

The Pulse



THE OFFICIAL MAGAZINE OF THE 807TH MDSC
SUMMER/FALL 2010. VOLUME 1. ISSUE 1

Medical Diplomacy

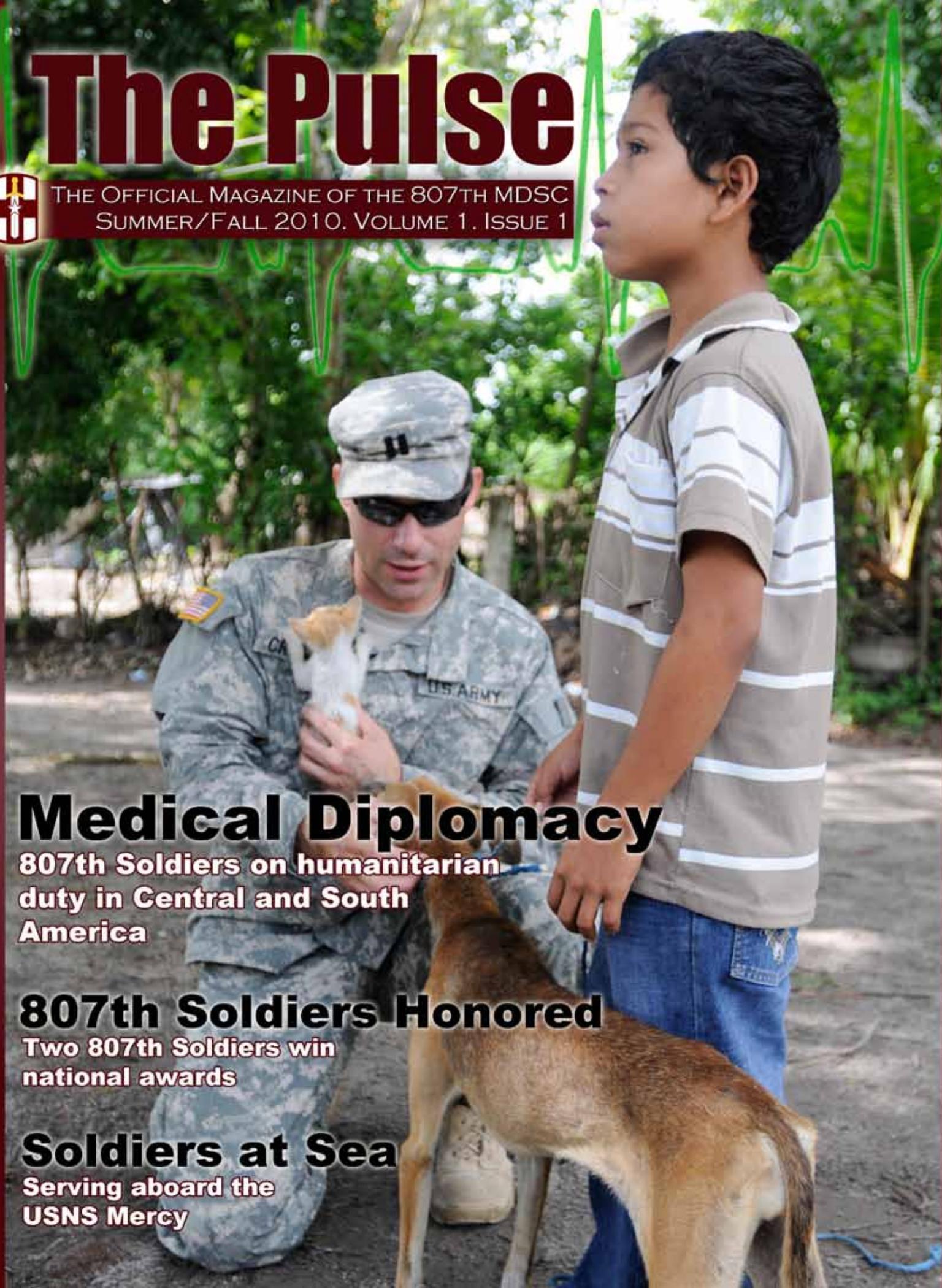
807th Soldiers on humanitarian
duty in Central and South
America

807th Soldiers Honored

Two 807th Soldiers win
national awards

Soldiers at Sea

Serving aboard the
USNS Mercy



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First Words



From the Commanding General

It has been a humbling experience to lead the 807th Medical Command (MEDCOM) in its transformation to the 807th Medical Command (Deployment Support) (MDSC) in the past two years. We have been able to overcome many insurmountable obstacles and challenges due to collective effort and hard work from all our stakeholders.

The 807th story is like a journey. It began on Nov. 22, 1944 in England during World War II. Throughout the years with each U.S. Army reorganization and transformation, the 807th came out stronger and took on more responsibility to support national security and serve our nation. This is not the result of mere coincidence or luck. It is an accumulation of years of hard work by hundreds upon thousands of former 807th leaders and Soldiers. They built a solid foundation which enabled the organization to grow.

We are entering a different era as a theater medical command in the new operational Army Reserve environment. Since 9/11, thousands of Soldiers have worn 807th patches and served honorably in Afghanistan, Iraq, Kuwait, and Qatar to support overseas contingency operations. At the same time, thousands of 807th Soldiers have been deployed on land and sea throughout the U.S., in South and Central America, the Caribbean, the Pacific, Europe, Africa, and even inside the Arctic Circle as a part of theater stability operations medical engagements. We are an integral part of the U.S. Military's global outreach and will continue to be so in the years to come.

With the large formation within our command in this ever-changing environment, it is vital for all 807th Soldiers to be well informed of who we are, what we do, and how we did it. This magazine belongs to each and every one of you. I sincerely hope you take the time to enjoy it and witness the vibrant spirit which permeates throughout this command and feel the true "Pulse" of the 807th MDSC.

Maj. Gen. L.P. Chang
Commanding

Credits:

Cover Photo: Capt. Daniel Crowell of the 993rd Medical Detachment (Veterinary Services) pets a young Salvadoran boy's dog while on a medical readiness exercise in San Vicente, El Salvador. Crowell, a native of Lamoille, Nev., helped vaccinate over 1,200 animals during a two-week mission.

Table of Contents: Sgts. Alicia and David Rider of the 256th Combat Support Hospital say a quick prayer before lunch at the U.S. Army Reserve Best Warrior Competition in Fort McCoy, Wis. Sgt. David Rider won the 2010 non-commissioned officer competition.

Submissions:

The Pulse invites articles, story ideas, photographs, or other materials of interest to members of the 807th MDSC. Manuscripts and other comments to the editor should be addressed to Commander, 807th MDSC, Attn: Public Affairs (*The Pulse*), 105 Soldier's Circle, Fort Douglas, UT 84113. All articles must be submitted electronically or on CD. Electronic submissions should be sent to matthew.lawrence@usar.army.mil. Unsolicited manuscripts and photographs will not be returned.

807th MDSC Lineage & Honors

Oct. 27, 1944 - The 807th Medical Service Detachment is created and introduced to the United States Army

Nov. 22, 1944 - 807th Medical Detachment is activated in England

April 10, 1945 - the 807th Medical Detachment is reorganized and redesignated as the Headquarters and Headquarters Detachment, 807th Hospital Center

Oct. 27, 1945 - Inactivated at Camp Sibert, Alabama

29 January 1948 - The 807th Hospital Center is allotted to the Organized Reserves and assigned to the Fourth Army (later redesignated as the Fourth United States Army)

Feb. 16, 1948 - Activated in Oklahoma City

March 25, 1948 - The Organized Reserves are redesignated as the Organized Reserve Corps before being finally redesignated on July 9, 1952 as the Army Reserve

Aug. 29, 1949 - The 807th is reorganized and redesignated as Headquarters, 807th Hospital Center

Dec. 1, 1950 - The Headquarters, 807th Hospital Center is inactivated in Oklahoma City

May 10, 1956 - Headquarters, 807th Hospital Center is activated again in Galveston, Texas

Jan. 1, 1966 - The 807th Hospital Center moves from Galveston to Mesquite, Texas

June 30, 1971 - The 807th Hospital Center is relieved from assignment to the Fourth United States Army and is assigned to the Fifth United States Army

Oct. 1, 1975 - The Headquarters, 807th Hospital Center is reorganized and redesignated as Headquarters and Headquarters Detachment, 807th Hospital Center

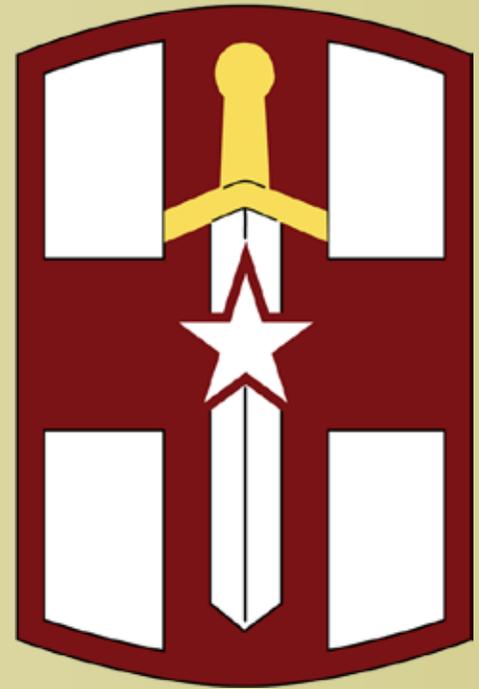
June 30, 1976 - The unit is once again reorganized and redesignated, this time as Headquarters and Headquarters Detachment, 807th Medical Brigade

Oct. 1, 1976 - Reorganized and redesignated as Headquarters and Headquarters Company, 807th Medical Brigade

April 13, 1979 - The 807th moves from Mesquite to Seagoville, Texas

Sept. 16, 2002 - The 807th is reorganized and redesignated as Headquarters and Headquarters Company, 807th Medical Command

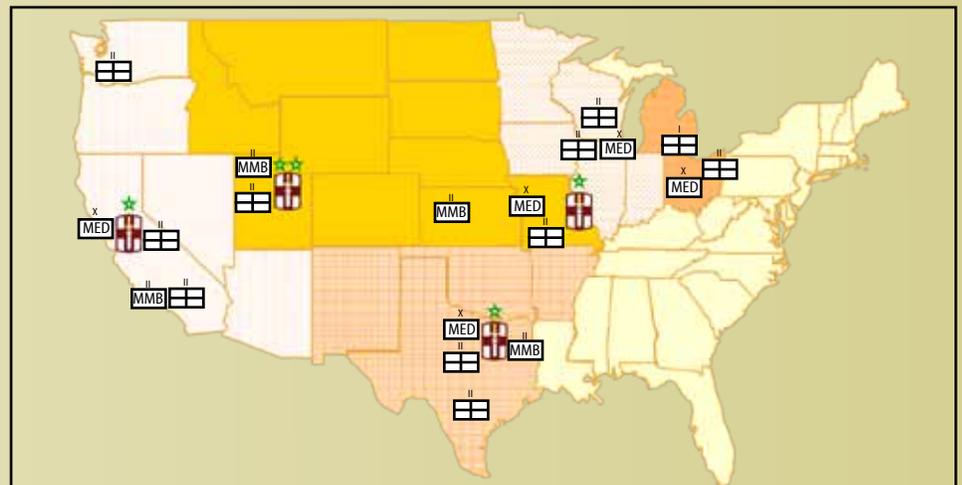
Oct. 15, 2008 - The 807th Medical Command is inactivated in Seagoville, Texas



above: The shoulder sleeve insignia of the 807th MDSC incorporates the cross and sword signifying medical service in the military. The star represents Texas, where the 807th was stationed when the patch was commissioned.

below: A map of 807th MDSC's command structure, along with deputy commanding generals, and command and brigade headquarters locations.

Oct. 16, 2008 - The 807th Medical Command (Deployment Support) is activated at Fort Douglas, Utah and is designated as the theatre medical command to support SOUTHCOM



807th NCO Wins Army Reso

Story by Staff Sgt. Adam Stone
FORT MCCOY, Wis. -- Sgt. David W. Rider of the 256th Combat Support Hospital in Twinsburg, Ohio, has won the Army Reserve's Best Warrior competition held at Fort McCoy from July 25-31.

This is the second year in a row that a medical Soldier has won the non-commissioned officer category of the competition.

The event began with 29 Soldiers competing in two categories (junior enlisted and non-commissioned officer) and finished with 25. Rider, a Strongsville, Ohio native, didn't think he ever placed first in an event. However, he finished second in several contests such as the 2-mile run, the 10-kilometer road march and the combatives competition.

"The competitors they had out there were some outstanding Soldiers. There were some really, really great Soldiers and they were great people, too," said Rider. "When they called my name, I didn't expect it and was in disbelief. I was happy that all my hard work had paid off in a positive manner."

Rider is the first to acknowledge that he couldn't have won it on his own. He had been training hard since February for the events with the help of his first sergeant, 1st Sgt. John Milburn. Milburn had to attend required medical training and couldn't be his sponsor for the Army Reserve level competition. That's when Rider's wife, Sgt. Alicia Rider, stepped up and became his sponsor.

Alicia was happy to step up and fill the responsibility of being her husband's sponsor.

"I wanted to be here to support

him," she said, "but it became more important to me when I found out how important it was to him."

She helped him train by quizzing him endlessly and providing moral support.

"He made up a bunch of note-cards and we would go over those before we went to bed," she said. "I would go on the road marches with him, but I wouldn't wear all of that gear."

There were limits, though. She said that she couldn't help train him much on the combatives.

David and Alicia met three years ago during a stateside mobilization, while they were both working at the Armed Services Blood Program in Fort Gordon, Ga., and were married only two months prior to the Army Reserve competition.

The Best Warrior training and regional competitions changed their wedding plans at least three

times before they finally settled on June 3rd. Their three-day honeymoon was wedged in between the wedding and the Army's Air Assault School, which David completed in June.

Both Riders are attending college



Photo by Tim Hale, Army Reserve Public Affairs



erve's "Best Warrior" Title



to earn their bachelor's degrees in nursing. David is in the second year of the nursing program at the University of Akron, where he maintains a 4.0 GPA, and Alicia has one semester remaining in her studies at Kent State University.

The Soldiers vying for the title of "Best Warrior" go before a board of Sergeants Major, complete four written essays, and compete in several military and physical events, to include a physical fitness test, 10-kilometer road march, day and night land navigation, common warrior tasks, a combatives tournament, and several mystery events. The Soldiers complete these events on about four hours of sleep.

Many times, land navigation events are conducted during the day and then continued at night. This competition did it the other way around.

"We plotted our points the night before, and I got up at 1:45 the next morning," said Rider. "We started at 4:00am. When the sun came up, that was day land nav."

The Army Reserve Best Warrior competition doesn't give the Soldiers score updates after any of the

events. This is to avoid game-play where Soldiers can develop strategies where they need to place in an event or possibly give up if they are too far behind. The competition wanted every Soldier to try their hardest in every event and treat them all as if they would be the difference maker.

Rider had no idea how well he would do in some events. He could only rely on his practice road marches, his constant running, and endless stack of note cards. For him, the keys were consistency and knowing that he couldn't win on his own.

"My competitive edge was that my medical training set me up really well to take care of those events, along with the MPs [military police] we have running around my unit," said Rider. "And my first sergeant helped me where I was weak."

Rider will now compete in the U.S. Army's Best Warrior competition in October at Fort Lee, Va. He will compete against the National Guard champion and ten active duty non-commissioned officers for the overall title of Best Warrior.

Photo by Sgt. 1st Class Ron Burke, Army Reserve Public Affairs

top: Sgt. David Rider holds on to an arm bar as Sgt. 1st Class Martin Rodriguez from Aurora, Colo., desperately tries to get him to release it. Rider won this match and finished second in combatives.

bottom left: Sgt. David Rider nears the finish line of the 2-mile run event of the Army Physical Fitness Test at the Best Warrior competition at Fort McCoy, Wis. The competition featured 30 of the best Soldiers in the Army Reserve competing over five days of military events.

bottom center: Sgt. David Rider is quizzed by his wife and sponsor, Sgt. Alicia Rider, prior to the NCO board during the Best Warrior competition. The continuous quizzing paid off in Sgt. Rider's ability to answer questions on military subjects.

bottom right: Sgt. David Rider accepts applause for winning the Best Warrior competition. He is flanked by Lt. Gen. Stultz and his wife, Sgt. Alicia Rider. This is the second year in a row that a medical Soldier has won the NCO competition.



Photo by Sgt. 1st Class Ron Burke, Army Reserve Public Affairs

Photo by Staff Sgt. Mark Burrell, Army Reserve Public Affairs

807TH MDSC SOLDIER NAMED R TRANSPORTATION OFFICER OF

Story by Maj. Matt Lawrence

FORT LEE, Va. -- 1st Lt. Laupati Solaita of Pittsburg, Calif., is not a regular junior officer. He is an Olympic caliber athlete, helps run an online transportation business, is involved in containing the Gulf Oil spill, and is deeply involved in international humanitarian efforts. He is an example of what the Army hopes all its Soldiers strive to achieve.

The Transportation Corps has selected Solaita as this year's Regimental Officer of the Year. Only one officer from each the active and reserve components receive the award, as well as one warrant officer from each component. The award is given to leaders who go well above and beyond the call of duty.

Solaita understands that he didn't achieve this on his own.

"I received this award not just for myself, but for everybody that I've encountered in my career," said Solaita.

While it is unusual for a transportation award to be given to an officer in a medical unit, Solaita doesn't feel out of place in the medical field. "It's just like being a supply sergeant in a medical unit," he said.

Solaita currently serves as the 2nd Medical Brigade's CCMRF (CBRNE Consequence Manage-

ment Response Force) transportation liaison officer. This is a Homeland Defense mission that prepares the Army Reserve's emergency response in the event of a major natural disaster or terrorist attack. Solaita is responsible for ensuring that



1st Lt. Laupati Solaita receives the Transportation Corps Regimental Officer of the Year award from Maj. Gen. (Ret.) Fred E. Elam, Honorable Colonel of the Transportation Corps, at Fort Lee, Va. on July 9. Solaita is a logistics officer in the 2nd Medical Brigade, San Pablo, Calif.

emergency medical supplies and transportation assets are ready in the event that they are needed.

Solaita spent 14 years as an enlisted Soldier before applying for, and receiving, a direct commission in 2007. He graduated from the Transportation Basic Officer Leadership Course in August 2009 with a leadership award from his peers.

After his day of work with 2nd

Brigade, Solaita often spends evenings on the phone with the Coast Guard. One of the family businesses that he still helps operate is an oil spill response firm that largely serves the San Francisco Bay Area and its ports.

"I pretty much wrote our oil spill response manual," he said.

He is also coordinating assistance in the Gulf of Mexico with the British Petroleum spill. "I'm working with the Coast Guard to get them (a couple spill response teams) out there and not hurt our response effectiveness back home."

Solaita has also been involved in humanitarian efforts. He and his brother created a web site immediately after the September 2009 earthquake and tsunami in the South Pacific that claimed the lives of over 150 people in his homeland of American Samoa.

The web site helped people direct their donations for tsunami relief aid and shipment of aid to the island. The site helped raise over \$15,000 in aid in the month immediately following the disaster from local non-profit organizations in California. In addition, he helped organize volunteers to deliver first aid supplies and medicine to the affected island.

Solaita is an excellent baseball player, and has represented American Samoa in international competitions as a pitcher and

Photo courtesy of 1st Lt. Laupati Solaita, 2nd Medical Brigade

REGIMENTAL THE YEAR

infielder for several years. He has played in the South Pacific Games every four years since 1995 and tried to qualify with his countrymen for the 1996, 2000, and 2004 Olympic Games. Although the team never qualified, Solaita said it was an honor to compete for his country. He has also represented American Samoa internationally in track and field competitions in the discus and shot put.

Solaita was born in California, but was raised in American Samoa. He said the options are limited there.

"In the islands, when you graduate from high school, you either have a scholarship, you work at the canneries, or you join the military," he said.

Tuna fishing and canning is the island's only major industry.

He joined the Army Reserve in 1993 as a medic with the 442nd Infantry Regiment, the only remaining Army Reserve ground combat unit.

He believes that the Army Reserve offers not only good tangible education benefits, but also gives people a sense of responsibility and the ability to work in a fluid environment that can help their civilian jobs.

"Being able to multi task in different areas and be held accountable carries over," said Solaita.

Solaita received the award at the 2010 Transportation Corps Warrior Recognition Ceremony at Fort Eustis on July 9.

Know and Involve Your Soldiers

by Command Sgt. Maj. Alan Elwood

Our Soldiers are the most valuable resource we have in the Army Reserve. Without them and the expertise they bring to our units, all the plans and equipment in the world would mean nothing. Therefore, we as leaders need to ensure we make every effort to retain those Soldiers and get to know them and their families.

Retaining Soldiers is not an easy job. While Soldiers join the Army Reserve for many reasons, they all want to be challenged and believe that they are making a difference. Ensuring that training is tough and challenging is the best way to keep Soldiers involved. No one ever wants to show up to their battle assembly and do menial work or nothing at all.

Soldiers also need to know that their leadership is taking care of them. We have several programs at all levels that are intended to do this from sponsorship programs to awards and evaluations. It is often the non-commissioned officers who need to ensure that these programs are being done to standard.

Our command is continuously working to process non-participant Soldiers from the Army Reserve ranks. The first line leaders of those Soldiers need to ensure that every effort has been made to retain those Soldiers and get them to fulfill their military obligation. Processing them out of the Army Reserve should be a last resort.

This means that squad leaders and section sergeants need to call and visit non-participants at home

or work. First line leaders need to know their Soldiers and be able to counsel and advise them on how to make the most out of their Army Reserve career.

Knowing our Soldiers well also helps curb a disturbing trend in the Army Reserve of Soldiers committing suicide. This year is scheduled to be the worst year ever for Army and the Army Reserve. The 807th MDSC is not immune to this problem, as we have had five suicides in the past 12 months as well.

As in many suicide cases, there were signs that one of these young Soldiers was having problems both during her deployment and afterwards. Friends and junior leaders around her noticed some warning signs, but failed to reach out and help her. The result is that the Army Reserve needlessly lost a Soldier and her daughter will now live without a mother.

September may have been the month designated for the Army's major suicide prevention program, but the effort cannot stop there. Catching the warning signs and doing something about it requires constant vigilance and first line leader involvement. Our first line of defense in the battle against suicide is those junior non-commissioned officers. But they cannot do this alone, our non-commissioned officers throughout the chain of concern must advise each other and keep each other focused on our goals. Working together, we can ensure the long-term health of the 807th MDSC and its Soldiers.

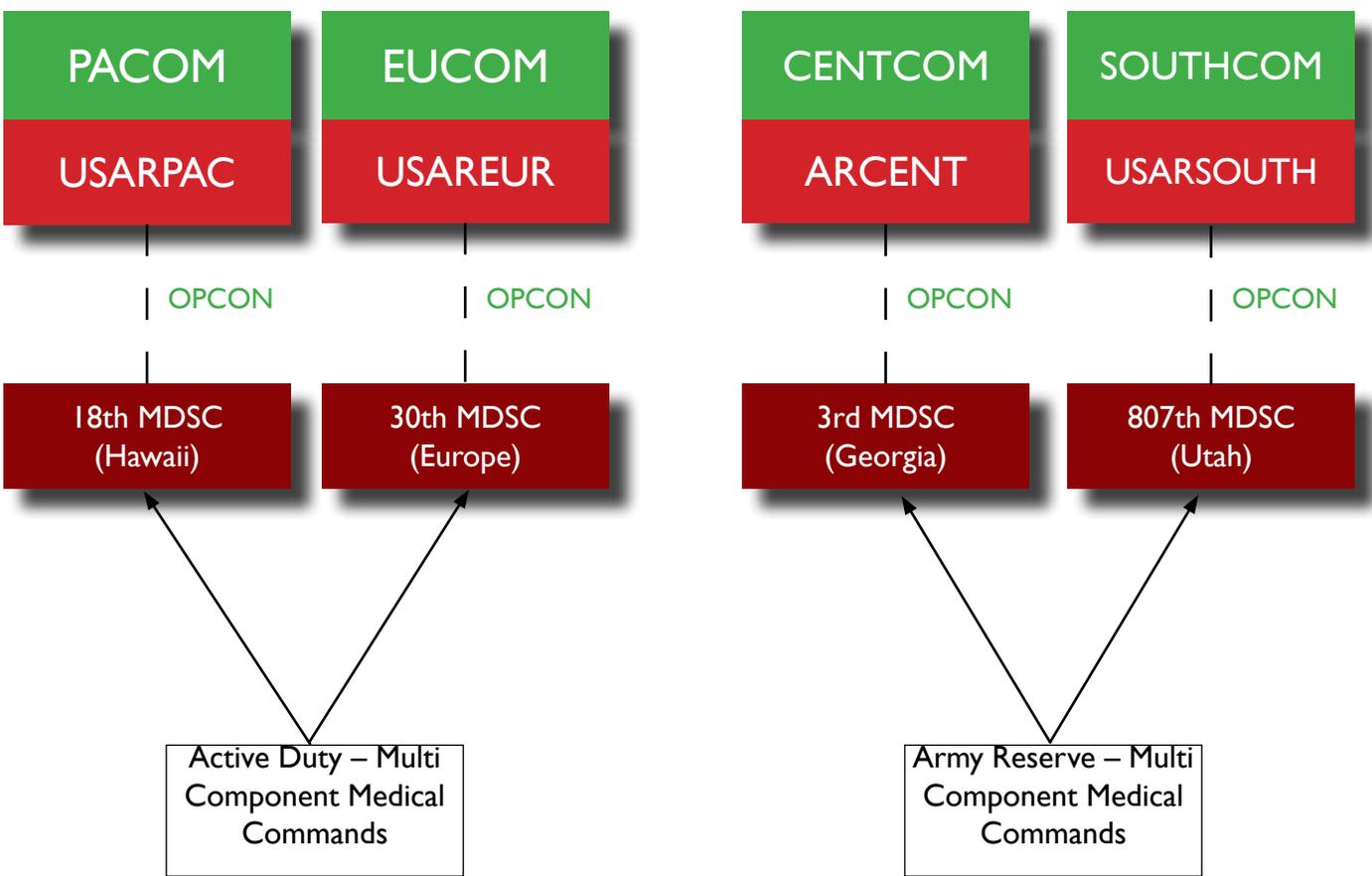
THE SOUTHCOM CONNECTION

by Maj. Matt Lawrence

The reorganization of the Army Reserve into functional commands by the Army Campaign Plan of April 2007 included the alignment of all of the Army's medical commands to support regional combatant commands (COCOMs). The two active duty medical commands support Pacific Command and Europe Command, while the Army Reserve's 3rd Medical Command (Deployment Support) supports Central Command, and the 807th Medical Command (Deployment Support) supports Southern Command (SOUTHCOM) through its Army component U.S. Army South (USARSO). This relationship has enabled the 807th MDSC to maintain a high operational tempo and keep its Soldiers engaged in humanitarian missions throughout the world. While many Reserve Soldiers do their annual training at locations such as Fort Hunter-Liggett, Calif., and Fort McCoy, Wis., every year, many Soldiers

of the 807th MDSC serve in Nicaragua, Colombia, El Salvador, Trinidad, Haiti, and other countries in the USARSO area. In addition, dozens of Army Reserve medical professionals from the 807th serve on the Navy's floating hospitals in the SOUTHCOM region. USARSO is the major Army command responsible for all Army forces in the SOUTHCOM area of operations. It is the command that works directly with the 807th MDSC. USARSO is responsible for the coordination and execution of

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The strategic organization of U.S. Army medical commands to their respective combatant commands according to the Army Campaign Plan Decision Point 49E and Decision Point 58.

all the land-based humanitarian missions the 807th MDSC conducts in Central and South America.

"It has been a very big help in terms of streamlining the sourcing and the organization of missions," said Brig. Gen. John J. Donnelly, Deputy Commander of the 807th MDSC. "Having the stable three-way relationship between USARC, ourselves, and the combatant command [SOUTHCOM], I think it makes it much easier to do the whole mission planning."

Donnelly said that the difficulty in coordinating with so many external and internal organizations made proper distribution of those missions

difficult. The humanitarian missions were successfully completed, but there were problems maintaining the Reserve units' proper readiness status in the Army Force Generation model, a five-year training rotation plan that prepares units for deployment on a regular basis.

The alignment concept has worked well for USARSO as well. Because of the alignment, the 807th was able to place a liaison officer at USARSO to track in-progress and upcoming missions. This allows for quick information transfers back to Salt Lake City for the 807th MDSC, and a feel for the spirit and inter-workings of USARSO that the

807th otherwise would not get.

"The 807th has a great group of people that absolutely and positively impact our mission," said Col. Dort Payne, the Deputy Surgeon for USARSO. "It's a mutual win-win situation."

The 807th MDSC completed 27 international missions in 2010. The support to SOUTHCOM included sending several teams of medical professionals to serve on the Navy hospital ship USNS Comfort and the USS Iwo Jima.

The command also looks to expand their support to the Army in 2011 by adding available missions supporting Pacific Command and Africa Command.

807th MDSC - The Future

by Maj. Matt Lawrence

The 807th MDSC has proven itself to be a necessary part of the Army's operational Reserve. The command has a number of units deployed to overseas contingency operations in Afghanistan and Iraq, and maintains a healthy presence in innovative readiness training and medical readiness exercises. What is on the horizon points to the 807th MDSC becoming even more important to the Army's overall medical operations.

The U.S. will withdraw troops from Iraq down to the President's stated goal of 50,000 troops on the ground. This withdrawal of Soldiers from Iraq will lead to a net reduction in overall personnel deployed overseas, since the withdrawal outpaces any increases in

troop numbers in Afghanistan. Deployed medical personnel are also planned to reduce in number over the next two years.

However, the 807th MDSC will see an increase in its deployments. At present, the Army Reserve comprises only 19% of the total deployed medical forces, and the 807th MDSC represents 58% of that amount. And while the overall numbers of deployed medical Soldiers declines, the Reserve's responsibility will nearly double to 36%.

Even more significant for the 807th is the percentage of the Reserve medical assets that the command will provide. The percentage of Reserve assets from the 807th MDSC will increase yearly through 2012, when the command will be responsible for

93% of Reserve medical Soldiers deployed (up from 58%).

Effectively, the number of Soldiers deploying from the 807th MDSC will increase.

This is not expected to affect the Army Force Generation model, which sets a five-year training and deployment cycle for every Army Reserve unit. However, it may increase the number of units that deploy in their "available" year.

A higher percentage of 807th MDSC units will have the opportunity to conduct their wartime mission in the field both on deployment and in humanitarian exercises. This puts the 807th MDSC on the cutting edge of the Army Reserve and relevant Army operations, training and diplomacy.

SERVING THOSE IN NEED

*Making A Difference With
Humanitarian Support*

Nicaraguans wait in line for treatment from the 307th Dental Company in Mateare, Nicaragua, April 21, 2010. The 807th MDSC Soldiers provided basic dental services for over 1,200 patients over 10 days.

The 807th MDSC has conducted 27 international medical missions in 2010. These international exercises are not only valuable training for its medical professionals and an invaluable and often unaffordable benefit to the people of the countries they serve, but also a key part of the United States's diplomatic efforts.

To receive this humanitarian aid, the government of the host country must request support from the United States through diplomatic

channels. The U.S. State Department then coordinates those requests with the Department of Defense and the combatant commands to see what missions and how many can be supported. Once missions are accepted by military planners, the request for support goes to the units that will conduct the missions.

These missions are valuable training to the medical, dental, and veterinary professionals who perform them. They receive the

experience of treating patients in conditions they are not likely to see in their offices. They also are able to connect with other medical professionals from around the world, learn from their experience, and also teach them about the newest medical techniques.

Some missions are simple and may only involve medical assistance for an area for a short period of time. Others are coordinated, multi-discipline efforts that last several months and many rota-



Photo by Staff Sgt. Kristen King, 807th MDSC Public Affairs

tions of Army Reserve Soldiers to improve the infrastructure of an area of the country. Whatever the mission is, it is badly needed assistance in some of the poorer countries in the Western hemisphere.

Any Soldier who has served on an international medical mission will tell you two things. First, it is one of the most rewarding experiences of their lives, and second, there will always be a need for more. Most families in the

areas the missions serve earn a fraction of what an Army private makes in a year. Even professionals, who would be very well off in America, may earn only a few hundred dollars in a month. And although medical services are less expensive in these countries, they are still out of the reach of the common person.

The following articles represent a snapshot of a few international missions, and not the extent of the 807th MDSC's involvement in humanitarian medical operations.

Those We Serve

Photos by Staff Sgt. Kristen King

I know God is blessing me....I don't have the private resources to go to a private doctor....If I want to get a job, first of all, employers look at your face.
-Elena Aguilar, Ciudad Sandino, Nicaragua



"We cannot reach a doctor who can do this kind of work, so you have the most people who can help."

-Francis Lopez, Mateare, Nicaragua

807th MDSC Latin

Medical Diplomacy



Maj. Rene Scott of Pilot Point, Texas and Spc. Danny Smith of Columbus, Ohio extract a tooth from a young woman in Puerto Barrios, Guatemala, in March.



Staff Sgt. Melissa Tanner from Cedar Falls, Iowa inoculates a goat in Coteaux, Haiti, in May. This mission was conducted on conjunction with the ongoing U.S. military earthquake relief efforts.



Maj. Dawn Frost, a nurse practitioner from Vernon, Fla., checks the vital signs of a Salvadoran girl in June in San Vicente in July. The 807th MDSC conducted two separate missions in this area of El Salvador.



Capt Aldrin Adamos (left) of Dublin, Calif., and Sgt. Anthony Johnson (right) of Fairfield, Calif., assist Nicaraguan dentist Dr. Valerea Vasquez fill cavities in a young boy's mouth in Mateare, Nicaragua, in April.

Maj. Oliver Lau of Elk Grove, Calif., discusses medical problems with a female patient through a translator in Cocle, Panama, in April.





American Missions



Maj. Ricky Harrell of Broomfield, Colo. gives medications to a young Dominican girl at the 492nd Minimal Care Detachment's clinic in Barahona, Dominican Republic, in March.

Photo Credits:
 Guatemala - Spc. Corey Smith, 373rd Dental Company
 El Salvador - Staff Sgt. Kristen King, 807th MDSC Public Affairs
 Nicaragua - Staff Sgt. Kristen King, 807th MDSC Public Affairs
 Panama - Photo Courtesy of Maj. Oliver Lau, 328th Combat Support Hospital
 Colombia - 2nd Lt. Bill Hooks, 425th Minimal Care Detachment
 Iwo Jima - Photo Courtesy of U.S. Navy
 Dominican Republic - Sgt. Diana Henry, 492nd Minimal Care Detachment
 Haiti - Ms. Kaye Richey, U.S. Army South Visual Information
 Map courtesy of Wikimedia



Over 100 Soldiers from the 807th MDSC will serve aboard the USS Iwo Jima during a four-month humanitarian tour called Continuing Promise 2010 that will visit eight countries in Central and South America from July through November (Suriname not pictured on this map).



Spc. David Christopher of the 425th Minimal Care Detachment from Indianapolis checks the blood pressure of a Colombian patient at the U.S. medical clinic in La Macarena, Colombia, in January.

Dentists Create Smiles

Story by Staff Sgt. Kristen King

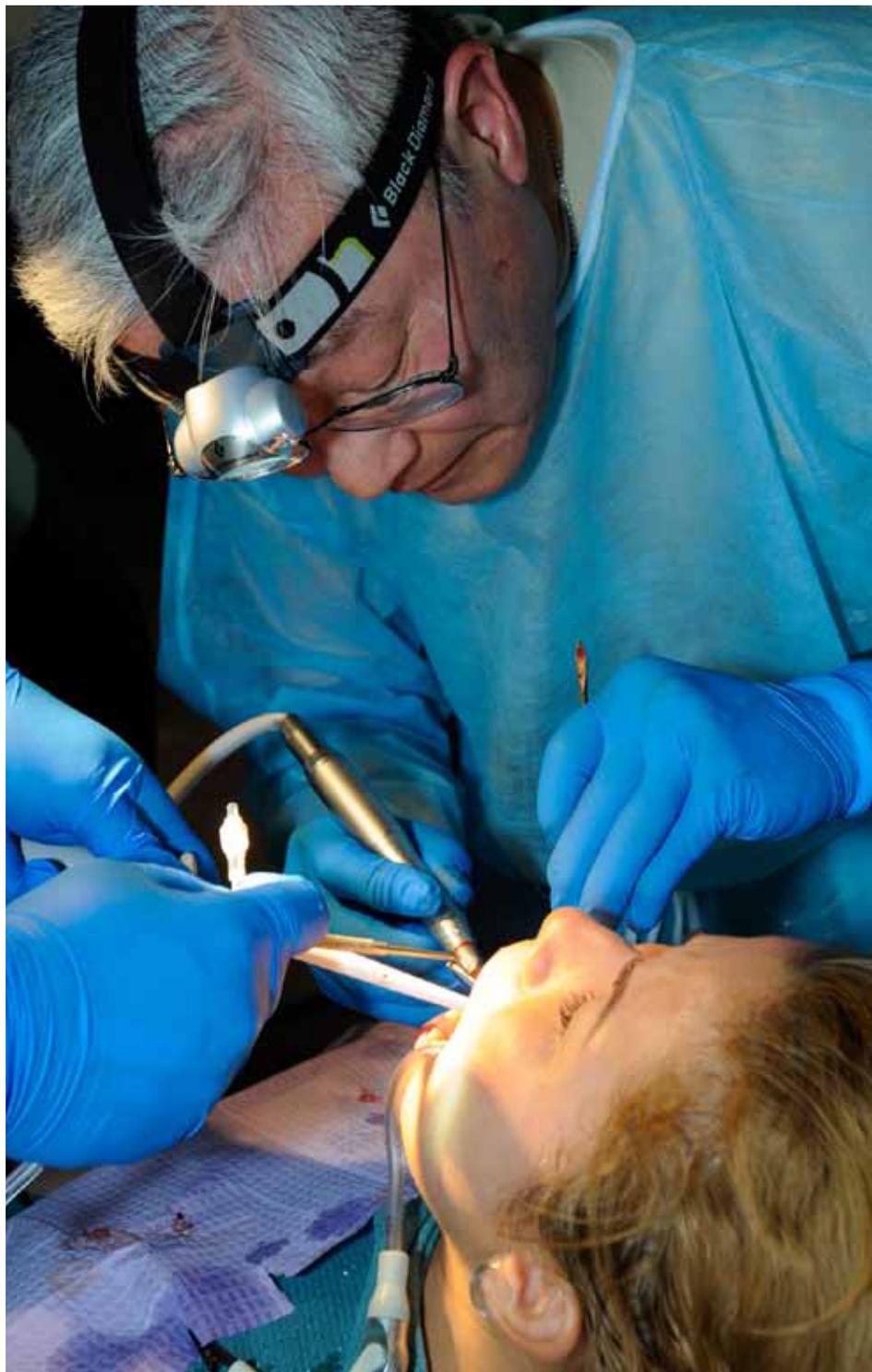
MATEARE, Nicaragua -- The Army Reserve's 307th Dental Company from Vallejo, Calif., returned from Mateare, Nicaragua on Saturday after providing dental services for over 1,200 Nicaraguans from April 12 through April 22.

33 Soldiers donated the equivalent of \$821,000 of dental work and performed over 3,200 procedures, ranging from cleanings and fillings to extractions and root canals. Many patients also received dentures.

"The services we prefer to offer are services that allow people to be taken out of pain, usually by performing extractions and treating infections. On this mission, we've done a lot more than that," said Maj. Alexander Farr, Commander of the 307th Dental Company.

Dr. Valera Vasquez, a Nicaraguan dentist, said people aren't educated on dental care and "if they do have money, they won't use it for dentistry. It's not a priority for them." A simple tooth extraction may cost \$10 in the sole dental clinic in Mateare, but that's a lot to ask a school-teacher who only makes \$150 per month, much less a street vendor or waiter.

The 307th treated over 1,200 people in the town of Mateare, about 25 miles north of the capitol city of Managua. The first few days were the longest, with nearly 150 patients treat-



Col. Franklin Woo of Moraga, Calif. extracts the wisdom teeth from the wife of a Nicaraguan policeman in Mateare, Nicaragua. The 307th Dental Company extracted 723 teeth and provided dental services to around 1,200 Nicaraguans over a period of ten days.

Photo by Staff Sgt. Kristen King, 807th WIDSC Public Affairs



ed. After that the daily total was reduced to 100 new patients and leveled at about 80 new patients and several follow-ups. The procedures performed were meant to fix the problem immediately versus starting a procedure that would need upkeep by a dentist or on the patient's part.

Capt. Benjamin Owens from Vacaville, Calif., said they used silver fillings instead of clear ones because "they last longer in this environment where people don't take care of them." When a filling might not last, the tooth was extracted to reduce pain and eliminate any future issues.

"We're doing a lot of good for a lot of people," said Spc. Russ Stobbe, of Taylorsville, Utah. Stobbe is a dental hygienist and volunteered for the Nicaragua mission to help others. "Some of the people walk for a good four to five hours to get here for free services. We're making them feel better and it makes me feel good at the end of the day."

Farr has a private practice in the San Francisco Bay area. He

said it's hard to leave his practice for two weeks, knowing he still has to pay his overhead and make payroll, but "I love these missions. I keep doing it."

Although some Soldiers spoke fluent Spanish, there was a definite communication barrier among most of the unit. Lucky for them, the smiles and hugs at the end of day let the Soldiers know they were appreciated. Stobbe said one of his patients came back everyday just to say "hola." "He was nine and needed a filling. By the end of the day, we gave him



Photo by Staff Sgt. Kristen King, 807th MDSC Public Affairs

Col. Terry Schmunk from Santa Cruz, Calif., fits a Nicaraguan woman with dentures. The 307th Dental Company made special arrangements that enabled local manufacturers to supply dentures only one day after fittings were made.



Photo by Maj. Matthew Lawrence, 807th MDSC Public Affairs

Staff Sgt. Alyeda Robleto, a patient administration specialist from Vallejo Calif., explains the dental treatment procedures to a crowd of waiting Nicaraguans in Mateare, Nicaragua. Robleto herself grew up in Nicaragua and was happy to return and help her countrymen through the patient administration procedures.

a filling and extraction and performed two extractions on his mother, plus put a bridge in her mouth. They were very grateful."

The 307th is leaving behind medical equipment for local dentists to continue their work.

Farr visited the dental clinic in Mateare and found they only had four syringes and a vintage sterilization system. "That's not enough for a day's work without having to constantly sterilize equipment." The equipment left behind includes 20 syringes, as well as dozens of other dental necessities.

The Nicaragua mission was part of a broader humanitarian effort called Beyond Horizons 2010 that includes medical teams and engineer construction projects by the Army Corps of Engineers. The Army will send several Reserve medical and dental teams to Nicaragua and other Latin American countries throughout the year.

Story and Photos by Staff Sgt. Kristen King

SAN VICENTE, El Salvador -

Army Reserve Soldiers from the 349th Combat Support Hospital in Bell, Calif., treated patients in El Salvador from June 12-26, in a location that received most of the damage from November's landslides.

While Army medical professionals gave care to the people of El Salvador, one Soldier dedicated his time to caring for hospital equipment, and he brought a lot more than just a few tools.

As the only biomedical equipment repairman on the mission, Spc. Robert Grey from Las Vegas, New Mexico was the only one qualified to fix equipment in the area hospitals. He divided his time between San Vicente hospital and the Salvadorian Army's 5th Brigade clinic. "It's amazing. When I get there they just start dragging equipment out of closets. I break my tools out and go to work."

When Grey visited San Vicente for a pre-mission site assessment in January, he realized the hospitals were in need of more than a just a few nuts and bolts. "They've never had infusion pumps. They have no way of controlling flow rates or

anything like that."

The clinics he saw were using methods the U.S. medical community made obsolete years ago. Without modern machinery, nurses were forced to do everything manually, from taking blood pressure to monitoring the flow of intravenous fluids. Although San Vicente hospital had one infusion pump, the nurses didn't know how to use it and it sat in a closet.

Grey saw a need and had a solution. "I know what kind of equipment hospitals in the U.S. just toss," he said. "Thousands and thousands and thousands of dollars worth of stuff just gets thrown out."

Grey is a contracted biomed repairman in New Mexico. He said that medical facilities that receive new equipment just dispose of older, barely used machines. A lot of equipment is replaced before it reaches its expiration date. "It's a waste."

After seeing the situation in El Salvador, he requested a donation from the materials manager at Alta Vista Regional hospital. "The old stuff was just sitting there and I saw a better use for it."

Grey received two pallets with a total of 30 boxes of equipment and supplies. The materials were a wide range of what many in the U.S. would consider hospital necessities. Grey smiled as he unpacked infusion pumps and sets, blood transfusion sets, equipment for patient and blood pressure monitoring, and lab equipment. "It's going to bring them into the 21st century from the 19th."

In a medical clinic where wheelchairs are resourcefully made from plastic lawn chairs and bike tires, used equipment from the states was like an answered prayer. "Now this is a hospital," said Edwin Garcia, the biomedical equipment repairman at San Vicente Hospital. "It's a great help to the patients, as well as the town of San Vicente."

Grey taught Garcia how to repair and maintain his new equipment, and gave him resources for obtaining replacement parts. Although Garcia had some manufacturer training in Japan, the lack of available parts is a hardship. "He's really got to work with what he's got."

The value of the equipment totaled at least \$40,000, but Grey couldn't speculate on the total monetary worth of the donation. "Medical supplies are expensive - very expensive," he said. "The value of what's it's giving them, I think is priceless."

Grey said the hospital staff welcomed him with open arms and were very appreciative of the donation. "I continue to get hugs from the hospital staff. They're so happy about what I'm doing and what I'm bringing them. It's pretty special."

Nurses and medics from the





Another Man's Treasure

Soldier finds a way to donate used medical equipment to a hospital in El Salvador

349th Combat Support Hospital spent three days training Salvadorian nurses on the use of the new equipment. "We're not only going to leave the equipment with them, we're going to train them how to use it first," said Grey.

It was standing room only as Salvadorian nurses eagerly learned the

new systems. Since all of the display menus and navigation buttons are in English, they had to write out the Spanish version of their instructions.

Grey has already established an "equipment triage" and wants

to work with more hospitals and medical companies for future donations. He plans to come back as soon as he can, equipped with supplies, even if on his own dime.

right: Spc. Robert Grey and 2nd Lt. Aminda Kim from Arcadia, Calif. discuss how the donated equipment works so they can train the nurses at San Vicente Hospital.

above: Spc. Robert Grey from Las Vegas, New Mexico teaches a Salvadorian repairman how to operate his newly donated equipment at the San Vicente Hospital in El Salvador.

opposite page: Spc. Robert Grey gets a hug from a nurse as he delivers supplies to the San Vicente Hospital in El Salvador. He estimates that the equipment donated is worth at least \$40,000.



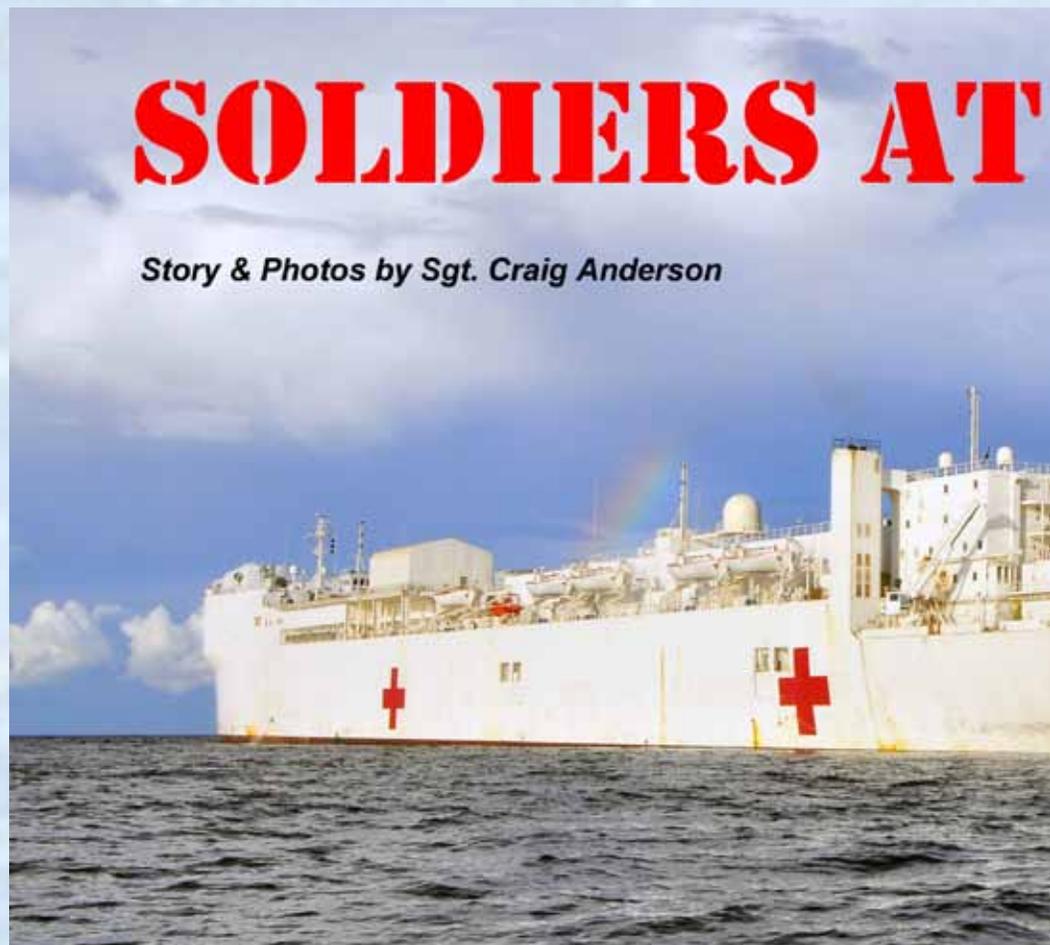
ABOARD THE USNS MERCY - The best humanity can offer is when numerous groups of people band together to help others who are desperately in need. Aboard the U.S. Naval Ship Mercy (T-AH 19), 150 Soldiers of the 807th MDSC, along with all the U.S. armed forces, four governmental agencies, six host nations, eight partner nations, and 17 non-governmental organizations have banded together in three rotations for three months in the western Pacific Ocean to do just that.

The Pacific Partnership 2010 mission and its 1,000 bed capacity traveled to Vietnam, Cambodia, Timor-Leste, Indonesia, Palau, and Papua New Guinea to offer extensive medical services that are not available to most of the citizens of those countries.

The Mercy is a fully-functioning floating hospital that contains every type of equipment and department on board that one would find in the best hospitals in the U.S. It is staffed with military and civilian volunteer surgeons, nurses, dentists, optometrists, pharmacists, pediatricians, veterinarians, and more. Many of the countries the mission visited have good medical systems, but they are still young.

"It's not that they [Vietnam] do not have the services," said Lt. Col. Francis Cannizzo, a surgeon from the 405th Combat Support Hospital (CSH) in Worcester, Mass. "Their capacity is not yet great enough to serve all of their population, and they will need missions like this for years to come."

Since the Mercy only stayed in port for several days in each



SOLDIERS AT

Story & Photos by Sgt. Craig Anderson

country, the focus of the medical professionals was to offer one-time services that did not require the patient to return for follow-up visits.

"Inside this ship is everything you could want," said Cannizzo. "But it stops at the hull of this ship. And anything beyond that, we have to assume that our patients will not be able to get any follow-up care."

The lack of continuing care presents some challenges to the medical professionals and at times causes them to change the service they provide. Dentists will often extract teeth rather than fill or crown them, and doctors are more likely to opt for surgery instead of a medicinal or care solution that may solve the patient's problem, but only after several weeks of treatment. At times, the sanitary conditions

in the host country also reduce the chances of success of non-permanent measures.

Several factors make follow-up care highly unlikely, including the capacity of the indigenous medical system, non-availability of local doctors, inability of the patients to take off work, and cultural tenets that encourage people to endure pain instead of seeking help.

Economic reasons, as well as the severity of his injury, prompted Ngyuen Van Thanh to seek medical help from the Mercy. Thanh, a fisherman from Quy Nhon, Vietnam, had cut three tendons, severed a nerve, and fractured a bone in his arm.

"I was cutting trees with a large knife," Thanh said. "I swung the knife hard and cut into my wrist." He continued, "I went to a hospital in Vietnam

SEA



first, but they told me to go and find the American boat. I went down to the docks and looked for a boat with a red cross on it.”

Thanh and his wife, Dang Ni Tien, were relieved to get help from the Mercy. They said the people and doctors on the Mercy were very nice, a change from things in Vietnam. Thanh said he enjoys his work as a fisherman, but he earns only 90,000 to 100,000 Dong per week (about US\$5) and cannot afford to be out of work. The doctors who repaired his wrist believe he will

above: A view of the USNS Mercy while sailing off the coast of Indonesia. The Mercy finished a three month mission in September after serving six South-east Asian and Polynesian nations.

right: Capt. Sandra Gardner secures an intravenous line in a Vietnamese patient while docked at Quy Nhon, Vietnam. Gardner was one of 150 Soldiers from the 807th MDSC serving aboard the USNS Mercy during Pacific Partnership 2010.

be fine with physical therapy.

The surgeons aboard the Mercy were able to complete nearly 100 operations at each of their stops.

Pacific Partnership, which was developed out of the tsunami relief efforts in 2006, is about building relationships at the personal, organizational and international levels. The planning, coordination, and cooperation that went into this mission will serve everyone well in the event of a medical or humanitarian crisis.

“We are working alongside our NGO colleagues and our partner nations’ colleagues to be able to respond in times of crisis quickly and efficiently,” said Cannizzo.

Others were cognizant of the political barriers, and thought that their personal relationships were a good start to understanding the differences. “To know that we are here to help as many people as we can and are able to overcome barriers between the U.S. and other countries is remarkable,” said Spc. Dominic Capizzi, a pharmacy specialist from the 352nd CSH, Mountain View, Calif.

Capizzi was especially happy to take the services available on the Mercy beyond the hull of the ship. Medical civic action programs are temporary clinics set up in the villages of the host nations, and the Mercy established dozens of them throughout the mission. The Navy had also arranged for the mission’s engineers to go into the community ahead of the ship and lend their expertise to engineering projects in the area. Capizzi was able to join the engineers in Quy Nhon City to help refurbish the Hope Center, a school for special needs children.

“We knew that when we finished the project, it made a difference in the community,” said Capizzi.

While the Pacific Partnership planners begin the coordination and dialogue with the host countries, the secondary goal of the mission is to prepare the non-governmental organizations to follow-up with more care and aid between visits of U.S. medical aid.

“The Mercy is definitely a military hospital, but it supports the activities of various





Lt. Gen. Jack Stultz, Commander, Army Reserve shares a laugh on the USNS Mercy with Spc. Michael Larsen of Kaysville, Utah and Sgt. Leah Dicke of Red Wing, Minn. Stultz visited the Mercy while in port in Singapore.

civilian organizations in parallel to military missions," said Cannizzo.

One of the non-governmental agencies participating in Pacific Partnership 2010 was Operation Smiles International (OSI). Established 26 years ago, OSI is an all-volunteer organization dedicated to providing dental care and education to communities in 52 countries. One of the main afflictions they came to cure was cleft palates.

"Through simple operations, we can change a child's life," said David Fruitman, the director of the OSI office in Cambodia. In many cultures, a cleft palate can keep a child out of school and stop them from playing with other children. In later life, it can affect their ability to get a job or to get married, he added.

Fruitman was excited about the resources Pacific Partnership 2010 made available. "It is a symbiotic relationship where we

of the Soldiers who volunteered to work in the galley were not cooks by Army training, but were happy to assist for the experience of being on a ship and a humanitarian mission.

"We start our day at 3:30 in the morning and we finish after dinner when everything is clean," said Pfc. Daniel Alvarado, a radiology specialist from Garden Grove, Calif. But the long hours do pay off in one respect. "The benefit is that I get to eat before everyone else," he joked.

While the Soldiers are all familiar with

can send patients to get more care than we can provide," he said.

The 807th MDSC did not only send medical professionals to the Mercy, but also assisted in supporting the daily lives of over 900 people aboard the ship. A total of 45 Soldiers joined the galley crew over the three rotations in preparing food everyday on the vessel. Most

how to "rough it" in the field, life on the Mercy was different, and mostly for the better.

"Living on a ship is both foreign and fascinating," said Cpt. Sandra Gardner, a nurse from the 228th CSH, Fort Sam Houston, Texas. "It's nice to have a bed with a mattress, air conditioning, and other hotel-type amenities."

"It feels like living on a floating house," said Alvarado. "When the ship rocks at night, it will rock you to sleep."

Gardner worked alongside other nurses from Australia, Canada, Singapore, the Navy and the Air Force. "We are very different, but still the same. It all comes down to patient care – and we all do that very well," she said.

Pacific Partnership 2010 is the fifth in a series of annual humanitarian and civic assistance endeavors by the U.S. Pacific Fleet.



Spc. Paulinous Mendez, a cook from the 228th Combat Support Hospital organizes food boxes in the cold storage aboard the USNS Mercy. Mendez was one of 46 Soldiers from the 807th MDSC to serve in the galley during Pacific Partnership 2010.

BACK ON THE WATER

Story and Photos by Sgt. Craig Anderson

ABOARD THE USNS MERCY - Sgt. Daniel Mathews of Garland, Texas, is aboard the USNS Mercy, reliving memories from a past career that he left behind.

Mathews spent 16 years in the Navy as an electronic warfare technician and never would have thought he would wear an Army uniform. He loves the sea, loves to travel, and comes from a family with a long history of Navy service. He joined the Navy at age 20 and rose to the rank of Petty Officer 1st Class, searching for enemy ships while working on frigates, cruisers, and aircraft carriers.

But when the navy went through a transition in 2003 and merged his job position with that of a Navy cryptologist, he decided it was time to leave.

"I was going through some personal issues at home and decided that leaving the Navy was more opportunistic at the time," said Mathews.

While out of the service, Mathews worked as a truck driver, computer repair technician, became a qualified CISCO networking associate, and used his G.I. Bill to get a degree in electronics.

The difficult thing was finding rewarding employment,

Mathews said. It was the quest for a personal passion in his work that led him back into uniform in 2009.

"The Army was the only one hiring at the time," said Mathews. "The Navy said I was too old, and the Marines said I was way too old."



Sgt. Daniel Mathews of the 807th MDSC displays the sheet of biscuits he completed while working in the galley of the USNS Mercy. Mathews was one of 150 Soldiers on the vessel and one of 46 to volunteer to serve in the galley.

Mathews became a financial assistant in the Army Reserve, partly due to the easy transition of the skills he would learn to a civilian position. Mathews said that the financial systems the Army uses are also employed by many of the country's top companies.

Mathews had never worked on a hospital ship while serving in the Navy, so when his sergeant asked if he would like to be a part of a joint mission aboard the USNS Mercy for Pacific Partnership, he was more than eager.

"I knew nothing of the Mercy, but I did know of the USNS

Comfort. The Comfort is a hospital ship, and I figured it was similar," Mathews said.

Pacific Partnership had no requirements for financial assistants, so Mathews volunteered for a job in the ship's galley, preparing food daily for the over 900 people aboard the vessel.

He doesn't mind that he is not working at the job he was trained for on this mission and is glad he is back at sea.

"Today I learned how to make apple turnovers. At night we usually bake and prep for the next morning and for lunch," he said.

"We chop the food and vegetables and start thawing out the meat."

Mathews looks at his Army service a bit differently than his time in the Navy.

"It's not so much what I can gain from my experience in the Army as much as what I have to offer my unit," he said. "Basically, I came here to serve."



Maj. Brian Bohl, a graduate of Texas A&M University, uses a cotton swab to look for a foreign object in a dog's eye while Sgt. Kristina Martinez of Austin, Texas holds the dog. Members of the Army Reserve's 994th Medical Detachment brought veterinarian services to the remote village of Ambler, Alaska for Operation Arctic Care 2010. Normally, to receive these services, residents have to travel over 400 miles to Fairbanks.

Vets in the Tundra

Soldiers spend their annual training providing care to animals in the Alaskan wilderness

Story and Photos by Staff Sgt. Adam Stone

AMBLER, Alaska – North of the Arctic Circle where the Ambler and Kobuk rivers meet in a remote corner of Alaska, an Army Reserve veterinary team from Round Rock, Texas, came in April to provide medical care for animals.

Over a period of four days, a veterinary team from the 994th Medical Detachment spayed and neutered eight dogs, and also vaccinated and dewormed more than 60 animals during Operation Arctic Care 2010.

The 994th Medical Detachment (Veterinary Services), 807th Medical Support Deployment Command, United States Army

Reserve, came to Ambler for Arctic Care 2010 split into several teams to serve as many villages in the Northwest Arctic Borough of Alaska as possible. In these communities, it's common for each family to own several dogs. Many of these dogs aren't pets, but sled dogs, and there isn't full-time vet service in Ambler. The 994th veterinarians had to bring whatever they could carry in the helicopter that gave them a ride to Ambler. The only medical facilities in town are for humans, so they set up shop where they could find space.

"As a certified veterinarian

I have access to the latest information, technology and facilities," said Maj. Tamara Gull a professor at Oklahoma State University in Stillwater, Okla. "Out here, we are on our own performing surgeries in a high school science lab with limited supplies. It's a challenge that I've enjoyed."

The people of Ambler mostly brought their animals to the science lab to be vaccinated. They performed surgery on black granite lab tables. These tables were taller than normal tables, but not tall enough for the surgeon to be comfortable.

"After two spay surgeries in a day, my back hurts from hunching over because the table was too low for me. That's why I didn't like doing three in a row," said Maj. Brian Bohl of Lexington, Texas. "My other concern was if we did one too late in the day, then the anesthesia wouldn't wear off in time to send the dog home at the end of the day."

In addition to providing services to the villagers, the operation is also a needed training opportunity. These Soldiers meet only one weekend every month, which gives them a limited amount of time to train. Exercises such as Operation Arctic Care last two to three weeks and give them an opportunity to practice their job skills and train on tasks outside of their assigned specialty.

"I've been in the Army for three years and this is the best annual training I've done," said Spc. Melissa Womak, of San Marcos, Texas. "When we deploy overseas, I may have to help the veterinarians. This time in Alaska helps because I've been trained as a food service inspector,"

An Army Reserve veterinary services unit does more than vaccinations and surgeries. They also conduct dining facility health inspections.

"Even though our primary mission here is veterinarian services, when we deploy it could be food service," said Bohl. "So we ask our food inspectors and vet techs to cross-train. We may never

know when we need help on either mission."

Northwest Alaska doesn't have a road system that connects the towns. The only way to get from village to village is by air, which meant the vet team had to crowd themselves and their equipment aboard UH-60 helicopters provided by the Alaska National Guard. Wind and heavy snow often disrupt travel at this time of year. Ambler was hit with a blizzard just a few days before the 994th arrived.

"I thought it was beautiful flying in here with the trees covered in snow," said Spc. Jessica Lee from Austin, Texas. "It was a little bit of a culture shock riding on a snow machine from the airstrip to the village. There are no cars here, just sleds. They just threw us on and didn't even check to see if we were holding on, but I figured out I needed to hold on pretty quick once we started speeding over the snow."

One of the things the children of Ambler look forward to is "open



right: Sgt. Kristina Martinez an Army vet tech from Austin, Texas places a catheter in Lady while Spc. Jessica Lee, also from Austin, holds her prior to her spay operation.



Maj. Brian Bohl, a native of Lexington, Texas gives a rabies vaccine to one of the dogs in Ambler. "We were able to practice our MOS skills and we helped provide an underserved area with rabies vaccines because of the fox population," said Bohl.

veterinarian team did was give a class on how to avoid dog bites, a common problem in Ambler.

"They liked the video and responded to it," said Bohl. "They in turn had stories about how they and their friends have been bitten by dogs. It was a good learning experience for all of us."

Arctic Care is an annual exercise that concentrates on one remote area of Alaska every year. It was in this area several years ago, but can't be here every year.

"It's a real hardship for the people of Ambler to get their animals to a vet. It takes them paying to get on a plane to Fairbanks, and not a lot of people can afford that," said Tanya Gentemann, an Ambler resident. "It's too bad we can't have a vet come out here at least once a year. It'd be a big help for the community."

Operation Arctic Care is an Innovative Readiness Exercise organized by the U.S. Department of Health and conducted by both active and reserve components of the Army, Navy, and Air Force. The 807th MDSC will be the lead organization for Arctic Care 2011, which will serve the central areas of the state.

gym" time in the evening at the school. They play volleyball, basketball, and other games while the ground outside is covered with snow and the outside temperatures are well below zero degrees.

In their down time, the Soldiers played basketball with the children of the village.

"These kids are pretty good at basketball, they ran me up and down the court," said Lee. "They're curious kids, and that's what makes them fun."

One of the other things the



The town of Kotzebue, Alaska, in April. Kotzebue is 200 miles north of Nome and served as the headquarters for Operation Arctic Care 2010.

JOINT MEDICAL TRAINING

Story by Lt. Col. Douglas Owens



Soldiers of the 94th Combat Support Hospital practice patient evacuation procedures from a California Air National Guard HH-60G Pave Hawk helicopter at Fort Hunter-Liggett, May 13, 2010

Photo by Lt. Col. Douglas Owens, 176th Medical Brigade

FORT HUNTER-LIGGETT, Calif. – The 94th Combat Support Hospital (CSH) trained with Airmen from the operational squadrons of the 129th Rescue Wing (California Air National Guard) during the Warrior 91 exercise at Fort Hunter-Liggett, Calif.

Members of the 807th MDSC, 94th CSH, and 91st Training Brigade combined their efforts to coordinate the exercise with the California National Guard and get Soldiers some valuable medical evacuation training and the staff some interagency experience.

Air Force Major Jeremy Guenet of the 129th's operations support flight readily agreed to arrange training with the 94th. "We are more than happy to train with

members from the other services, as it helps us understand how other services operate."

The training consisted of a "hands-on" orientation of the 130th's MC-130P Hercules "Combat Shadow" aircraft, used normally as an aerial refueling aircraft for capable helicopters. This aircraft has proven to be a capable command and control platform during personnel recovery operations.

Soldiers were also given the opportunity to listen to a rescue pre-mission briefing. Finally, 94th Soldiers were provided with the opportunity to on- and off-load simulated patients utilizing the 129th Rescue Squadron's HH-60G Pave Hawk helicopters, similar to the Army's UH-60

Blackhawk. The simulated patients were flown from another training area on Fort Hunter-Liggett to a landing zone set up outside the 94th CSH.

Air Force Master Sgt. Michael Kenny of the 131st Rescue Squadron (Pararescue) gave the Soldiers a briefing on Air Force survival, escape, resistance and evasion (SERE) techniques. Kenny said, "training with the Army is a win-win situation for us all – we get to know the Army, while you get to know us."

"The troops loved the training" said Maj. Geralyn Seiter, Commander, B Company, 94th CSH. "They not only received exposure around operating aircraft, they were able to work with the rescue elements of another service".

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