

Third Edition, Third Issue, Fall 2010



# WARRIOR MEDIC

An Army Reserve Medical Command Publication



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### On The Cover:



Lt. Col. Yolanda Anthony, a dentist with the 7239th Medical Support Unit, works on a Soldier at the Caldwell Dental Clinic on Fort Jackson, S.C. Yolanda, and other unit members, spent their two-week extended combat training at the dental clinic taking care of the dental needs of new recruits attending basic training there. (U.S. Army photo by Capt. Sibiria Taylor, Southeast Medical Area Readiness Support Group, Army Reserve Medical Command 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.

### Correction:

In our last issue, the article entitled "Soldiers, Airmen Hone Life-saving Skills at Global Medic" by Alexandra Hemmelry-Brown, Army News Service, contained an error.

It quoted Col. Sheila Sidberry, as the commander of the 3rd Medical Training Brigade and Global Medic at Fort Gordon. Col. Sidberry, is actually the deputy commander of 3rd Medical Training Brigade and was Global Medic exercise deputy director.

We apologize for the error.

# Words From The Wise From the Desk of the Commanding General

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



PINELLAS PARK, Fla. –  
Holiday Greetings!

On behalf of my Family and this command, I want to take the opportunity to thank all of you and your Families for your

dedicated service to our Nation.

As we celebrate the holidays with our Families and friends, we should all keep in our thoughts and prayers the men and women of the Army Reserve who are deployed and cannot be with their loved ones.

Our country owes much to these great, selfless warriors and their Families. Their commitment and sacrifice is something for



which we should all be thankful.

I am immensely proud of the men and women of the Army Reserve Medical Command and the vast difference you make in the lives of our Soldiers and civilians around the globe.

Regardless of how you personally choose to celebrate the holidays, do it with a spirit of thanks. So many great Americans wore this uniform before us so we can live in a country that grants all citizens the freedom of choice and expression.

That freedom lets us celebrate as we wish and teach whatever beliefs and traditions we want to our children.

I encourage you to celebrate with great joy for what we have all been blessed with as a country.

I also ask you to pause and reflect on the lives of our Warrior-Citizens who have died in combat.

Maj. (Dr.) John Pryor was killed in action on Christmas Day 2008. The holiday season has to be very hard on his widow and three children.

Please remember the Pryor Family and the Families of the 17 medical Soldiers we lost in overseas operations and at Fort Hood, in your thoughts and prayers during this festive season.

Make this year's time with your Family extra special in remembrance of the ultimate sacrifice these Warrior Medics made to ensure your right to do so well into the 22nd century.

Thank you for all that you do. And thank you for choosing to wear the uniform with me.

Please remember to celebrate safely!  
Happy Holidays!

## Getting Back To Basics From the Desk of the CSM

By Command Sgt. Maj., Roger B. Schulz, Army Reserve Medical Command Command Sergeant Major



PINELLAS PARK, Fla. –  
During the recent Senior Leaders Conference, the main topic of discussion in both the CSM forum and the main session was "Getting Back to Basics."

As we draw down in Iraq, and with an intent to draw down in Afghanistan, we have a mission to transition into a garrison based Army. So what does that mean to us at AR-MEDCOM?

We have spent the last several years preparing Soldiers and units to mobilize and deploy in support of the Global War on Terror. We focused on the "big picture," ready to meet any mission given to us.

Army medicine has shined because of our Soldiers exceptional expertise and skills as we back-filled Army hospitals, manned



SRP and MOB sites and deployed our units and individual providers into the theater. But at what cost?

Are we truly taking time to mentor our junior Soldiers, NCO's and officers alike? When was the last time you took (or someone took you) off to the side and spent 15-20 minutes talking about your career, sharing their skills, or just asking about your Family?

Do you truly have a training program that supports all Soldiers' individual skills or are we just tracking the high profile MOS's / skill sets? What about your admin or supply Soldiers? Your junior officers?

NCO's - When was the last time you made an on the spot correction? Helped someone fix their uniform? Stopped someone talking on their cell phone while driving through the unit parking lot?

We need to get back to the basics on these and all the activities that surround our Soldiers, our unit and our mission.

The OCAR CSM has a concept he

calls "tree time" (TT). The idea is to take your Soldiers out under a tree, sit down and spend the time getting to know them, to share your leadership with them and to develop a team relationship. Now the folks in places like Montana, North Dakota, etc. may want to find some place a little warmer, but while the location is optional, the intent is not.

Challenge each of your section leaders, platoon sergeants, detachment sergeants, etc. etc. to execute a tree time concept of their own. Maybe it's a brown bag lunch or a down moment during weapons qualification or other training. Just get your Soldiers away for a little while and develop their skills to get back to the basics; Ensuring Army standards are met and maintained at all levels.

We have done a great job, and we will continue to, but we need to ensure that the foundation that we have built everything on is strengthened back up and set solid for the future.

## 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 de-

ployed 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)



# Huffing, Using 'Spice' is Dangerous, Officials Say - AND BANNED

## Practice Illegal in the Military

Story by Lisa Daniel, American Forces Press Service



WASHINGTON - The practice seems harmless enough. Servicemembers, looking to dull the edge of a stressful day, walk into a head shop after work and buy a small package of K2, the brand name of a smokeable concoction that is perfectly legal in the state in which they are residing. It is not, however, legal in the military.

Such "designer drugs," often marketed as herbal remedies, are banned under military law and policies by the Defense Department and all of the services. As one example, DOD Directive 1010-3.4 precludes wrongful use of "any intoxicating substance not intended for human ingestion," and the use of substances "contrary to the directions of the manufacturer or prescribing health-care provider."

Military officials, having seen a spike in servicemembers' use of otherwise legal substances, including prescription drugs, are trying to get the word out that the practice has serious ramifications. Besides leading to a court-martial and a less-than-honorable discharge, such practices also can be dangerous.

That is especially true of the practice of sniffing, or "huffing," products such as glue, paint thinner, and gases such as Freon, butane, propane and helium, all of which are known to cause disorientation, euphoria and other symptoms, Navy Lt. Cdr. Sean Swiackowski, deputy medical examiner for the Armed Forces Medical Examiner's Office, said in a recent interview with The Pentagon Channel.

Several servicemembers have died recently from huffing, and the use, while mostly associated with young, unmarried people, appears to cut across age and socioeconomic backgrounds, Swiackowski said.

"We've found it's actually a broad range of people" using, Swiackowski said. A 40-year-old Army colonel -- who otherwise

appeared to be healthy and fit -- died from huffing, he said.

Swiackowski believes the deaths, and occasions when other users were left brain-damaged, were accidents caused by people who didn't realize how harmful misusing such products can be.

"People think it's not harmful because they use it to clean their homes and desktops," he said. "To them, there's no potential injuries to themselves because these are things you get around the house, or buy in the store."

Many products used in huffing contain 1,1 dichloroethane, a chemical highly toxic to the heart that is produced to remove grease, paint and varnish, and to make other chemicals, according to the U.S. Centers for Disease Control.

The problem, Swiackowski said, is that the chemical's reaction in the body is volatile, and people can get a false sense of security from using it without experiencing a toxic reaction. "You could use it one time and it causes a toxic event, or you can use it a hundred times, and on the 101st, it kills you," he said.

Swiackowski has made it his mission to educate servicemembers about the dangers of inhalants.

"The biggest part of my job is in preventing me from having to see anyone else" in the morgue due to substance abuse, he said. "The biggest part of my job to the community is education.

"People don't realize this is drug abuse," he added. "You may say you're just going to do it one more time, but that time could be your last."

Army Col. Timothy Lyons, chief of toxicology in the medical examiner's office, said even so-called designer drugs such as synthetic marijuana, marketed as "Spice," or "K-2," and salvia divinorum, a variation of the sage plant known as "salvia," are dangerous.

"A lot of these products are made in garages and homes, so you don't have quality control," Lyons told The Pentagon Channel. "Each package, even under the same name, has different levels of compounds. So you really just don't know what you're getting."

Unlike marijuana and other drugs illegal under civilian law, designer drugs are not regulated or properly tested, and sellers often don't reveal their full ingredients, Lyons said. Toxicologists know, however, that the compounds bind in the central nervous system, "and some of these synthetics bind even greater than marijuana," he said.

Servicemembers who think they know someone with a substance abuse problem should reach out to them and ask if they can help, Swiackowski said. If they refuse or deny the problem, consider telling their commanding officer you think they have a problem, he said.

"Confront it like you would in any system where you want to get help," Swiackowski said. "The nice thing about the military is you can always ask to see someone and get help and have it not be in your record.

"The problem is, you have to admit you need help," he added. "Lots of times, they don't think they need help because they don't know what a big issue it is. They don't realize it's so dangerous to do these drugs."

Servicemembers struggling with substance abuse, or who are self-medicating for problems like depression and anxiety, should see a doctor, military officials say, adding that treatment is confidential.

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# The Safety Corner

## Driving Distractions

Story from DoD Press Release



WASHINGTON - Safe driving is serious business. Whether you're in light traffic, headed to work, or cruising on the freeway, being distracted could cause accidents, injury and even death. The Army

Reserve is launching an effort to combat the growing problem of driving digitally distracted.

### There are three types of distractions while driving:

1. Visual - taking your eyes off the road
2. Manual - taking your hands off the wheel
3. Cognitive - taking your mind off of your driving

Digital distraction, like checking your e-mail, sending a text, or updating your status on your favorite social networking site, puts you at risk of all three distracters. Everyone is at risk for driving digitally distracted. According to the official government website for distracted driving ([distracted.gov](http://distracted.gov)), more than 800,000 vehicles are being driven by someone using a hand-held cell phone.

Even if you're using a hands-free device, the cognitive distraction risk is significant enough to degrade a driver's performance. Even while using a Bluetooth, you could still miss important clues or warning signs, and you could cause an accident or crash.

A national campaign for safer driving was launched the week of October 4th. The Drive Safely to Work campaign is a call to action to keep our Soldiers, Families and Civilians safe when they're on the road. By raising awareness on this issue through education and information, we provide meaningful tools and activities to help accomplish the safe driving objective.

### Some things leaders can do to help their Soldiers stay safe when they're on the road are to:

- Help prepare an organization for the launch of a new cell phone policy
- Reinforce an existing policy
- Build awareness on the issues relating to distracted driving
- Help develop strategies to minimize the danger

Keeping our Soldiers focused while on the road is the same as keeping them focused on the battlefield; it will help save lives.

For more information on Driving Safely to Work, visit: [www.trafficsafety.org](http://www.trafficsafety.org)

# Warrior Medics in Army Ten-Miler

## "Hooah Medics" Team Braves Fall Chill to Finish 11th in Race

Story and photos by 1st Lt. Ginger G. Vanhoozer, 7202nd Medical Support Unit



WASHINGTON - The 26th Annual Army Ten-Miler took place on Sunday, Oct. 24 and a team from the Army Reserve Medical Command (AR-MED-COM) joined over 30,000 other runners in our Nation's Capital, making this year's event the largest yet.

The 10-mile road race is the third largest in the world and is the Army's premier running event. The race course begins and ends at the Pentagon and runs through the nation's capitol passing by D.C. landmarks including the Lincoln Memorial, Washington Monument, and the Capitol Building.

Military and civilian runners come from across the world to take part in this annual tradition. The Army Ten-Miler is produced by the United States Army Military District of Washington and all proceeds from the race go to the Army Morale, Welfare and Recreation, a comprehensive network of support and leisure services designed to enhance the lives of Soldiers and their Families.

The AR-MED-COM team, calling themselves the Hooah Medics, consisted of a mix of ranks and running backgrounds. The team included Chief Warrant Officer 4 Jose V. Molano, Capt. Phan K. Ouellette, Master Sgt. Thomas O. Calarco, Maj. Heidi Skelton-Riley, and Master Sgt. Quinee B. Penales.

Molano created this team of HOOAH Medics. He has previously run a marathon, but this was his first 10-miler. The team trained together a few times, but largely members were responsible for their own conditioning.

Capt. Ouellette said "I ran during my lunch breaks and started adding distance in

June to build up my stamina."

According to the team, every member had a different motivation for pushing themselves past the normal two mile physical training run

Maj. Skelton-Riley, said "I am running the race for my five boys, to show them that exercise is important."

Her husband joined her at the race and they walked arm-in-arm in matching race day t-shirts as the festivities began.

The mission of the Army Ten-Miler is

to promote the Army, build esprit de corps, support fitness goals and enhance community relations. The initial event in 1985 had 1,379 runners. This year they had over 30,000 registered runners, on 769 teams. There were even international teams and participants from Brazil, Canada, Germany, Switzerland and Denmark and the United Kingdom.

The city was packed with supporters cheering on the runners. The race was started by a contingent of wounded warriors and Ouellette said seeing those Soldiers participating in the race was her favorite part, finding it inspiring.

Molano helped the Hooah Medics to an 11th place team finish with his

impressive time of one hour and seventeen minutes. The team is taking a little time off to rest before ramping up their training for a half marathon in the spring.

**Editor's Note:** Also contributing to the story was Lt. Col. William D. Ritter

1st Lt. Vanhoozer is a 66H, Case Manager with the 7202nd Medical Support Unit out of Richmond, Va. and their Unit Public Affairs Representative (UPAR) on assignment for the Army Reserve Medical Command Public Affairs Office.



From left to right the AR-MEDCOM team consisted of Master Sgt. Quinee B. Penales, Capt. Phan K. Ouellette, Master Sgt. Thomas O. Calarco, Maj. Heidi Skelton-Riley and Chief Warrant Officer 4 Jose V. Molano.

# AR-MEDCOM's First Pathfinder Paints Way for Fellow Medical Soldiers

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



PINELLAS PARK, Fla. – For the first time in its five year history, the Army Reserve Medical Command (AR-MEDCOM) had one of its Soldiers graduate from Army Pathfinder School.

Staff Sgt. Aaron Butler, squad leader and medical logistics sergeant with the 4225th U.S. Army Hospital in Helena, Mont., completed the course's three intensive weeks of training to earn the right to wear the Pathfinder's torch badge.

A Pathfinder is a paratrooper who is inserted or dropped into place in order to set up and operate drop zones, pickup zones, and helicopter landing sites for airborne operations, air resupply operations, or other air operations in support of the ground unit commander. They use a wide array of skills including air traffic control, ground-to-air communications, sling load operations and inspections, and drop zone and helicopter

landing zone support in order to ensure the mission is a success.

Butler, the 2009 AR-MEDCOM Soldier of the Year, deployed to Qatar, Iraq, Afghanistan and Djibouti in 2006-2007, where he worked to ensure combat units remained stocked with vital medical supplies. He is using his new skills to plan integrated training for Battle Training Assemblies with the 1/189th Aviation Battalion of the Montana National Guard.

"The skills a Pathfinder maintains have a priceless application to today's operating environment, both in training and overseas," said Butler. "I hope more Soldiers from AR-MEDCOM will be able to attend Pathfinder school in the future."

After the challenges of last year's Soldier of the Year competition, Butler wanted to push himself farther.

"The Best Warrior Competition was an amazing opportunity and an honor, and

it showed me what a little dedication can bring out of you, both physically and mentally," he said. "I took on Pathfinder school as another opportunity to challenge myself once again."

In his civilian occupation, Butler is a rancher on KG Ranch in Three Forks, Mont.



# Employer Partnership Launches Powerful Job Search Tool for Troops

Story By Lt. Col. Matt Leonard, Employer Partnership of the Armed Forces



WASHINGTON - The Employer Partnership of the Armed Forces launched its new web portal on

Nov. 12. This new portal offers Army Reserve Soldiers, their Family members, Wounded Warriors, and veterans increased capabilities when seeking employment opportunities. The portal vastly improves Employer Partner's access to talent as well.

No longer does a job seeker have to re-enter basic personal information every time a search is launched. Instead, the user simply logs in and the system can continue any previous activity. A user may now

set-up a personal profile so that he or she is able to save searches, search parameters and individual job announcements within their own "dashboard". By activating the alert option, seekers will be provided with a notification whenever a desired position is posted.

The portal offers other useful features as

well. The Resume Builder allows users to create and keep their resume available within the system. Soldiers have an additional feature available to them: access to the Pro-

gram Support Manager network for career counseling and resume assistance. The new portal's functionality improvements make the search and application process much more efficient, saving Soldiers and other job seekers time.

But the improvements don't stop there. Employers will find the new portal more useful as well. They are now able to enter position vacancies directly into the system and track those jobs, applications and views through their company dashboard. Employers may also reach in to the system and locate the resumes of qualified candidates who may not have had the chance to apply themselves. So just by posting your resume you may be contacted by an employer who needs your skills.

If you had previously used the old job search tool, you should definitely check out the new portal. Although the web link, [www.EmployerPartnership.org](http://www.EmployerPartnership.org) is the same, you are now in the driver's seat and this definitely is not your father's Oldsmobile.



# Scholarships for West Point are Untapped by Army Reserve Soldiers

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



PINELLAS PARK, Fla. — According to the U.S. Military Academy at West Point, statistics continue to show that congressionally reserved scholarship slots go unfilled every year. This included scholarship opportunities reserved for Enlisted Army Reserve Soldiers (ARS). The scholarship funds, to attend this prestigious school for free, go unused largely because Reserve Soldiers do not know the opportunity exists.

“The U.S. Military Academy (USMA) has not filled its reserved slots in decades,” said Maj. Brian Easley, the Soldiers admissions officer at the school. “For the graduating class of 2014, only 60% of 85 slots authorized by Congress for the reserve are filled.”

The standards are high and there may be challenges, but if you are between the ages of 17-22 years of age, without dependents, and nominated by your unit commander, you can be considered for one of the scholarships.

“You have the opportunity to attend one of the most prestigious Academies there is,” said Easley “West Point is looking for good Soldiers and the scholarships are there for Army Reserve Soldiers”.

Capt. Charles H. Cook, Florida state admissions commander for West Point, and assigned to Army Reserve Medical Command here in Pinellas Park, indicates that unit-level commanders and senior NCO leadership may not be aware of their unique role in fulfilling this exceptional educational opportunity for their Soldiers.

“Commanders and senior leaders need to promote this opportunity to any outstanding junior enlisted Soldiers in their unit they feel would be good officers,” said Cook. “And they must know that they are not alone in providing assistance to their enlisted members seeking appointments to West Point,” he added. “Leaders have a lifeline of support from Admissions Field Force members, or local West Point admissions officers, who are available to provide guidance and informational assistance to them throughout the process. They are a valuable extension of West Point’s Admissions Department,” stressed Cook.



Maj. Easley has 85 slots for reserve-component Soldiers in every entering class at the Academy. Currently he is unable to fill them, something he finds ‘heartbreaking’ especially since he knows there are many young Soldiers who would excel at West Point and become great officers.

Lt. Col. Laurel Hubred, Chief, Command Information at the Office of the Chief, Army Reserve (OCAR) reiterated Easley’s frustration.

“On average, only 50 seats fill each year because Reserve Soldiers are not aware about the admissions seats for prior service-connected nominations from their commander,” she said. “We are trying to get the word out about this excellent opportunity.”

This is a commander’s program. The USMA is committed to helping Soldiers reach their full potential to a commission in the Army.

“Unit commanders, first sergeants and sergeants’ majors can be the eyes and ears within their units to identify Reserve Soldiers possessing the level of academic, leadership and physical abilities required by the Academy,” said Capt. Cook.

All eligible enlisted Soldiers, interested in becoming officers, should express your desire to your senior leaders.

For further information on United States Military Academy or the United States Military Academy Prep School go to <http://admissions.usma.edu/soldiers/>, <http://admissions.westpoint.edu/soldiers/>, or contact Soldiers Admissions Office at 845-938-5780, or toll free at (800) 822-USMA. You can also reach them via e-mail at [admissions.soldier@usma.edu](mailto:admissions.soldier@usma.edu)

## You meet the basic requirements if you:

- 1] Are a U.S. citizen at time of enrollment.
- 2] Are currently unmarried and have no legal obligation to support a dependent. Expecting Soldiers are not admitted.
- 3] Are not older than 23 years of age on 1 July of the year entering USMA (22 on 1 July if entering Prep school).
- 4] Are a High School graduate or have a GED with a GT greater than 114.
- 5] Have a high moral character.
- 6] Completed Basic training prior to admission
- 7] Are medically qualified by Department of Defense Medical Evaluation Board (DoDMERB)
- 8] Are nominated by the commander on USMA Form 351-12, Aug. 2008 version.
- 9] Are eligible for reenlistment.
- 10] Submit official test scores greater than 22 on the ACT, or greater than 1500 on the new Standard Attitude Testing (SAT) including the written test.

## Some tips to follow if you do not meet all the qualifications:

- 1] If you are thinking about it, discuss it with your unit commander.
- 2] If your commander nominates you submit.
- 3] If your are turned down, resubmit.
- 4] If your re submission is turned down, submit again.
- 5] If your ACT or SAT are low, study and take it again.
- 6] If you are determined, you will persevere.
- 7] If you persevere, they see you are serious and you might just get a slot for the United States Military Academy Preparatory School (USMAPS).
- 8] If you get into USMAPS, you have one foot in the door to the prestigious USMA.
- 9] If it is your ambition, do not stop trying.

## West Point cadetship benefits:

- 1] Fully funded four-year college education that awards a Bachelor’s of Science Degree in any of 45 degree fields.
- 2] Tuition, room and board in addition to medical and dental care provided by the Army.
- 3] As a member of the Armed Forces, you will also receive an annual salary of more than \$11,000, some of which is applied toward uniforms, books, a personal computer and living incidentals.
- 4] Upon enrollment, you will receive separation orders from your unit of assignment.
- 5] Approximate total value of education and training is \$450,000.
- 6] Upon graduation, you will receive a commission as a 2nd Lt. and serve on active duty in the Army for a minimum of five years with an eight year Military Statutory Obligation (MSO).



# Family Care Plan Change Addresses Custody Questions

Story by Karen Parrish, American Forces Press Service



WASHINGTON - A recent change in Defense Department policy highlights why servicemembers and deployable civilians who also are custodial parents may want to seek legal help in arranging their children's care during deployment.

DOD Instruction 1342.19, "Family Care Plans," was revised in May to require such plans from troops and expeditionary civilians who have legal custody or joint custody of a minor child. The new policy requires these parents to attempt to obtain the consent of the noncustodial or adoptive parent to any Family care plan that would leave the child in the custody of a third party.

"We hadn't even required those people who were married, but had a blended Family, to even consider what's going to happen to that child when they're [deployed]. You can't just assume that the child will be placed with a new spouse, because you've got another parent in the picture," a Pentagon legal spokesman said. "Our new policy is focused on ensuring the noncustodial biological parent is contacted, and that [deploying servicemembers and civilians] discuss arrangements with that person."

Army Col. Shawn Shumake, director of the Pentagon's office of legal policy, said many servicemembers may believe mistakenly that their Family care plans allow them to transfer temporary custody to a child's stepparent or grandparent during a deployment. But when another biological parent is

in the picture, state courts have unanimously ruled that a parent's custodial rights take precedence.

"If you see that there's going to be a conflict [over custody], then you need to go into court before you deploy, and get the court to resolve any issues," Shumake said.

While developing a Family care plan, filers identify short- and long-term care providers, supply documentation of financial arrangements ensuring the self-sufficiency of Family members, complete transportation arrangements and designate escorts for Family members, and otherwise prove their Families' needs will be met during their absence.

Each military branch has its own regulation covering Family care plans, and the services are revising those regulations to comply with the DOD instruction, Shumake said.

The instruction, originally published in 1992, initially applied only to single-parent servicemembers. Beginning in 2008, dual-military couples with children were required to file such a plan. The policy now applies to:

- Servicemembers and civilian expeditionary work force members who have legal custody or joint custody of a minor child;
- Single parents;
- Dual-service couples with dependent Family members under the age of 19;
- Servicemembers and expeditionary civilians legally responsible for others of any age who are unable to care for themselves in their absence.

The revised instruction also incorporates Section 556 of Senate Report 111-35, National Defense Authorization Act for Fiscal Year 2010, which advises the Defense Department to:

- Ensure that commanders inform servicemembers of the overriding authority of state courts to determine child custody arrangements;
- Strongly encourage servicemembers to seek legal assistance; and
- Advise servicemembers that failure to inform the noncustodial parent about the Family care plan in anticipation of an absence can undermine the Family care plan or even render it useless.

More than half of the 2.2 million U.S. men and women serving in the military are married, and 43.7 percent of the active duty force has at least one child. More than 1.7 million American children under the age of 18 have at least one parent in the military.

Shumake said servicemembers in such Families, and their civilian counterparts, carry a dual responsibility.

"You've got to ensure the mission can be accomplished. But of course, we can't have our folks deploying and leaving children unattended," he said. "The push behind the Family care plan is to get people to think about, in a logical, established way ... how to take care of the children, and who they're going to leave them with, and to come up with contingency plans.

"It's taking care of the mission," he continued, "but it's also making sure you can be a good, responsible parent."

## Strong Bonds Update

Soldier/Family Retreats Available

Story from DoD Press Release



Between kids, keeping house, and work schedules, there isn't a lot of Family time. Sprinkle in deployments and military couples don't have much time for each other. The military has recognized the importance of Family and has adopted the Army Strong Bonds program that includes marriage enrichment retreats. With the holidays right around the corner, now is a great time to connect with the people that you love the most.

The Army pays for couples to attend the retreat, which includes sessions on communication, intimacy and conflict management. More than 70 married couples and

about 30 single Soldiers attended the Hilton Head retreat for Army reservists. The single program helps Soldiers develop healthy relationship skills. The goal of these programs is prevention -- preventing divorce, preventing bad relationships for single Soldiers, and preventing the distance that sometimes comes with the stress of everyday life.

The poor economy, job loss, marriage and parenting issues, and the stress of deployments are all main pressures that more and more Soldiers and Families are confronted with, and the military is trying to help alleviate some of those stresses. Couples are helped in strengthening the marital bond and Families learn how to

bond and parent well. Strong Bonds funding is available to include pay for the Soldier and all expenses for a Soldier and his or her Family to attend an event once a year.

Events are sponsored by an Operational/Functional/Training Command in conjunction with an RSC or as an RSC open event that allows anyone living within that region to attend. The 9th and 1st MSCs also provide events within their areas of operation.

For more information contact your unit Chaplain or for a list of upcoming events, go to: [www.strongbonds.org](http://www.strongbonds.org)



Dr. (Maj.) Miguel Krishnan, an otolaryngologist and part the 6252nd United States Army Hospital out of San Diego, examines a patient during the unit's IRT mission to the Rosebud Indian Reservation.

# Reserve Medics Provide Black Hills Community Specialists they Lack

Story by Master Sgt. Enid Ramos-Mandell, Army Reserve Medical Command Public Affairs Office. Photos from video by Capt. Sibaria F. Taylor, Southeast Medical Area Readiness Support Group Public Affairs Office.



ROSEBUD, S.D.—Each Innovative Readiness Training (IRT) mission brings something special to the communities getting served by our Citizen –Soldiers.

But a recent mission to the Black Hills brought this Sioux community a medical specialist they haven't had in years.

At the Rosebud Indian Health Service Hospital, home of the Lakota Oyate and Dakota (Sioux) Indians, the hospital has been lacking and in desperate need of an ear, nose and throat (ENT) specialist for almost three years.

During the 7214th Medical Support Unit's (MSU) Extended Combat Training (ECT) in July, they brought with them an ENT specialist the community was so sorely missing.

Dr. (Maj.) Miguel Krishnan, an otolaryngologist and part the 6252nd United States Army Hospital out of San Diego, Calif., was here supporting the 7214th MSU. He was attached to the Garden Grove, Calif. unit specifically for this mission to aid the needs of Sioux people.

As an otolaryngologist, Krishnan practices a branch of medicine and surgery that specializes in the diagnosis and treatment

of ear, nose, throat, and head and neck disorders.

Word spread fast that the 7214th had an ENT specialist and was there to provide assistance. Within the first three days of his arrival, Maj. Krishnan had performed two surgeries.

Andrea Whipple, a certified medical assistance at the Rosebud's clinic, helped spread the news that the 7214th had brought an ENT specialist to all of the communities' patients that have been on a waiting list.

According to Whipple, it is hard for the Rosebud residents to get specialty care, such as the ENT.

"Classically, with Indian Health Services we are underfunded and only priority cases will get sent to a specialist," she said.

One of the area residents Whipple called was Richard Roether, who needs a tonsil removal and has been waiting 3 months to see a specialist.

"I'm just glad that there is someone here who can actually do it so I can go home and eat a steak soon," Roether said as he laughs.

Many patients are not as lucky as Roether and have been on waiting lists for

years.

Whipple mentioned that the clinic was unable to get a hold off some patients, but the Contract Health Department, whom residents must go through for specialty referrals, provided her a list of names that went back 2 years on all the ENT cases that were still pending care.

Transportation is the biggest issue for many area residents. Even if they receive a referral for an ENT specialist, the nearest one is between 50 – 100 miles away.

"The patients were very grateful to have me here to take care of their problem and are willing to come in with short notice," said Krishnan. "Doing this mission is good, because that's another face of the U.S. military and I think it's good to be able to do this within our homeland," he added.

Krishnan examined many patients with lots of ear and nose infections, and disease. He believes that genetics can be involved.

"I've seen a lot of nasal fractures with delayed repairs that now need a full nasal Rhinoplasty in order to improve the breathing problems," he explained.

Nasal fractures are not considered a priority, nor are they approved to go to the specialist and so a back log of nose cases

increases. Requests for treatment or surgery must go through a committee for approval for funds from the government since most Sioux and Lakota Indians do not have health insurance.

“Our goal here was to relieve the patient load on the permanent staff by treating the backlog of patients created by a shortage in specialty fields,” said 1st Lt. Christian Martinez, hospital administrator and health care specialist for the 7214th. “Plus, not all of our medical Soldiers are employed in the healthcare field in their civilian jobs. This is a whole different environment from where we are stationed in Southern California and it is providing our Citizen-Soldiers medics’ great experience.”

According to unit records, 80 percent of the ENT patients treated were children.

“They were so grateful to get immediate relief and be able to hear, breathe or swallow without difficulty,” stated Krishnan.

Martinez agreed.

“It went from being a simple training mission to a mission where everyone’s glad they’re here and I’m kind of disappointed we only get two weeks here,” he said.

The feedback the Soldiers received from the patients was overly gratifying.

“It’s nice they came out here to do this stuff,” said Richard Roether referring to his surgery. “It’s really cool that they took time out of their schedules to come here and help us and our hospital.”

“It’s missions like these that make you proud to wear the uniform,” said Sgt. Kenneth R. Fraley, an optometry technician with the unit. “To come and meet people that are so grateful for us to be here and to provide the skills that we have and perform them at the excellent level we always do, makes me proud,” he added.

Over the course of their two-week ECT, the 7214th MSU provided many needed medical services to this Black Hills community, but the over-arching success of their mission was resonated by the ENT specialty care locals received.

“I’m really looking forward to that steak,” said Roether.



Dr. (Maj.) Miguel Krishnan, an otolaryngologist and part the 6252nd United States Army Hospital out of San Diego, examines Richard Roether during the unit’s IRT mission to the Rosebud Indian Reservation.

# Dental Tech Helps Those in Need – In and Out of Uniform

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



ROSEBUD, S.D. — Alone, a young courageous mother came to America from Mexico looking for a better life for her unborn child.

Sgt. Nestor Hernandez was that child she sought betterment for over 44 years ago. Now, as a Citizen-Soldier, he is giving back to America in both his civilian and military careers.

As a Soldier, Hernandez, a dental technician with the 7214th Medical Support Unit, recently helped provide medical support for the Rosebud Indian Health Service Hospital under the Innovative Readiness Training program. The unit came to Rosebud from Garden Grove, Calif. to help the local populous with medical care.

“It made me feel really good to help the Rosebud community,” he said.

As a dental technician, he helped the unit check and clean over 100 patients in this economically depressed area of the Black Hills.

As a civilian, he is an eligibility worker 3(EW3) with the LA County Social Services and works with the Intergraded Fraud Detection Services (IFDS). He helps people, not unlike his mother years ago, navigate the governmental aid system so they can legally get the benefits they are entitled to.

“For approximately four years my mom struggled and tried to work a small ranch to give me a better life,” said Hernandez.

Initially, his mother was unable to make it financially in America, due to the monetary challenges of raising a child on her own, while trying to work as well. She returned to her native Mexico, but persevered in her dream of a better life and returned to Los Angeles with Hernandez.

Her perseverance paid off for him as well.

“She instilled in me the value of hard work and helping others,” said Hernandez, the first generation in his family to be born in America.

“It was a long hard journey before

I arrived at this position,” he said. “I worked multiple jobs to make ends meet before a friend told me about a position with Social Services.”

Wanting to help others and better himself, he decided to take a chance and after passing a written test, he was hired.

“I had to complete 60 units of college credits of a bachelor’s degree just to hold the position I am in now,” said Hernandez.

He is in charge of abstract information from the State on employment. Through the employment office, he can uncover identity theft and social security numbers used by undocumented people.

Additionally, one of the routine steps his office does is send out letters informing the individuals concerned about their possible eligibility for welfare - which includes medical care, food stamps, California-Works (a program that helps low income Families by training and educating) and GAIN (greater avenues for independence) which helps residents find work.

“I love my job because I’m helping the economy (by stopping ID fraud) and stopping those who take advantage of it,” he said. “Plus, I am able to help people, who like my mother years ago, needed help, but didn’t know how to get it legally.”

Hernandez has been with the Social Services for sixteen years and has been a part of the Army Reserve since 1995. He also served on active duty in 1984.

“I am thankful for what my mother did for me years ago, and I am thankful that my military and civilian jobs help me give back to others who are looking for a better life.”



Sgt. Nestor Hernandez

# Real World Scenarios Keeps Medics Trained – And Credentialed

## Soldiers Train With Their Civilian Counterparts To Retain Qualifications

Story by Spc. Lisa Soule, photos by Spc. Amber Hoy, 314th Public Affairs Operation Center



BIRMINGHAM, Ala. - Army Reserve medical Soldiers earned the Continuing Education Units (CEUs) they need by teaming with a civilian professional medical organization.

A military sustainment conference offered in conjunction with the National Federation of Licensed Practical Nurses annual convention in Birmingham Oct. 20-25, provided a unique opportunity for combat medics.

“This setting provides real-world training to keep these Soldiers MOS (military occupational specialty) qualified,” said the Medical Readiness Training Command’s Sgt. Maj. Michael Robinson who coordinated the program that provides similar services for civilian LPNs.

While their civilian counterparts attended meetings and training classes, Soldiers in the sustainment conference

earned the credits they need to maintain their MOS as combat medics and medics with a licensed practical nurse skill identifier. National Guard Soldiers also attended the training, taking advantage of a 72-hour program that keeps their Soldier medical skills up-to-date.



Staff Sgt. David Solomon (left), APMC Forest Park, Ga. and Sgt. Lee Collins, 926th Engineer Battalion, lift their manikin patient into a medical vehicle during competition.

The opportunity allowed Soldiers to get the credits they need without impacting monthly battle assembly scheduled time or unit funds. Combat medics from units

throughout the United States and Germany were able to attend the program on orders funded by the Human Resources Command.

Army combat medics need a total of 72 CEUs every two years to keep their

qualification. For Army Reserve Soldiers, particularly those who don’t work in the medical field in their civilian capacity, earning the needed credits can pose a challenge.

Spc. Ian Powers of the 399th Combat Support Hospital in Taunton, Miss., said the conference kept him from scrambling to stay MOS qualified. “I needed the CEUs and this environment made it interesting and informative.”

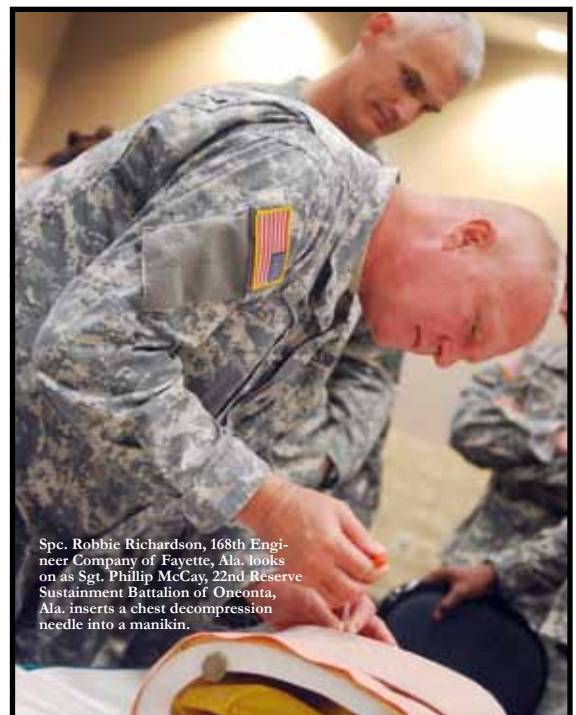
The program that matches Soldiers with the nurse organization kicked off three years ago and has grown since its inception. Coordinators say more Soldiers could benefit if they knew about the program that has become an annual offering since 2008.

“We are still trying to get the word out about this opportunity,” said Anjeanette Sausedo who serves as membership chair for the National Federation of Licensed Practical Nurses. “Regulations differ in every state and military LPNs and medics require more training. We are happy to use our resources to help facilitate meeting those needs.”

This year’s training culminated in a medical simulation warrior competition that took the medics training to a simulated battlefield.



Team 1 lifts their stretcher over a wall during the medical simulation warrior competition part of their training.



Spc. Robbie Richardson, 168th Engineer Company of Fayette, Ala. looks on as Sgt. Phillip McCay, 22nd Reserve Sustainment Battalion of Onconta, Ala. inserts a chest decompression needle into a manikin.

Master Sgt. T'resay Drape-Jones, 7-303rd of Augusta, Ga., pulls security for her team during medical simulation warrior competition.



Scenarios included a civilian couple carrying a baby on the battlefield and the erratic behavior of an embedded reporter. Life-like training mannequins coughed and groaned in pain as Soldiers tended to their wounds while warding off potential attacks.

Soldiers had to low crawl under barbed wire and scale a wall with a litter before loading the casualties onto an ambulance. The ambulance came under attack and the victims had to be unloaded and transported to a Blackhawk helicopter.

Sgt. Kevin Barry of the 196th Medical Support Unit-Europe, said after days of classroom training, he was glad to have the opportunity to put the skills he had learned



Pfc. William Watt (right), 7242 MSU watches as Spc. Angela Langley, 399th CSF inserts nasopharyngeal tube during the warrior competition.

to the test.

"It's nice to apply what we've learned and really think through the scenarios," Barry said. "The situations were confusing, but anything can happen in a battlefield environment."



# Army Reserve Gears Up For Mass Attack

## Reserve Medical Troops Prepare for the Worst During Exercise

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



EDINBURGH, Ind. – Army Reserve Soldiers flooded into the Camp Atterbury Joint Maneuver Training Center to participate in the mass decontamination and casualty exercise known as Vibrant Response. The two-week

simulated training exercise, that commenced July 12, was designed to train responders in dealing with the after-effects of a dirty bomb, and the hysteria that an event may trigger.

Warrior Medics with the 5010th and 4224th United States Army Hospitals (USAH) each participated in the exercise.

They responded to thousands of casualties generated by the scenario while working outside the Muscatatuck Urban Training Center in Butlerville, Ind., 50 miles south of Camp Atterbury.

Each unit transported their own medical equipment between training centers as part of the exercise, giving them experience in loading their gear, convoying into an affected area and setting up treatment facilities once there.

“After 9-11 the world changed. We must prepare for any kind of catastrophic event,” said Maj. Luis Ramos, a field surgeon with the 5010th. “It doesn’t have to be chemical, biological, radiological, or nuclear attack. It could be a natural disaster. We must be prepared (for anything) and that’s what we are doing (here),” he added.

Vibrant Response is a field training exercise for a chemical, biological, radiological, nuclear, high-yield explosive (CBRNE) consequence management response force (CMRF) or CCMRF for short. It is managed by U.S. Army North under the U.S. Northern Command (NORTHCOM).

About 3,500 people from 17 states and the Commonwealth of Puerto Rico participated in the exercise and responded to a simulated detonation of a 10-kiloton radiological device – more commonly known as

a dirty nuclear bomb.

Participants included military members as well as multi-level response teams from local, state, and federal levels, such as the federal emergency management agency (FEMA). All were involved in the exercise in an effort to hone their response times

well which will overwhelm the system,” he said as a reminder to his Soldiers to be prepared. Ramos has been an Army Reserve physician for 14 years.

This Vibrant Response exercise was the second event in a series of training for the CCMRF and Army Reserve Surgical Nurse, Capt. Teresa Rader. Rader, part of the 4224th USAH, says it gives her a chance to test her medical skills.

“I expected chaos, but mostly I was hoping to really learn what our role is,” she said. “I don’t think you can truly learn what your role is until you see it in practice. We need to be in a constant state of preparedness,” she added.

Adm. Winnefeld, Jr. commended the mission’s results.

“These CCMRF warriors proved beyond a doubt that they are superbly prepared for their challenging mission. I left Indiana firmly knowing what I believed all along -- that U.S. Army North and the members for the CCMRF are critical assets to the United States in

response to a potentially catastrophic event.”

While the Army Reserve Soldiers expressed excitement anticipating the first CBRNE casualty scenario, the sentiment was the same around the camp.

“We pray we never have to use the skills that we are learning and practicing, but if it [CBRNE

attack] happens...we will just stand ready,” said Staff Sergeant Maribel Brown, a licensed practical nurse with the 5010th USAH from San Antonio, Texas.

The 5010th USAH and 7224th USAH are part of the Southeast and Central Medical Area Readiness Support Group respectively, subordinate units under the Army Reserve Medical Command. They were assigned to the CCMRF mission based on their capabilities and the projected medical needs of the response forces and will continue to support it through 2011.

The Vibrant Response 10.2 exercise began July 10th and ended July 24th.

**Editor’s Note:** Also contributing to the story was Lt. Col. William D. Ritter



Scenes of desperation greeted Reserve Soldiers as they responded to the needs of role playing residents in the Vibrant Response mass casualty response exercise.



and medical skills in the aftermath of a terrorist attack in the U.S.

In his blog to his troops, NORTHCOM commander, Adm. James A. Winnefeld, Jr. praised participants.

“This CCMRF, comprised of forces mainly from the Reserve component, responded to this demanding scenario magnificently and showed me that they will continue to have a significant role in our Nation’s response capabilities”

As part of his civilian career, Maj. Ramos heads a chemical burning decontamination unit at Dwight Eisenhower Army Medical Center, Fort Gordon. He brought 53 Soldiers from the 5010th USAH, comprised of doctors, nurses, and medics to the Indiana event.

“For every casualty there will be five worried healthy people seeking assistance because they too believe that they have been exposed,” said Ramos. “They will be seeking help at the health facilities as

# Officer Beats Suicide, Helps Others

Story and photo by Alexandra Hemmerly-Brown, Army News Service



WASHINGTON - Walking her cousin's dog past a cemetery on a winter day in 2009, Army Capt. Emily Stehr realized she envied the bodies buried there -- they had peace.

That was the day she recognized she was suicidal.

"I started to fixate on death, especially my own death. ... I would think of different ways to kill myself," Stehr confessed.

Enveloped in what she calls a "shroud of suicide," Stehr battled with a feeling of hopelessness upon returning from a 15-month deployment to Iraq. Stehr had struggled with depression prior to her deployment, she said, but this was different.

A physical therapist, Stehr helped to nurse injured Soldiers of the 2nd Stryker Cavalry Regiment back to health so they could return to the fight -- a job that she said caused her anger and grief when many of her former patients went on to be killed in combat.

Stehr experienced accumulative trauma and compassion fatigue; she was jittery around crowds, having trouble sleeping, and her anxiety level increased. She kept waiting for her life to go back to "normal" after her deployment, but it didn't.

What eventually pushed Stehr to her limit was reading an e-mail from a deployed co-worker who had witnessed the death of a combat medic -- the Soldier had bled to death from shrapnel cutting a major artery in her neck.

"For me, that was the straw that broke the camel's back. ... I thought, 'I'm done. Done with pain, done with life,'" Stehr said.

That day, she added, she knew she was going to end up either in the hospital or dead. She chose the hospital.

Stehr admitted herself to the Landstuhl Regional Medical Center in Germany. Go-

ing in, she said, she was consumed with taking her life. But when she walked out, she was determined to live.

"It was quite a transformation to happen in one week. ... I learned that I was sick, but not crazy or defective," she said. "Thankfully, I learned that there is something you can do if you are suicidal." Stehr began cognitive behavioral therapy, joined a depression-management group and is learning how to analyze and steer her thoughts.

"I didn't really realize how angry I was," Stehr admitted. "I'm at such a healthier place now where I know how to cope."

Stehr said part of the reason it was hard for her to ask for help is she knew the stigma associated with suicide would follow her. "No one would say the 's' word," she said. "The stigma tells us that people with mental health problems are crazy or weak or defective. ... I've actually been told that I am a less-quality person because I've had struggles with suicide."

But Stehr wants Soldiers to know that emotional injuries are just as legitimate as physical ones -- they are just invisible. She also said there are repercussions when a healthy person voluntarily elects to die.

"It's like a candle going out and there's less light in the world. ... [It's] a representation of hope extinguished," she said.

At her lowest point, Stehr said, she believed no one would miss her if she was gone, but she added that she now knows her suicide would have hurt many people -- especially her husband, who has been supportive throughout her struggle.

"Don't believe the lies. ... Don't believe your thoughts and feelings. You don't have to kill yourself to escape your pain," she



said. "There is a way out."

Stehr's advice to friends and Family members of a person who is battling suicide is to treat it as a medical emergency and to get their loved one to a mental-health professional or a hospital as soon as possible.

Stehr has now made it her mission to tell her story in hopes that it will reach and stop those contemplating suicide.

"I'll always tell my story if it will help someone not kill themselves," she said.

And while she still struggles with depression, especially on death anniversaries of friends she has lost, Stehr said, suicide is no longer an option.

Her story already has helped others. She recently received word that a social worker's patient accepted treatment after watching a video featuring Stehr.

"That makes everything worth it," Stehr said of what she's been through. "That's my vindication."

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



**For Soldiers and Department of the Army Civilians (DACs):**  
Chaplains:  
404-464-480/8475/8478/8473/8472

**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

## NATIONAL SUICIDE PREVENTION LIFELINE: 800-273-8255

## Coming Next Issue, a 2010 IRT/ECT Wrap-up, Featuring...



**IRT - FORT BELKNAP, MONTANA**



**FORT CARSON ECT**



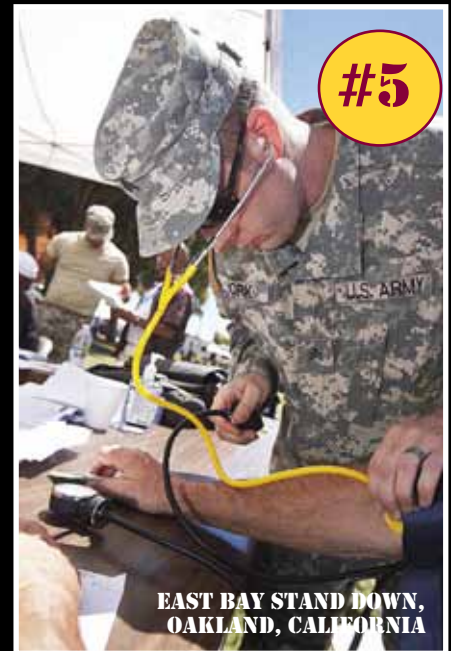
**FORT MCCOY R3U DENTAL**



**VETERINARIAN IRT,  
LAME DEER, MONTANA**



**SANTA YNEZ, CALIF**



**EAST BAY STAND DOWN,  
OAKLAND, CALIFORNIA**

#1) The 7210th Medical Support Unit conducted a medical mission at the Fort Belknap Indian Reservation. Shown here is Staff Sgt. Fabian Basurto from the 7210th. Photo by Capt. Michael Condon, Central Medical Area Readiness Support Group (CE-MARS) Public Affairs Office (PAO). #2) The 5502nd United States Army Hospital, a reserve unit based out of Aurora, Colo., spent a month this past summer augmenting the staff at Fort Carson's Evans Army Community Hospital, to hone their skills and lesson the work load of the facility. Shown here is Spc. Ga Li with the 5502nd. Photo by Capt. Michael Condon, CE-MARS PAO. #3) The Ready Response Reserve Unit (R3U) Dental Program mission at Fort McCoy, Wis. with Soldiers from the 4220th United States Army Hospital and the 7238th Medical Support Unit. Shown here is Maj. Juana Luster from the 7238th. Photo by Capt. Michael Condon, CE-MARS PAO. #4) The 7229th Medical Support Unit (MSU) from Fort Lewis, Wash. provided the Northern Cheyenne Indian Reservation Tribe with medical, dental and veterinarian care here in Lame Deer. Shown here is Maj. Dana M. Dobbs with the 7229th. Photo by Master Sgt. Enid Ramos-Mandell, AR-MEDCOM PAO. #5) 7202nd Medical Support Unit (MSU) out of Richmond, Virginia, arrived ready to do what they know best with their team of medical and dental professionals to support the Santa Barbara County community as part of their Extended Combat Training (ECT), Individual Readiness Training (IRT) Program, which in turn is supporting the "Operation Walking Shield" program. Shown here is Col. Robert Spiller (left) and Staff Sgt. Marc R. Tacic, 7202nd. Photo by Master Sgt. Enid Ramos-Mandell, #6) AR-MEDCOM PAO. The Western Medical Area Readiness Support Group (WE-MARS) worked at the East Bay Stand Down at Alameda County Fair Grounds in Pleasanton, Calif., Aug. 5, serving homeless veterans. Shown here is Sgt. Jerrod K. York, 35, an Army Medic/Army Nurse for the WE-MARS. Photo by Staff Sgt. Marla R. Keown, 207th Public Affairs Detachment.

## Warrior Medics in Action!