustainment conference was held in October 2008. It was first the time Army Reserve medical personnel attended the NFLPN convention while receiving their medical training.

Robinson, part of the Army Reserve Medical Command's Medical Readiness Training Command, organized the conference to coincided NFLPN event.

"Enlisted medical Soldiers never had their own training conference, like officers do, to pass on information and network," he said. "This event lets them mingle with their fellow medics and their contempo-

raries in the civilian field."

Spc. Barbara Snow, a civilian emergency room medical technician at Nellis Air force base in Nevada, personally benefited from a joint conference with the NFLPN.

"They (the nurses) are a wealth of knowledge for us," she said. They can give me information on injury trends that I wouldn't think to look for."

Combat medics are required 72-hours of refresher training bi-annually. The training is a continuing education requirement for



TOP: Master Sgt. Richard Archie, 100th Training Division, assesses a patient at the 68W combat medic sustainment training conference in Nashua, N.H. LEFT: Sgt 1st. Class Leon Fletcher (center), 1st Medical Training Brigade, leads the posting of the colors as the 68W combat medic sustainment training conference kicks off in Nashua, N.H., in conjunction with the National Federation of Licensed Practical Nurses convention.

the Emergency Medical Training Basic (EMT-B) course they initially qualified in for the Army.

The Nashua sustainment conference featured training focused on tactical medical care, medical education and individual competence testing.

Soldiers trained on a wide variety of tasks including bleeding control, tourniquet application, emergency bandaging, amputation treatment and applying splints amongst others.

They used Advanced Life Support (ALS) simulators to practice many of the tasks they trained on. These technological advanced mannequins emulate many body functions vital for realistic training.

The conference attracted others from the Army medical community who wanted to mirror its set up.

Mr. Luciano "Lucky" Valero from the

Regional Training Site Medical (RTS-MED), Camp Parks, was one of those in attendance.

"Our goal in the RTS Camp Parks, and all RTS-MED, is to establish a sustainment program for the LVNs," he said. "This is the only conference that I know of that offers the LVN sustainment training," he added. "I am excited to witness

this program so I can see where I can help."

The conference also offered attendees the opportunity to test their skills against one another in competition. The 1st annual medical simulation warrior competition was set up in the convention center parking lot. Planners utilized the ALS simulators to present competitors with various medical traumas.

Soldiers were judged on their expertise dealing with care under fire and tactical field care.

"We do not have any competitions at the RST," said Valero. "It is a good morale booster within the LVN, combat medic community to get the Soldiers more recognition

(amongst their peers)," he added.

At the end of the conference, event winners walked away with trophies and bragging rights among their fellow medics. But the real winners were the medical commanders around the country who are getting their Soldiers back, with half of their bi-annual sustainment training completed at no cost to them.

The Human Resource Command picked up the tab for Soldiers to attend the five-day event.

For information on the next conference, contact Sgt. Maj. Michael Robinson at michael.w.robinson1@us.army.mil or 269-598-5384.

Editor's Note: Also contributing to this article was Sgt. Kirk Bell.

Training with Advanced Dummies

Reserve Unit Teams With College for Training

Story and photos by Sgt. Eric W. Jones, Army Reserve Medical Command Public Affairs Office.



DES MOINES, Iowa - Medical training has reached a whole new level of realism for the members of the 4224th U.S. Army Hospital (USAH) from Des Moines Iowa.

As a medical unit, they are required to maintain their skills and certifications in their various specialties. Due to the intricate nature of their duties in the Army Reserve, live training is not really a possibility. With the help from Des Moines University (DMU) the 4224th USAH's training has reached a simulation level previously not known to the unit.

During the unit's July Battle Training Assembly (BTA), members underwent triage training at the Iowa Simulation Center on the DMU campus. The center is part of the DMU medical program.

They trained on some of the most advanced dummies available.

These technological, sophisticated artificial simulators supplied responses to the students that they would expect from human patients.

Their chests rise and fall, sucking air in and producing carbon dioxide upon exhale. They have a pulse through out their body, which changes with their condition. Their pupils dilate according to condition or trauma they are emulating or in conjunction with the amount of light in the triage area. Their eyes also blink and cry.

Additionally, the mannequins have the ability to bleed and have a drug administration system so the dummy reacts to the

injected drug similarly to their human inventors providing appropriate reactions for the unit to treat.

"It is real training on someone who won't really die" said Col. Donna Dolan the 4224th USAH Commander.

July's BTA was the first in a series of ten weekends the unit has lined up to train on the DMU campus. It recently entered in to an agreement with the Iowa Simulation Center to utilize the facility during BTAs over the next year. This will provide better and more effective training for their

Soldiers, enabling them to sustain the realistic training over the course of the entire year.

The first day of training was devoted to the medics in the unit. They had the opportunity to train in triage procedures at the center.

"The simulation lab helps to enhance our training with more "hands-

on", state-of-the-art equipment," said Col. Dolan. "We were able to get our senior enlisted experience guiding the training, while the lower enlisted completed it."

On the second day of training, officers trained for their certification in Advanced Cardiac Life Support (ALCS). The ALCS is part of the necessary training that must be accomplished annually by the doctors and nurses in the 4224th, and the Army Reserve.

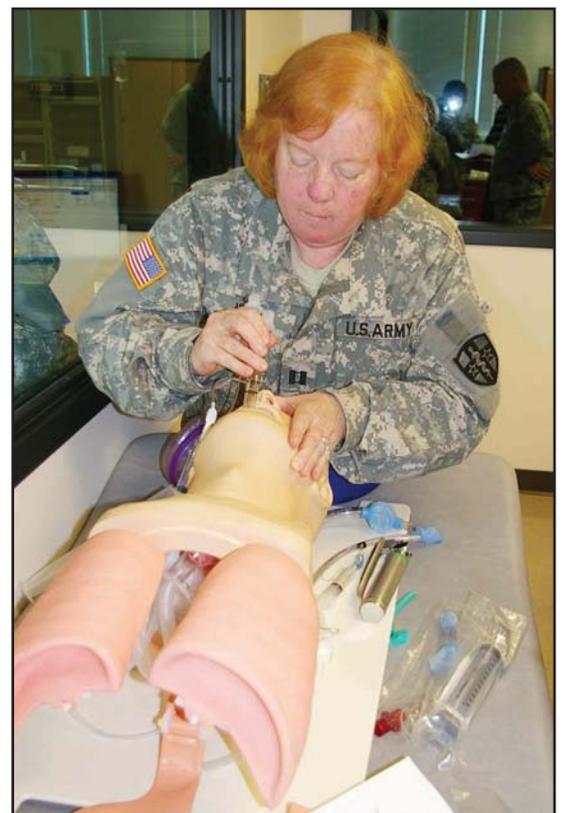
As the weekend came to a close, the level of realism experienced by members of the 4224th left many amazed over the



Capt. Erica Johnson and Christie Hunt, members of the 4224th USAH, trained on some of the most advanced dummies available to maintain their medical skills and certifications at the Iowa Simulation Center.



Members of the 4224th trained on advanced dummies, such as this one, to maintain their certifications. The sophisticated artificial simulators supplied responses to the students that they would expect from human patients. Their chests rise and fall, sucking air in and producing carbon dioxide upon exhale. The unit complete the training during a recent Battle Assemblé at the Des Moines University.



dummies abilities.

"The mannequin patients have remarkable features and abilities that emulate human behavior," said Col. Dolan. "They will provide excellent training to our Soldiers over the next year."

Mississippi Community Benefits from New Army Reserve Training Program

Mississippi Community Benefits from New Army Reserve Training Program

Story by Sgt. Kirk Bell, Army Reserve Medical Command Public Affairs Office. Photos by Staff Sgt. Julio A. Nieves.



CLARKSDALE, Miss. - While the tough economy continues to strain many budgets, some citizens' are forced to cut health care expenses to make ends meet.

Thanks to the Army Reserve however, residents of this small community were able to keep their care, without the burden of the cost.

Reserve medical professionals, part of the Army Reserve Medical Command, provided free dental and optical services to area residents, as part of the Innovative Readiness Training (IRT) program, on their two-weeks of annual training. The IRT program provides Reserve Soldiers vital training, and members of American society needed care.

In previous years, the Army Reserve conducted training programs in harden

medical facilities like hospitals and clinics. This year however, the IRT program expanded and medical Soldiers started working out of mobile treatment trailers; bringing the facilities to those communities in need.



Col. David Collins a general dentist with the 7231st U.S. Army Hospital lends a hand to Spc. Taquela Dockins from the 380th out of Millington, TN, while she applies a dental curing light on Dorothy McCreary, 41, a Clarksdale resident after having a filling performed.

“The impact is we’re getting on our Soldiers realistic training in a realistic environment,” said Maj. Eugene Poindexter, IRT program director for the Army Reserve.

Army Reserve dentists and staff performed examinations, teeth cleanings, tooth extractions and some fillings for local residents. Additionally,

Army Reserve optometrists and staff performed examinations and provided free glasses to all children and some adults.

Angela Brown, 36, a Clarksdale resident brought her four children, ranging in age from 6 to 14, in for examinations and

new glasses.

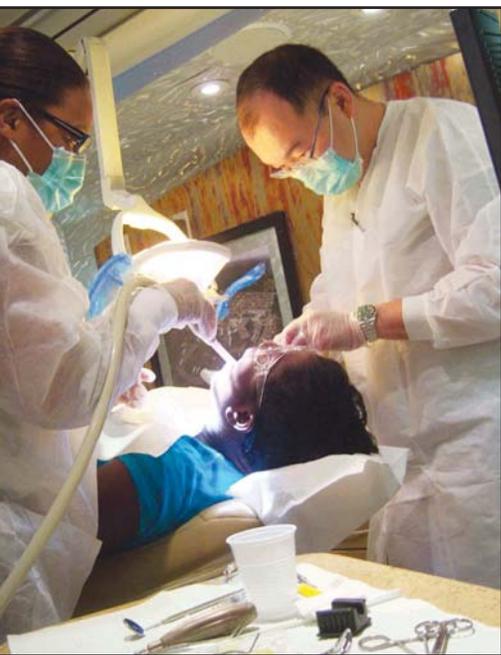
“Because of my financial situation, I am not able to buy glasses for my children,” she said. Brown estimated she saved over a thousand dollars by taking advantage of the IRT program.

The IRT program also served the area’s pet population. Members of the 109th Medical Detachment (Veterinarian), out of Orange County, Calif., were able to spade and neuter over 50 dogs and cats from a local animal shelter, to help control the area’s pet population.

With Clarksdale facing double-digit unemployment rates, the free health care services provide by the Army Reserve were critical. Yet the value of the IRT program went beyond the cost savings for the community, as Soldiers received invaluable training.

“The idea is to get the best training value for the units we can,” said Maj. Poindexter. If we can do that and provide a need to America in underserved communities; it’s a win-win situation.”

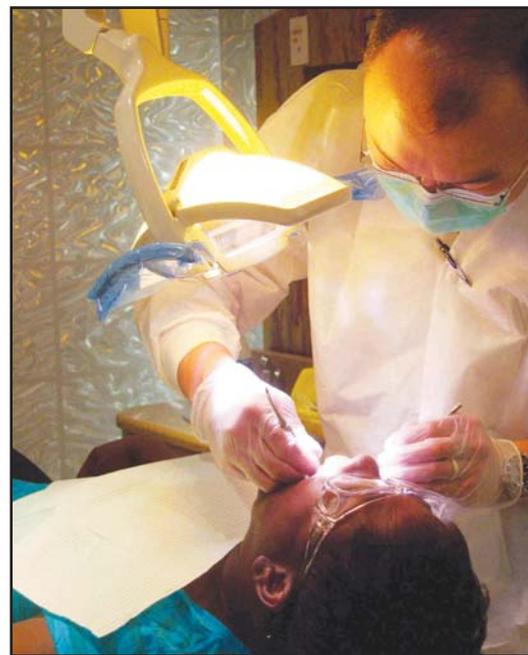
Army leaders have 10 medical engagements planned for next year.



Maj. Peter Jang from the 380th out of Millington, Tenn, extracts a tooth from Stephanie Clay, 31, a resident of Clarksdale, Miss.



Spc. Frank Ramirez Jr. from the 109th Medical Detachment out of Orange County, Calif. uses a hand held respirator and stethoscope to ensure that the patient is stable during the neutering procedure performed by Maj. Andrea Mullen.



Lt. Col. Peter Jang from the 380th out of Millington, Tenn, conducts a tooth extraction on Stephanie Clay, 31, a resident of Clarksdale, Miss.

Indian Reservation Receives Needed Medical Aid from Army Reserve

Outstanding Mission for Outstanding Training

Story and photo by Staff Sgt. Eric W. Jones, Army Reserve Medical Command Public Affairs Office.



ROSEBUD, S.D. - The Rosebud Indian Reservation is home to the Rosebud Sioux Tribe. This summer it was also home to Reserve Soldiers from the Army Reserve

Medical Command (AR-MEDCOM) who supported the Rosebud Comprehensive Health Care Facility, training and augmenting the staff at the hospital, as part of the Innovative Readiness Training (IRT) program.

The reservation is located in the south-central section of South Dakota just north of the Nebraska border. The remoteness of the reservation makes medical care in the area difficult.

Soldiers from the 4005th U.S. Army Hospital (USAH) from Lubbock, Texas, the 7203rd Medical Support Unit (MSU) from Hubbard Ind. and the 380th MSU from Millington, Tenn., all rotated through Rosebud during the summer.

Their mission, entitled Operation Walking Shield, was organized by the Air Force Reserve Command. The AR-MEDCOM participated by sending doctors, nurses, dentists, and medical technicians to the event. Their participation allowed the Reservation hospital to see more patients than normally possible. Additionally, Soldiers were able to train the hospital staff in various procedures, to enhance the facilities abilities.

This training was also beneficial to Reserve Soldiers who do not work in the medical field in their civilian career. It offered them opportunities to get vital experience to better perform their military medical duties.

For Sgt. 1st Class Diane McDonald, 4005th USAH, the mission was an opportunity for her to get some quality hands-on training in her Military Occupational Specialty (MOS) as a surgical technician.

"Being a senior non-commission officer in the Army Reserve, I am in a leadership position, all the time; I'm a supervisor, a scheduler. As such, I don't always get a chance to work side-by-side with my troops during weekend training," she said. "This mission enabled me to practice my job skills alongside my Soldiers as I would



Lt. Col Janet Knox, Chief Nurse from the 4005th USAH prepares the Rosebud Comprehensive Health Care Facility operating room during her annual training at the Rosebud Indian Reservation.

perform in a mob situation."

"I don't do this in my civilian job; I teach horticulture to mentally challenged adults," said McDonald. "I wanted to step back and take this opportunity to actually work in my specialty."

According to Lt. Col Janet Knox, Chief Nurse from the 4005th USAH, the remote location and hilly terrain of Rosebud also provided beneficial training to the Reserve Soldiers, as they were able to diagnosis and treat ailments that are not normally seen in an urban environment.

"In a deployed environment you have to adapt to illnesses you are not familiar with. This mission presented us a good opportunity for unique training because we learned some new illnesses like snake bites; you don't see that very often in Houston," she said.

While in Rosebud, the Soldiers had an opportunity to interact with the local population outside of the hospital setting. This helped them to establish a good rapport.

"We were invited to go to a sweat, which is an Indian cultural event," said Dr.

Alka Cohen from the 380th Medical Company. "The people were so nice and appreciative of everything we are doing for them."

Soldiers were also invited to participate in a Native American religious ceremony. Afterwards, they prepared a meal for their Rosebud hosts.

These gatherings helped form a connection between the Soldiers' and the Rosebud community even though they had culture differences and diversified backgrounds.

The Rosebud Indian Reservation requested assistance through the Department of Health and Human Resources. It was approved due to reservation budget restriction and scarcity of care providers in the region.

The AR-MEDCOM's participation was part of the IRT program that provides realistic training for Reserve Units while aiding American communities.

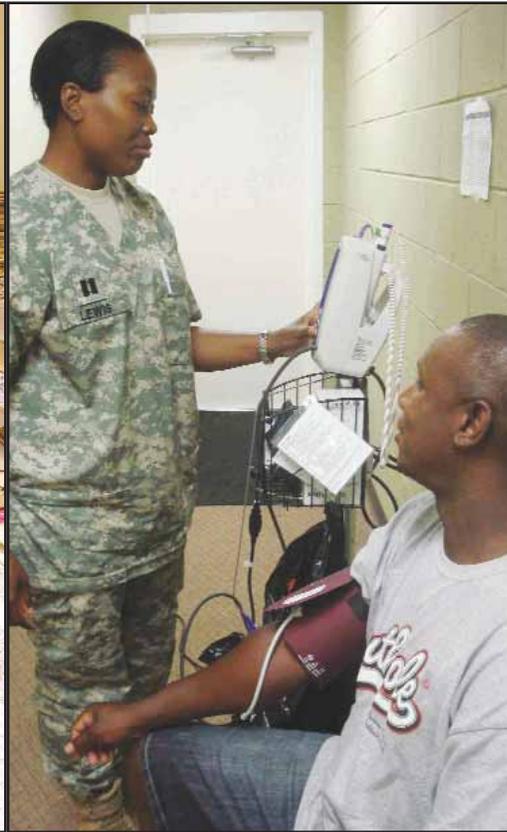
Training Program Provides Needed Care to

Innovative Readiness Training Benefits All Involved

Story and photos by Maj. William D. Ritter, Army Reserve Medical Command Public Affairs Office.



Spec. Kimberly Scanlon, a patient administration specialist, logs in residents of Hayneville, Ala. who are awaiting medical screenings.



Capt. Patrice Lewis, a Physician's Assistant, evaluates Jeffrey Harris' blood pressure during her unit's annual training in Hayneville, Ala.



Capt. Wendy Hand, a Physician's Assistant, discusses treatments options during annual training in the community. Hand, part of the 4005th U.S. Army Medical Center of Excellence, provided area residents with free medical care during two weeks in July.



HAYNEVILLE, Ala. - Medical professionals from the Army Reserve's 4005th U.S. Army Hospital examined over 600 residents from this southern Alabama community, helping many in this depressed region get the medical attention, and education, they need.

Headquartered in Houston, Texas, the 4005th was here for their two-week annual training, organized as part of the Innovative Readiness Training (IRT) program.

The IRT program allows communities throughout the United States to request assistance from the government and the military. When approved, Army Reserve units deploy to the geographic region requesting support. Reserve Soldiers help the community with whatever project or service their expertise is needed. The program aids communities, and fellow Americans, while providing real-world

training to Reserve Soldiers.

For the 4005th, their mission was to provide medical care to the residents, many of whom are affected by the country's current economic recession.

They arrived in this Bible-belt town, after the town mayor, Helenor T. Bell, requested economic assistance through the federal government and the Delta Region.

The Reserve Soldiers set up operations at the town hall, providing free medical screenings, education and pharmacy needs to the community. The unit lived, ate, worked - and in the case of a softball game, played with the community.

The unit had doctors, nurses, medics and lab technicians on site, and went out into the community to visit those who cannot get to the town hall. They advertised their services on community bulletin boards and by attending church services when they first arrived.

According to Mayor Bell, the response from the community was over-

whelming.

"Every time I came into my office (at the town hall), residents were thanking me for getting the Army's services," she said. "They are overjoyed by the amount of time and care the Soldiers were giving them and asked me if they can come back next year."

Unit medic, Spc. Megan McKinney, was thrilled with the training she received during this program as well.

"It was great hands on training to improve our skills," she said. "We went out into the community, and learned to deal with many issues, many people and many personalities."

McKinney believed two individuals owe their life to this program.

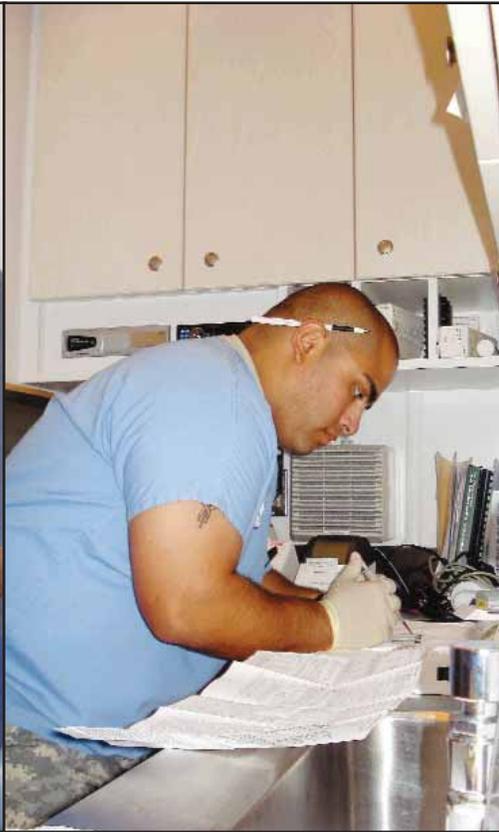
"Two people we evaluated had dangerously high blood pressure," she said. "Had they not come to our clinic, they could have had a stroke in the near future."

One area resident traveled seven miles

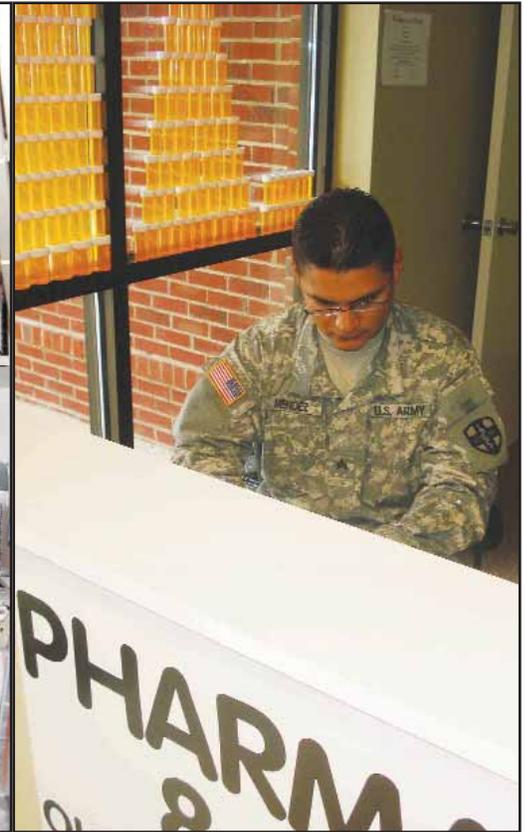
o Americans; Training for Reserve Soldiers



ons with Shirley Harris, a Hayneville, Ala. resident during her unit's
y Hospital, from Houston, Texas, served as part of a 30-Soldier
medical screenings, treatment and education for medical issues dur-



Spc. Thomas Deleon a lab technician performs a cholesterol test on
a patient, during his unit's two week IRT in Hayneville, Ala.



Sgt. Eduardo Mendez, a pharmacy technician, logs medication into
the unit's database during their two week IRT in Hayneville, Ala.

into town after hearing of the clinic from a neighbor during an evening chat.

"You can never get enough check-ups to find out what's wrong with you," said Sheskie Smith. "I've had two heart attacks and two strokes. Thank God I am still here. I was glad to see the Soldiers working here. They treated me well and took the time to talk with me" he added.

According to Capt. Catherine Garza, nurse with the 4005th, talking was one of the unit's main missions.

"We were trying to educate the residents' in areas specific to their needs," she said. "If they have high blood pressure, we sat them down and talked to them about how to improve it through simple things, like minor diet adjustments," she added.

According to unit records, 98 percent of the patients examined were instructed on some type of life skills to improve their health. Additional unit records show that each patient was seen on average for

two hours.

"We took the time needed to get each patient the care and instruction they needed," said Garz. "We then sent training material home with them to help reinforce what they need to do. Many came back with follow-up questions on their education," she added.

During the IRT, over 300 prescriptions were issued, more than 400 labs were run on patients and over 200 EKGs were completed - all while patients waited and talked with their doctor.

The unit partnered with local pharmacies to provide on-going prescription care to residents they examined.

According to the unit's officer-in-charge, Capt. Jerry Webb, on-going care is a challenge for area residents.

"There is a need for continuation of care for these residents," he said. "Many of the residents we examined do not have a medical file, they do not see the same healthcare professional each visit to the

local clinics. We started a medical record for everyone we examined and sent it with them. That way they have a starting point with our findings," he added.

The 4005th used a state-of-art medical trailer, provided to the military through a contract. It came complete with three exam rooms, a lab and portable EKG equipment, enabling the unit to provide the services they did.

As the 4005th wrapped up its IRT program on July 31, it left feeling fulfilled and challenged. According to Webb, the unit helped many in need, but he felt they could do even more on future missions.

"This mission was just like a deployment," he said. "Each one has its specific challenges based on culture and region. The more research we, or civil affairs, are able to do prior to the mission, the better we can customize the care for area's residents. I look forward to putting these 'lessons-learned' to the test in Afghanistan this fall," he added



Capt. Kathy Steele in action.

Reserve Nurse Prepares Service Members to Survive

Army Reserve Nurse Passes on Her Experience

Story by Tom Vogt, Columbian Staff Writer, Vancouver, Wash.



VANCOUVER, Wash. - Wounded Soldiers: That is Capt. Kathy Steele's involuntary reaction to the sound of a helicopter rotor slicing through the sky.

The U.S. Army Reserve nurse has been back for more than a year, but keeping people alive in Iraq is still a big part of her life.

Steele is a member of the 396th Combat Support Hospital, based at Vancouver Barracks.

She is stationed at Fort Lewis near Tacoma and helps people in all branches of the military prepare to deploy.

Steele's lessons come from her own year in Iraq. She shared some of those experiences recently in Vancouver, where she talked about life on "Easy Street."

That was the address at one of her stops in Iraq, where Steele and a roommate shared an 8-foot-by-13-foot metal container. It was two blocks away from the rest room, but within range of enemy mortars.

Her unit treated coalition Soldiers who arrived by ambulance, in armored vehicles or on medevac helicopters.

"To this day, my heart beats faster when I hear a helicopter," the operating room nurse said during a meeting of the Downtown Vancouver Rotary.

"Typical injuries would be traumatically amputated limbs," she said. But those don't necessarily mean the end of a military

career.

One of her patients, a Soldier from Newburg, Ore., was a high-leg amputee. "He was hurt in July, and in January he was on his snowboard."

He was back with his unit in Afghanistan 10 months later, and he returned to Oregon after finishing his tour.

Her operating room also welcomed contractors and the occasional military dog.

Many patients were Iraqis - enemy wounded as well as members of the Iraqi army and police force.

The death of one policeman still lingers, the 45-year-old nurse said. He died on Mother's Day.

"I look at Mother's Day differently now," said Steele, the mother of two sons.

The biggest share of patients were Iraqi civilians, particularly kids.

"In Mosul, the insurgents knew we had a soft spot for kids," Steele said. "They would bomb a play area, and then wait for us" to respond.

Later that day, Steele would be helping a surgeon remove ball bearings from a tiny patient.

Some patients had been felled by chlorine gas.

"We're not used to drinking water out of the Tigris or Euphrates River, so we treat it. Insurgents blew up a tanker truck filled with chlorine, causing many civilian casualties."

At Fort Lewis, Steele helps Reserve Soldiers, National Guard members and active troops from all branches prepare for their own tours in the war zone. A big part of her job is combat lifesaver training.

"It's advanced first aid," said Steele.

Some people didn't take the course seriously, she added, but those reluctant students learned that you don't have to go overseas to save a comrade's life.

"There was a training accident nearby, and they wound up applying what they had learned at the scene of the accident," Steele said.

She also works in suicide prevention and offers "battlemind" training.

"That's helping them get a mental image of what to expect," said Steele, who will be going back to her civilian job at Providence Portland Medical Center in the fall.

Not all challenges are physical.

"Ten to 15 percent of us who are married don't come back that way," Steele told the Rotarians.

Some come back dealing with post-traumatic stress.

Not all her students are expecting combat, by the way. Steele said a member of an engineering unit assumed his job as a construction worker would keep him out of harm's way.

"He said, 'My job is running a road grader,'" Steele said. "When we told him he still could get shot, he was flabbergasted."

Army & Navy Reserve Train Guard

South Dakota National Guard Benefit from Training

Story and photo by Staff Sgt. Eric W. Jones, Army Reserve Medical Command Public Affairs Office.



RAPID CITY, S.D. - The Army and Navy Reserve teamed up to offer the combat life saver training course to National Guard Soldiers, at Camp Rapid, during the annual Golden Coyote exercise in July.

Medics with the 6252th United States Army Hospital joined the Naval Reserve Operational Health Support Unit, Dallas, to help instruct exercise participants from both the Army Reserve and the South Dakota National Guard in the advanced first aid techniques required to complete the combat life saver certification.

The training covered various topics

including airway management, how to apply a tourniquet, litter bearing, and the "nine line" report.

According to trainers, the "nine line" evacuation report is a standardized reporting system that informs the evacuation team of the patients' status on the ground and condition of the pickup zone. It name is derived from the nine lines of basic information required by.

Over 800 Soldiers were cycled through the training during the exercise.



Naval personnel work with South Dakota National Guard Soldiers during their combat life saver training course, at Camp Rapid, during the annual Golden Coyote exercise. Navy Reserve troops joined members of the 6252th United States Army Hospital to conduct the training.

AR-MEDCOM Holds ACC Event

Army Community Covenant Event Brings Community Leaders Together with Local Soldiers

Story and photo by Maj. William D. Ritter, Army Reserve Medical Command Public Affairs Office.



PINELLAS PARK, Fla. - Florida State Senators Charlie Justice (D, Dist. 16) and Mike Fasano (R, Dist. 11) joined other political and community leaders from the Tampa,

St. Petersburg area, to thank area Soldiers and their Families, pledging continued support to them by signing the Army Community Covenant.

The Army Community Covenant initiative is designed to foster and sustain effective partnerships amongst the community and military members, to improve the quality of life for Soldiers and their Families.

The signing took place on Saturday, September 26 at the Westin Tampa Harbour Island Hotel, where the Army Reserve Medical Command was holding a commanders

training workshop. Over 300 Army Reserve Soldiers, their Families, and local veterans attended the signing.

The Covenant ceremony was specifically tailored for the Tampa area. It brought together key regional leaders, from state, local and civic levels. Leaders signing the covenant are vowing to continue supporting the military community in the future. Together, they are publically recognizing the importance of Army Reserve Soldiers and their Families, and the vital role they play in our nation's defense.



Florida State Senator Mike Fasano (R, Dist. 11) signs the Army Community Covenant during a ceremony in Tampa. In this photo, Fasano is joined by Chuck Jenkins, business leader and veteran; Jane Harper, President and CEO of Family Resources, Inc.; Mike O'Meara, President, Veterans Liaison Council of Pinellas Park; Dianne Magee, Florida State President; Associates of Vietnam Veterans of America and Dan Pash, staff representation for Congressman Gus Bilirakis.

According to Staff Sgt. Eric Jones, Public Affairs NCO for the Army Reserve Medical Command, the signing, while symbolic, is a morale booster for the troops.

"The Soldiers in attendance today see

state and local leaders who support them. It's inspiring for them. They now know who they can talk to if they need to pursue different avenues for assistance," he said. "The more support they have at home, the less worries they will have overseas."

Justice and Fasano were joined by Mike O'Meara, President, Veterans Liaison Council of Pinellas Park; Dianne Magee, Florida State President, Associates of Vietnam Veterans of America; Nick Brickfield, Pinellas County Commissioner; Jane Harper, President and CEO of Family Resources, Inc.; Chuck Jenkins, business leader and veteran and Dan Pash, representing Congressman Gus Bilirakis.

The Army Community Covenant program was initiated by the Department of Defense in 2008. Since then, over 100 American communities, including Tampa/St. Petersburg, have hosted "Community Covenant Signing Ceremonies" to demonstrate their support for our nation's military and their Families.

For more information on the Army Community Covenant program go to <http://www.army.mil/community/>

Knoxville Area Holds Covenant Signing

Story by Maj. William D. Ritter, Army Reserve Medical Command Public Affairs Office. Photo courtesy of Knoxville Chamber of Commerce.



KNOXVILLE, Tenn. - The City of Knoxville and Knox County held an Army Community Covenant signing during Independence Day celebrations, on the Knoxville Symphony Orchestra Stage on the South Lawn of World's Fair Park.

Representatives of Knoxville-area Reserve and National Guard units, as well as their children, joined U.S. Congressman John J. Duncan Jr., Brig. Gen. Terry M. "Max" Haston, Mayor Bill Haslam, and Brig. Gen. David Smalley, deputy commanding general of the 807th Medical Command, and others on July 4, to sign the Community Covenant.

The document affirms the city and county's support of service members. Knoxville and Knox County will become the second and third communities to sign Community Covenants in Tennessee.

Clarksville, Tenn., with strong ties to neighboring Fort Campbell, Ky, and the 101st Airborne Division, is the only other Tennessee city that has hosted a signing

In addition to the official document that was signed on the stage there were two banner-sized replicas of the document sign by attendees of the festival. Those banners were sent to Tennessee units deployed to Iraq and Afghanistan.

"We're very pleased to have the opportunity to do this," said Mayor Bill Haslam. "Practically everyone in Knoxville has a Family member, a friend, or a neighbor serving in the military and we wanted them to know that we support them and their Families."

The Secretary of the Army began the Community Covenant initiative in 2008. It has since evolved into a recognition for all of the armed services and their members and to date over 100 towns, cities and states have held ceremonies.

"We are thrilled to take part in this Community Covenant to show our support for those who have made the greatest

sacrifice," said Mayor Mike Ragsdale. "These men and women leave their homes and lives to make sure that we get to continue experiencing the freedoms so many before them have fought to provide, and for that we should all be eternally grateful. I am so glad our community has been able to be a part of such an amazing program."

John L. Dyess, the U.S. Army Reserve Ambassador for Tennessee, approached Knoxville and Knox County about participating in the Community Covenant program and has worked with the city and county to make the holiday signing ceremony a reality.

More than 6,500 men and women serve in Knoxville-based and Knoxville-area units of the Tennessee Army National Guard, Tennessee Air National Guard, U.S. Army Reserve, U.S. Naval Reserve and U.S. Marine Corps Reserve.





2009

The Year of the Noncommissioned Officer

AR-MEDCOM NCO FEATURE STORY #4

Dual NCO Family Endures More For Army

Story and photo by Maj. William D. Ritter, Army Reserve Medical Command Public Affairs Office.



FORT BRAGG, N.C - Many military Families endure hardships associated with Army life. This dual NCO couple tolerates twice the adversity at times, and so does their children. So during this Year of the NCO, 10-year old Tae'lor Lackey wants the President to help her out. She wants him to pack more training into each day of her father's class, so he can get back home to her and her brother sooner.

Staff Sgt. Terrence Lackey is training at Sheppard Air force base, Texas, learning a new military occupational skill to better his career opportunities in the Army, and endear him more to the military he loves. He has been there since March and will not complete his studies until spring 2010.

But unlike most military fathers, Terrence also has a spouse serving their county in the Army Reserve. They have done so for their entire 12 year marriage.

That makes Tae'lor, and her brother children of a dual military couple Family. They must undergo more challenges in life than their peers in single parent Army Families; and unfortunately have done so for their entire life.

"Since my deployment (to Iraq), they are fearful that one of us will not come back," said Staff Sgt. Tressa Lackey, Terrence wife. "Even though now we are only in separate states, they do not understand the difference," she added.

In this, the year of the non-commissioned officer, we talked with both Staff Sergeants Lackey, and their daughter Tae'lor to hear about the challenges of two non-commissioned officers serving in the same Family.

It is harder than most to make their house a home. Almost always one, if not both sergeants are away serving their country in some capacity, sometimes for long periods of time.

"My daughter is past the hurt stage and is more at the angry stage having to be away from one or the other parent," said Tressa Lackey. "It's even worse

when one of us is gone and the other has to go to a battle assembly or an annual training, separating us both from them. That makes her even madder."

Staff Sgt. Tressa Lackey joined the Army almost 13 years ago. Initially she was a Reserve Soldier and followed her husband, then an active component Soldier, from post to post.

Over the last five years though, their roles have changed. Tressa became an Active Guard and Reserve (AGR) Soldier and Terrence became a Department of the Army (DA) civilian worker, and has transitioned to a traditional Reserve Soldier career.

Both love serving their country, but it is hard on Tae'lor and her 6-year old brother.

A recent transfer to Fort Bragg was especially stressful on Tressa and the kids, as Terrence had already reported for his schooling in Texas. She had to do all of the coordination, moving, and house hunting without the aid of her husband.

"I never knew how much I relied on my husband as a spouse and a partner, until I made this move myself," she said.

When asked what benefit would have aided her in the move, Tressa indicated Army sponsored child care would have been extremely beneficial.

As a member of a dual military couple, she was a single Soldier by default when Terrence went to school. Back at her former duty station, they had friends that could assist her in watching the children during her battle assembly weekend, annu-

al training, or temporary duty outside of the area.

Since she transferred to Fort Bragg, that support system had not yet been developed.

Despite all of the challenges though, Tressa wouldn't change their roles.

"As a NCO, I have learned to communicate more effectively without so much emotion," she said. "My children have expressed it is more difficult for them and I hate that part," she added. "I do manage the house better."

"I am so proud of my Family. My kids are troopers,



Staff Sgt. Tressa Lackey, Training NCO with the 7238th Medical Support Unit, never has her Family and fellow Staff Sergeant (and husband) Terrence Lackey, far from here thoughts as she works in her Fort Bragg office.

she said.

"The Army is a good steady job with good benefits, in an unstable economy. My full-time status permitted Terrence to go back to school while still having a secure income to support the Family."

"I am staying in because it is about taking care of the Family, supporting my partner, my husband just as I know he would do for me," she added.

"I am proud of every Soldier and every Army spouse that commits to follow their Soldier," she added.

That kind of dedication makes for a good spouse, parent and NCO. And despite the challenges, Tae'lor is proud of both her parents.

Warrior Medics Treat More Than 7,200 Patients in Haiti

Members of NE-MARSG Help Haitians

Story and photo from Maj. Gerard Heck, 413th Civil Affairs Battalion.



JACMEL, Haiti - U.S. Army Soldiers from throughout the United States came together under the direction of Army South to treat more than 7,200 patients during a medical readiness and training exercise in Jacmel, Haiti Sept. 8 to 23.

At the request of the government of Haiti, ARSOUTH, along with U.S. Army Reserve Northeast, Medical Area Readiness Support Group (NE-MARSG) from New York, and the 413th Civil Affairs Battalion from Texas, conducted various medical and dental action programs providing focused humanitarian assistance. More than 30 doctors, dentists, ophthalmologists and other medical professionals provided assistance to at Marigot's Ecolge Nationale de Marigot and Cayes- Jacmel's Medical Clinic.

These missions share best-practices for the most effective, economical treatments that can be made available by regional medical teams. "We are working with Haiti on long-term economic growth and job creation," said Kenneth Merten, U.S. Ambassador to Haiti. "People's immediate needs are also extremely important.

Americans care deeply about the people of Haiti, and this mission - people helping people directly - is a demonstration of the friendship between our two countries."

Members of the medical readiness and training team provided surgical and medical assistance. Dental and optometry exams were given to more than 2,600 patients, with over 600 pairs of glasses dispensed. "We wish to thank the Haitian government, especially the Ministry of Health, for its collaboration, and also the communities of Marigot and Cayes-Jacmel who welcomed us," said Col. Donna Hershey, commander of the medical training and readiness mission. "It has been a



US Ambassador to Haiti Kenneth Merten addresses Soldiers from the NE-MARSG, at the closing ceremony September 23, 2009.

very successful mission and one that our Soldiers will remember for a lifetime."

In addition to humanitarian assistance, this exercise also afforded valuable experience from Haitian and civilian experts enhancing rapid response capabilities of all branches of the U.S. military. The relationships built and sustained with our partners in Haiti help tremendously in humanitarian efforts, preserving peace and stability in the region.



Left: Col. Donna Dolan and Sgt. Maj. Dennis Dial, 4224th United States Army Hospital, Des Moines, Iowa, pose with Gen. George Casey, Chief of Staff of the Army and Sgt. Maj. of the Army Kenneth O. Preston, as they receive the Association of the United States Army (AUSA) Gen. Walter T. Kerwin, Jr. readiness award. The award recognizes outstanding Guard and Reserve unit readiness. RIGHT: Col. Dolan and Sgt. Maj. Dial pose with Preston and AUSA President Gen. (Ret.) Gordon R. Sullivan.

Photos courtesy of AUSA.



Spa. Samantha Greeninger, an Army Reserve medic from Cincinnati, Ohio, assigned to the 629th Forward Surgical Team of Columbus, Ohio, spends time with two Ugandan children at the Pajimo Clinic in rural Uganda.

Army Reserve Medicine Reaches Out to Rural Ugandans

Story and photos by Maj. Corey Schultz, U.S. Army Reserve Command Public Affairs Office.



KITGUM, Uganda - For the past week, about 60 Army Reserve medical personnel assigned to the 629th Forward Surgical Team of Columbus, Ohio, and the 7225th Medical

Support Unit from Greenville, S.C., have been providing medical care to rural Ugandans, seeing about 700 people a day.

"We're sort of an emergency room for anyone who shows up," said 1st Lt. Matthew Boyer, a Thornville, Ohio, resident and RN with the 629th FST. "As a nurse, it's great when we can see that many people."

When the two buses of medical personnel arrived at Pajimo Clinic around 8

a.m., there was already a long line at the gate. Some people had traveled from miles away, including an 11-year-old girl who walked seven miles by herself to be treated for a skinned knee. Many of the people had dressed themselves and their children in their finest clothing: colorful dresses, robes, and formal jackets.

The local residents filed in through the gate to a triage station, where U.S., Ugandan and Tanzanian medical professionals inquired about their illness or injury. Some were given medicine and released, while others were referred to one or more of the other four stations: medical, dental, optometry and pharmacy.

"There is a difference in disease pat-

terns and how they present in Africa as compared to the U.S.," said Lt. Col. Ronald Januchoski, a physician and commander of the 7225th MSU.

"With the tropical disease spectrum here, you see things you'd never see in the U.S. It's really helped me grow as a physician."

Januchoski and Maj. Phillip Cummings, a physician from Fayetteville, N.C., also assigned to the 7225th MSU, treated patients at the medical station for such complaints as malaria, skin infection, pleurisy, broken bones and minor wounds, such as an infected cut on a little girl who caught her foot in her bicycle spokes.

"We're primarily providing Level I



Lt. Col. Tom Englehart, commander of the Army Reserve's 629th Forward Surgical Team of Columbus, Ohio, talks to a Ugandan woman about her child's health at Pajimo Clinic's triage station.



Maj. Phillip Cummings, a doctor from Fayetteville, N.C., deployed with the 7225th Medical Support Unit of Greenville, S.C., listens to the breathing of a Ugandan man who complained of chest pain.



Col. James Quan, an Army Reserve doctor, refers a young boy to the medical station at the Pajimo Clinic

care, which is general medical care,” said Col. William Myers, an orthopedic surgeon assigned to the 7225th MSU. “I did have the opportunity to examine some X-rays and provide some consultations to the local doctors on orthopedic problems.”

U.S. Navy and Ugandan personnel provided dental services, which included multiple extractions due to lack of dental hygiene. Patients were provided with toothbrushes, toothpaste, and instructions on how to care for their teeth.

In optometry, Dr. Francisco Cordera, an optometrist from Puerto Rico deployed with the 7225th, examined patients while other Soldiers conducted vision tests. The vision tests were pieces of paper on which was drawn the capital letter “E,” facing different ways and sized differently as the rows descended across the paper. Many patients could not read the English alphabet, but this test allowed them to indicate which direction the “E” was facing. Patients were issued prescription eyeglasses, some for the first time in their lives.

U.S. Navy pharmacist Lt. Cdr. Brett English and U.S.

Army Reserve 1st. Lt. Jon Schuller were assisted in the pharmacy by Morris, a Ugandan pharmacist whose guidance was instrumental in prescribing the medicines.

“Getting local national input on designing formulary is crucial,” said English. “They know the people. Also, we see predominantly pediatric patients, but a lot of our medicines are adult-strength.”

English explained that the dosing can

be difficult not just in scaling down adult doses for children, but because some patients are malnourished, and their digestive systems cannot handle a large dose such as 800 mg ibuprofen. Morris’ expertise was critically important in assigning the correct doses. He also knew how to pro-

maternity capabilities or equipment, when a 19-year-old woman named Linda went into labor at the gate, 1st. Lt. Victoria Lynn Watson, a labor and delivery nurse at Abilene (Texas) Regional Medical Center in her civilian occupation, rushed in to help. Watson, the Pajimo Clinic’s certified

midwife Stella Betty Lamono, and Pfc. Kendra Hinds, a medic from Lubbock, Texas, worked together to deliver a healthy, 5.5 lb. baby boy.

“It’s neat to see their skills and what they do to deliver a baby as compared to what we do in the states,” Watson said.

By 4:30 p.m., the team had treated 714 patients -715 counting the newborn. They boarded the buses and returned to the camp to prepare for the next day.

The medical outreach continued every day for a week, part of a U.S. Army Africa exercise, Natural Fire 10, in which the United States and five East African nations (Uganda, Kenya, Tanzania, Rwanda and Burundi) practice disaster relief and medical

outreach. The intent was to learn each other’s skills and procedures so that they will be able to operate more effectively in the event of an actual disaster.

“What we’ve started doing in Africa with the different countries we’re working with is going to go a long way to stabilizing the region, even when we’re not here,” Boyer said.



Ugandan children at the Pajimo Clinic in rural Kitgum district. As part of a U.S. Army Africa exercise, Natural Fire 10, U.S. Army Reserve Soldiers from the 7225th Medical Support Unit, Greenville, S.C., and the 629th Forward Surgical Team of Columbus, Ohio, worked side-by-side with Ugandan and Tanzanian providers as well as U.S. Navy dentists to treat over 700 local residents per day, extracting teeth, providing medications for malaria, parasites and skin infections, and even issuing eyeglasses.

vide quinine for malaria, a treatment that—though effective—is no longer used in the United States.

Patients were not limited to how many stations they could visit, and the team worked diligently throughout the day to treat as many as possible.

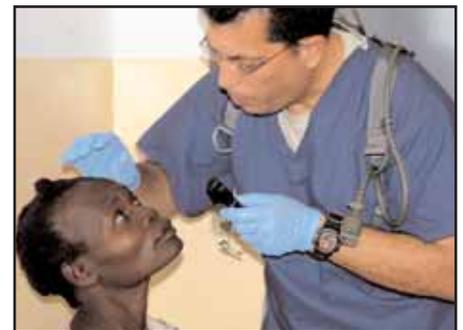
The medical personnel also provided for some unexpected contingencies. For instance, though they had not brought



Capt. Shawn Shumand, a nurse with the 629th Forward Surgical Team of Columbus, Ohio, triages a Ugandan child at the Pajimo Clinic.



Pfc. Kendra Hinds, a medic from Lubbock, Texas, deployed with the 7225th Medical Support Unit out of Greenville, S.C., examines a child in the optometry section of Pajimo Clinic.



Capt. Francisco Cordero, an Army Reserve optometrist from Puerto Rico, deployed with the 7225th Medical Support Unit of Greenville, S.C., examines a Ugandan woman who suffered from severe dry eye.

Nurse Delivers Baby in Uganda

Story and photos by Maj. Corey Schultz, U.S. Army Reserve Command Public Affairs Office.



KITGUM, Uganda -- When 1st Lt. Victoria Lynn Watson deployed to Uganda for Natural Fire 10, she never imagined using her labor and delivery nursing skills during

the exercise.

But when a Ugandan woman, Linda, arrived in labor at Pajimo medical clinic, where the Army Reserve's 7225th Medical Support Unit was partnering with East African medics to offer healthcare to the Kitgum community, Watson sprang into action.

She checked her watch. It was nearly 2:30 pm when medics hurried the 19-year-old expectant mother from the clinic gates where hundreds had gathered to receive care.

During the 10-day exercise, the medics run a daily clinic to treat upwards of 700 Ugandans a day for ailments such as arthritis, minor wounds, skin infections --and dental and optometry care. Soldiers from Uganda, Rwanda, Tanzania, Kenya and Burundi are working alongside U.S. troops on medical, dental and engineering projects in the Kitgum region.

Meanwhile, each nation is also taking part in security training and a simulated disaster relief exercise.

While pregnancy was not a planned treatment, the Pajimo clinic staffs a midwife and Watson was eager to assist. If the U.S. Army Reserve officer were back home in Abilene, Texas, she would do the same.

"This is what I do. I'm a labor and delivery nurse in my civilian job," Watson said, hurrying past Ugandan Families clutching medicines and awaiting dental checks, "This is what I live for."

Watson serves with the 7231st Medical Support Unit in Lubbock, Texas, but volunteered to augment the 7225th for Uganda.

Once in the clinic's maternity ward,

Watson and Pfc. Kendra Hinds, a U.S. Army Reserve medic from Lubbock, Texas, joined Stella, the Ugandan midwife. Stella asked the lieutenant to work with her to deliver the child.

Stella and her Ugandan assistant prepared the delivery room. Watson's examined the woman - nine centimeters and having contractions. Her watch read 3 p.m. Hinds had never helped a woman give



Top: Pfc. Kendra Hines, an Army Reserve medic from Lubbock, Texas, currently deployed with the 7225th Medical Support Unit (MSU) in northern Uganda, hands a newborn to his mother. The 19-year-old expectant mother arrived at the Pajimo Clinic in an advanced state of labor, and Hines was called upon to assist. The mother gave birth to a healthy, 5.5 lb. baby boy about 90 minutes later.

Right: 1st Lt. Victoria Lynn Watson, a nurse assigned to the Army Reserve's 7225th Medical Support Unit (MSU), uses a Pinnard Horn - a wooden listening device not often seen in America that is used to hear the baby's heartbeat

birth. So, Watson talked her through the exam as they felt the mother's stomach to see where the baby was.

"You can feel the contractions," Watson said to Hines. "Her sides and belly get hard. Feel here...that's the head. It's in the right place, that's good. The baby is aligned right."

The midwife, Stella Betty Lamono - who goes by Stella, produced a Pinnard Horn - a wooden listening device not often seen in America that is used to hear the baby's heartbeat. Watson and Hinds took turns listening.

Then Stella posed a question.

"You are delivering," Stella said. "You should name the baby."

"OK, I'll name the baby," Watson said, in a light-hearted way. "How about, let's see...Gracie for a girl? Yes, I like Gracie."

"And a boy?" asked Stella.

"Okay, for a boy...Cage. I like Cage."

Stella translated. The mother smiled, amused despite her obvious discomfort. It was nearly 3:30 p.m., the baby was coming but the delivery team still had things to do. They tried to start an intravenous drip.

There was a problem, they couldn't find a vein. They spoke with the mother and found she had not eaten anything for two days.

"She's dehydrated, she needs something with sugar," Watson said.

Soldiers offered sweet powdered drink pack from their daily rations - MRE's, such as lemon-flavored ice tea and a lemon-lime electrolyte drinks.

Watson stirred each drink in a green plastic cup and gave it to the mother, who drank thirstily.

The team then found a vein for an IV, the mother tried to relax. From time to time, she would lift a pink curtain and gaze through the window into the dusty yard. Things quieted.

Meanwhile, her sister arranged swaddling clothes on the receiving

table at the other side of the room.

"How many weeks is she?" Hinds asked.

"Thirty-eight," Stella said, confidently.

Ugandan midwives determine the duration of the pregnancy by feeling the stomach for the size of the baby's head versus the height of the fundus -- how high the uterus has pressed upwards into the diaphragm.

"This is amazing," Watson said. "In the States, doctors run a sonogram over the belly, ask for the date of the last men-



strual period, and go from there. We learn the 'old school' way, but we never actually do it like Stella has."

Certified Ugandan midwives attend a three-year school, Stella said, herself a midwife with seven years experience who delivers up to 28 babies each month -- often in rural clinics.

The contractions continued. The mother remained stoic despite the lack of any pain medicine. Sweat beaded on her face, veins throbbled along her neck. She would lay calm for more moments, then moan softly and slap the nearby wall. Hinds grabbed a cloth and patted her face and held her hands through contractions.

"Most girls in the States would be yelling and hollering by now," Watson said.

Unlike in the States, the clinic had no monitors, electrical gadgetry or air conditioning. It did have clean water, sterilized

equipment and a trained midwife, plus her U.S. counterparts.

It was around 4 p.m., when the mother groaned and slapped the wall again.

"She's in second stage," Watson said. "All she has to do now is push."

A few minutes passed, the mother began to push - Hinds held her hand and continued to comfort her. Then came a loud cry from a healthy baby boy. It was 4:30 p.m.

Watson wiped him down. He waved his tiny hands and stared around the room with large, alert eyes. Stella tied up the stump of the umbilical cord

"You delivered the baby, what name did you pick for a baby boy," Stella said, reminding Watson.

"Cage," Watson replied. "But I can't name her baby. It's her baby!"

Hinds placed the infant into his

mother's arms. The new mom smiled.

"What is she going to name him?" Watson asked. Stella translated. The mother answered --and Stella began to laugh.

"What did she say?" Watson asked.

"She decided she liked the name you picked," Stella said. "She named her little boy 'Cage'."

Outside, U.S. and East African medics were closing up for the day, handing out the final doses of vitamins and routine medications, when they learned the good news. An officer took out the records reflecting the number of people treated, changing 714 to 715, to add Cage - Kitgum's newest resident.

"It's pretty amazing there's a little one out here that I named and that I helped bring into this world," Watson said.

"Pretty amazing."

Butler Competes with Army's Best

AR-MEDCOM Soldier Competes for Title of NCO of the Year

Story and photos by Timothy L. Hale, Army Reserve Public Affairs Office.



FORT LEE, Va. - A four-vehicle column of Humvees rolls down the dusty street. Local villagers hold up fruit, clothes even hubcaps as the column rolls by.

Suddenly, gunfire rings out from adjacent buildings. Then, a deafening explosion rocks the convoy which shuddered to a sudden stop.

As the locals flee, Staff Sgt. Aaron Butler, an Army Reserve Citizen-Soldier, emerges from the front vehicle and rapidly takes control of the chaos, directing return fire and tending to the wounded.

This wasn't a scene from Iraq or Afghanistan. It was just one scenario that played out during the week-long Department of the Army Best Warrior Competition held at Fort Lee, Va., Sept. 28-Oct. 2.

Staff Sgt. Aaron Butler, a member of the Army Reserve Medical Command's 4225th Medical Hospital in Helena, Mont., joined Spc. Shiloh Becher, as the Army Reserve NCO and Soldier of the Year, competing against 11 other major Army commands to determine who the 'best of the best' were for the entire Army.

Despite not claiming the overall top

prize, Butler showed the rest of the competition field that he had what it took to keep up with the pack.

"It was an amazing experience," Butler said. "It was a tremendous opportunity to come here to compete against the best the Army had to offer."



Top: Staff Sgt. Aaron Butler, the Army Reserve Soldier of the Year, practices reflexive fire.

Left: Staff Sgt. Aaron Butler, the Army Reserve NCO of the Year, packs his equipment at the Department of the Army Best Warrior Competition

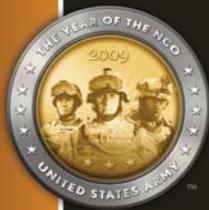
his NCO board, Butler exclaimed, "that was the best board I've been on this year" but quickly added, "I've been through 12 boards this year!"

Next came the physical events of the competition included an Army Physical Fitness Test, day and night Urban Warfighter Orienteering, Warrior Tasks and Battle Drills, day and night M4 rifle qualification, an M4 stress fire event and followed up by a Mystery Event and an Army Combatives tournament.

The Mystery Event consisted of Butler conducting Class A's and ACUs uniform inspections and the Humvee Egress Assistance Trainer (HEAT) where they had to exit the vehicle upside down within 17 seconds, assault a village searching for terrorists, and evaluate

a casualty.

Both Butler and Becher said "it was an honor to represent the Army Reserve" and they would consider competing again, but may wait awhile before doing so.



2009

The Year of the Noncommissioned Officer

AR-MEDCOM NCO FEATURE STORY #5

TRICARE Benefit Helps NCO Survive Cancer to Serve Another Day

Story by Maj. William D. Ritter, Army Reserve Medical Command Public Affairs Office; Photo by Cadet Andrew Redcay.



PINELLAS PARK - Fla. - This NCO knows what commitment means. His desire to serve his country has led him to persevere, despite many medical challenges. He has survived cancer; a kidney removal; and eight hernia operations. Yet through it all, Sgt. Eric W. Jones has continued his military career, out of sheer determination.

As a kid growing up in Bountiful, Utah, Jones wanted to be a Soldier. He wanted to experience the world outside of Utah, and serve the country he loved.

"I kind of wanted to get out of the routine I was used to," said Jones, "I wanted to see what else was out there."

Initially, Jones chose to enlist in the Army Reserve in 1986. But, after enjoying his time as a Reserve Soldier so much, he transferred to the Active Component in 1988.

There, he got the travel he desired, serving as a track vehicle mechanic in Germany.

While stationed in Europe, Jones met his wife Della, who is English, while she was visiting Family in

Germany. They married shortly thereafter in Denmark and had a child before returning to the states in 1992.

He moved back to Utah to attend Weber State University in Ogden, Utah. There he earned a bachelor's degree in Political Science, using his Montgomery GI Bill benefits to pay for his education.

While attending Weber State, Jones continued to serve in the Army, joining the Utah National Guard's 211th Aviation Battalion, where he worked in flight operations.

In 1997, upon completing his degree, Jones and his Family moved to the Orlando, Fla. area to be near Family his wife had living in the states.

But, shortly thereafter, Jones' medical problems began.

In 1998, he discovered a lump on his neck and visited the doctor. There he was given an antibiotic and told to return in 10

days if the lump did not dissolve. It didn't.

In fact, Jones discovered another unusual bulge on his abdomen.

He inquired about it, and was told he needed tests. Upon checking in to a local hospital, a CT scan was done. He was diagnosed with stage-4 Extra Gonadal Testicular Cancer.

The doctors' theory was that Jones' cancer originated in the testes and spread to various sections of his body--specifically infecting the lymph nodes and a kidney.

The lumped Jones felt in his abdomen was a cancerous mass surrounding one of his kidneys. It had grown so large around his kidney it pushed it out of its normal position towards his skin.

Though shaken, Jones was not totally surprised as cancer runs in his Family.

His first reaction was that of concern for how his wife would handle the news.

Jones began chemotherapy immediately alternating three weeks on, two weeks off for recovery.

The chemotherapy shrunk the tumor, but did not destroy it. Following five of these cycles, he went to the University of Indianapolis for the first

of his three major surgeries.

His first surgery was to remove the cancerous mass surrounding his kidney. It lasted 16 hours and was considered a partial success. The majority of the cancer mass was removed, but it cost Jones one of his kidneys. It had to be extracted along with the cancer.

After some recovery time, a second surgery was scheduled to remove the remainder of the cancer.

The disease was taking its toll though, as Jones weighed around 100 pounds and was not expected to live due to the effects of his cancer and his weakened physical condition.

During this time, Jones benefited from the TRICARE Reserve Select program offered to Reserve Soldiers. This premium-based health plan is available to all National Guard and Reserve members if you elect to purchase its coverage. Jones

did.

"The TRICARE program helped me tremendously, as it accepts patients regardless of pre-existing conditions," he said. "My wife and I were not chained to a job or a geographic area just to keep our civilian health insurance. We could travel to any area knowing my TRICARE coverage would go with me," he added.

Because of his surgeries and subsequent loss of weight, Jones' body cannibalized a great deal of muscle mass in his abdomen area. This weakened muscle mass has caused eight hernias, each requiring surgery, over the last ten years. To this day he still has a piece of plastic mesh between his sternum and hip for support.

Through all of this Jones stayed in the Army Reserve program.

"I'm lucky to be alive in many ways...I do realize that," said Jones. When classifying his current medical status, Jones generally uses the term "no evidence of disease."

He said of his battle with cancer, "Has been a rough road."

Today, TRICARE select continues to aid him. His cancer is considered a reoccurring one and he needs blood testing every six months, and a yearly CT scan to check for abnormalities. The Reserve Select program helps him pay for those test.

"I recommend every Reserve Soldier look into the TRICARE program," he said. "The economy has cost me my job, but having the TRICARE program ensures my Family that I can continue to get the annual and bi-annual tests I need to check for any cancer relapses."

Today, Jones has rebounded from that sickly 100 pound cancer patient to a deployable Reserve Soldier serving the Army Reserve Medical Command.

He has been in remission since 2000 and completed a tour to Iraq with the 467th Engineer Battalion, serving as a signal support systems specialist.

His sheer determination and the assistance from the TRICARE Reserve Select program have enabled him to endure his medical trials to continuing serving the country he loves.



Editors Note: Also contributing to the story was Cadet Andrew Redcay, University of South Florida ROTC, Intern, Army Reserve Medical Command Public Affairs Office.



ARMY RESERVE MEDICAL COMMAND

Celebrates
2009 - The Year of the NCO

Featured
AR-MEDCOM
NCO...

Staff Sgt. Eric W. Jones,
Public Affairs NCO
AR-MEDCOM HQ,
Pinellas Park, Fla.

“Army NCO —
No One is
More Professional
than I...”



“Determined to Serve His Nation”

Staff Sgt. Eric Jones has endured testicular cancer, the removal of a kidney and 12 hernia surgeries.

Yet, he continues to serve!

“The Army Reserve gave me a means to fight my disease. They offered me Tricare Reserve Select. I am lucky to be alive in many ways... I realize that. The least I can do is continue serving as a way to say thank you.

Department Of The Army
HQ, Army Reserve Medical Command
Public Affairs Office
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