

# The Pulse



THE OFFICIAL MAGAZINE OF THE 807TH MDSC  
WINTER/SPRING 2011, VOLUME 2, ISSUE 1

## Fort Hood Units Return

Resilience after the shooting  
807th MDSC Soldier given posthumous honor

## Maintaining Medics

Medic sustainment training  
moves to the field

## On Deployment

807th MDSC medical professionals  
assist in Iraq and Afghanistan

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or my practice.*

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**ARMY STRONG.**

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## Credits:

**Cover:** Spc. Sara James of the 1908th Combat Stress Control Detachment gets a hug from a friend at a welcome home ceremony at Fort Hood, Texas, on Oct. 13. Two Soldiers of the 1908th were killed and five were wounded in the shooting at Fort Hood in November 2009. (photo by Maj. Matt Lawrence)

**Above Left:** Sgt. 1st Class Constance Miles applies a tourniquet to the arm of Pfc. Anthony Ransom during medic certification training at Fort Sam Houston, Texas. (photo by Maj. Matt Lawrence)

**Above Right:** Afghani veterinarians administers an inoculation to a dog during a cooperation program with U.S. veterinarians. (photo by Capt. Ryan Miller, 994th Vet Detachment)

## 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](mailto:matthew.lawrence@usar.army.mil). Unsolicited manuscripts and photographs will not be returned. Comments to the editor should also be sent to that e-mail address.

## STAFF:

**Commander, 807th MDSC**  
Maj. Gen. L.P. Chang

**Chief of Staff, 807th MDSC**  
Col. Janet M. Shipko

**Command Sgt. Maj., 807th MDSC**  
Command Sgt. Maj. Alan Elwood

**Public Affairs Chief, 807th MDSC**  
Lt. Col. Brent Campbell

### THE PULSE STAFF:

**Editor**  
Maj. Matthew Lawrence

**Design Specialist/Artistic Layout**  
Staff Sgt. Kristen King

**Layout Specialist**  
Staff Sgt. Adam Stone

**Public Affairs Specialist**  
Sgt. Craig Anderson



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# EXCALIBUR! – TASK FORCE 807TH WINS SURGEON GENERAL’S AWARD

by Maj. Matt Lawrence

Task Force 807th MDSC, currently deployed to Iraq, was awarded the Surgeon General of the Army’s Excalibur Award for 2010.

Five awards are given each year to medical teams or organizations that implement improvements or innovations that increase the efficiency or productivity of the Army Medical Department. Only one of these is awarded to an Army Reserve unit.

The web-based program was designed to help track non-military equipment and reallocate it to users who had outstanding needs. Non-

military equipment is commonly used by military medical units, but is not able to be accounted for through the normal property book systems.

The website not only established a chain of accountability for millions of dollars worth of equipment, but offered an online “shopping center” for other deployed units in need of specialized equipment. A system was established so medical professionals could access a database to search for equipment they needed that was available in Iraq, and also made the necessary coordination to get that equipment to their location.

In the past, logisticians would be responsible for this process. However, there was no system established to track available equipment, thereby ensuring that any requirements would be filled by orders for new equipment to be shipped to the war zone.

The new system classified, cataloged, and advertised more than \$2 million of medical non-military equipment, much of which was diverted to other units in Iraq. An additional \$1 million of equipment was sent to Afghanistan to fulfill the requirements of medical units in that country.



Staff Sgt. Bryan Schopis, Capt. Patrick Naughton, and Spc. Bryan Haydon from the Task Force 807th MDSC property book section proudly display the Surgeon General’s Excalibur Award at Camp Liberty, Iraq. They earned the award for implementing a computer program to identify, account for, and re-distribute non-military medical equipment in Iraq and Afghanistan.

Photo courtesy of Task Force 807th MDSC

# BATTLE-READY, ALWAYS

807TH SOLDIER HELPS SAVE LONG BEACH POLICE OFFICER

by James Sanborn, *Army Times*

LONG BEACH, Calif.— On Oct. 6, Army Reserve Pfc. Abner Marquez Lopez met up with three Marine buddies in Long Beach, Calif., for what would likely be the Marines' last home-cooked meal in months. The Marines were off to Afghanistan in a few days.

Before the food was served, however, Marquez Lopez and his friends would find themselves locked in a life-or-death struggle to save a police officer and take down a knife-wielding assailant.

Marquez Lopez, 20, is a mental health specialist with the 113th Combat Stress Control Detachment in Garden Grove, Calif. He had yet to attend his advanced individual training. He and his friends, Marine Pfc. Anthony Rolden, 18, Ryan Shuey, 20, and Christopher Smith, 20, were enjoying themselves on Rolden's porch before dinner when a single gunshot cut the conversation short.

"It was pretty much a reaction," said Shuey. "We heard a gunshot and the police yelling for help, and ran towards it."

When they arrived on the scene, they saw a police officer wrestling for control of his gun with a 19-year-old suspect.

The police officer was spurt-ing blood from the side of his head and ear, where he had been stabbed three times with a blunt table knife, Long Beach Police Department spokesman Lt. Lloyd Cox said.

Marquez Lopez and the Marines attacked the assailant, restrained

him, and administered first aid to the police officer.

On Oct. 7, the four service members were honored by the city of Long Beach for their actions.

"They got involved, they took action and they protected one of Long Beach's finest," said Long Beach Mayor Bob Foster.

Long Beach Police Chief Jim McDonnell also thanked them for their assistance.

"Had this intervention not been done, it is anybody's guess how this would have turned out today," said McDonnell.

Marquez Lopez, who joined the Army in November 2009, was the only one of the four able to attend the ceremony because the three Marines had already reported to Camp Pendleton, Calif., for deployment.

Marquez Lopez responded to the praise with humility.

"Thankfully, we were there to help out. ...We just hope that the officer is doing okay," he said. "I don't feel it's something that's courageous or whatnot. It's something that we were trained to do, something they tell us to do and something that we were more than willing to do."

The fight began after police were called to the neighborhood about 30 minutes earlier to investigate reports of a man brandishing a knife at residents. When police arrived, the man fled, and the area was cordoned off. A search

yielded nothing, and the police began leaving.

One Sergeant remained behind to speak with a child, and that's when the suspect allegedly emerged from an alley and rushed the officer.

In an attempt to repel the attack, the officer fired a single shot, but missed the suspect. The suspect was a large man, well over 200 pounds, and allegedly tried at that time to wrestle the officer's weapon from him.

Smith had grabbed a baseball bat when he heard the cries for help, and struck the alleged assailant three times, causing him to release his grip on the pistol.

"Our intended mission was to ensure the suspect didn't get the weapon," said Marquez Lopez.

In an instant, Rolden and Shuey tackled the suspect to the ground. Both said later that their martial arts training in the Marines helped in subduing the suspect and handcuffing him.

The injured officer is expected to make a full recovery.

- *The original story appeared in the Nov. 1, 2010 issue of Army Times.*

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Pfc. Abner Marquez Lopez is interviewed by the media at a Long Beach, Calif., ceremony honoring him and his friends for coming to the aid of a police officer.



Photo courtesy of Long Beach Police Department

This fall, approximately 80 members of the 807th MDSC joined the U.S. Navy on a sea-borne humanitarian mission to eight countries in the Caribbean Sea, Central America, and South America.

This joint mission was Continuing Promise 2010, a yearly medical mission that serves coastal areas of some of the western hemisphere's poorest countries.

Running for four months from July through November, the amphibious ship USS Iwo Jima (LHD 7) brought health care and other assistance to countries in Latin America and the Caribbean. A total of 43,000 patients were treated and thousands of veterinary services were provided. Of those that visited the U.S. military clinics, a total of 321 patients were flown to the Iwo Jima for surgery onboard the ship.

"It's a different mission than I've ever experienced because service members from the Army, Navy, Air Force and Marines join

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Costa Ricans wait for the temporary medical clinic from Operation Continuing Promise to open. The USS Iwo Jima stayed in Costa Rica for several days to provide basic healthcare to needy residents.

with civilian aid workers and even health care workers from other countries to provide this assistance," said Maj. Roger Sausedo, a nurse anesthetist with the 328th Combat Support Hospital in Salt Lake City.

"It was a great mission for this command because soldiers with multiple specialties came together really well as a team," said Sausedo. "Working along with other nations and services was a rewarding experience, the mission went very well."

"The medical care we provided was important, not because the care was beyond the host nation capability, but because there was such a backlog and long wait for care," said Sausedo.

Sausedo said that the people's need for medical care overwhelmed what the medical professionals on the Iwo Jima could offer in the limited time they were available in each country. They concentrated on the most serious conditions they could affect.

"We worked a lot of hernia and cataract procedures," said Sausedo. "Eye problems occur earlier the closer you are to the equator,

A landing craft, utility, with Soldiers, Sailors, Marines, and other medical professionals prepares for a stern-gate entry into the USS Iwo Jima off the coast of Guatemala. The Iwo Jima visited eight countries bordering the Caribbean Sea in Central and South America during Operation Continuing Promise 2010 from August through November.



Photo by Sgt. Joseph James, 807th MDSC

because the intensity of the sun is greater."

Sausedo said that he noticed that there were significant differences in poverty level that you could observe from country to country. In Costa Rica, for instance, everyone was dressed nicely, and could read and write. However, in Guatemala, people dressed in whatever they could find and many instances were illiterate.

"Sometimes you take for granted that everyone can read or write, but in some parts of the world people don't have the opportunity," said Sausedo.

Specialist Jonathan Palomares, a medic with the 328th said that



Photo by Sgt. Joseph James, 807th MDSC

A large U.S. Navy ship, likely a hospital ship, is at sea. The ship is viewed from a smaller boat in the foreground, which has several crew members visible. The ship has a complex superstructure with various antennas and equipment. The water is blue and the sky is overcast.

# Continuing Promise

*Humanitarian aid in the Caribbean  
with the U.S. Navy*

*by Lt. Col. Brent Campbell*

he would never forget his four month deployment in support of the Continuing Promise 2010. This was his second time participating in the annual mission.

"The response of the people we treated made the time away from home and the tight living quarters all worth while," said Palomares. "I've treated Iraqi detainees and this mission really put things in perspective, they needed our help and they really wanted us there and appreciated our help."

Both Sausedo and Palomares said that the living quarters on the ship were tight and offered little privacy. They also said it took some time to get use to

"Navy showers" – which are short in duration because water is rationed onboard. Also, unlike the hospital ships, the Iwo Jima is a warship first, so exercise participants must make do in a more space constrained, amenity starved environment.

"The language capacity onboard was incredible," said Suasedo. "Non medical Sailors and Marines would interpret for patients and practitioners, they really helped out and contributed to the mission's success."

Palomares said that the thing he noticed about working with the Navy is that they had such a strong culture and focused more on tradition than other branches

of the service. But that even with some culture differences – there was a strong sense of team amongst all of the participants in the exercise

Palomares carries a video on his phone of children singing a greeting to the service members entering a village. It is a reminder of all the good things that came out of Continuing Promise 2010 and how this 4-month mission touched lives.

"These are memories I will never forget," said Palomares.

Continuing Promise 2010 visited the countries of Haiti, Guatemala, Nicaragua, Costa Rica, Panama, Colombia, Guyana, and Suriname.

# Battle-Ready Medics

Story by Maj. Matt Lawrence

Photos by Staff Sgt. Richard Parrott

SAN ANTONIO – Soldiers from the 228th Combat Support Hospital completed their medic (68W) recertification training with field medic training lanes this winter at Fort Sam Houston, Texas.

The training, which tests medics on nearly 200 medical tasks, involved six days of classroom instruction and an additional day of a combat simulation exercise meant to test the medics' skills and their tactical awareness.

This is an enhancement to the previous versions of the medics' recertification classes, which were entirely in the classroom.

"Medics love to treat patients," said Staff Sgt. Richard Parrott, the training coordinator for the 228th's 68W sustainment pro-

gram. "What we're trying to teach them is that there are times when treating a patient is not your first option....We want them to understand how to do something under stress."

The medics were forced to react to various scenarios in a tactical situation. They had to maintain security at all times, and be on the lookout for buried explosives, enemy combatants, and also had to react to suicide bombers. The attacks came one on top of the other, and often left members of their own teams wounded, requiring treatment.

The practice in patrolling and reacting to fire prepares the medics for their potential jobs on deployment and to reinforce the training medics receive in their initial schooling.

"I want them to get in [to a combat unit] and know the basics of what they're going to do," said Parrott. He added that a medic that does not display at least a basic understanding of combat operations would be a liability.

Iraq veteran, Sgt. Linda Smith of Fort Worth, Texas, said that the training was a

vast improvement over her previous experience with recertification both in the Army Reserve and on active duty.

"They've taken what we've learned from our mistakes overseas and put it into the training," she said.

Some previous classes were mostly lecture, with the medics testing their knowledge at the end on a manikin. Smith also commented that the fluid nature of the field training added to the realism by experiencing changes in patient status and team responsibilities as various team members were injured.

While the training does provide some realism and puts stress on the medics, Parrott looks forward to improving the program next year by moving it from Fort Sam Houston to Camp Bullis, north of San Antonio.

"The training areas are larger there, and we can use real pyro[technics]," Parrott said.

"We have...created 21 training centers, that are now accredited by Army EMS, to be schoolhouse training centers, so that we have standardized training for our 68Ws," said Lt. Col. Robert Hughes, chief of the 807th's 68W training program.

Currently, only three of the 21 training sites provide the field training. Future plans will establish field training at more of the



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A medic from the 228th Combat Support Hospital in San Antonio, Texas, inserts an intravenous line into the arm of a patient during the capstone exercise for the 68W sustainment training at Fort Sam Houston, Texas, on March 1.

training sites and also augment the capacity of the training sites that have good field facilities to train more medics.

The 228th did well with the area's restrictions, however, employing pneumatic explosive simulators and machine guns to raise the medics' stress levels. Each member of the class received an opportunity to be the lead medic, assistant medic, or squad leader during the exercise.

With larger training facilities and more land at Camp Bullis, the training lanes will be longer and include full tactical equipment loads and body armor for the trainees. This will add further realism and the element of fatigue to the training as well, said Parrott.

Maintaining certification is a yearly requirement for medics, and is necessary before they can attend any other medical missions. It is extremely important for them to complete this training, commonly called "Table VIII" training, be-



**Above:** Spc. Nicer Perez III of the 228th Combat Support Hospital applies field dressings to Sgt. Gabriel Garcia of the 114th Minimal Care Detachment during medic sustainment training at Fort Sam Houston, Texas, on March 1.

**Left:** Spc. Nicer Perez III of the 228th Combat Support Hospital, watches his sector of fire during 68W sustainment training at Fort Sam Houston, Texas. The 807th MDSC has 21 training sites certifying nearly 2,500 medics on nearly 200 medical tasks every year.



cause "the 68W is the workhorse of the AMEDD [Army Medical Department]," said Hughes.

Since the implementation of the standardized program in the 807th, Hughes said that the certification rate for 68Ws rose from an initial level of 70% to 95% per year. The 807th MDSC has about 2,500 medics assigned to the command.

The training is badly needed by the Soldiers, since their military specialty consists largely of "perishable" skills that are forgotten without repetition. Medics commonly do not do the same job in the civilian world (like nurses and doctors) because of relatively low pay and few career options for civilians with only the equivalent training, said Parrott.

# TRAGIC BEGINNING, SUCCESSFUL END



Soldiers of the 1908th Combat Stress Control Detachment, led by Sgt. 1st Class Robert Cramer, salute the flag during the national anthem at a homecoming ceremony at Fort Hood, Texas, on Oct. 13, 2010. The 1908th suffered two killed and six wounded in the shooting at Fort Hood on Nov. 5, 2009.

*Story and photos by Maj. Matthew Lawrence*

FORT HOOD, Texas -- On November 5, 2010, 13 Soldiers of the 467th and 1908th Combat Stress Control Detachments attended an awards ceremony and a memorial ceremony at Fort Hood, Texas.

These two units were in the Soldier Readiness Processing (SRP) Center one year ago, when a gunman opened fire, killing 13, including five members of the two Army Reserve units and wounding 21 other Army Reserve Soldiers.

The memorial, one year later, was a giant step toward closure for the Reserve Soldiers. The Soldiers were able to say goodbye to their fallen friends and also talk with many of the people who supported them at Fort Hood through the aftermath of the shooting.

"I think this is very key for them to be here to give each other support," said Maj. Cora Courage, a psychiatrist with the 467th. "I'm glad that as many people from the unit as could attend are here."

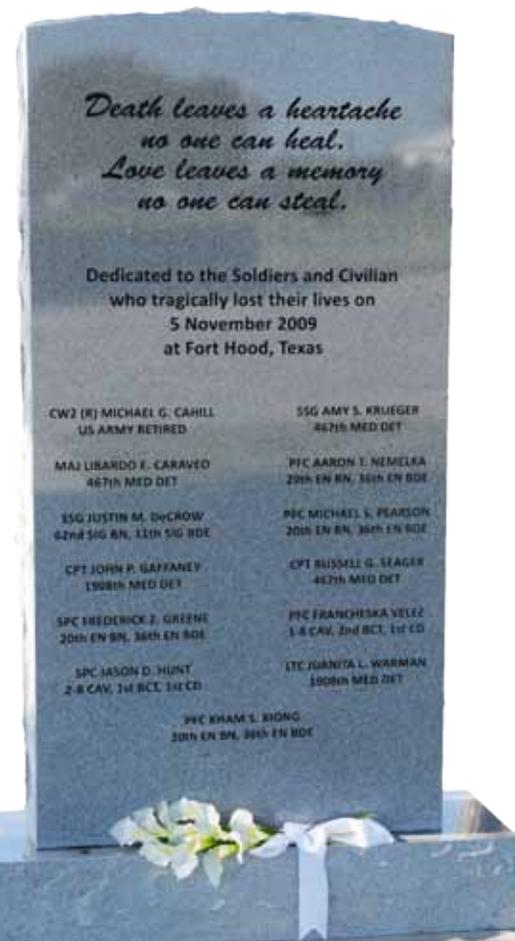
Both units had returned to the United States less than a month prior to the anniversary of the attack that had scarred their deployment. The 1908th returned from Iraq in mid-October, and the 467th departed Afghanistan at the end of the month.

While the shooting hit both units hard psychologically, the Soldiers remained strong and dedicated to finish what they had started. Soon after the shooting, every Soldier of the two units was given the opportunity to opt out of their deployment with no questions asked. None took the offer.

Sgt. 1st Class Robert Cramer of the 1908th wasn't surprised. "I had a lot of young Soldiers that were very strong," he said.

The 1908th was determined to deploy and relieve the Soldiers of the 55th Combat Stress Control

Detachment in Iraq, which had lost two Soldiers themselves when an Army sergeant walked into their clinic at Camp Liberty in May 2009 and opened fire, killing two members of their detachment and three others.



*Death leaves a heartache  
no one can heal.  
Love leaves a memory  
no one can steal.*

Dedicated to the Soldiers and Civilian  
who tragically lost their lives on  
5 November 2009  
at Fort Hood, Texas

CW2 (R) MICHAEL G. CAHILL US ARMY RETIRED	SSG AMY S. KRUEGER 467th MED DET
MAJ LIBARDO E. CARAVEDO 467th MED DET	PFC AARON T. NEMELRA 20th EN BN, 36th EN BDE
SSG JUSTIN M. DeCROW 42nd SIG BN, 13th SIG BDE	PFC MICHAEL S. PEARSON 20th EN BN, 36th EN BDE
CPT JOHN P. GAFFANEY 1908th MED DET	CPT RUSSELL G. SEAGER 467th MED DET
SPC BRENDON J. GREENE 20th EN BN, 36th EN BDE	PFC FRANCESKA VELEZ 1-8 CAV, 2nd BCT, 1st CD
SPC JASON D. HUNT 2-8 CAV, 1st BCT, 1st CD	LTC JUANITA L. WARMAN 1008th MED DET
	PFC KHAM S. KHONG 30th EN BN, 36th EN BDE

Fort Hood dedicated this Memorial Stone for the victims of the November 5, 2009 shooting that killed 13 people and wounded 31 others. The stone sits beneath a post oak tree in the Army base's Memorial Garden.

Many of the Soldiers found that deployment was the distraction they needed to move on.

Sgt. Kara Kortenkamp from the 467th said it was “a relief” to be in Afghanistan. “We could sort of throw ourselves into that and focus on that and feel, in a way, normal again.”

Although both units had lost nearly 25 percent of their assigned Soldiers, both still deployed on time, thanks to a number of replacements, many of whom volunteered and dropped their civilian lives to help their fellow Soldiers.

Courage, who is from Evanston, Wyo., was one of those replacements, meeting up with the 467th two days after the unit arrived in Afghanistan.

Courage had 11 days from the time she was notified of the deployment to the time she had to report for duty. A psychiatrist specializing in adults with developmental problems, she had a short time to reassign patients, responsibilities, and prepare her friends for her quick departure.

“I called the unit and asked them if they needed any help with mental health services at Fort Hood,” she said. “Then a couple



Photo by Maj. Corey Schultz, OCAR Public Affairs

Maj. Laura Suttinger, Staff Sgt. Dick Hurtig, and Sgt. Kara Kortenkamp of the 467th Combat Stress Control Detachment speak to reporters at a press conference in Madison, Wis., on Oct. 30, 2010, upon their return home.

of days before Thanksgiving, I got a call that said there was a need, but not at Fort Hood.”

In a way, being a victim of the tragedy helped the two behavioral health units do their jobs and understand their patients better.

“During an interview, I can say, ‘Yes, I’ve been through a traumatic event just like you have,’” said Staff Sgt. Timothy Wagner, an Occupational Therapy Assistant with the 467th. “It’s not the same, but it’s comparable on a certain level.”

Most of the Soldiers in either detachment would not talk about Fort Hood and their experience unless the patient themselves

brought it up.

“It was not my turn to be in therapy,” commented Kortenkamp.

Soldiers found myriad ways to ease their own trauma and pain when they weren’t treating patients. For some, the bracelets they wore reminded them that they were there in honor of those who did not make it.

“We talked with each other. They gave each other support. They named clinics after the people that were lost,” said Courage. “I never met Staff Sgt. Amy Krueger personally, but two people on my team were pretty close to her, so we named our combat stress control clinic after her.”

The Soldiers of the 1908th and 467th are glad to be home and to resume their normal lives. Many are happy that the attention paid to them is subsiding. They remain, however, a group of Soldiers forever bound by a catastrophic event that we may never understand and will not forget.

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The family of Staff Sgt. Amy Krueger, who was slain in the Fort Hood attack, shares an embrace at the Fort Hood Memorial dedication on Nov. 5, 2010. Krueger was one of five 807th MDSC Soldiers killed in the shooting.



# Posthumous Honor for



Capt. John A. Gaffaney, shortly before his mobilization with the 1908th Combat Stress Control Detachment. Gaffaney was killed in the shooting at Fort Hood, Texas, on Nov. 5, 2009, when he attempted to subdue the gunman by throwing a chair and rushing at him.

Photo courtesy of Ms. Christine Gaffaney

....Refusing to abandon his fellow Soldiers, he instead retaliated by throwing a chair at the shooter as he reloaded. With complete disregard for his own personal safety, he then rushed forward and attempted to disarm the shooter, ultimately costing Captain Gaffaney his life.

*-from the Soldier's Medal award citation for Capt. John A. Gaffaney*

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Christine, is not surprised by the actions that her husband took.

"He would have been helping others, and if he wasn't wounded, he would have continued helping until every Soldier was taken care of," she said confidently.

Gaffaney was a career Soldier and had retired as a major in the National Guard. He had served honorably but felt compelled to volunteer and even took a reduction in rank to serve in Afghanistan with the Army Reserve.

Christine was a Veteran too. They had met in Chicago when they were both young medical specialists in the Navy. Christine served as an operating room technician, and John was a neuro-psychological technician. John's lifetime of service to his country was not something Christine would have anticipated

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by Maj. Matt Lawrence  
FORT HOOD, Texas -- Capt. John A. Gaffaney was posthumously awarded the Soldier's Medal on Nov. 5 in a ceremony at Fort Hood, Texas, for his actions one year earlier that cost him his life in the Fort Hood shooting.

ous eyewitness reports, threw a chair at the gunman and attempted to rush him to stop the attack. While his courageous efforts saved the lives of others Gaffaney, who was 51, was shot five times and lost his life on that day.

A year after, reflecting events of that tragic day, his widow,

Gaffaney, according to numer-

# Capt. John A. Gaffaney

when they first met. She fondly remembered a different side of John.

"Of all the people you would think would reenlist, you would have never guessed John would be one of them," she said. "He and his friends were such trouble-makers."

John did continue his service by joining the National Guard after leaving the Navy, and ultimately earning a commission through the Officer Candidate School. As 33 years of marriage passed, Christine realized how much serving his country was a part of who John was.

"John was just so comfortable

being in the military," she said. "It was made for him, and he was made for the military."

The Soldier's Medal is the Army's highest peacetime award for Soldiers who distinguish themselves by heroism not involving conflict with the enemy. It was commissioned on Aug. 7, 1926 by the War Department. It now ranks seventh in the Army decorations hierarchy. The medal features an octagonal pendant on a navy blue ribbon with thirteen alternating red and white vertical stripes.

While John was comfortable with the military he would not have been comfortable with the recognition he so honorably earned. Christine said that he hated ceremonies and making a big deal out of things, and would have thought the award was much ado about nothing.

"He would have said 'you're causing too much trouble over something I would have normally done,'" Christine said, choking back her tears. "He wanted to use his nursing degree and work with PTSD, and go with his unit."

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Capt. Gaffaney's widow, Christine Gaffaney, receives a standing ovation from the crowd at the Fort Hood Memorial Dedication and Awards Ceremony on Nov. 5, 2010. She was presented her husband's Soldier's Medal by Secretary of the Army John McHugh and the Chief of Staff of the Army, Gen. George W. Casey, Jr.



# Healing on the Home Front

Story and Photos by Staff Sgt. Kristen King

Story and photos by Staff Sgt. Kristen King

The 63rd RSC Yellow Ribbon Reintegration Program Behavioral Health Team hopes to make a difference and offer guidance and support to Soldiers during Yellow Ribbon post-deployment events. The team, which is a hodgepodge of civilians and Soldiers, was developed to help recent veterans of our wars and their families cope with their mental stresses and identify anyone who might

require more thorough behavioral health treatment.

In January, the team traveled to a Yellow Ribbon event in Orlando to assist members of the units and their family members who were affected by the Fort Hood and Camp Liberty shootings in 2009. For four days, they offered guidance and support on parenting, mindfulness training, and reintegrating with spouses and loved ones.

In the end, the instructors try not to get too deep. "We try not to do in-depth counseling at the Yellow Ribbons," said Sgt. Maj. Tammara Wipf, Health Readiness Coordinator, 79th SSC. "However, identification and referral is important." According to Wipf, some Soldiers don't even know

they have a problem until they've gone through some of the classes. She considers the Yellow Ribbon a starting point for the healing process.

"The classes open up dialog between the Soldier and family members, as well as with other Soldiers," she said.

The team also provides time for Soldiers and counselors to talk, but only if Soldiers feel comfortable enough to take advantage of that time.

The counseling sessions aren't just beneficial for Soldiers and their families. Colleen Mizuki, a civilian member of the team, owns a business that specializes in coaching people in transition and cross-cultural training, but it's her monthly weekends spent at Yellow Ribbon events that give her inspiration. She said she leaves every event a changed person, for the better.

"I have never loved my work more," she said. "I have learned so much about what it takes to be a Soldier, the commitment and love Soldiers have for our country and their very impressive outlook on life."

Her dream is to create a foundation that will bring



Sgt. Jennifer Morgan from 807th MDSC Family Programs pets Addie, the healing dog, as Ms. Kathleen Cutshall holds onto Addie's leash. Addie was in Orlando in January, helping Soldiers and their families talk about tragic events that had affected them.

civilians and service members together. "We civilians have so much to learn from our men and women in uniform."

For Donna Erickson, the work she does on the team is reparation for "the support we did not give our Vietnam veterans." She was part of that war, serving as a flight attendant. She's also the parent of a Soldier who has three deployments under his belt, and she offers optional parenting and family classes.

That first-hand experience is what makes many of the classes so beneficial. "It's important for Soldiers to hear from speakers that have gone through experiences that they can relate to," said Wipf.

During classes, Soldiers and their family members are educated on the signs and symptoms of combat stress and how to get help. Community partners provide additional resources to Soldiers and counselors are available for one-on-one sessions.

"If needed, we may directly refer them to a specific provider or organization to get further treatment or counseling," said Wipf.

More than talking to the counselors, Kathleen Cutshall believes it's the peers that provide support and comfort. Cutshall is the handler for the very popular K-9 known as Attie, a therapy dog that was a big hit at the Yellow Ribbon event in Orlando. She creates a sense of welcoming and community, facilitates "an experience of warmth and joy, and very importantly, serves as a bridge for communication



and connection." Cutshall says that a person may never ask another person for help, but will sit with that person and discuss their struggles while petting a dog.

"By simply being what and who she is, Attie has been able to provide comfort for intensely grieving family members, grounding for soldiers who just needed something or someone safe to hold on to, and unconditional love for someone that may not have felt it for a long time," said Cutshall.

The partnership between K9s and humans is powerful. After all, dogs aren't called 'man's best friend' without a reason, and studies have shown physiologically that the bond between humans and dogs is comparable to that between a mother and her breastfeeding child.

Cutshall says she has the "very best view," because she can see up-close and personal "the warmth and gentleness that passes between a tough, tattooed Soldier or a small

Ms. Colleen Mizuki discusses stress control with Spc. Grant Moxon of the 467th Combat Stress Control Detachment at a Yellow Ribbon event in Orlando in January. Mizuki is a civilian volunteer who helps Soldiers and their families cope with deployment stress.

child and my Therapy Dog, Attie, as that Soldier or child strokes and hugs her and she kisses them joyfully."

After a long weekend of counseling, the team returns home to their own families and careers, emotionally spent, but feeling better for their contribution.

"I do believe that having civilian volunteers is important," said Mizuki. "It proves to our Soldiers and their families that there are civilians who support them and have expertise to help them even if we can't understand their unique experiences."

They work in and around the San Francisco area and will keep in touch until the next Yellow Ribbon, consulting each other on different cases and keeping their own lines of communication open... until the Army needs them again.

# 807th Wired

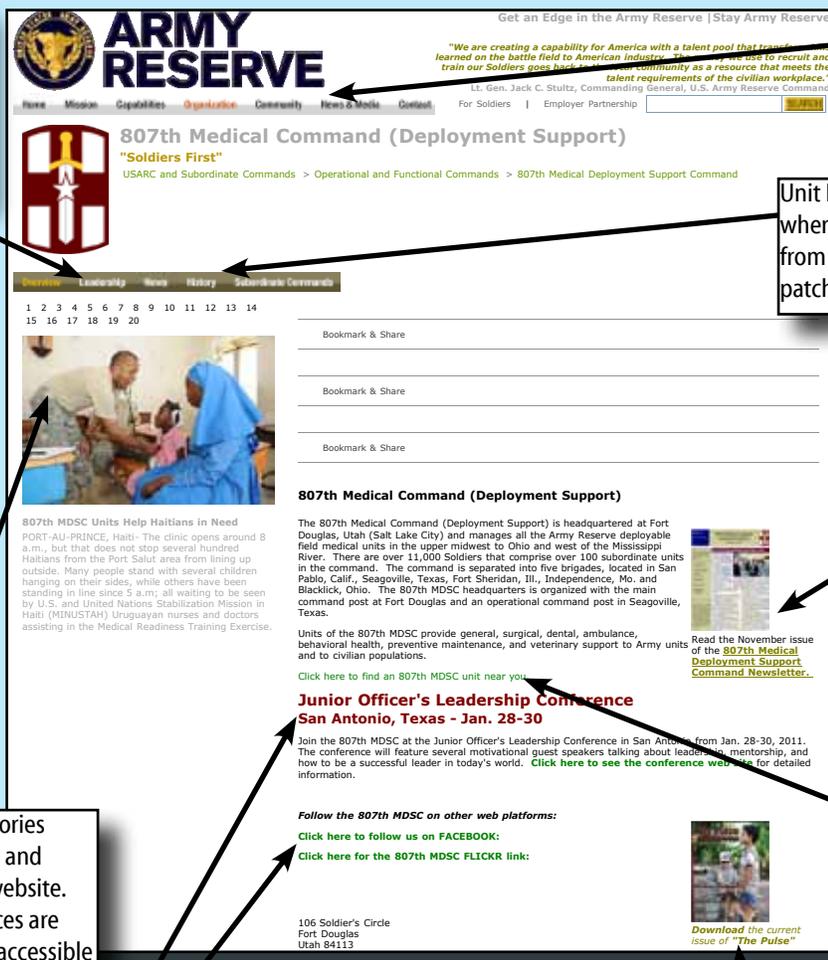
Yes, the 807th MDSC is fully vested in the internet and social media. Here's a quick-reference guide to online tools and information sites

available to everyone, along with the reasons you should use them. And the best thing? No CAC required for access!

## Command website -

[www.armyreserve.army.mil/807MDSC](http://www.armyreserve.army.mil/807MDSC)

Leadership Bios - Brig. Gen. Dire is visiting with Command Sgt. Maj. Elwood. Need to get their biographies? Find them here.



See news, events, links and other stuff from the rest of the Army Reserve. But why would you want to do that? The 807th is where it's at!

Unit History - Want to know where the 807th MDSC came from and what that star on the patch stands for? It's in there!

Command Newsletter - This is the only place you will find the newsletter available. It is published every two months and contains current news stories and other command information that you may find useful. Looking for an article four issues ago? They're at the bottom of the page.

Online news stories - No all stories show up in every publication, and some are only found on the website. Stories from other news sources are often displayed here and are accessible for several months.

Unit locator - Not sure if there is an 807th MDSC unit near you? Check the map in the unit locator to see if we're nearby. Sorry North Dakota, you're out of luck.

Links to other internet tools - The 807th's website has direct links to our Facebook and Flickr sites, as well as links to current events.

The Pulse Online - Missed the last issue? New to the 807th and didn't get one? Or maybe you appeared on page 15 and your mom wants to see. Link her to the online .pdf file of The Pulse.

## Facebook-Search: "807th Medical Command"

Updates on all internet platforms are announced here. Become a fan of the 807th MDSC and receive updates on everything.

News stories on 807th MDSC Soldiers and units from around the country are linked through Facebook. An update with a link will appear on your account.

Get quick updates on current missions. Sometimes it's as simple as a quick news clip; other times it's a flip video of a Soldier in another country!

Link friends and family to what your unit and your command are doing and help tell the story of the 807th MDSC!

Send a comment to the 807th MDSC - feedback is useful to the command and can effect real change.

## Flickr (Photosharing) - [www.flickr.com/photos/807thpao](http://www.flickr.com/photos/807thpao)

See photos from 807th MDSC missions as we travel around the globe to help people and countries in need. 807th Soldiers are in five of the seven continents and often serve with foreign armies, other services and agencies.

All photos have full cutlines so you can tell who is in the picture, where they are, and what they're doing.

Use these photos for your own presentations, to send to relatives, or whatever you like. We don't mind sharing!



## 322nd Trains Iraqis

Story and photos by Staff Sgt. Dan Yarnall, USF-I Public Affairs

CAMP CROPPER, Iraq -- On Nov. 9, Col. Melvyn Harris, the officer-in-charge of the Camp Cropper Emergency Medical Clinic, 322nd Medical Company, watched as Maj. J. Ivan Lopez, a physician with the 322nd, gave a class to both U.S. and Iraqi physicians and medics on screening and treating stroke patients.

That day, Harris realized his goal to establish a training program in which U.S. and Iraqi medical personnel share their knowledge.

When Harris arrived in Iraq, he saw frequent headlines describing terrorist attacks throughout Baghdad in which numerous civilians were killed or injured. He began to wonder who cared for the injured after these attacks, and what the U.S. forces could do to ensure Iraqi healthcare providers are trained to their fullest potential.

He didn't have to go far to find the answer.

"When I heard that Iraqi medi-

cal providers were as close as 100 yards from here, I jumped all over that," said Harris. "Here was the opportunity to create a kind of program where they learn from us and we learn from them."

Many people were skeptical of the idea, Harris said, but after pitching it to his chain of command, he was given the thumbs up.

He began to develop a program that would advance medical knowledge of the Iraqi practitioners on the issues they are most likely to see. On Oct. 8, Harris and other staff members with the 322nd began conducting weekly medical classes and are pleased by the results.

"The training has been really productive," said Lopez. "The level of knowledge the Iraqi practitioners have is very good, and that is very encouraging."

The Iraqis were appreciative of the assistance from the American medical professionals.

Staff Sgt. Heather Keaveny, a health care specialist with the 322nd Medical Company, 28th Combat Support Hospital, instructs a group of Iraqi medical practitioners on techniques to check a patient for symptoms of a stroke during the partnership medical training Nov. 9, at Camp Cropper. The class was conducted as part of a weekly partnership training between staff members of the Medical Company and Iraqi physicians and medics from the local area.

"My staff and I really enjoy the training. We have learned a lot from it," said Dr. Munaf, a physician at the detainee medical clinic at Karkh Prison. "We need it, and I hope this partnership continues."

Lopez was excited to be part of the training, but said it came as a surprise since he expected to focus on medical care for U.S. service members during his time here.

"Not only have I come from far away to take care of troops as part of my mission, but this is something extra that has been very encouraging, said Lopez. "I believe interacting with Iraqi physicians gives a different side to our mission."

The 322nd plans to continue the training on a weekly basis. As long as they do, Dr. Munaf and his colleagues plan to attend.

The 322nd is from Detroit and has been in Iraq, supporting Operation New Dawn, since May.

Maj. J. Ivan Lopez, a physician with the 322nd, gives a class to U.S. and Iraqi doctors and medics at the Camp Cropper Emergency Medical Clinic, Nov. 9, 2010.



# Building Afghanistan



Capt. Ryan Miller teaches Afghan farmers and veterinarians in Logar Province, village of Mohammed Agha, about pregnancy exams. Also in uniform is Garland, Texas, resident and interpreter, Mr. Sattari, who taught at the University of Kabul until the early 1990s, when the Taliban forced him out.

Photo courtesy of Capt. Ryan Miller, 994th Medical Detachment (VS)

## A Veterinarian's Story

by Geni Wren, Editor, *Bovine Veterinarian*

Building a country is tough work, especially when there is competition for the loyalty of the people as there is in Afghanistan. There, veterinarians are making a difference in the fight against the Taliban by helping rural Afghans improve their livestock, their lives, and become self-sufficient.

Capt. Ryan Miller of the 994th Veterinary Company in Round Rock, Texas, found himself at the forefront of the U.S. efforts to build Afghan society this past fall. He was part of a team called Cooperative Medical Assistance (CMA), which was responsible for working with

the Afghani people to improve agricultural and livestock practices. The CMA team provides training seminars at village district centers, working with non-government organizations (NGOs), NATO forces, Civil Affairs teams, USDA, and USAID to provide technical advice and expertise on projects throughout Afghanistan.

This endeavor is crucial to the counterinsurgency efforts. "About 85% of the Afghans are dependent on farming for their livelihoods," Miller said. Together, the military, USDA and NGOs work to strengthen the trust between Afghans and their government and the coalition forces, Miller said. "In areas of

low security, our work helps to break ties with insurgents and the Afghans are more willing to work with us. When we get Afghans from their own government in to work, this also helps to strengthen ties and make them less reliant on us."

This was Miller's second tour of duty in Afghanistan. The first was a 15-month deployment in 2007-2008. The latest deployment was only six months long. His unit worked with the two veterinary colleges located in Nangarhar and Kabul.

"The students are very knowledgeable, but they don't get many chances to have hands-on experiences with the animals," he said. "We work with the

Afghan students and farmers on examinations, treating animals (deworming, suturing, diagnosing diseases) and better livestock management techniques such as better forages and feeding.”

Afghanistan’s rugged landscape can be inhospitable to people as well as livestock. Typical Afghan farmers are trying to sustain enormous families with food grown on about a half-acre to an acre of ground, often using beasts of burden to pull wooden plows, Miller said. The majority of livestock in Afghanistan are sheep, goats, donkeys, and some cattle with the occasional camel.

“Animals here in Afghanistan are usually much thinner and overall smaller than what we see in the United States,” said Miller. Poor livestock nutrition is the number one problem in Afghan livestock productions. He added that Afghans are very interested in artificial insemination in order to improve meat and milk production, but “they do not readily recognize that nutrition is a limiting factor.” Because of their poor diet, the Afghan animals’ bodies are more likely to devote

energy to survival and energy storage than to reproduction.

The amount of irrigable land is limited so animal forages compete with other crops grown for human consumption, and there are no pastures or range land to graze. Unprocessed wheat straw is a big staple for animals across the country, especially in winter. During the summer, many farmers grow alfalfa, Egyptian clover, and some grasses near irrigation canals for animals. For any “grazing,” farmers tether the animals to a stake in the ground with about a 12-foot lead.

Sometimes, feeding the animals takes a back seat to feeding people. Many Afghans have a “calorie-deficient diet where people often slowly starve in the winter,” said Miller. Animals may receive some high-nutrient feed like crushed wheat or corn right after the harvest, but often subsist through the winter on low-nutrient by-products like wheat straw.

The basics of animal nutrition have been a big emphasis this year for Miller’s team. “Simple, small tips can often times have



a larger overall impact than some big, complicated, expensive project that the Afghans will not continue for more than a year or two.” For example, educating them on how to enrich wheat straw to provide more energy or the proper time to cut alfalfa are tools they can use that can make a difference. Small differences such as this and routine inoculations can substantially increase the weight and health of animals. And healthy animals also have the benefit of not carrying as many diseases that can transfer to the human population, such as African trypanosomiasis (sleep sickness) caused by microorganisms carried by cattle.

U.S. military veterinarians don’t just help farmers improve their livestock – they are also assisting the Afghan govern-



Photo by Capt. Ryan Miller, 994th Medical Detachment (VS)

Afghan farmers process wheat straw in a thresher into feed for their animals in Bamyán Province, Afghanistan. Wheat straw is commonly used to feed the animals, but provides far less nutrients than feeds commonly used in the developed world.



Afghan veterinarians train farmers on best practices in raising livestock in Kunar Province. Capt. Miller assisted in getting government veterinarians out to the farmers to expand their knowledge in dozens of similar training sessions.

sive and easily maintainable, said Miller.

“We, as U.S. forces, are constantly promoting the Afghan government and economic infrastructure in order to make them self-sustainable and rely on each other instead of U.S. forces and funding,” said Miller.

The training the U.S. Army veterinarians offer is largely educational, and usually combined with Civil Affairs support teams that include lawyers, engineers, and police that will assist a community with a wide array of needs. The discussions Miller had were often the most productive sessions for everyone.

“This is where the exchange of ideas occurs and they learn from us and each other,” he said.

Projects are geared toward the use of local materials and parts, and solutions that are inexpensive and easily maintainable, said Miller.

ment to help its people become more self-sufficient. “We have run agriculture seminars incorporating the local veterinarians/para-veterinarians and government Department of Agriculture, Livestock, and Irrigation (DAIL) representatives,” said Miller.

Bringing them together was not always easy because the veterinarians and DAIL agents have been reluctant to go out in the field either for security reasons or a lack of accountability for results, said Miller. The veterinary industry is slowly being privatized, making vets more responsible for results and visits, but full privatization is a ways off.

A key to sustainable training of the Afghan farmers is to ensure the advice being suggested is low-tech, low cost, and sustain-

able. While pharmaceutical companies have provided materials and medicines over the years, the U.S. veterinarians have focused on the Afghan capacity and capability so they are not reliant on outside funding and supplies. Projects are geared toward the use of local materials and parts, and solutions that are inexpen-



Afghan butchers and veterinarians discuss procedures and sanitation near Jalalabad in one of only two modern slaughterhouse facilities in the country, both built by coalition funds. Most local Afghan butchers slaughter animals on the dirt, using the animal's hide as a ground cover.

Photo by Capt. Ryan Miller, 994th Medical Detachment (VS)

Photo by Capt. Ryan Miller, 994th Medical Detachment (VS)

# Volunteers: 807th Soldier Helps Hurricane Victims in Belize



Lt. Col. Dellone Pascasio on one of her working vacations in Belize. Pascasio travels to her home country several times a year to operate the cancer clinic she helped establish.

Photo courtesy of Lt. Col. Dellone Pascasio, 2nd Medical Brigade

by Sgt. Craig Anderson  
DANGRIGA, Belize -- Almost 50 years ago, a hurricane devastated the small town of Dangriga, Belize, bringing destructive winds, pounding rains, and a flood of memories for Lt. Col. Dellone Pascasio who, as a young girl, lived in that town.

She remembered the U.S. Army giving her food, warm blankets, and a cot to sleep on, said Pascasio, Medical Regulating Officer for 2nd Medical Brigade, San Pablo, Calif.

"Now, as a soldier, I have an immense sense of relief that I am in a position to give rather than just receive," she said.

Pascasio said her passion for nursing moved her to Los Angeles where she studied and had a successful nursing career. She joined the Army Reserve in 1987 and was first assigned to the 828th Station Hospital in Fresno, Calif.

Pascasio never forgot her home in Belize and still visits every year.

"A normal vacation for me is going down to Belize to do some cancer outreach and cancer education and preventative health education to the schools," said Pascasio. "I look at those areas we can contribute or make a difference and try to find ways do that," Pascasio said.

In Oct. 2008 Pascasio co-founded the Belize Cancer Center Dangriga with her cousin. "I saw a need to start the cancer center because there was no avenue for people that were poor to access care," Pascasio said.

With 2nd Brigade, she was in a unique position to conduct annual humanitarian training with U.S. Army South to build medical capability and capacity in Belize beyond her clinic.

"We were there in August and September to exchange informa-

tion, provide preventative health education, and provide dental services," Pascasio said. "There was another part of the team providing training for the 29 medics of the Belize Defense Force and supplied each with CLS [Combat Life Saver] packs," said Pascasio.

"My team provided preventative health education on stress management and diabetes," Pascasio said. "We did some testing and provided an analysis of their soldiers and provided a report to the ministry of health and the commanding general of the barracks."

During her time there, a baby needing resuscitation was brought to the local medics. Although they acted very quickly and saved the child, Pascasio said, they did not have an ambulance to take the baby to the hospital.

"Our cancer center was given a donation of an ambulance by an American-based nongovernment

organization called Project Cure," said Pascascio. "After this incident I made a decision to give it to these soldiers since they were in more need of the ambulance."

A month after her mission, Pascascio went back to visit her family in Dangriga. While down there she intended to get some work done at the cancer center, she said.

"I was working at the cancer center on Saturday and received the news that the hurricane was going to be greater than expected," Pascascio said. "We initiated an action plan to prepare the clinic for the storm."

The next day Hurricane Roger engulfed the town. Pascascio watched the storm rip apart houses around her clinic and bend the coconut trees almost flat on the ground.

"We had lost power and water for about 48 hours," Pascascio said. "We were worried about some of the families around us."

Pascascio visited a single mother of eight children near the clinic. After seeing the effects of the storm on the family, Pascascio gave the mother some money to purchase food and clothing for the kids.

Pascascio toured the town, iden-

The outside of the cancer clinic in Dangriga. Pascascio and her sister founded the clinic in 2008 with donations from numerous organizations.

tified needs and matched them with resources she and her clinic had available.

"We went to the cancer center where I had about two large barrels of donated clothing and gave them to the Red Cross," said Pascascio. "I returned and focused my efforts on our cancer patients to make sure they were not injured and had homes to go back to."

Thankfully, none of the patients were injured, Pascascio said. However, power was out at the clinic and there were over \$380,000 of chemotherapy drugs that needed refrigeration. After contacting the local hospital, Pascascio said she was able to secure storage there and preserve the medication.

As a result of the U.S. Army South humanitarian mission the previous month, the Belizan military had the training and tools they needed.

"Not only was it fortuitous to have the training just before the hurricane, but we shared knowledge with them that they were able to execute during a very intense and frightening period

Photo by Lt. Col. Dellone Pascascio, 2nd Medical Brigade



in the country's history - and we gave them the tools to do that," Pascascio said.

Everything was under control 48 hours after the storm passed. Hurricane Roger left \$40 million in damages, hundreds of homeless, many injuries, but thankfully no deaths.

"I asked if the training the medics received a month earlier was helpful. It was a resounding 'yes,'" said Pascascio. "They said they put all the medics to work and they were so happy, the ambulance worked like a horse and they were able to find people who were injured and get them to the hospital."

"Being an American is not always as popular as it used to be. These missions help us to leave a positive, long lasting impression of who we are as Americans and soldiers," Pascascio said.

There is no doubt of the impression she has made on the people of Dangriga and no doubt of the impact she has made as a citizen soldier and the standard she has set by living the Army values.

*Lt. Col. Pascascio has since retired from the U.S. Army Reserve. She lives in Los Angeles, Calif., and still travels to Belize frequently.*

Hurricane Roger bends the trees in Dangriga, Belize. The hurricane was only a category 1 storm, but managed to leave hundreds of the country's poorer residents homeless.

Photo by Lt. Col. Dellone Pascascio, 2nd Medical Brigade



# Shaping The Future

by Maj. Mark Rhodes, 807th MDSC Force Development

Through several realignments, relocations, activations and deactivations that have happened since 2009, one thing we can count on is that change in the 807th MDSC is a constant. For 2011, this cycle of change will continue within the command.

Nine new units will activate, two split-based detachments of existing units will be established, 18 existing units will inactivate, 28 units will undergo conversions (transform into new type of unit), and one unit will relocate from one location to another, all before 2011 is complete. While this structural turbulence will

be a challenge at all levels of leadership, it also presents opportunities for those leaders and soldiers who embrace this change, learn the right lessons, update their skills as appropriate, and take their units to the next level of excellence within the U.S. Army.

Why all this change? The Total Army Analysis (TAA) process happens regularly at the Department of the Army (DA) level and produces decisions about what Army structure is necessary to meet the anticipated future threats to our nation. These decisions are announced periodically for a four to six year period in the future. The TAA

results announced several years ago for the period of 2008 through 2013 are directly responsible for the massive changes taking place this year in the 807th. In other words, today's changes flow directly from planning at the senior levels of the Army that happened five to ten years ago.

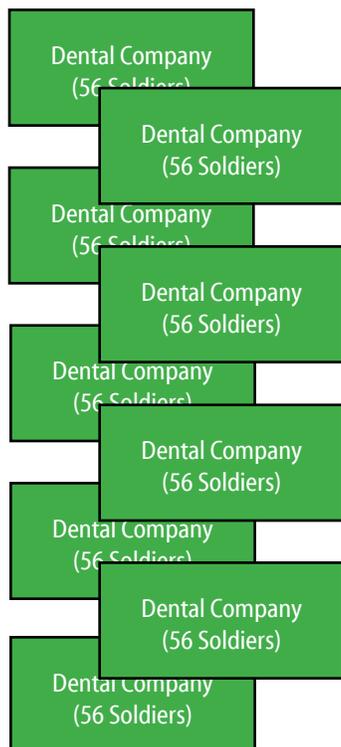
The dental units of the 807th will see the most dramatic changes. Five dental companies are scheduled for deactivation, and four will undergo major conversions from dental companies with 56 authorized Soldiers to Area Support Dental Companies with 94 people. This change is needed to support the way in which dental units are used when deployed.

Execution of this dental transformation will include efforts to maintain the readiness of this critical capability, retain highly skilled dental professionals, and minimize, where possible, the personal effects of this structural turbulence upon those dental soldiers within the command.

Some of these additional efforts to mitigate the risks from inactivating these five dental companies include relocating the 912th from Independence, Mo., to Twinsburg, Ohio, in order to provide structure closer to a greater number of currently serving dental Soldiers. Also, detachments will be established in Vallejo, Calif., and Aurora, Colo., respectively, to provide structure close to current dental Soldiers in the command. Populations of dental and other soldiers, whose local units have inactivated, will remain, and these Soldiers will have opportunities to serve with other local 807th elements; or they may choose to be assigned to remote units while being

## Dental Company Structure

### Historical



### FY 2011



All nine dental companies in existence today will transform into four area support dental companies in 2011. There will be a net loss of 128 positions, although the command will be able to retain all dental Soldiers currently in the 807th MDSC.

attached to local units for regular monthly battle assemblies.

Despite the loss of so much of the dental force structure, the Army Reserve Surgeon's Office reports that across the entire Army Reserve, a shortage of dental officers will still exist. Therefore, it is critical that every dental professional be retained in service, despite the loss of so many units. Even if a Soldier's unit inactivates, that Soldier will have ample opportunity to continue service within the 807th in their same MOS if they are a dental or other clinical professional, or in the some cases, in another MOS and another medical unit within their area.

Our nine newly activating units consist of seven new Medical Logistics Companies, a new Blood Support Detachment in Ogden, Utah, and a new Veterinary Service Detachment in Fort Lewis, Wash.

The 28 unit conversions involve just about every kind of unit in the command from our Combat Stress Control Detachments to our new Medical Brigade structure that is commanded by a colonel instead of a brigadier general. Most of these conversions don't change the purpose or the general mission of a unit but alters the number and mix of personnel, Military Occupational Specialties (MOS), and equipment assigned to a unit.

Additionally, nine more 807th units will move from their old facilities to new facilities constructed as part of the last round of congressionally mandated Base Realignment and Closure (BRAC) laws.

Inactivating units include two Medical Group Headquarters, the

Medical Logistics Companies that comprised the old Med Log Battalions, as well as the remaining Med Log Detachments, two Preventive Medicine Detachments, a Minimal Care Detachment, and several small medical teams. The most dramatic change is to the Medical Logistics Battalions, which will convert to Multifunctional Medical Battalions with modular companies, able to deploy faster.

Many positions throughout the 807th will be affected by these inactivations. Approximately 1,489 positions across multiple MOS/AOC's will inactivate. At the same time an additional 940 new positions across many specialties will be created as a result of the new unit activations. The unit conversions will also contribute a gain of positions throughout the command resulting in a total net loss of approximately 350 positions.

Leaders throughout the command must ensure their Soldiers are taken care of during this transformation. Junior Soldiers assigned to inactivating units must be counseled about all of their options for service within their MOS, or if applicable, their opportunities to retrain into another MOS within another local unit. In many cases, qualified soldiers will be able to be assigned to a remote unit and attached to a local unit for monthly battle assemblies.

Many soldiers throughout the command will be affected by the changes taking place in 2011, and with these challenges will also come great opportunity for NCO's, Commanders, and leaders at all levels to take care of affected soldiers and further their professional development and skills by embracing Army change and managing it to the benefit of their soldiers, themselves, and the American people.

## Medical Logistics Battalion Transformation

### Historical

HHD, Medical Logistics Battalion  
(47 Soldiers)

A Company, Medical Logistics Battalion  
(114 Soldiers)

B Company, Medical Logistics Battalion  
(68 Soldiers)

### FY 2011

HHC Multi-Functional Medical Battalion  
(76 Soldiers)

Blood Support Detachment  
(30 Soldiers)

Medical Logistics Support Company  
(119 Soldiers)

Medical Logistics Company  
(80 Soldiers)

The Medical Logistics Battalions will transform into Multi-functional Medical Battalions with functional companies. The new units will be able to deploy without pulling assets they do not have from other units. There is a net gain of 76 Soldiers in this transformation.



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

# Trouble Ticket

*A look at IT in the 807th MDSC*

*by 1st Lt. Herbert Barton and Mr. Ruben Castillo*

One of the more underappreciated offices in any command is the Information Technology (IT) office, commonly known in this command as the G6. Its operations are largely invisible to the users, but are vital in helping them get

their jobs done.

The 807th MDSC has a well-organized and well-resourced internal G6 program that has a major impact on making the 807th run smoothly and keeps communications flowing freely. The following is an overview of what the G6 office has done and how it benefits

all Soldiers in the command.

## **Computers**

Based on the 807th's requirements, all computers in the command have been replaced with new systems. Most of these systems come with a five-year warranty, and are scheduled for replacement every five years. In

2010, the G6 section was able to acquire, image, and ship 1,800 systems, 1449 monitors, and 93 printers to 807th MDSC units.

The 807th was also able to double its number of authorized computers from the normal U.S. Army Reserve Command (US-ARC) policy after communicating the inadequacy of this policy to the 807th Commander and US-ARC. Instead of a ten Soldiers per computer ratio, the fielding plan was revised and funded for a five to one ratio.

The laptop to desktop mix has also been changed from a 60/40 ratio to an 80/20 ratio to accommodate the large number of our command's Soldiers who travel and require automation on the road.

### **Enterprise Services Division Help Desk System**

The helpdesk system may seem to be an unnecessary step when the computer tech may be just down the hall, but it serves an important purpose. The most important thing that the helpdesk system does is account for man-hours in technical support, ensuring that the proper number of employees is available to address issues tomorrow. In short, no ticket means USARC tracks that there are no problems and can send your tech elsewhere.

The 807th has approximately 160 helpdesk tickets in queue on computers, automation and communications equipment on any given day, and completed 833 tickets in 2010. In the command, there is a single contact who manages the distribution and tracking of these tickets to ensure they are addressed and completed in a timely manner. The 807th is different from other commands,

which are mostly monitored by USARC directly. We benefit in ensuring that follow up on help tickets occurs in seven days or less as opposed to USARC's 45 day follow up window.

Helpdesk tickets can be submitted at <https://esdhelp> or by calling 1.877.777.6854 for support.

### **807th MDSC G6 Benefits**

- *More computers and laptops in the places we need them*
- *More wireless devices*
- *Better equipment allocation*
- *Better helpdesk responsiveness*
- *Better management of wireless allocation*
- *Quicker resolution to wireless issues*

### **Wireless Devices**

The G6 was instrumental in obtaining the healthy number of wireless devices (blackberry/cell phones) for the command. The initial requests were properly managed and justified, and the 807th has plenty of wireless assets available.

The 807th MDSC is the only subordinate command that manages (with USARC's permission) its devices directly. This ensures that devices are managed more efficiently and follow up support through the wireless provider is done quicker.

If more devices are required as the command goes through its re-organization, Soldiers can submit a trouble ticket through the helpdesk. Authorized requirements will be filled within ten business

days. The normal process of acquiring approval through USARC takes significantly longer.

### **Future Programs**

Future IT plans for the 807th MDSC includes the launch of SIPR (classified internet) cafes based on USARC's SIPR to Battalion Project. This program will ensure that units at the battalion level have access to SIPR connections, thereby aiding in the submission of unit status reports and communications with deployed units.

The G6 also plans to launch an initiative with Force Development to fill subordinate units' IT offices. Currently, there is insufficient manning at the brigade level. It is the G6 intention to fill those offices and ensure that each battalion or combat support hospital has one full-time IT representative.

Finally, the G6 plans to initiate a training and conference program across the command for IT professionals to ensure that standards are maintained throughout the command and that issues at the company and detachment levels are being properly addressed by the command.

### **Conclusion**

Managing IT efforts in a systematic and planned manner has enhanced the command's ability to communicate and allocate the appropriate resources as needed to meet the mission and vision of the 807th MDSC. The command has a robust supply of IT equipment and an aggressive organization that has taken control of the support systems that would normally be controlled by someone outside the command, ensuring that the 807th MDSC has the best of all worlds when it comes to IT.

# Mechanics Keep Us Moving

Story and photos by Staff Sgt. Adam Stone

Spc. Chad Girtmon of the 94th Combat Support Hospital looks inside at the wiring of a 10kW diesel generator.



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The 807th Medical Command (Deployment Support) does not operate with medical professionals alone. In this recurring series of profiles, we will focus on some of the non-medical Soldiers who keep the command moving, supplied, fed, keep our paperwork in order and provide other necessary support.

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If a combat support hospital is a body that keeps Soldiers alive, its mechanics are the heartbeat that keeps it running. A combat support hospital company has about 38 pieces of mechanical equipment to keep

operating. These include everything from generators and vehicles to air conditioners and forklifts. In the 94th Combat Support Hospital (CSH), all of that is maintained by five mechanics.

A CSH company has mechanics that specialize in repairing different military machinery. The key to a team of mechanics running efficiently is learning each other's job.

This is important, so that

when Spc. Jeff Puckett, a 91C – Utilities Equipment Repairer in the 94th CSH, doesn't have a unit air conditioner to work on, he can repair an engine on a forklift or a generator. His job takes on significant importance in the field or when the CSH is deployed. It is his expertise that keeps the 60,000 British thermal unit environmental control units running so the tents keep cool (very important in the deserts we commonly operate in).

Puckett enjoys working on machines and says he's been taking things apart and putting them back together since he was seven.

"I'd always wanted to join the Army as a kid. It had always been my dream. I was finally got in a position where I could do it."

Puckett has repaired everything. Before 9/11 he worked as a mechanic on Lear Jet engines.

"They were my favorite thing to work on. I just love the power of the jet engine," he said.

The 9/11 attacks hurt the private airplane industry and forced Puckett to get a different job. He then spent ten years as a computer repairman fixing laser printers and laptops and even worked as a diesel mechanic.

Now, Puckett brings all of this experience as a civilian mechanic to the 94th CSH. He likes his position now because the Army taught him how to repair air



conditioners. During the summer, he used his Army training to get a job repairing air conditioners in the community.

Last year the 94th traveled to Fort Hunter-Liggett for their extended combat training. The experience was good because it gave Puckett an opportunity to see the motor pool's mission in action.

"We had to keep all the vehicles and generators up and running. That means we were up and eating breakfast before everyone else to setup the generators and the ECUs," he said.

Since the CSH has more than just ECUs, Puckett's experience comes in handing during battle assemblies.

"It's important that each of us knows how to fix all the equipment in the company in case one of us isn't here," said Squad Leader Sgt. Philip Kissoon, a resident of Fort Worth, Texas. "We even try and cross train on equipment our unit doesn't

Spc. Jeff Puckett of Arlington, Texas, stores his tools in their case after completing work on a generator.

own, just so we'll be familiar with it."

The cross training also helps to keep Soldiers interested in their work and helps fuel their desire to continue serving.

"I like coming into the motor pool and basically having a different job every day. There's always a new problem. Also, we also like being outside working on things," said Spc. Chad Girtmon, a wheeled vehicle mechanic from Lancaster, Texas.

Whatever their motivation, mechanics are a vital component that keeps the Army and the 807th MDSC moving forward.

"If we don't have them [vehicles], then our mission fails," said 1st Lt. Paul Bartnicki of The Woodlands, Texas. "Convoy operations are of vital importance. We can't just click our heels to get to our destination. We must have those vehicles working."

# Inspiring Leadership

Story and Photos by Maj. Matt Lawrence

*It is imperative as an Army Reserve that we develop quality leaders from the start. Being a junior officer in the Army Reserve today is harder than it has ever been. Technology has made our professions and communications more efficient than they have ever been; and the Army has followed the corporate model, continuously believing that more can be done with less. With a faster tempo and higher expectations, it is no surprise that many junior officers feel overwhelmed and are reluctant to take on more responsibility.*

The junior officers of the 807th MDSC gathered in San Antonio on Jan. 29-30 to receive messages of inspiration and encouragement from the senior leaders of the command and a number of civilian motivational speakers.

The conference was part of a

long-term program to encourage leaders at all levels to better understand leadership and be willing to take demanding jobs like company and battalion command in the 807th.

"I want them to know basically how to become a good leader," said Maj. Gen. L.P. Chang,

Commander, 807th MDSC. He also wanted young officers to understand "why you become a commander is to serve and to make a difference."

It is uncommon for junior officers to have this much interaction with the senior leadership at one time, but that spirit



of mentoring was what was intended. The access to the senior leadership and their desire to mentor and develop junior leaders was well received.

Capt. Michael Lucas, Commander, A Company, 352nd Combat Support Hospital at Moffett Field, Calif., needed to hear the message. He is a relatively new commander who felt he was suffering from a lack of direction and support.

"Now that I see there are people above that care about me and about the direction of my career, I've definitely got a little more energy," Lucas said.

The leadership sought to redefine mentorship in the Army from the commonly discussed Greek model, where a mentor takes a subordinate under their wing and guides them on a long-term basis.

"Mentoring is just a young Soldier sitting and talking with a senior Soldier and talking for maybe only 90 minutes," said Maj. Gen. Rubenstein, Commander of the Army Medical

Department Center and School.

There were several other chief messages echoed throughout the conference.

"We need to be really proficient in Soldier skills in addition to our clinical competencies," said Chang, identifying his priorities. He also emphasized the need for leaders to be physically and mentally fit as an example to their Soldiers.

The theme of accepting the responsibility of command was also repeated, not only from the military speakers, but also the civilian ones.

Mr. Todd Scott, Executive manager for IBM commented that "it is a privilege for us to be leaders." He also emphasized to the young officers in the room that success is something that each person should define for themselves.

"This room just oozes of ambition," Scott said. "The challenge for you is to be real when you define success. There are only so many general [officer] positions."

The lieutenants and captains attending the conference were generally pleased with the access to the senior leadership they had been offered and the refreshing and motivating messages of the conference. Many were medical professionals who lacked the leadership theory and practice that graduates of ROTC and the military academies take for granted. It was these clinical experts that Chang hoped to connect with and inspire to take on more responsibility.

There was a consensus among the attendees and the leadership that this conference should be a yearly event.

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**Photos (from left):** Brig. Gen. John Donnelly III, Deputy Commanding General, 807th Medical Command, Maj. Gen. David Rubenstein, Commander, U.S. Army Medical Center and School, Mr. Gary Joseph, Head Coach, Katy High School Football Team, Mr. Todd Scott, Managing Director, IBM Corporation, and Command Sgt. Maj. Alan Elwood, 807th Medical Command, talk to captains and lieutenants of the 807th Medical Command in San Antonio at the command's first Junior Officer's Leadership Conference. Over 250 junior officers attended the two-day conference that emphasized leadership basics and a call for officers to take control of their careers.



Department of the Army  
HQ, 807th Medical Command (Deployment Support)  
Public Affairs Office  
106 Soldier's Circle  
Fort Douglas, Utah 84113

