

Third Edition, Second Issue, Summer 2010



# WARRIOR MEDIC

An Army Reserve Medical Command Publication



## **BEST WARRIOR COMPETITION 2010**

AR-MEDCOM Soldiers Battle it Out  
For the Rights to Be Named Best Warrior!

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

[www.armyreserve.army.mil/armedcom](http://www.armyreserve.army.mil/armedcom)

**THE STRENGTH TO HEAL**

*without compromising my principles  
or my practice.*

**AR-MEDCOM  
Recruiting,  
Retention,  
Transition.**

**727-563-3653**



1st Lt. Catherine Jennings, RN, BSN, Med-Surge Nurse, Brooke Army Medical Center, Texas, is a Medical-Surgical nurse in the U.S. Army. Here, not only does she have the opportunity to work in some of the best facilities in the world but she can also focus on practicing medicine and caring for her fellow Soldiers, instead of the logistics that come with it. There's strong. Then there's Army Strong. Talk to a member of the U.S. Army or the U.S. Army Reserve Health Care Team today; call 800-677-9992 or visit [healthcare.goarmy.com/nurseinfo](http://healthcare.goarmy.com/nurseinfo).



**U.S. ARMY**

**ARMY STRONG.**

# Public Affairs Survey

If you have not already taken our survey, please visit the following link and provide us your honest feedback. There are 10 questions and the survey should take no more than five minute.

<http://www.surveymonkey.com/s/KM5NZ8G>



## Do you have a deployment story to share?

Operation Tribute to Freedom (OTF) is an outreach program designed to honor Soldiers who have or are currently serving in support of OIF/OEF through media, speaking and event opportunities.

If you'd like to share your story with the American public, we can help! If you are getting ready to deploy, currently deployed or have recently returned in support of OIF/OEF, we'd appreciate the opportunity to talk with you.

We're currently looking to highlight Soldiers who are currently deployed and those who have returned within the last year.

**Additional information and registration information is also available at [www.army.mil/otf](http://www.army.mil/otf)**

## TABLE OF CONTENTS:

From the Desk of the CG.....	4
Official Reminds Troops, Vets to Submit 'Stop Loss' Claims.....	4
Family Readiness is an Essential.....	5
Family Matters Blog: Mullen Addresses Military Family Challenges.....	5
Doctor, 79, Continues to Serve.....	6
AR-MEDCOM Unit Honored for DA Level Logistical Excellence.....	7
Soldiers, Airmen Hone Life-saving Skills at Global Medic.....	8 & 9
Military Appreciation Day Aids Care Package Shipment to Troops.....	10
Community Sheriff's Department Supports Local Unit's Training.....	11
Unit Joins Community Run.....	11
'Warrior Medics' Name Their Top Soldier and NCO.....	12 & 13, 15
COMMENTARY: The Best Warrior Competition is Hard Stuff!.....	14
Army Reserve Names Medical Professionals Their Top Soldier and NCO for 2010.....	16
Workplace Violence Kills Soldier.....	17
COMMENTARY: Preparing For a Loved Ones Passing.....	18 & 19
Are Permanent Profiles Permanent?.....	20
Reserve Medical Unit Trains To Serve Country and Community.....	21
Soldier Earns MacArthur Award.....	22
The Safety Corner.....	22
Outreach 'Essential' to Suicide Prevention, Official Says.....	23

### On The Cover:

Using the moon and a red lens light, Spc. Joshua McDowell, a health care specialist and 2010 Army Reserve Best Warrior competitor from Omaha, Neb., assigned to the 7246th Installation Medical Support Unit, checks his grids during the land navigation course at Fort McCoy, Wis., July 27, 2010. McDowell went on to win USARC Soldier of the Year 2010 and will compete at the Department of the Army's worldwide competition at Fort Lee, Va., in October. (U.S. Army photo by Staff Sgt. Mark Burrell, Army Reserve Public Affairs)

### Do you have a story to tell?

The goal of the Army Reserve Medical Command Public Affairs office 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.



## Check out AR-MEDCOM Public Affairs products on the web:

Public Affairs Products are available at [www.youtube.com/user/ARMEDCOM](http://www.youtube.com/user/ARMEDCOM) or [www.Flickr.com/photos/armedcom](http://www.Flickr.com/photos/armedcom) or [www.dvidshub.net/units/AR-MEDCOM](http://www.dvidshub.net/units/AR-MEDCOM)

You can also follow us at [http://twitter.com/AR\\_MEDCOM](http://twitter.com/AR_MEDCOM) or visit our website at <http://www.armyreserve.army.mil/armedcom>



# Words From The Wise

## From the Desk of the CG - Commanding General

Provided by Maj. Gen. Robert J. Kasulke, Army Reserve Medical Command Commanding General

### Commanders Needed! My Personal Challenge to Lieutenant Colonels and Colonels

The operational state of the Army Reserve creates a constant demand for trained, equipped, and ready, skill-rich Citizen-Soldiers to meet the medical requirements across the full spectrum of military operations.



Of the 77 AR-MEDCOM units authorized Lieutenant Colonel or Colonel commanders, 25 opportunities exist for new leaders to assume the additional responsibilities inherent to growing as an AMEDD Army officer by assuming command.

I recognize the stresses that command places on the Army Family, and sincerely

thank those who have dedicated themselves to leading our units through transformation; their leadership has been paramount to the readiness of our Soldiers.

The great number of command opportunities available compels me to encourage all Warrior Medics to challenge those eligible for command to don their leadership boots and take charge. As we work together to shape the force, take a look around your unit at your upcoming battle assemblies and ask the question, "Have you applied for command?"

The U.S. Army Human Resources Command will conduct the next U.S. Army Reserve Command (USARC) Colonel Command Assignment Selection Board (CCASB) on behalf of the CG, USARC, in November 2010, and the 81st RSC will host the next Army Reserve Lieutenant Colonel Command Assignment Selection Board (LTC-

CASB) in December 2010. The LTCCASB will be an annual combined board considering TPU and AGR officers for command based upon the officers designated travel distance rather than applying for specific units as done in the past. Officers selected for command will be placed on an Order of Merit List (OML) and will be selected for a specific unit based upon the needs of the Army. A separate "slating conference" will be held after the OML is established to select all commanders for the next year.

Waiting until the board meets is waiting too long. Take the initiative to review the requirements to apply for command, and apply now. Seek out those who are in command or have commanded to prepare yourself for this new and exciting challenge.

## Official Reminds Troops, Vets to Submit 'Stop Loss' Claims

Story Ian Graham, Emerging Media, Defense Media Activity



WASHINGTON - Defense Department officials want to ensure that anyone whose military enlistment was involuntarily extended under the so-called "stop loss" provision applies to receive a stipend by the Oct. 21 deadline.

An estimated 145,000 servicemembers are eligible to receive \$500 for each full or partial month served in stop loss status.

During a "DoD Live" bloggers roundtable yesterday, Lernes J. Hebert, the department's acting director of officer and enlisted personnel management, said tens of thousands of applications have been processed, but the department is far from having received claims from every eligible servicemember. As a result, he said, officials are trying to get the word out so eligible people can apply by the deadline.

One concern, Hebert said, is that some current or former servicemembers assume they're ineligible, or that they don't want to spend time applying for what may turn

out to be no return at all. But turnaround is quick and the form takes very little time to complete for what could turn out to be a significant payoff, he added.

"If there's any question if you're eligible - go ahead and apply," Hebert said. "Most of the individuals who have gone through the process say [the form] takes about a half hour to complete. The average pay out is between \$3,000 and \$4,000, so that's a pretty good return on your investment."

All servicemembers, veterans and beneficiaries of servicemembers whose service was involuntarily extended between Sept. 11, 2001, and Sept. 30, 2009, are eligible for the special pay.

"This is to get the word out, so that nobody is left wondering come Oct. 22," Hebert said. "It's a full-court press."

Army Maj. Roy Whitley, the Army's project manager for Retroactive Stop Loss Special Pay, also participated in the roundtable. Whitley said the Army has processed

about 44,000 claims, adding that he believes there are more troops out there who don't know to apply for their stop loss special pay. But without that application on hand, he added, the Army can't do anything for the soldier.

"We can always pay you," Whitley said. "We have plenty of time to look at claims. We just need to get you in."

Hebert said the Defense Department's stop loss website at <http://www.defense.gov/stoploss> has all the information about the special pay and includes the application form. He emphasized that servicemembers who aren't certain about eligibility may qualify despite their memory or knowledge of the situation.

"Whether you think you're eligible or not, submit the application," Hebert said.

**Related Sites: Stop Loss Website [www.defense.gov/stoploss](http://www.defense.gov/stoploss)**

# Family Readiness is an Essential



FORT MCPHERSON, Ga. - Family Readiness is an essential part of Soldier Readiness. Making sure the Soldiers, and their Families, have the help, resources and materials they need is a top priority of Senior Leadership. The consequences of not having Family Readiness can be disastrous. The Family Care Plan is not only a big part of Family Readiness, but is also required by regulation.

Making sure each military family has set in place a Family Care Plan is essential to Soldier and Mission Readiness. A Family Care Plan, or FCP, prepares the Soldier and his or her Family in advance of the Soldier's deployment and is reassurance that everything is taken care of at home thus minimizing family-related stress and enabling the Soldier to concentrate more

fully on the mission.

All Soldiers who have dependents and are either single, or part of a dual-military couple, must have a FCP. The FCP applies to Reserve Component Soldiers regardless of rank. Although they are not required to do so, Emergency-Essential DA Civilians are encouraged to prepare a FCP. Remember that Commanders are the sole approving authority of the Family Care Plans.

Soldiers must use the utmost care in designating Guardians for their family members. The Guardian should not be another Soldier who may be deployed or mobilized. The Guardians need to be available in the event of an emergency and able to perform their responsibilities for an extended period of time. The Guardians must also sign a DA Form 5840-R Certificate of Acceptance as Guardian or Escort acknowl-

edging their legal authority, and a Power of Attorney given by the Soldier to the appointed Guardian be in place to ensure the proper authority and important decisions can be made in the Soldier's absence.

Family Care Plans are essential to a Soldier's, and unit's, Readiness. FCPs are put in place so military Families have what they need and know where to get help, when the Soldier is not available. It is absolutely imperative that military Families be ready and prepared for whatever circumstances may arise, and it is the duty of the Leadership to make sure valid FCPs are in place.

To find out more about Family Care Plans, please click here: <<https://www.us.army.mil/suite/doc/23881877>>

You can also go online at: <http://www.usapa.army.mil>.

## Family Matters Blog: Mullen Addresses Military Family Challenges

Story by Elaine Wilson, American Forces Press Service



WASHINGTON - Navy Adm. Mike Mullen, chairman of the Joint Chiefs of Staff, traveled to New Orleans recently to address some of the challenges confronting our military families.

Speaking to the National Guard Family Program Volunteer Workshop, Chairman Mullen stressed the need to close a gap for military families, particularly for those in the Guard and Reserve.

Guard and Reserve families often live far from the support of a military installation, he said, recalling when a National Guard woman traveled six hours to speak to his wife, Deborah.

The military needs to find ways to deal with this type of isolation, he said.

The chairman also spoke of the need to provide better support to military children, particularly in our nation's schools. Training is needed to equip teachers to deal with the emotional impacts of deployments, war, and in some cases, loss. Teachers often are unaware that a student has a military parent, which can impede their ability to help the child, he said.

Chairman Mullen also vowed to eliminate the "yes-no" box that determines whether servicemembers' units can contact their families during deployments. On some family readiness checklists, servicemembers can opt out of keeping their family members informed about family readiness information, benefits and entitlements.

"There are just too many spouses

whose spouse deploys where that box is checked no," he said. "In my time as chairman, I'm going to make that box go away."

The military has a plethora of programs aimed at supporting military families, but the number of programs isn't as important as the quality, Chairman Mullen said. "I don't need any more programs," he said. "I need the ones we have to really be working really well."

Progress has been made, but much work remains to be done, Mullen said. "While we've done a great deal, we cannot rest on our laurels. [We must] stay focused in listening to our families."

**To comment on this blog, please visit the Family Matters blog: <http://afps.dodlive.mil/>**

### STAFF



#### AR-MEDCOM Staff:

Commander, AR-MEDCOM  
Maj. Gen. Robert J. Kasulke  
Chief of Staff, AR-MEDCOM  
Col. Jerrell J. Cockrell  
Command Sgt. Major, AR-MEDCOM  
Command Sgt. Maj. Roger B. Schulz  
Chief, Public Affairs, AR-MEDCOM  
Lt. Col. William D. Ritter

#### Warrior Medic Monthly Staff:

Editor in Chief/Design and Layout/Writer:  
Lt. Col. William D. Ritter  
NCOIC/Associate Editor/Writer:  
Master Sgt. Enid Ramos-Mandell

#### Other Contacts:

AR-MEDCOM HQ, General Inquiries: (877) 891-3281, [ARMEDCOM@usar.army.mil](mailto:ARMEDCOM@usar.army.mil).  
AR-MEDCOM HQ, Emergency Operations Center: 727-563-3635/3949 or 877-891-3281, [ARMEDCOM.EOC@us.army.mil](mailto:ARMEDCOM.EOC@us.army.mil).  
Staff Duty Officer: 727-254-2099.

#### CHECK OUT AR-MEDCOM PUBLIC AFFAIRS PRODUCTS ON THE WEB:

<http://www.armyreserve.army.mil/armedcom>  
<http://www.dvidshub.net/units/AR-MEDCOM>  
<http://www.youtube.com/user/ARMEDCOM>  
<http://www.flickr.com/photos/armedcom>

**FOLLOW US ON TWITTER AT:** [http://www.twitter.com/AR\\_MEDCOM](http://www.twitter.com/AR_MEDCOM)

Warrior Medic is an unofficial publication authorized by Army Regulation AR 360-1. This is an authorized publication for members of the Army. Contents of Warrior Medic Magazine are not necessarily the official views of, or endorsed by, the U.S. Government, Department of Defense, Department of the Army or the Army Reserve Medical Command. It is written, edited and published by the Public Affairs Office, Army Reserve Medical Command, 2801 Grand Avenue, Pinellas Park, Fla. 33782; telephone number 1-877-891-3281, ext. 3730 or 3962; Fax (727) 563-3625. AR-MEDCOM PAO thanks those writers, photographers and publications listed in the byline credits for their contributions to this publication. Their material is copyrighted to their respective publications, and used with permission.

# Doctor, 79, Continues to Serve

## Soldier Motivated to Serve by JFK Speech

Story and photo by Tiffany Nabors, Fort Benning Public Affairs Office



FORT BENNING, Ga. – With four military retirements behind him, Army Col. (Dr.) William Bernhard says President John F. Kennedy's plea to the nation nearly 50 years ago inspires him to keep going.

"JFK once said, 'Ask not what your country can do for you; ask what you can do for your country,'" Bernhard said. "And I've always tried to do that."

The 79-year-old physician reported here March 20 before leaving for Hohenfels, Germany.

Although most people his age are slowing their pace, the experienced mountain climber said he keeps coming back for the troops.

"This is a voluntary retiree recall, and I do it for all the men and women out there [who are serving]," he said.

As a flight surgeon, Bernhard is responsible for caring for Soldiers on flight status. He will conduct annual physicals and care for pilots and others when they are sick or injured.

Retired Army Command Sgt. Maj. Samuel Rhodes, a former 192nd Infantry Brigade sergeant major who met Bernhard in 2005 during a deployment to Iraq, said others should draw inspiration from the

doctor.

"He's ... still serving, and most of us [retirees] are under 50 and out of the Army," Rhodes said. "I would say we still have a lot more to give, and we can use him as an example. He's a role model for all of us who have retired."

Bernhard said he always wanted to join the military like his father.

"He joined the Army Air Corps during the Second World War and actually fought against members of his own Family, because we are a German Family," Bernhard said. "I always wanted to follow in his footsteps."

Bernhard entered the Marines in 1950 under the Platoon Leaders Course during his freshman year in

college, but was discharged because of an injury.

"I was disappointed," he said, "but my father said it was an opportunity to follow him into medicine and be the third doctor in the Family."

During medical school, he entered the Navy Reserve under the Berry Plan, which deferred his military training while he was in school. During his fellowship year at Dartmouth Medical School, Bernhard was activated to work in anesthesia for two years. He later took advantage of an

Army Reserve program that allowed him to become a flight surgeon.

He also completed air assault training, mountain warfare training and earned the expert field medical badge while in the reserves.

He retired in 1998 from his civilian position at the University of Maryland Shock Trauma Center, where he directed anesthesia for 10 years. He has retired from the military four times: once from the National Guard in 1998 and then again after a 2005 deployment to Iraq, a 2006 deployment to Afghanistan and a 2007 rotation in Germany, which he extended four times.

Bernhard continues to work part-time as a civilian flight surgeon for the Maryland Army National Guard, and he wasn't surprised when he received orders to report here last month. His orders are for 171 days.

"I knew they needed someone," he said. And although he will miss his wife, dog and hobbies while away, Bernhard said, "I'm excited about going because it's a job that needs to be done."

Bernhard, who left for Germany on March 26, said this will be his last military tour. He plans to retire for the fifth time in August or September.

Rhodes said Bernhard is an example for everyone.

"Some people are just trying ... to not get in any environment where they could get hurt," Rhodes said. "But [Bernhard] is going out there saying, 'What can I do now?'"



Army Col. (Dr.) William Bernhard is serving a voluntary rotation in Hohenfels, Germany. The 79-year-old flight surgeon, who has retired from the military four times, said this will be his last active-duty assignment.

Are you ready for a disaster?

**What's in YOUR closet?!**

**Supply Closet Suggestions**  
7 Day Supply Recommended

Canned meats, fruits and vegetables	Batteries
High-energy foods: nuts, raisins, granola	Matches in a waterproof container
Infant/baby food and supplies	Candles and charcoal
Pet food	Toilet paper, towelettes
Non-perishable food	Soap/detergent, disinfectant/bleach
Over-the-counter medications	Personal hygiene items
Garbage bags	Paper cups/plates, and plastic utensils
Water (at least a gallon per person daily)	First aid kit, hand sanitizer
Manual can opener	Plastic storage containers

Other important items: flashlight, battery-operated radio, extra clothing, blankets, prescriptions, money (paper and coins), eyeglasses, and important documents.

**Be Prepared....Save Money!**  
Pantry loading at your commissary is a GOOD idea!

This list of items may not be all you need. For more on disaster preparedness:  
[www.ready.gov/america](http://www.ready.gov/america)   [www.pandemicflu.gov](http://www.pandemicflu.gov)   [www.redcross.org](http://www.redcross.org)

**www.commissaries.com**

# AR-MEDCOM Unit Honored with Logistical Excellence Award

## SE-MARSG Wins Supply Excellence Award from DA

Story by Capt. Sibaria Taylor, Southeast Medical Area Readiness Support Group Public Affairs Office



RICHMOND, Va. - The Chief of Staff of the Army, Gen. George W. Casey Jr., presented an Army Reserve Soldier the Supply Excellence Award, June 24, at the 6th annual Combined Logistics Excellence Awards (CLEA).

Chief Warrant Officer 2 Richard W. Barkow, an Active Guard Reserve (AGR) property book officer assigned to the Southeast Medical Area Readiness Support Group (SE-MARSG) in Nashville, said it was his first time receiving the award in his more than 17 years of Army service - 13 of which were spent on active duty.

"It's an honor," he said. "But this award is a unit award. It is a symbol of appreciation for all our hard work."

Barkow began his career as unit supply specialist before becoming a quartermaster warrant officer in January 2007, said the award was won because of a team effort.

"It could not have been won without our subordinate commanders and supply sergeants meeting deadlines and doing what was required logistically," he said. "It took support from the command team and Army Reserve Medical Command (AR-MEDCOM), as well. It's an organizational award, earned by the hard work of everybody."

The 2010 CLEA awards were presented at the

Greater Richmond Convention Center. They are logistics awards given out to Active Component, Reserve Component and Army National Guard units and individuals for logistical excellence. They are combined into three categories: Army Award for Maintenance Excellence, Deployment Excellence Awards, and Supply Excellence Award.

Before presenting the awards Gen. Casey spoke to Barkow and the other CLEA winners in the audience.

"This award recognizes the very great-

est in Army logistics," he said. "In our business there is no second best."

Barkow, who was born in Cameron, Texas and resides in Nashville, Tenn., also thanked Family for their support, in particular his wife of nine years, Carrie.

"I thank my wife, because I do spend a lot of time away. I'm either away for temporary duty or at work. Without her toleration, it would be much more difficult to do my job," he said.

The SE-MARSG was still in its developing stages when Barkow was first assigned to the unit in September 2007. According to Col. Harvey Mouzon, SE-MARSG commander, creating a supply system from scratch made Barkow's logistical job more difficult, yet he succeeded.

"Hard work and dedication - that's all I've seen

in Chief Barkow," he said. "It's a true tribute to the work he has done since being with the organization. There were very few selected for these honors and he has been selected as one of the best due to his efforts."

SE-MARSG, established in October 2005, provides command and control and support for hospitals and medical support units in the southeastern United States, including Alabama, Florida, Georgia, Kentucky, Louisiana, Mississippi, North Carolina, South Carolina and Tennessee. The unit is part of the AR-MEDCOM



Chief of Staff of the Army, Gen. George W. Casey hands Chief Warrant Officer 2 Richard W. Barkow, of Southeast Medical Area Readiness Support Group, Nashville, Tenn., the Supply Excellence Award for Property Book Level, June 24th at the 6th annual Combined Logistics Excellent Awards 2010 held at the Greater Richmond Convention Center.

Photo by James Fortune.



From Left: Col. Harvey Mouzon, SE-MARSG commander, Chief Warrant Officer 2 Richard W. Barkow, Lt. Col. Oscar Morrow, SE-MARSG Deputy Commander and SE-MARSG supply sergeant, Staff Sgt. Le'Shaunte Leflore, share in Barkow's Supply Excellence Award for Property Book Level.

Photo by Capt. Sibaria Taylor

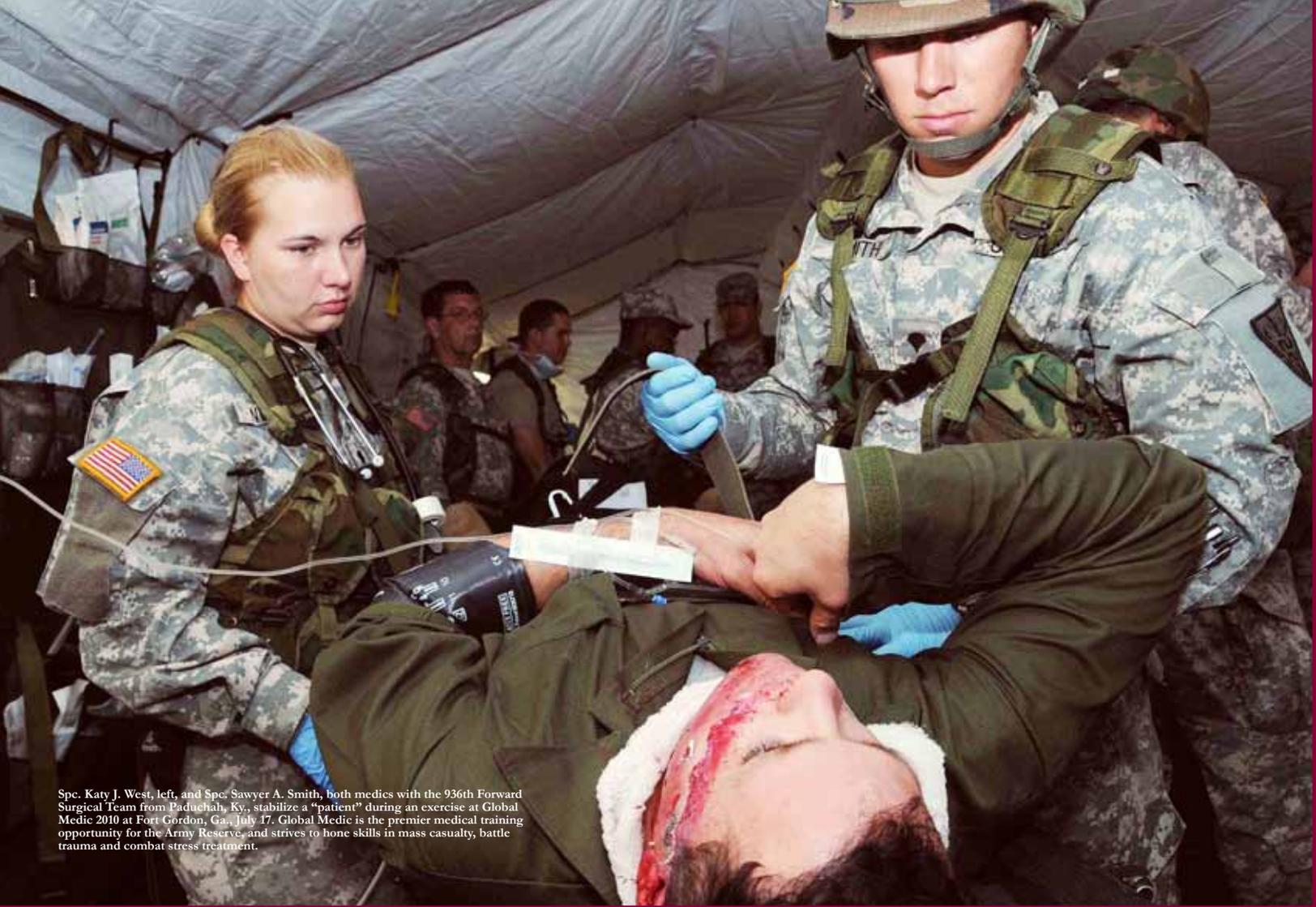
headquartered in Pinellas Park, Fla.

SE-MARSG supply sergeant, Staff Sgt. Le'Shaunte Leflore, who started his military career as an infantry Soldier 13 years ago, said he didn't realize how much work went into logistics until he became a supply sergeant in September 2005.

"It motivated me seeing him [Barkow] walk across the stage," said Leflore. "It takes late hours to get everything dress right dress. You have to pay attention to detail to everything"

After the ceremony concluded and before he could step his foot outside the convention center doors, Barkow said he already started making plans toward earning another award for his unit and subordinate units next year.

"There is no down time. There's so much going on and the op-tempo is so high. There's not a lot of time to relax. I'll probably go back to the room and do some work," said Barkow.



Spc. Katy J. West, left, and Spc. Sawyer A. Smith, both medics with the 936th Forward Surgical Team from Paducah, Ky., stabilize a "patient" during an exercise at Global Medic 2010 at Fort Gordon, Ga., July 17. Global Medic is the premier medical training opportunity for the Army Reserve, and strives to hone skills in mass casualty, battle trauma and combat stress treatment.

# Soldiers, Airmen Hone Life-saving Skills at Global Medic

Reserve Medical Soldiers Train with Other Branches to Better Serve Troops

Story and photos by Alexandra Hemmelry-Brown, Army News Service



FORT GORDON, Ga. - As the patient lies bloodied on the stretcher, he grimaces with pain. With lacerations to his head and neck, it's clear that he is not in great condition -- he needs to be moved off the battlefield.

"Let's get him strapped up," says Spc. Sawyer A. Smith, a medic with the 936th Forward Surgical Team from Paducah, Ky.

"Ready for movement!" shouts Spc. Katy J. West moments later, and the team loads the casualty onto a medical transport vehicle.

With the patient headed for further treatment, medics of the FST stand by for the next call.

The 936th and units like it are

participating in 2010's Global Medic exercise July 10-23. The annual exercise is held simultaneously at Fort Gordon and Fort Hunter Liggett, Calif., where nearly 3,000 servicemembers participate nation-wide.

At Fort Gordon, approximately 1,000 Army Reserve, Army National Guard and Air Force Reserve servicemembers are honing their skills in mass casualty, battle trauma and combat stress treatment, said Col. Sheila Sidberry, the commander of the 3rd Medical Training Brigade and Global Medic at Fort Gordon.

"We need to know how to train and work together," Sidberry said, "because when we go overseas, we'll be doing that."

Sidberry explained that in spite of the summer heat and nearly daily

thunderstorms, the exercise will implement approximately 600 individual events, such as a mock improvised explosive device blast, in order to keep the training high-paced and realistic.

"We're using Global Medic as a culminating event to use all of the skills Army Reserve Soldiers learn," she said.

Living and working in a field environment, Sidberry estimated that about half of the exercise participants were medical Soldiers, while the rest provided support services such as food, electrical generators and shower and laundry facilities.

"This is great training," said Staff Sgt. Randall A. Sutton, a medic and the training noncommissioned officer in charge for the 936th FST. "We have a young team, and

this provides field experience.”

Global medic is particularly relevant to the 936th FST, a 20-man team which already has orders to deploy to Afghanistan. As a forward surgical team, this specialized unit is the go-between -- and sometimes the difference between life and death -- for injured Soldiers on the battlefield, to larger combat hospitals where more intensive care can be given.

In its deployed capacity, the FST attaches to a brigade-level combat unit, and can set up its improvised field hospital -- complete with a triage, operating room and an intensive care unit -- with merely three hours of notice, explained Maj. Mark W. Dunavan, commander of the 936th.

The unique, mobile, self-supporting unit is also responsible for its own supplies and equipment.

“We do with 20 people what most companies do with 120,” Dunavan, a nurse anesthetist, said.

This will be the second deployment for the unit, and fourth for Dunavan.

“I feel a lot more prepared than before,” Dunavan said. “The medical exercises are becoming much more realistic and the trainers are more prepared.”

For example, during Global Medic, many volunteer “casualties” are made up in life-like makeup called moulage, so their “wounds” actually resemble those on the battlefield. Also, Dunavan explained, the units practice the medical rules of engagement, treating enemy and civilian casualties

as well as military working animals, fully searching each for weapons before treatment.

“I’m excited for the medical experience and the things I’ll be able to do,” West said of the unit’s upcoming deployment.

West, a Benton, Ky., native and nurse in her civilian job, said she’d enjoyed the Global Medic experience.

“It’s been great so far,” she said.

“I feel good going into this deployment,” agreed Randall, of Augusta, Ga.

Randall said that during his deployment to Iraq, he was attached to a ground ambulance company, but being part of a forward surgical team is “what I joined the Army Reserve for.”

Chief of the Army Reserve Lt. Gen. Jack C. Stultz traveled to Fort Gordon July 17 to observe training and get feedback from the troops. He explained that Soldiers tell him they don’t want their time wasted during training -- they want it to be relevant and fulfilling.

“The real reason for doing things like Global Medic, is because that’s the way we operate on the battlefield ... and you better learn how to do it before you get there,” said Stultz.

Stultz commended the training, and said that servicemembers today are more educated and of higher-caliber than ever before. He said that after speaking with Soldiers, he learned that many enjoyed being there because of the quality of the training.

“Even though it’s hot, even though it’s sweaty, it’s realistic,” Stultz said.

Global Medic is both a combined and joint venture, with two British medical Soldiers taking part in activities at Fort Gordon. The Army Reserve provides more than two-thirds of the Army’s medical brigades, dental companies, and combat support hospitals and nearly half of the Army’s medical units.

The annual exercise will up the ante in 2011 with planned combat units adding to the event.



Sgt. Corey Bartley of the 345th Combat Support Hospital poses as a “casualty” and receives moulage “wounds” July 17 at Fort Gordon, Ga., during Global Medic 2010.

Editor’s Note: The 3rd Medical Training Brigade is part of the Medical Readiness and Training Command (MRTC), under the Army Reserve Medical Command. They were responsible for planning the Global Medic exercise at Fort Gordon and provided the command and control during the exercise.



Soldiers of the 345th Combat Support Hospital simulate a medical evacuation during Global Medic 2010 at Fort Gordon, Ga., July 17.

# Military Appreciation Day Aids Care Package Shipment to Troops

## Community and Soldiers Unite to Aid Deployed Soldiers

Story by Master Sgt. Enid Ramos-Mandell, Army Reserve Medical Command Public Affairs Office



LAND O'LAKES, Fla. - Soldiers from the Army Reserve Medical Command joined other bay area civil and military personnel to honor fellow troops, while assisting one community member's quest to send care packages overseas.

Support Our Troops, Inc. and Southern Craft Homes hosted a military appreciation day on March 12, in this community of 30,000 residents, as a way of reaching out to the military located here. The town, located an hour north of MacDill Air Force base, is full of current and former military members and their families.

Bob Williams founded Support Our Troops, Inc. with the sole purpose of getting our troops items they do not have, by sending them care packages. The organization has two main programs. 'Treats for Troops' gathers items to send to deployed troops and 'Operation Pocket Change' aimed at collecting sufficient postage funds to send the collected care packages overseas.

"It's the least I can do to try and make things a little bit better for them," Williams said. "Anything the troops ask for, we try to send," he added.

The community paid special tribute to Technician 4th Class (equivalent of Spc.) Michael Krackzowsky, a local Soldier who died in February 2010, for his patriotic service in Italy and North Africa during WWII.

"I'm so thankful for the generosity of people in this country and thankful to all of you who are here today for your support to our troops," said Williams

He started Support Our Troops, Inc. and Our Troops Online out of his respect for what U.S. troops do to protect our freedom. Community events like this help raised awareness of the organization's goals and garners volunteers and donations.

Southern Craft Homes promoted the event and helped gather members of all the branches of the armed forces to answer questions from the public and to conduct demonstrations for them to enjoy. Additionally, there were displays of military equipment from each branch of service and the county sheriff's department conducted

a mounted horse demonstration.

Though the skies opened up and poured, the rain didn't drench the spirit of this community.

Red shirts were everywhere as where patriotic banners.

Money was raised for Support Our Troops Inc., and their Operation Pocket Change initiative from the sale of food and memorabilia.

According to Williams, postage is his biggest challenge.

"We sometimes have as much as 40,000 lbs. of items to ship. At about \$1.00 a pound, it costs nearly \$40,000 just in postage fees to get these items where they need to be," he said.

Members of the Tampa Bay Lightning Hockey Club were also present with special tickets offers and souvenirs for the visitors. It was the second time this year they have reached out to the community to help Support Our Troops Inc.

Back in January, they collected spare change at tables set-up outside the entrance of their home games as a way of collecting money for Operation Pocket Change.

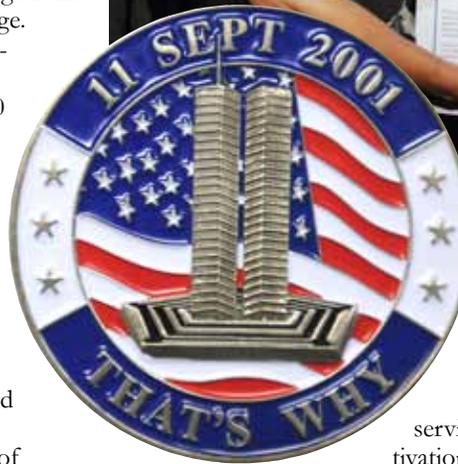
Williams personally walked the grounds thanking each service member, and presented them with a special coin that read: "11 SEPT 2001, THAT'S WHY," referring to the attacks on American as to what personally motivates him to support the military.

Additionally, Williams, 60, uses his personal experience as a sailor in the 1960s,



Top: Amy Hull, daughter of Technician 4th Class (E-4) Michael Krackzowsky, poses with a plaque given to her in honor of her late father at the Land O'Lakes community's recent military appreciation day. Krackzowsky was a resident of the community who served in WWII.

Left: Support Our Troops Inc. founder, Bob Williams, gave each Soldier a thank you coin during the community's recent military appreciation day.



serving in Vietnam, as additional motivation for sending about 215 boxes of stuff each week to some 200 combat zone bases from his warehouse near Tampa.

"I sure didn't like the way we were treated when we got home," he said. "I can do better."

Despite the rainfall, the event was a success. Scores of area residents turned out and AR-MEDCOM headquarters' troops were able to aid this community is achieving its goal: Honoring past and present servicemembers.

Editor's note: For more information on Support Our Troops, visit [www.ourtroops.com](http://www.ourtroops.com).

Units are encouraged to reach out to their community's civic groups and residents. For assistance in planning a community relations event, call AR-MEDCOM Public Affairs Office.

# Community Sheriff's Department Supports Reserve Unit's Training

## Unit Saves Time and Money

Story by Master Sgt. Enid Ramos-Mandell, Army Reserve Medical Command Public Affairs Office



LITHIA, Fla.—One reserve unit's desire to complete their required training, while saving time and money, lead them to unite with a local law enforcement

agency.

The Army Reserve Medical Command's (AR-MEDCOM) Headquarters and Headquarters Company (HHC), from Pinellas Park, Fla., tapped into the Hillsborough County Sheriff's Office (HCSO) practical training site, located here, for weapon's qualification and supporting training events, during their April Battle Training Assemble (BTA).

The facility, which is closer to AR-MEDCOM's HHC, was sought out due to the unit normally having to commute four hours to Camp Blanding, located in Starke, Fla., for its yearly weapon training requirements.

"We're trying to find local training

sites, as opposed to long rides which cut into our training time," said 1st Sgt. Gregory Wilson. "The command thinks of cost effectiveness and maximum training time when planning – that's our goal."

Wilson joined HHC commander, Capt. Heidi Skelton-Riley and training NCO Sgt 1st Class Osceola Williams in planning and organizing the training at the sheriff's facility.



"Camp Blanding offers great training facilities and support staff, but using the HBSC facilities saved us lodging costs,

additional meals and general transportation costs," said Wilson. "Our Soldiers preferred it as well because the close proximity to our HQ permitted them to go home at the end of the training day just as they normally would," he added.

Use of the HBSC facility was recommended by Staff Sgt. Richard D. Burton, a civilian employee who has worked for the sheriff's department since January 2006 and works in the AR-MEDCOM's HQ supply and training sections as a Reserve Soldier.

"This command is thankful for our employer support it has received in the past and continues to receive today," said Skelton-Riley. "The sheriff's office really aided their employee – and our unit, this weekend," she added.

"It's really a matter of checking what's available in your area," said Wilson. "You never know what you can do until you ask."

Editor's Note: If you have new or innovative training coming up, especially those events that may save funds and be beneficial to others, call us a 727-563-3730, and we'll try to schedule coverage of your event.

## Unit Joins Community Run

### 7215th Helps Community Honor Fallen Troops

Story by Lt. Col. William D. Ritter, Army Reserve Medical Command Public Affairs. Photo courtesy of 7215th MSU



AURORA, Colo. - The 7215th Medical Support Unit, headquartered here, participated in the nationally recognized Bolder Boulder 10K Run in honor of

Memorial Day.

Seven unit team members took turns carrying the unit's colors while running through the streets of the high altitude Boulder, sometimes in single file lines as they maneuvered through the crowds of runners and walkers in their community.

"I wanted my unit to be involved with the community around us," said Lt. Col. Veronica Oswald, unit commander. "They have really supported my Soldiers during our deployments. This run was an excellent opportunity

to do that while honoring our nation's war dead as part of the community's Memorial Day activities," she added. "Plus, we got some good PT (physical training) out of it."

They finished inside the Colorado University Stadium where they were met by thousands of other runners and spectators cheering them on.

Runners included Lt. Col. Veronica Oswald-Hrutkay, Maj. Kim Clidas, Staff Sgt. Ronald Magalong, Sgt. Michael Mehrbrot, Sgt. David Hoch, Sgt. Rosa Vasquez and Sgt. Karla Romero.

Editor's Note: Units are encouraged to reach out to their community's civic groups and residents. For assistance in planning a community relations event, call AR-MEDCOM Public Affairs Office.



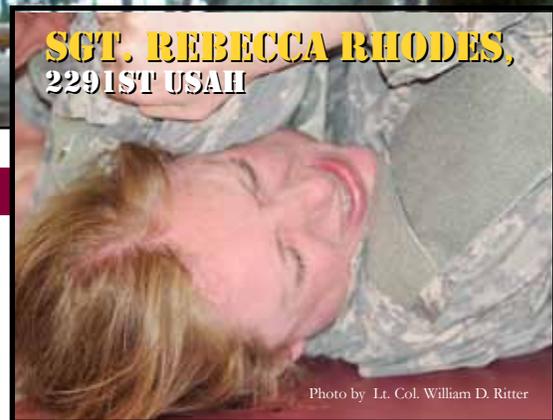
# 'Warrior Medics' Name Their Top Soldier and NCO

Best Warrior Competition Part 1



**SGT. JEREMIAH ZUMSTEG, 7305TH MTSB**

Photo by Capt. Michael Condon



**SGT. REBECCA RHODES, 2291ST USAH**

Photo by Lt. Col. William D. Ritter

## AR-MEDCOM Names Lee and McDowell Top Soldiers

By Capt. Michael Condon, Central Medical Area Readiness Support Group Public Affairs Office



CAMP BLANDING, Fla. - Staff Sgt. Christopher Lee and Spc. Joshua McDowell were named the Soldier of the Year and the NCO of the Year, respectively, by the Army Reserve Medical Command (AR-MEDCOM) as a result of their 2010 Best Warrior Competition.

The competition was held from May 2, 2010 to May 7, 2010 at Camp Blanding Joint Forces Training Center near Starke,

Fla., and at the Armed Forces Reserve Center at Pinellas Park, FL, home of the AR-MEDCOM.

Lee is assigned to the 4225th United States Army Hospital (USAH), Helena, Mont. He is a medical laboratory technician who also works as the unit training NCO. Lee joined the Army Reserve in May 2002 and works for the Montana State Crime Lab as an autopsy technician while pursuing his nursing degree from Montana State University.

"The Army gave me the confidence to complete the program [nursing degree] and the desire to make something better of myself," he said.

McDowell is assigned to the 7246th Installation Medical Support Unit (IMSU), of Omaha, Neb. He is combat medic who joined the Army Reserve in July 2008 as a way of helping others.

"I wanted to increase my ability to help people and serve people," he said. "The more you know, the more skills you have, the more you can use them for others. There were a lot of opportunities in the Army; you can really go after a lot of dif-

ferent things and hopefully be able to help people in that way."

Currently, McDowell works full-time at a convenience store while preparing to go back to college. He has completed 3-years of a bachelor's degree in biology at the Pittsburg State University, Pittsburg, Kan.

The first three full days of the event took place at Camp Blanding and consisted of a number of events that kept competitors busy all day.

Day one saw Soldiers rappelling from a wall and in free fall, followed by an obstacle course and weapons training on the Enhanced Skills Trainer – an indoor laser weapons training site. Soldiers also practiced assembling and disassembling the M16 Rifle, the M9 Pistol and the M249 Squad Automatic Weapon.

These events were not graded as they were intended to develop esprit de corps amongst the competitors and hone their skills as Soldiers.

They also learned additional new skills

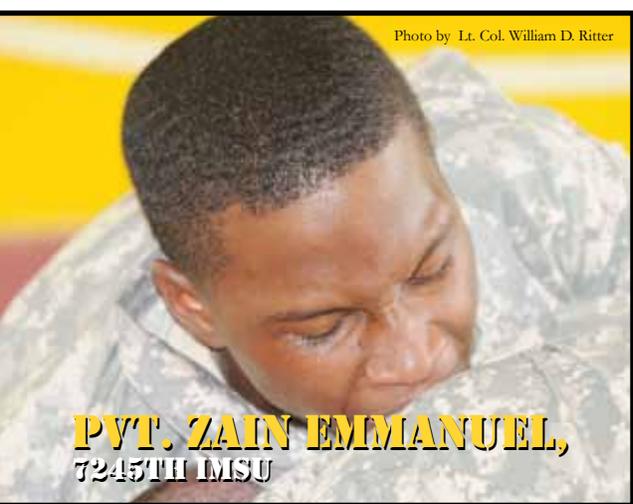
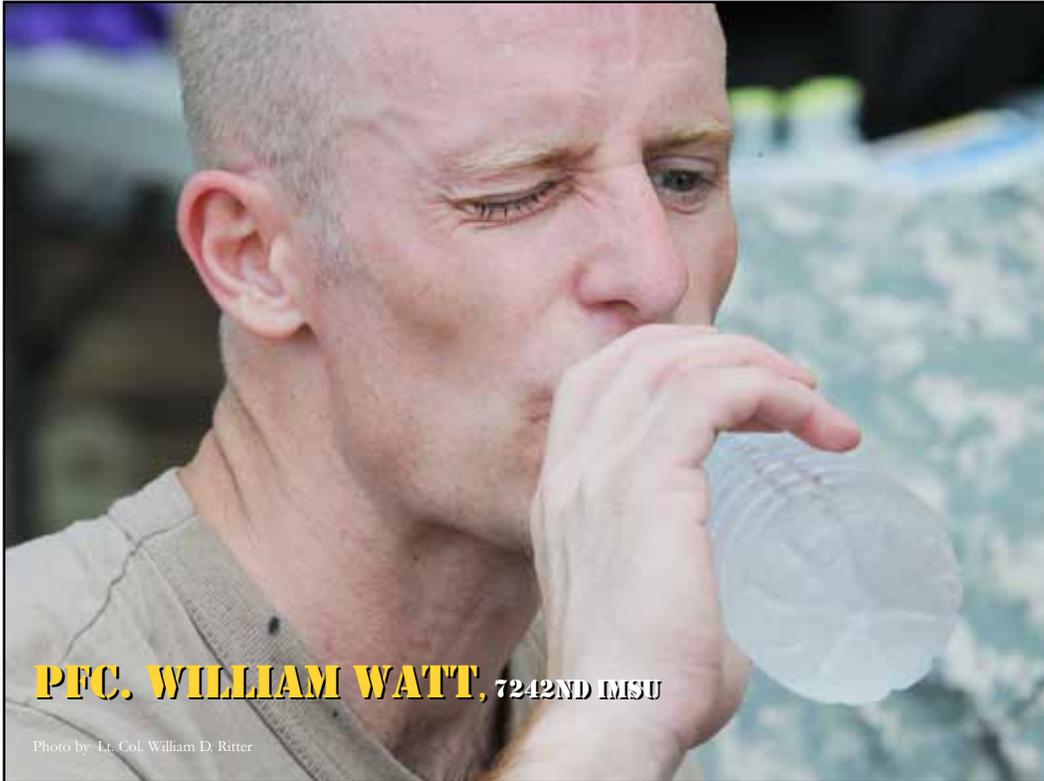


Photo by Lt. Col. William D. Ritter

**PVT. ZAIN EMMANUEL, 7245TH IMSU**



**PFC. WILLIAM WATT, 7242ND IMSU**

Photo by Lt. Col. William D. Ritter

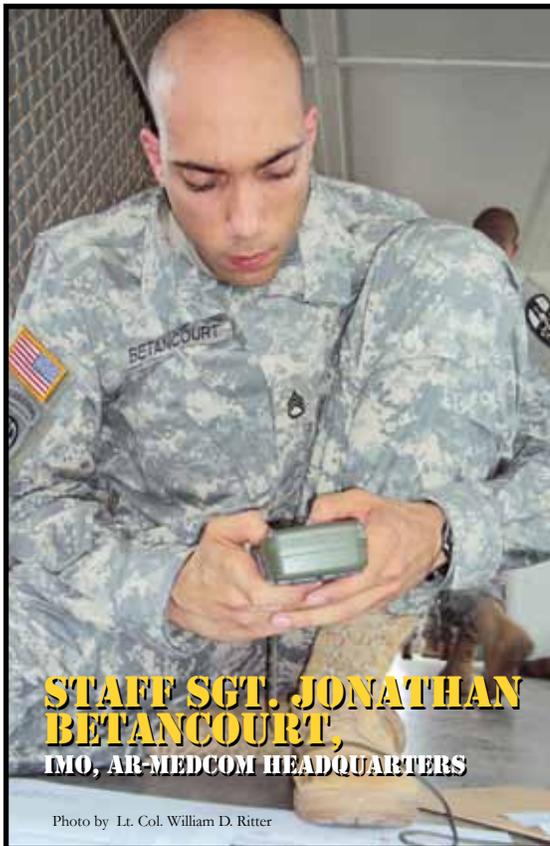
including casualty evacuation in a repelling situation.

Day two started the competition. The 20-hour day began with Soldiers competing in the Army Physical Fitness Test followed by a day urban orienteering course which required each participant to find five points, sequentially, covering a distance of ten kilometers, or 6.2 miles.

Soldiers had to wear a basic combat load during the event and were required to navigate the course with a GPS and map in less than three hours with the fastest time winning the event. Contestants also had to complete a three-point night orienteering course.

In-between the day and night orienteering courses there was a written

exam on basic warrior tasks and military knowledge followed by the “mystery event,” which required competitors to disassemble and reassemble their weapon blindfolded, and perform a function check to ensure it was done correctly.



**STAFF SGT. JONATHAN BETANCOURT, IMO, AR-MEDCOM HEADQUARTERS**

Photo by Lt. Col. William D. Ritter

Day three of the event consisted of a timed, ten kilometer road march which required participants to carry a 35-pound rucksack in addition to the basic combat load carried on the orienteering course.

Lee stated that the road march was “about the toughest I’ve ever been on.”

At the end of the march,

contestants were given a short rest before M-16 zeroing and qualification started. They also returned after dark to do night qualification.

Before the night qualification, Soldiers performed Army Warrior Tasks (AWT) at a ‘Military Operations in Urban Terrain’ site ran by Camp Blanding. The AWT task consisted of first-aid tasks and event-oriented tactics, which included Soldiers moving under fire in groups of four.

Day four of the competition saw contestants leaving Camp Blanding by helicopter, flying to the AR-MEDCOM’s headquarters to continue the competition.

After arrival, Soldiers competed in a combatives tournament.

Assistant instructor Staff Sgt. Fruzan Jackson, an Active Guard Reserve Soldier assigned to the 3rd Medical Training Brigade at Fort Sam Houston, stated that he witnessed a lot of sportsmanship during the tournament and that Soldiers competing had a great deal of respect for each other.

The final day of competition consisted of two boards, one a Class A uniform inspection and one a verbal question and answer session requiring contestants to think on their feet while being grilled by senior enlisted judges.

The afternoon saw an awards ceremony where Maj. Gen. Robert Kasulke, commander of the AR-MEDCOM, spoke. He thanked each Soldier for their dedication



**SPC. MATTHEW BROWN, 5502ND USAH**

Photo by Capt. Michael Condon

and outlined the importance of the BWC to the Army Reserve.

“This (the BWC) is significant,” he said. “I think these are the future senior leaders of our Army here today, this is how they start.”

**Continued on page 15**

# COMMENTARY: The Best Warrior Competition is Hard Stuff!

**Competitors Earn My Respect, As Should They Yours!**

Story and photo by Lt. Col. William D. Ritter, Army Reserve Medical Command Public Affairs



CAMP BLANDING, Fla. - I got to experience the Army Reserve Medical Command's Best Warrior Competition first hand this year as I traveled here to cover the competition for our public affairs office. And let me tell you ladies and gentlemen - that was hard stuff!

It was hard stuff for me to watch sometimes, let alone to try and imagine what the contestants were feeling physically and mentally.

I was able to watch the anguish, pain and exhaustion these Soldiers were going through from the comfort of hiding behind my camera lenses. When I got exhausted running alongside of them during the 10k road march, I stopped - they didn't.

As my back started to ache carrying my meager 10 lbs. of camera gear, I scoffed at myself as any one of the competitors would have gladly traded their backpack for my measly one during the day or night orienteering course.

And, let me ask you this: When was the last time you traversed more than 13 miles within a 24 hours period (without your car)?

When I posed that question to myself, I had to travel back in time to 1987 when I was in basic training. I'm guessing you too would have to put on your thinking cap to ascertain when you last walked a distance of that magnitude.

These troopers started their day with the 2-mile PT run, went 6-kilometers during the day-time orienteering, another 3k during the night-time orienteering and then finished it off with a 10k road march the next morning. If you add that all up, they navigated over thirteen miles.

Eleven of those 13 miles were hiked with a lot of stuff on their backs. Gear weighing anywhere from 30 to 100 lbs., depending on which event they were competing at the time.

Many of us haven't carried a backpack since before the Army did away with the metal support frame, let alone one that had 100 lbs. in it.

And when was the last time you did a weapon's functions check after disassembling and reassembling your M-16 rifle? How about blind-folded?

I can honestly say, as a Lieutenant Colonel it has been a while since I was required to take apart an M-16 as that is no longer my assigned weapon. But, back in



Sgt. Rebecca Rhodes, 2291st USAH, 'rests' during the day time orienteering contest, part of the AR-MEDCOM BWC at Camp Blanding in May.

the day when I did handle the M-16 as my primary weapon, I can also emphatically say I have never had to do it blind-folded.

Try it, I did. It's hard stuff!

These Soldiers earned my respect during my short two-day visit with them. And as I drove home to the comfort of my living room to write this article, they Soldiered on with little sleep and even less energy to complete the rest of the competition. But, complete it they did. Not a one quit.

I know nothing about these people personally: their hobbies, lifestyles or such. So, I do not know if they are the kind of individuals whom my wife and I would enjoy a social evening together.

But I can tell you this. They are exactly the kind of Soldier I would want in my command going overseas. The person I'd want on my left or right when the bullets are flying.

The 'sandbox' is full of unpleasant reasons to gripe, moan and spread general discontent about your unit or mission, and to share tales of disbelief with your fellow Soldiers as to why you volunteered for the Army - as was the Best Warrior Competition.

Yet, not one of the competitors verbally spread any discontent during the days of physical and mental torment they undertook during the event.

One competitor told me "they never felt so broke" as they marched past the half way point of the 10k road march, not even stopping to refill their canteens.

When I asked another why they were putting themselves through this, they quipped "for the M&Ms in the MREs."

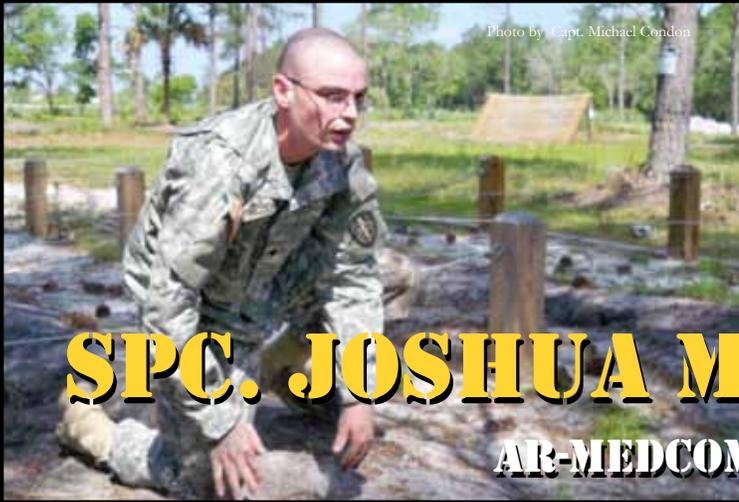
The fact that they still had a sense of humor was an admirable trait for the misery they were in at that point.

That same individual refused a van ride to the finish line of the 10k road march, even though another competitor had already captured the crown for that leg of the competition. They wanted "to push them self a little further."

You cannot teach that kind of dedication, it is a personality mindset.

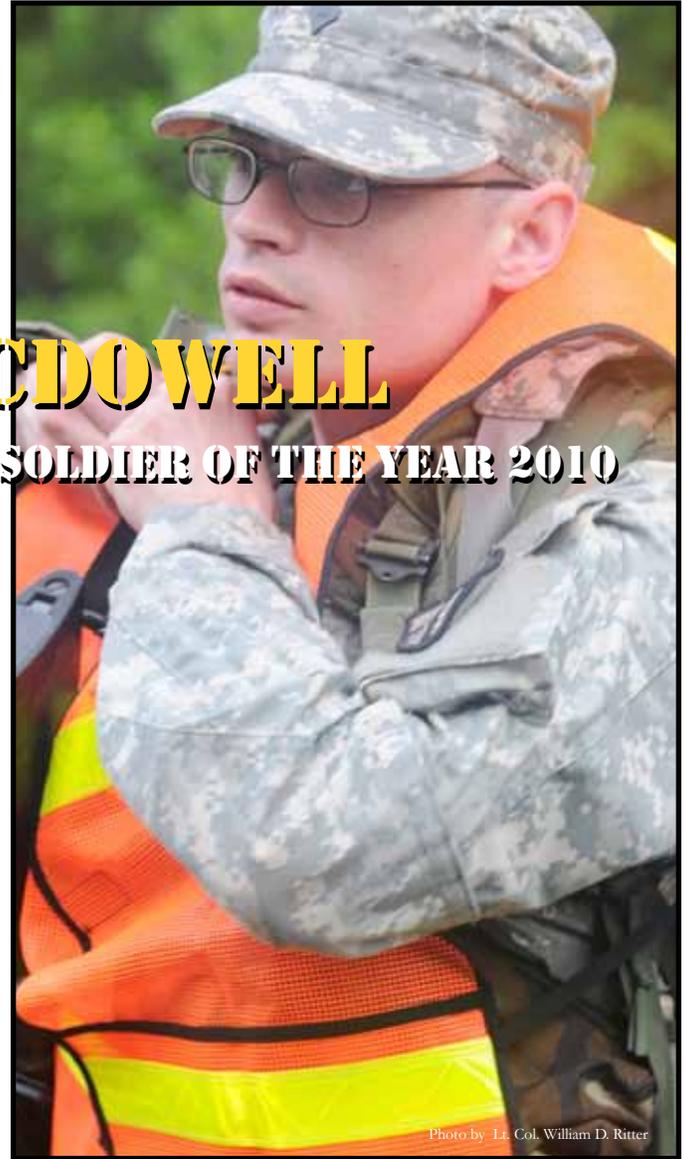
So, my hat goes off to Staff Sgt. Christopher Lee, Staff Sgt. Jonathan Betancourt, Spc. Joshua McDowell, Sgt. Rebecca Rhodes, Sgt. Jeremiah Zumsteg, Spc. Matthew Brown, Pfc. William Watt, and Pvt. Zain Emmanuel for their outstanding efforts.

I am proud to serve with Soldiers of your caliber. It is refreshing for me, after 23 years of service, to know our Army Reserve is still attracting outstanding individuals with the qualities you hold.



# SPC. JOSHUA MCDOWELL

**AR-MEDCOM SOLDIER OF THE YEAR 2010**



**Continued from page 13**

Lee and McDowell now will represent the AR-MEDCOM at the United States Army Reserve (USARC) BWC at Fort McCoy, Wis. in July. Winners there advance to the Department of the Army level competitions in October.

When questioned after the final ceremony Schulz stated he was proud of the caliber of Soldiers that make up the AR-MEDCOM and were present at this year's event. He mentioned that the purpose of the BWC is to test the technical proficiency of our troops and tax them physically and mentally as they would be in combat.

"We design our competition exactly as DA and USARC are going to do," he said. "Our competitors definitely earned their command's right to be their best Soldier. They are all winners for the level of effort they put forth."

In addition to Lee and McDowell, the competitors included Staff Sgt. Jonathan Betancourt, Information Management Office, AR-MEDCOM headquarters; Sgt. Rebecca Rhodes, 2291st USAH; Sgt. Jeremiah Zumsteg, 7305th Medical Training Support Battalion; Spc. Matthew Brown, 5502nd USAH; Pfc. William Watt, 7242nd IMSU; and Pvt. Zain Emmanuel, 7245th IMSU

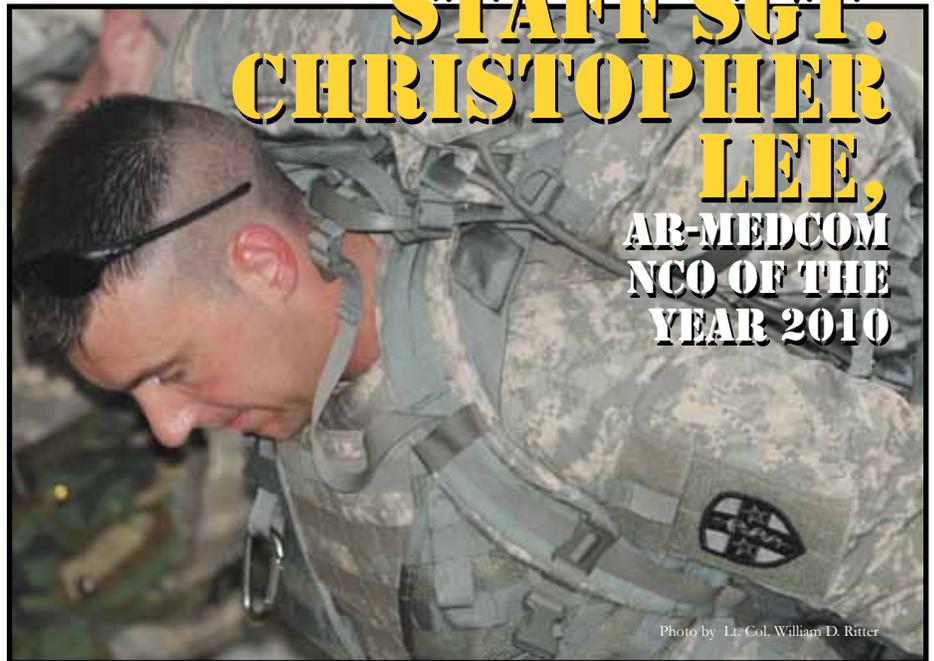
Lee stated that he was super impressed with all the competitors who reached deep inside knowing, despite their exhaustion and the lengthy day ahead, what was needed from them as Soldiers to accomplish the mission.

"I met some outstanding Soldiers through this event," he said. I can take what I learned here and from them, and go back to my unit to better train my Soldiers. This event made me a better Soldier."



**"I met some incredible Soldiers, learned a lot and came away from this better equipped to train my Soldiers."**  
**Staff Sgt. Christopher Lee, AR-MEDCOM NCO of the Year 2010**

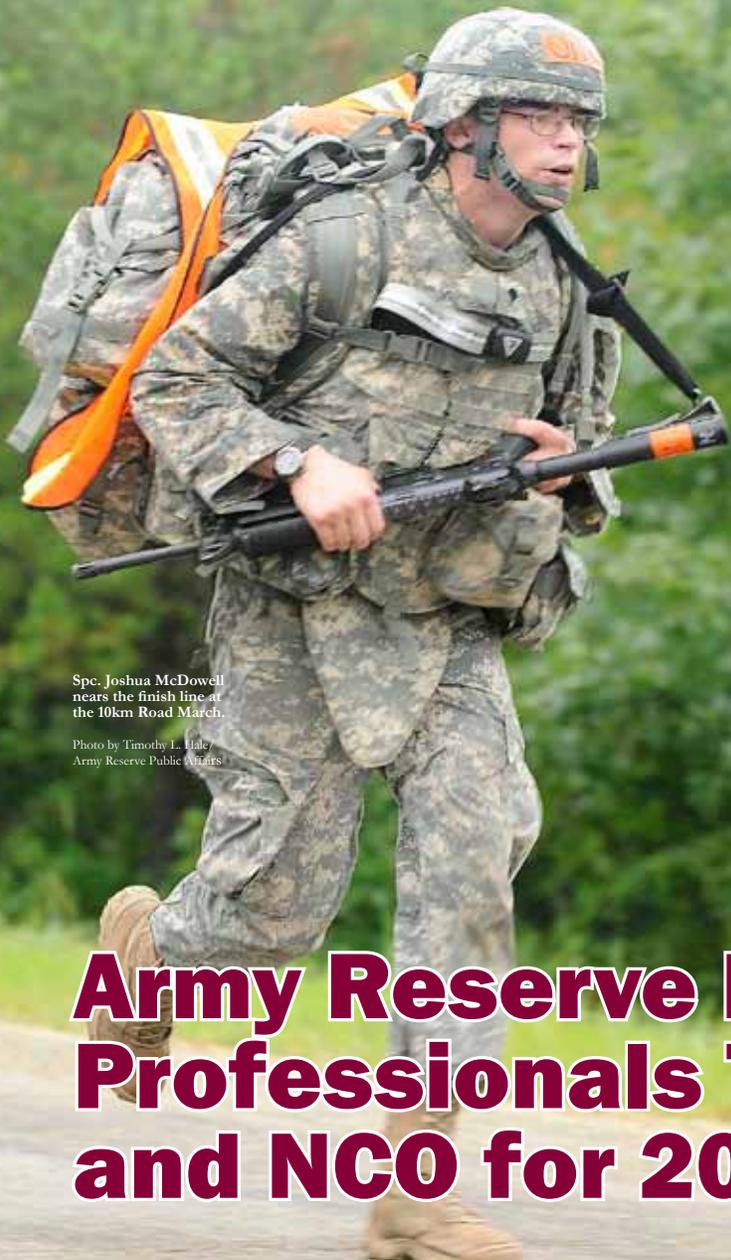
# STAFF SGT. CHRISTOPHER LEE, AR-MEDCOM NCO OF THE YEAR 2010



Editor's note: Also contributing to this article was Lt. Col. William D. Ritter, Army Reserve Medical Command Public Affairs Office.

AR-MEDCOM's

# SPC. JOSHUA MCDOWELL U.S. ARMY RESERVE COMMAND'S SOLDIER OF THE YEAR 2010



Spc. Joshua McDowell  
nears the finish line at  
the 10km Road March.

Photo by Timothy L. Hale/  
Army Reserve Public Affairs



Spc. Joshua McDowell (135) and Spc. Christopher Ruoizzi (123) compete in the 2-mile run during Army Physical Fitness Test at the 2010 Army Reserve Best Warrior Competition.

Photo by Timothy L. Hale/Army Reserve Public Affairs

# Army Reserve Names Medical Professionals Their Top Soldier and NCO for 2010

Best Warrior Competition Part 2

## AR-MEDCOM's McDowell Name Top USARC Soldier

Story by Lt. Col. William D. Ritter, Army Reserve Medical Command Public Affairs from an Army Reserve Press Release



FORT MCCOY, Wis. - The Army Reserve named Sgt. David W. Rider, 256th Combat Support Hospital in Twinsburg, Ohio, and Spc. Joshua A. McDowell, 7246th Installation Medical Support Unit, Omaha, Neb., its NCO and Soldier of the Year respectively. The two were chosen after a grueling week-long Best Warrior Competition at Fort McCoy, Wis., that included 30 other competitors.

The 30 competitors – 28 men and 2 women -- came from a total force of more than 206,000 and qualified for participation with victories



Sgt. David W. Rider, healthcare specialist and practical nurse from Bravo Co. 256th Combat Support Hospital, does some last minute studying with his sponsor and wife, Sgt. Alicia Rider, for the NCO Board portion for the U.S. Army Reserve Best Warrior Competition NCO, held at Fort McCoy, Wis., July 26. (Photo by Spc. Erika Montano, Military Intelligence Readiness Command)

at preliminary competitions at commands across the country. They spent a week facing a variety of 15 physical and mental challenges to test their skills, knowledge and endurance.

Rider is a healthcare specialist, practical nurse, part of the 807th Medical Deployment Support Command (MDSC). He attended Centre College, Danville, Ky., and University of Akron, Akron, Ohio and works as a practical nurse specializing in the home care of ventilator-dependant patients.

He joined the Army Reserve 6 years ago as a way of following a Family legacy of service; three uncles were U.S. Army NCOs, and a

grandmother and grandfather served in the U.S. Coast Guard.

McDowell, part of the Army Reserve Medical Command, bested all of the command's enlisted competitors in May to compete at the USARC level.

In an online blog posting, McDowell was humble in victory.

"Thank you for all the support everyone. It is an honor to serve and represent my unit, AR-MEDCOM, and the Army Reserve," he said.

Rider and McDowell go on to represent the Army Reserve at the Department of the Army's worldwide competition at Fort Lee, Va., in October.

Editor's Note: Staff Sgt. Christopher Lee, AR-MEDCOM NCO of the Year 2010, was unable to compete at the 2010 USARC BWC due to a torn shoulder muscle sustained during training for the event.

AR-MEDCOM Public Affairs products are available on the web. Visit: <http://www.dvidshub.net/units/AR-MEDCOM>. **The Army Makes You Strong, We Make It Known!**

# Workplace Violence Kills Soldier

## AR-MEDCOM AGR Gunned Down by Co-worker

Story by Maj. Marcus F. Mitchell, Chief, Public Affairs and Media Relations, 3rd Medical Command (Deployment Support) with Lt. Col. William D. Ritter, Army Reserve Medical Command Public Affairs



FORT GILLEM, Ga. - Soldiers, Families and friends of the Army Professional Medical Command (APMC) assembled in the drill hall on Fort Gillem July 1 to celebrate the life of Master Sgt. Pedro Mercado.

Mercado, 47, died after he was shot multiple times in a shooting that took place at the U.S. Army Reserve Center here on June 17th.

Retired Col. Cornelius Easter, Master Sgt. Mercado's mentor and friend said Mercado would be remembered as a "Soldier's Soldier," a mentor and a great advocate for the U.S. Army's Noncommissioned Officers Corps."

Mercado was shot at work after being confronted by another Soldier.

According to an article from the Centers for Disease Control and Prevention (CDC), an average of 1.7 million people are victims of violent crime annually while working or on duty in the United States - 800 of which died each year. Their article was based on a report published by the Bureau of Justice Statistics.

"Sadly, workforce violence can happen anywhere in America," said Col. Jerrell J. Cockrell, Chief of Staff, Army Reserve Medical Command.

"Being in the military does not exempt us from that. Part of OPSEC (Operational Security) includes the analysis of threats and unfortunately those threats can come from known and unknown enemies," he added.

During the ceremony, many of Mercado's fellow Soldiers said he was known as one to never accept second best when first was available. He was remembered as a Soldier who employed his talents and gifts to faithfully serve his fellow Soldiers and fellow human beings, always trying to spread light as a positive difference maker for his fellow troops.

Mercado was also praised by his fellow troops as being firm and fair, consistent and congruent in his words, actions and deeds, and always sought after wisdom as a source



"Soldiers, civilian employees and friends of Master Sgt. Pedro Mercado gather July 1 to pay their respects during his memorial ceremony at the 3rd Medical Command's (Deployment Support) drill hall on Ft. Gillem, Ga. Mercado, who died June 17 as a result of a shooting at the Army Professional Management Command (APMC) on Fort Gillem, served as NCOIC of the personnel section."

Photos by Sgt. Anthony Mitchell, 3d MDSC PAO NCOIC.

of focus and strength.

"Our achievements are shaped by the terrain of our lives. In building the life we've imagined, we must be true to our beliefs, dare to be ethical and strive to be honorable. For integrity is the highest ground to which we can aspire. Pedro was the best of the best (at setting this example)," said Easter.

The memorial service was officiated by Maj. Gen. Robert Kasulke, AR-MEDCOM commanding general.

Mercado is survived by his wife, Kimberly Michelle Mercado; his three children, Pedro Mercado, Cherish Gibbs and Romell Williams and two grandchildren.

He was interned at Arlington Cemetery in Arlington, Virginia.

Police have the shooter in custody. The investigation and legal proceedings are on-going.



**FOR ADDITIONAL INFORMATION ON WORKPLACE VIOLENCE VISIT:**

**<http://www.osha.gov/SLTC/workplaceviolence/> or  
<http://www.usda.gov/news/pubs/violence/wpv.htm>**

In memory of  
Sgt. 1st Class (Ret.) Bruce A. Mandell:  
March 7, 1943 - October 22, 2009.

# COMMENTARY: Preparing For a Loved Ones Passing

## Death is inevitable, But Are We Fully Prepared for it?

Story and photo by Master Sgt. Enid Ramos-Mandell, Army Reserve Medical Command Public Affairs



PINELLAS PARK, Fla. - After going through the unbearable pain and suffering of my husband's cancer treatment, its heartbreaking end, and the trials I have faced since his death, it inspired me to write this article.

I wanted to make sure the unseen and disastrous life events that my Family and I faced do not happen to my fellow Soldiers or their loved ones.

Discussing death seems morbid, but if you have never experienced the loss of someone close to you firsthand, it's like a rollercoaster ride, and advance discussion is needed.

Dealing with illness and death is exhilarating and terrifying at the same time; full of fears and anxiety of how the unknown and unexpected turns will affect you psychologically – especially if you have never held discussions with your loved ones and they or you do not know what to expect or how to prepare for it.

It is a subject we would like to keep in our subconscious and never have to bring forward in our day to day lives but, you must make provisions, arrangements, and plans, to ensure your loved ones are cared for when you or they are seriously ill. You must open dialogue with them about your affairs.

Regardless of who is ill, you or your loved one, you must prepare for death before it occurs. The more that is planned, the easier it will be for those that are left behind.

Immortality doesn't exist, though most of us behave as if we have forever to take care of matters of concern in our life. Our day to day living keeps us so preoccupied that we never focus on what is inevitable - death.

Having or appointing a personal representative now would ease things later. Ensure you have a power of attorney in place before illness sets in. Someone you trust to carry out your wishes after death or assist you through the last days. The Army can assist you with this. If you don't have a power of attorney, it means you'll have more battles to fight (potentially in court) and more paperwork to worry about. If you don't appoint one, one may be appointed by the court and it could be someone you would not have agreed should represent you.

When death is close for a loved one, we tend to lose control over everything and can't focus on legal, financial and personal affairs while dealing with the tragedy or terminal illness. I know.

During my husband's last months, I spend hours and hours researching the

internet for natural cures, trials, and treatments that we may not have already tried - everything else came second in my life. As a consequence, I was not prepared for my husband's death legally, financially or personally.

We didn't talk about the items that need to be discussed between couples to prepare for their inevitable separation.

I thought we had life insurance. We didn't.

I thought he had a will. He didn't.

I thought our affairs were better managed by him then they truly were. They were not.

Regardless of what your role is in your Family, you need to sit down with your loved ones and discuss life's final matters now. You need to understand what they want in their final moments of life just as they need to know your wishes.

Somebody will be left behind with grief to deal with. Don't leave them with mounds of paperwork, unpaid bills and legal issues to deal with as well, when they easily could be avoided.

I wish I would have had more candid conversations with my husband while he was alive about our money – and his wishes. It would have made the last nine months since his death so much easier on my sons and I.

**To assist you in getting ready for this painful journey, I've collected a few tips to help make this transition a little smoother before and after a death.**

First, do not expect everything to be in order in your loved one's life. Be proactive and ask where things are and what their wishes are.

Second, get organized. Get your documents together. Start collecting important documents in a common, known place - be it a shoe box or safety deposit box, and let several people know where those documents are. Keep duplicates of all documents in an alternate location in case of a natural disaster.

Next, sit and talk to your loved one. Draft a will early in life and update it regularly as your life changes. Ask them how they would like to dispose of their possessions and assets and if a will is not in place, have a list in writing notarized.

Talk to your loved ones and find out about their wishes concerning funeral services and choice of cemetery. Do not try and do everything by yourself, seek Family, friends and agencies for support.

Keep a list of doctors, medications and treatments you or your loved one are dealing with. Continue to research alternative treatments for better care, but do not let it become all consuming in your life. It can overtake your mind.

Finally, when the end grows near, inform all Family members, friends and co-workers that your loved one is not expected to survive and may be passing soon. This will allow for them to say their good-byes.

**Here are some important documents to help you begin to organize yourself.**

Get all necessary military documents to prove military service and continued benefits, regardless when the service occurred.

Separate all documents and label them for an easy find into categories for civilian, government, legal and military needs.

Make a list of all offices to visit and/or call: probate court, legal offices, funeral home, national cemetery, IRS, banks, loan companies, stock investments, social security office, state or county property office, school tax office, IRA, health and life insurance companies, department of motor vehicles, vehicle insurance, credit unions, hospice, hospitals, veterans administration offices and military records branch, casualty office and the Family readiness group of assigned unit.

Draft a notification list with addresses and phone numbers of all Family, friends, co-workers, neighbors, debtors, credit cards, loans agencies, insurance companies.

It is important to know these names and address, especially if the dying individual is not in your immediate Family. Hopefully you know who all to contact if the deceased is your spouse, but it is more difficult if the loved one is not someone you talk with daily.

Finally, make a priority list and try your best to stick to it. It will be difficult but it will keep you on track.

Remember, that there will be documents that can't be found, surprises you don't expect, arguments with Family members, unexpected costs and the list goes on and on depending on each Families circumstances.

I know I have had more surprises in the last nine months than I care to have experienced.

#### **Start now**

You must start now to prepare. I wish I could go back and ask my husband many questions. There are incidents and accidents in life that we will never be prepared for unless you discuss them in advance.

Even then, there could be 'skeletons in the closet' that were not discussed. But being as prepared as possible will lessen the blow of those skeletons.

The loss of a loved one will come, and when it occurs it can be so devastating and stressful it can take a toll on you physically and mentally - unless you're prepared. Help lessen your anguish!

I can't stress this enough. You will have more time to grieve, and a smaller burden to bear when the death arrives, if you are prepared.

So, prepare yourself. Do not make the same mistakes I did and assume everything was taken care of.

Make sure you and your loved ones work on a will, NOW; discuss life insurance, NOW; have a power of attorney, NOW; a living will, NOW; appoint an administrator, NOW!

This will help make things go smoother, especially if the death is sudden. You need to know what to expect, not 'what-should-have-been.'

After the loved ones passing, life will have a different meaning and a new beginning for you. Some would say that, "there is light at the end of the tunnel."

But that "light at the end of the tunnel" will be a lot harder to reach without proper preparation.

Editor's Notes: The documents discussed herein are the same ones you'd need in any type of crisis or disasters like earthquakes, tsunami, hurricanes and fires. Gather them now.

Additional recommendations and aid sites can be found on our website: [www.armyreserve.army.mil/armedcom/news](http://www.armyreserve.army.mil/armedcom/news)

CUT OUT - HANG IN COMMON AREA

**FOR HELP WITH  
SORROW, EMOTIONAL  
TUMORAL OR SUICIDAL  
THOUGHTS, CONTACT:**

**For Soldiers and  
Department of the Army  
Civilians (DACs):**

Chaplains: 404-464-  
8480/8475/8478/8473/8472

**National Suicide  
Prevention  
Hotline:  
800-273-8255**

**For DACs Only:**

The Wellness Center:  
404-464-2455/2530

Army Community Services:  
404-464-3265

**For Soldiers Only:**

The Behavior Health Center:  
404-464-3562

Military OneSource:  
800-342-9647

**For Veterans Only:**

Department of Veterans  
Affairs Suicide Prevention  
Hotline: 800-273-8255



CUT OUT - HANG IN COMMON AREA

# Are Permanent Profiles Permanent?

Story by Col. Stephen Palte, 81st Regional Support Command Soldier Readiness Preparedness Team



COLUMBIA, S.C. - In this article on profiles, I will address how profiles are generated and address some common questions and concerns about profiles.

Profiles can be temporary (for a temporary condition that is expected to resolve either on its own or with treatment) or permanent for a condition that is likely to remain present for a period greater than a year. A temporary profile can be written by any health care provider (doctor, physician's assistant or nurse practitioner) for a period of up to 90 days. The profile can be extended three times to a maximum period of a year for the same condition, after which a permanent profile must be written for the condition. Temporary profiles only require one signature. Renewal of a temporary profile requires a physician's signature. If any response in question '5' on the Department of the Army (DA) form 3349 is a 'no', the PULHES must contain a '3'. (*Note: The PULHES Factor is the United States military acronym for the Military Physical Profile Serial System. It stands for Physical capacity/stamina, Upper extremities, Lower extremities, Hearing/ear, Eyes, Psychiatric*)

Temporary profiles can be requested from any profiling officer and if the unit has no medical assets, a request can be sent up to the respective RSC Surgeons Office.

Permanent profiles with the highest designator of '2' in the PULHES also only require one signature and must be signed by a physician. A nurse practitioner or PA can write a permanent '2' profile but it must be countersigned by a physician. A permanent profile with a designator of '3' or higher in the PULHES requires two physician signatures, one of which must be either an RSC Surgeon or the Deputy Commander of Clinical Services (DCCS) at a military treatment facility (approval authority). A permanent '3' profile will initiate a board action hence the need for review and signature of the approval authority. If a Soldier has been found fit for duty or retained by a board, a 'W' or 'Y' code will appear in block 2 and a statement in block 10 will indicate that a board is not currently required. All profiles in the Army Reserves are now being written in an application called eProfile, which is accessible through the MODS home page <http://www.mods.army.mil>. All commanders and unit administrators are encouraged to request an eProfile account as profiles can be viewed and printed from this module.

AR Soldiers were required to com-

plete their first Periodic Health Assessment (PHA) by July 1st. At this first PHA, all prior profiles were rewritten in eProfile and updated to include the most recent medical information. On subsequent PHAs, the profile will be reviewed and only rewritten if changes are made. These profiles are written in eProfile by LHI who is contracted to conduct the PHAs. Any permanent profile with the highest designator of '2' in the PULHES is complete and accessible through eProfile. Any profile with a '3' or higher designator in the PULHES, is routed to the RSC Surgeon for review and placement of the second signature. Any permanent profile with a '3' in the PULHES viewed in eProfile with only one signature is not complete and is awaiting the RSC Surgeon's signature.

## Now to answer some of the more common questions about profiles...

**What documents do I need to get a profile?** The RSC's have developed a "profile packet" which outlines what documents are required and who they should be submitted to. This packet is for temporary and permanent profiles.

**I got a '3' in my PULHES from my PHA and I don't know why?** All profiles generated from a PHA can be viewed in eProfile, hence the importance of all unit administrators getting access to the system. If the Soldier feels that the profile was an error, a "profile packet" can be submitted to the RSC Surgeons office for review of the PULHES and profile.

**Can I deploy with a profile?** With a permanent '2' profile, a Soldier can deploy or go to a school. In the case of a permanent '3' profile, the Soldier cannot deploy or go to a school unless a board action is complete and a 'W' or 'Y' designator is present on the profile.

However, in this instance it is the commander's decision as to whether the Soldier can deploy as the limitations on the profile may not be compatible with mission requirements. Furthermore, deployment to CENTCOM is dependent on another set of criteria which exclude certain conditions. For specific issues, please contact the RSC Surgeons office. If you have a temporary profile with a '3' designator, you may not deploy or go to school. If you have a temporary profile with a '2' designator, deployment is dependent upon the specific condition and each school will need to be contacted about its specific requirements although many schools will allow attendance

with a temporary '2' profile.

## Can I take an APFT with a profile?

A permanent profile allows a record APFT within the limitations of the profile. A temporary profile will only allow the Soldier to take a diagnostic APFT within the limitations of the profile unless the profile has been in effect for greater than 90 days and the commander directs the Soldiers to take a record APFT, again within the limitations of the profile.

## I have a permanent '3' profile and have completed board action and I still cannot deploy or go to school?

Once a board action has been completed and the 'W' or 'Y' designator has been applied to the profile, a Soldier may deploy or attend school as stated above. The reason for this issue in most cases is a simple coding error in MEDPROS. If this occurs, please contact the RSC Surgeons Office for correction.

## Will my permanent profile always remain in effect or can I get it changed?

Even permanent conditions change – some will improve and some will worsen. The profile will be re-viewed at every PHA and will be rewritten if there are changes in either direction. If the Soldier would like a review of a permanent profile between annual PHAs, a "profile packet" can be submitted to the RSC Surgeon's office.

## If I have completed a board action, will I need another board?

If a Soldier has been retained or found fit for duty by a board, no further board action is necessary unless the condition deteriorates and the physical limitations are more restrictive, in which case a repeat board will be required for the same condition. Likewise, if a Soldier develops a new condition that results in a '3' in the PULHES, a new board will be required for the new condition (the old condition will not be considered by the board if it is stable). Clarification of these issues will be found in block 10 of the DA Form 3349.

## I have been found fit for duty by the board - can my '3' be changed to a '2'?

Completion of the board process will result in the '3' still being present in the PULHES but the 'W' or 'Y' designator will indicate that the board action is complete. For downgrading of the '3' to a '2', a "profile packet" will need to be submitted to the RSC Surgeons office and consideration of the documentation and AR 40-501, will decide whether the '3' can be changed to the '2'. Regardless of whether this assignment is changed, the 'W' or 'Y' designator will remain on the profile in block 2.

# Reserve Medical Unit Trains To Serve Country and Community

## Battle Assemble Training Aids Everyone

Story by Lt. Col. William D. Ritter, Army Reserve Medical Command Public Affairs



TAMPA, Fla. - The 7222nd Medical Support Unit (MSU) held a mass casualty training exercise on May 23 during their weekend Battle Assemble (BA). The exercise was the grand finale for the unit's Combat Lifesaver Course (CLC) each Soldier undertook.

And, while the benefits are immediate for the skills of these citizens – as Soldiers; the long term positive effect for the Tampa Bay region will be immense as thousands of residents will come in contact with these 40 Soldiers as they perform their civilian jobs throughout the community.

The CLC is designed by the Army to train medical and non-medical Soldiers in basic medical skills to provide immediate life saving aid to a casualty. Individuals train how to stop severe bleeding and performing a needle chest decompression for a chest injury in addition to other procedures.

While the CLC is required for Soldiers deploying, unit commander Lt. Col. Murray Kramer wanted his entire unit – including clerks and finance Soldiers, to receive the training.

“It was a personal goal for me as the

commander to get as many in the unit trained as possible,” he said. “This training makes them more valuable to the Army but it also makes them better Soldiers and better individuals. These guys can now provide basic first aid and first responder aid during hurricanes and day-to-day life events,” he added.

According to Kramer, who deployed to Iraq and has 30% of his unit deployed now, the amount of people that may benefit from this training will go far beyond the 40 individuals here.

“In addition to the doctors and nurses, I have dentists; dental, x-ray and laboratory techs; nurse practitioners and Soldiers who are students,”

he said. “That is a lot of people interacting with a lot of others in public places. This training will help at home with their Family, at the office or school or even if they come up on an accident and they have their medic bag, they can help someone,” he added.

The CLC training was aided by the unit's addition of a SimMan (Simulator

mannequin) training device.

Though not part of the unit's equipment when Lt. Col. Kramer took command, he actively pursued one for the betterment of his unit's training.

“For us to get this was a big asset,” he said. “The leadership up the chain (of command) supported us and helped us get this equipment.”

The SimMan is a technological, sophisticated artificial simulator that supplied responses to the Soldiers' that they would expect from human patients. Soldiers are able to work on their medical trauma skills without the fear of death presented in real humans.

“We have been using the SimMan for about two years now,” said Kramer. “It has helped us train on many of the tasks required for the CLC certification and the Soldiers used it during the mass casualty exercise.”

The 7222nd will continue using the SimMan for future training, exercises and CLC certification and according to Kramer, the Reserve Soldiers like this type of training.

“It gets them out of the building and they are doing something that is real world training, which helps real world people” he said. “Both fellow Soldiers and their neighbors will benefit from what they are doing this weekend and they like that.”

Background Photo: Spc. Patrick Hartley, a combat medic and University of Central Florida student, applies a training tourniquet on his patient while practicing the skills he learned during the Combat Lifesaver Course.

Photo by Lt. Col. William D. Ritter



Sgt 1st Class Sergio Cortez, left, works to immobilize his patient, Spc. Lyndsey McConnell during the 7222nd Medical Support Unit's recent mass casualty exercise. Cortez and McConnell completed the Combat Lifesaver Course during the unit's weekend training.

Photo by Lt. Col. William D. Ritter



Photo by Capt. Gary Woodwiss, 7222 MSU



Photo by Capt. Gary Woodwiss, 7222 MSU



Photo by Capt. Gary Woodwiss, 7222 MSU

Soldiers from the Army Reserve's 7222nd Medical Support Unit, located in Tampa, participated in the unit's recent mass casualty exercise during weekend training. The exercise contains simulated ambush attacks and casualties as part of the unit's training upon completion the Combat Lifesaver Course.

# Soldier Earns MacArthur Award

## AR-MEDCOM Junior Officer Among the Best

Story and photo by Capt. Sibaria Taylor, Southeast Medical Area Readiness Support Group Public Affairs Office



NASHVILLE, Tenn. – An Army Reserve Soldier with the Southeast Medical Area Readiness Support Group (SE-MARSG) is one of twenty-eight of the Army's finest Soldiers earning the MacArthur Leadership Award.

Capt. Darryl A. Cox, a Medical Service Corps officer, received the honors at the 23rd Annual Gen. Douglas MacArthur Leadership Awards ceremony at the Pentagon in Washington, D.C. on May 6.

"Wow, what a great moment," said Cox. "I feel like I have accomplished a serious goal that has opened doors for the future that I have yet to realize."

The Gen. Douglas MacArthur Foundation, in coordination with Department of the Army, created the Gen. Douglas MacArthur Leadership Award program 23 years ago to recognize company grade officers (Lieutenants, Captains, Warrant Officers One and Two) who exemplify MacArthur

attributes and ideals of duty, honor and country.

"The competition was pretty stiff," said Cox who wasn't expecting the bestowal. "Everyone receiving the award with me was exactly what I pictured - hard charging leaders that believe in their oath and work hard to achieve their goals and accomplish the mission."

Cox was born in Memphis, Tenn., but resides here with his wife of 9 years, Tiffany, and his two young girls Taylor and Kayla.

In January 1991, Cox joined the Army and was commissioned an officer July 2000. He credits his success to mentors that have supported his endeavors, hard work, and Family support.

"Wow!" Cox said was his father's reaction. "My father, who is a retired Colonel,

told me that he knew I could do it, because he has always expected greatness from me."

Cox was assigned to SE-MARSG in April 2005 and is currently the homeland defense coordinator.

As an enlisted Soldier, Cox was an ear, nose, and throat specialist. His other positions include health care administrative assistant and health services plans, operations, intelligence, security, and training.

Winners are presented with an engraved 15-pound bronze sculpture of MacArthur as the award.

Cox's MacArthur Leadership Award was a first for SE-MARSG, which is headquartered here. The unit is part of the Army Reserve Medical Command (AR-MEDCOM), headquartered in Pinellas Park, Fla.



## The Safety Corner

Story and photo by By Master Sergeant Keith Murray, Army Reserve Medical Command Safety Office

### Annual Safety Awards Presented



PINELLAS PARK, Fla. - The Fiscal Year 2009 Army Reserve Medical Command's Commander's Safety Award was presented to Col. Robert Cinatl, commander of North East Medical Area Readiness Support Group (NE-MARSG) on June 5.

The award, presented by Maj. Gen. Robert Kasulke, Commanding General of the AR-MEDCOM is presented annually to the unit and the individual who has achieved and sustained the highest level of performance and outstanding safety over the length of the entire year. Nominations are submitted to the command safety office and then are boarded for selection.

Shown with Col. Cinatl is Command Sgt. Maj. John A. France, Command Sgt. Maj. of the NE-MARSG.

### Mobile Devices and Driving DO NOT MIX!



PINELLAS PARK, Fla. - The Volkswagen driver was talking on a cell phone when she pulled out from a side street, apparently not seeing the motorcycle. The rider's reaction time was not sufficient enough to avoid this accident.

After the collision, the VW actually flipped over from the force of impact and landed 20 feet from where the collision took place. The bike rider was found INSIDE the car with the two passengers.

All three involved were killed instantly.

This graphic demonstration was placed at the motorcycle fair by the Police and Road Safety Department.

A picture is worth a thousand words.

Save a life! Stop talking on cell phones and texting while trying to drive.

Not only is it against Army regulations, but the life you save may be your own!

# Outreach 'Essential' to Suicide Prevention, Official Says

Story by Sgt. 1st Class Michael J. Carden, American Forces Press Service



WASHINGTON - Preventing suicide among servicemembers and veterans calls for comprehensive education and communication, the director of the Defense Centers of Excellence

for Psychological Health and Traumatic Brain Injury said here today.

Testifying before the House Veterans Affairs Committee, Army Col. Robert W. Saum said the Defense Department's approach to suicide prevention is "multi-pronged," and outreach to troops, veterans and their Families is essential.

"[The department] has developed many resources and tools for servicemembers, veterans and Families," Saum said in his written statement. "However, we realize utilization of these resources is dependent upon prevention education and communication about their existence."

Although psychological treatment and counseling are available for those on the brink of suicide, he said, intervention programs also are in place to address stressors that may lead to suicide. Such programs include counseling for substance abuse and for relationship, legal, work and financial issues, the colonel explained.

Saum stressed the importance of Defense Department collaboration with the Veterans Affairs Department and private-sector organizations. Saum's organization serves as a central point of coordination for these groups, he said.

"Continued collaboration and coordination with [VA] and other federal, private and academic organizations is the key to ensuring we reach our military community in the most meaningful way," he said. "We collaborate with the VA on many outreach initiatives to ensure that servicemembers, veterans and their Families receive resources and access to services on a continued and consistent basis.

"[The center] works to identify best practices and disseminates practical resources to military communities," he added.

Saum noted the center's work with VA to coordinate resources and information

with the **National Suicide Prevention Lifeline: 1-800-273-TALK**. One of the more recent improvements, he said, was developing an option for those concerned about a loved one or friend who may be suicidal.

Addressing the stigma issue also is important to the department's outreach

panel. At least 18 veteran deaths each day are attributed to suicide, he said, and about 50 percent of suicides among VA health care users are of patients diagnosed with mental illness.

"These are staggering numbers, and the data fails to reveal the true cost of suicide among veterans," Jesse said in his submitted remarks. However, he added, VA is in the forefront of suicide prevention in the nation, noting several initiatives launched by the department.

VA has suicide prevention coordinators at each VA medical center, he said, and there has been significant expansion of services and work to alleviate the stigma of seeking help.

Veterans Affairs suicide prevention coordinators helped to initiate more than 600 informational and outreach programs in February, he said, resulting in more than 1,500 veterans being added to VA's "high risk list." More than 90 percent of those veterans completed safety plans, he said.

Also, VA's aggressive approach to advertising information through public service announcements and other means, such as billboards has helped, he said. Advertisements on buses and trains have resulted in a "significant increase" to calls to the hotline, he said, and social-network marketing is the next step.

Statistics show that veteran suicides are down, and VA and the Defense Department efforts are working, he said. About 71 percent of veterans returning from deployment and screened for mental health issues in 2009 contacted VA for services, he said.

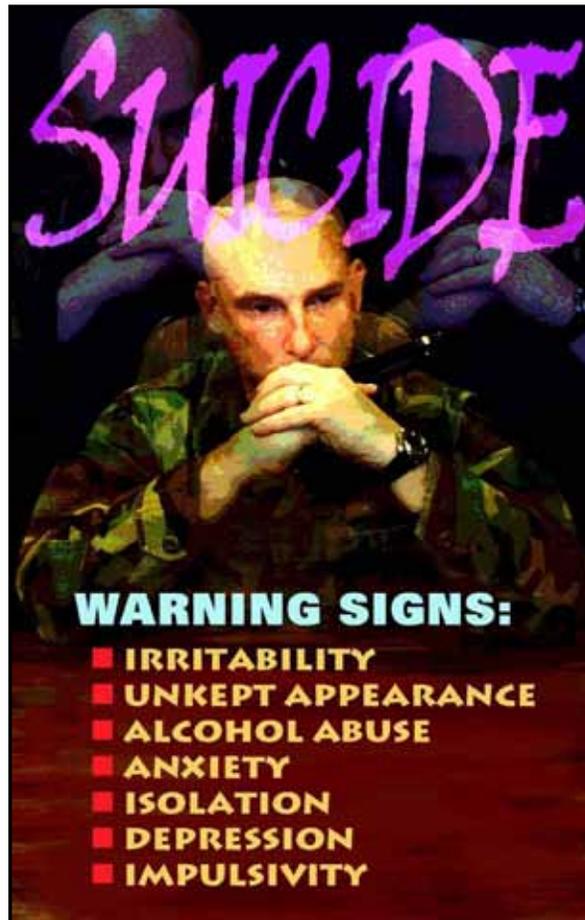
Ultimately, he added, veterans who reach out to VA are more likely to need care and are found to be at a higher risk of suicide. Getting veterans to step forward is the key, he noted.

"VA has taken a number of steps to provide comprehensive suicide prevention services, and the data indicate our efforts are succeeding," Jesse said. "But our mission will not be fully achieved until every veteran contemplating suicide is able to secure the services he or she needs."

initiatives, he said.

"Stigma is a toxic threat to our servicemembers, veterans and Families receiving the care they need," Saum said. "We recognize that outreach is essential for combating stigma, encouraging help-seeking behaviors and promoting awareness of resources."

Suicide among veterans and servicemembers has been on the rise for the past five years, a "deeply concerning" fact for the departments, Dr. Robert Jesse, principal deputy undersecretary for health with VA's Veterans Health Administration, told the



# Behind every Soldier is a strong support team

Use them to prevent suicide

Counselor

Battle Buddies

Family

Chain of Command

Coach

Chaplain

Physician

