

The Pulse

THE OFFICIAL MAGAZINE OF THE 807TH MDSC
SUMMER/FALL 2011, VOLUME 2, ISSUE 2



Arctic Care 2011

**807th Medical Professionals Offer
Comprehensive Care in Central Alaska**

Biomedical Equipment Specialists

**Command Inks Key Partnership With GE
Healthcare for Training and Employment**

Operational Reserve in Action

**Changing Lives in South Africa, Haiti,
Dominican Republic, and El Salvador**

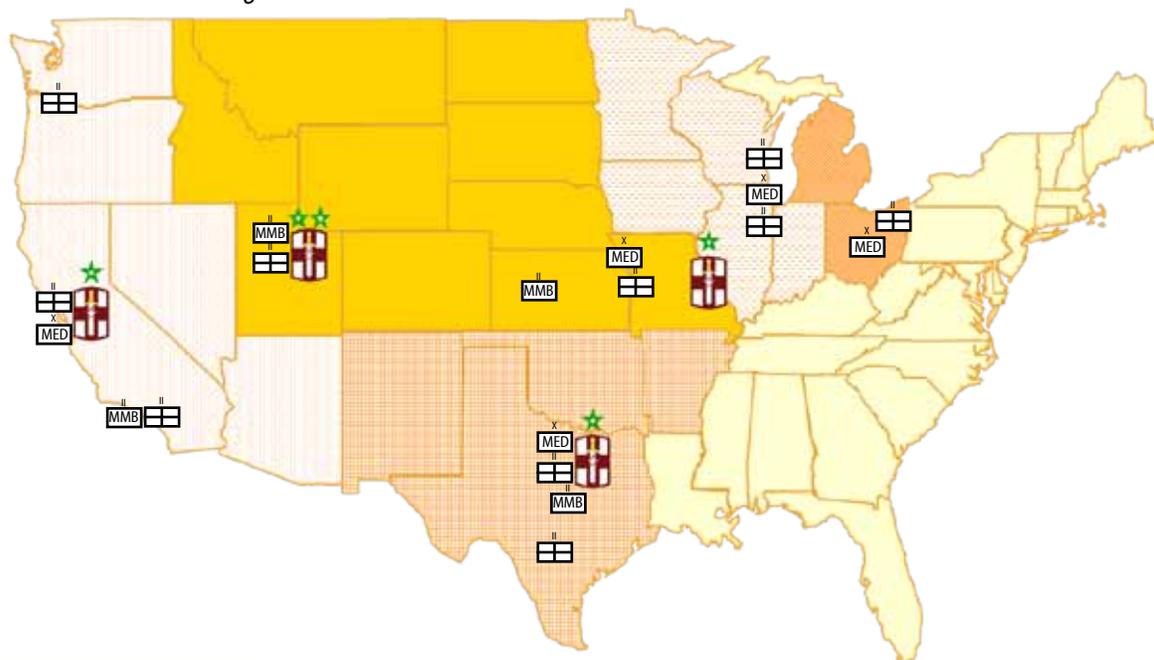
About the 807th Medical Command (Deployment Support)

The 807th Medical Command (Deployment Support) consists of over 11,000 Soldiers and 118 units from Ohio to California. The command was established as a Medical Detachment during World War II in 1944 in England, and has evolved over the years into one of the three major medical commands in the U.S. Army Reserve. The command is headquartered in Salt Lake City and has five brigades responsible for command and control, located in Blacklick, Ohio, Independence, Mo., Seagoville, Texas, Fort Sheridan, Ill., and San Pablo, Calif.

The command offers full-spectrum medical capabilities to U.S. military forces on deployment and to civilians during humanitarian support missions.

According to the Army Campaign Plan, the 807th is the theater medical command aligned with U.S. Southern Command, which covers Central and South America as well as the Caribbean nations. In addition, 807th Soldiers and units deploy worldwide in support of global medical theater operations.

This publication is the official magazine of the command, dedicated to showcase the capabilities and the actions of the command as its Soldiers perform their duties throughout the world.



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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. Comments to the editor should also be sent to that e-mail address.

Credits:

Cover: Maj. Kevin Madjarac from the 360th Dental Company, Twinsburg, Ohio, examines x-rays of teeth in the village of Tanana, Alaska. Madjarac was one of over 300 service members helping Alaskans during Operation Arctic Care 2011. (photo by Sgt. Craig Anderson)

Above Left: Alaska National Guard Blackhawk helicopters stand ready for the next day's missions at Fort Wainwright, Alaska, during Operation Arctic Care 2011. The 807th MDSC directed over 300 medical professionals in the mission. (photo by Sgt. Craig Anderson)

Above Right: Staff Sgt. Kimberly Mastropietro from Colorado Springs, Colo., explains procedures to a patient through a Salvadoran Army translator. (photo by Maj. Matt Lawrence)

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807th MDSC suffers first combat casualty

by Maj. Matt Lawrence

Capt. Joshua McClimans from the 848th Forward Surgical Team was killed by enemy indirect fire at Forward Operating Base Salerno, Afghanistan, on April 22.

McClimans, 30, was an Army nurse from Akron, Ohio.

He grew up in Jamestown, Penn., a small town about 60 minutes northwest of Pittsburgh on the Ohio border. As a child, he was always outgoing and constantly outdoors, playing sports and looking for crayfish in the nearby creeks. He was competitive and played several sports, making it to the state wrestling championships one year, yet remained personable to everyone.

"He was the kind of kid who talked with everybody and knew everybody," said Esther McClimans, Joshua's grandmother.

McClimans knew in high school what he wanted to do in his life. In 10th grade, he announced to the family that he wanted to be a nurse.

"He's always been a compassionate person," said Michael McClimans, Joshua's father.

Joshua entered the nursing program at Akron University and joined the Army ROTC program there, earning his degree and commission in 2003. He entered active duty, serving at Walter Reed Army Medical Center in Washington, D.C., and a tour in Iraq. He left the Army for three years before joining the Army Reserve.

"He liked the Army and the structure of it, and the camaraderie," said Michael.



Photo courtesy of the McClimans Family

Capt. Joshua McClimans, shortly before he deployed to Afghanistan with the 352nd Combat Support Hospital. McClimans was killed by indirect fire in Afghanistan by Taliban insurgents.

Although he didn't talk much about his experience in Iraq, you could see how good he was at nursing when he appeared in an episode of "Baghdad ER" during his time there as a trauma nurse. His friendly nature showed immediately.

"He was the kind of nurse that would stay with his patients if they were dying," said Esther McClimans. "His supervisors said he was the most caring nurse they ever had."

Joshua's biggest love, however, was his son, Max. McClimans was divorced for eight years, but always made time to spend with his son.

"His most important role in life was being a father," recalled

Esther McClimans.

"I've never seen another father be as good of a father as he was," affirmed Michael. "He would drive 10 hours just to see him [Max] for a day."

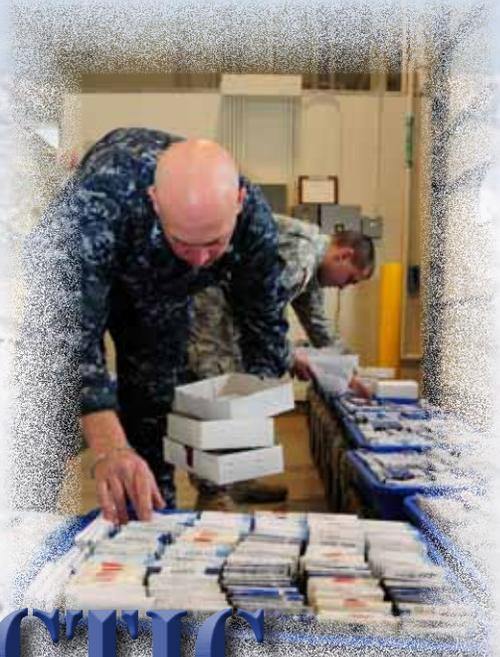
Just as he had done as a child, most of his son's activities were in the open, riding off-road vehicles or playing every sport possible.

"Friends would call to go golfing, and Josh would say, 'I'll be there when Max wakes up.' They were surprised and would say, 'Max is coming?' Max was a pretty good golfer for a six-year old," said Esther McClimans.

Joshua McClimans was buried in Jamestown on May 6. He is the first combat casualty from the 807th MDSC.

This April, the 807th MDSC led a joint, multi-agency training mission to help Americans in some of the most remote parts of the country with their basic medical and veterinary needs...

OPERATION ARCTIC CARE 2011: ASSISTING REMOTE AMERICA



Alaska National Guard Blackhawk helicopters sit ready on the tarmac at Fort Wainwright, Alaska, in the evening sun for the next day. The Alaska National Guard's 1-207th Aviation Regiment transported all the Soldiers and supplies in five blackhawks and a "Sherpa" fixed wing aircraft.



Photo by Sgt. Craig Anderson, 807th MDSC Public Affairs

BY LT. COL. BRENT CAMPBELL AND SGT. CRAIG ANDERSON

FAIRBANKS, Alaska

More than 250 Soldiers, Airmen, Sailors and government health care professionals deployed from across the country throughout central Alaska in late April to participate in Operation Arctic Care 2011.

The military and governmental medical professionals deployed to assist the people of the Tanana Tribes Region, which extends from Galena in the west to Anatumuk Pass in the north and southeast to Tok, a region larger than Texas.

The residents of this vast, sparsely-populated area have no routine access to medical, dental, veterinary, or optometry care.

There are no medical professionals in the villages, and finding one requires an expensive flight to Fairbanks or one of the other population centers. Most villagers cannot afford such a trip.

"Without Arctic Care here, people would not be able to get the care they need. They would never go as far away as Fairbanks to get this care," said Fred Nicholia, a member of the Athabaskan Tribal Council in Tanana.

"The people's reception of Arctic Care is very good. Of course, if you were just passing through and not providing health care they would still welcome you – that is just how the people are here," Nicholia said.

"Both the military and the residents of Alaska benefit," said Lt. Col. Dennis Walker, Chief of Operations for Arctic Care 2011. "This exercise prepares our medical personnel to operate in remote and austere conditions, and also assists in our planning and logistics support operations,"

The 807th Medical Command (Deployment Support) was the executive agent for the joint and interagency mission. They were responsible for not only coordinating what services should be available at which villages and when with the tribes, but also managing the limited assets given to the mission.

Spc. Timothy Clausing (left), a dental assistant from the 360th Dental Company of Twinsburg, Ohio, assists Maj. Kevin Madjarac (also from the 360th) with a routine cavity repair. For the remote villagers of Tanana, this procedure can only be performed 200 miles away in Fairbanks.

Logistics was a difficult part of the mission. Only a handful of Blackhawk helicopters were available, as well as a one propeller-driven Sherpa airplane, so equipment, people, and weight had to be carefully planned for each trip over the tundra.

The Blackhawks were equipped with an extended range fuel system that allowed the pilots to travel four to five hours before refueling. This was necessary to reach the town of Kaltag, Alaska, which was the farthest from Fairbanks, about 260 miles and a two-and-a-half hour flight each way. Such flights can be a real challenge for the aircraft mechanics.

"Some of the villages are so far out, we can only do one run a day. When the runs are complete, that is really where the day begins for us," said Capt. Nathan Cornilles of A Company, 207th Aviation Regiment, Alaska National Guard. "Aircraft take a tremendous amount of maintenance to make sure they are ready for the next flight. There are four to six hours of maintenance per one hour of flight time required for each of our aircraft."

The medical professionals faced a different set of challenges, mainly the prospect of operating out of the comfort of their offices. Medical personnel only had the resources they were able to bring with them – a fraction of what they normally have available at their civilian facilities.



Photo by Spc. Craig Anderson, 807th MDCSC Public Affairs

"I think what makes this unique is that we are taken out of our element, our jobs, and our daily routines, brought out to a place where we are seeing different people and different cultures and lend a helping hand," said Spc. Timothy Clausing, a dental assistant with the 360th Dental Company in Twinsburg, Ohio. "We are able to hone our skills while providing care for the people."

Other medical providers on the mission agreed that working out

of the confines of their normal offices was difficult.

"Our challenge in a field environment is the equipment," said Seaman Aaron Swan from the Naval Ophthalmic Support & Training Activity (NOSTRA). "They [medical providers] are used to a lab environment with equipment that is more advanced."

His Army teammate welcomed the challenge, however.

"I enjoy doing my job in the field as opposed to doing the



Photo by Sgt. Craig Anderson, 807th MDSC Public Affairs

After an exam, Lt. Col. Patrick Clark, an Air Force optometrist tests the prescription of a young patient in the village of Tetlin, Alaska. Clark will send the prescription to Fairbanks where a fabrication team will manufacture the eyewear and have it sent out the same day.

zoonotic diseases – diseases that can be transferred from animals to humans.

“I was impressed to find out what a vital link the care we provided was to the overall health care of the villagers, particularly for many of the Native Alaskan elders,” said Capt. Eric Storey, a veterinarian from the 994th Veterinary Detachment in Round Rock, Texas.

In these small rural villages, harsh weather often forces animals and humans to be in close contact for several months at a time, placing them at higher risk.

The vets also had a challenge with the space in which they

job in a lab, which can get very repetitive,” said Sgt. Adam Blanton, an Army optometry technician attached to NOSTRA. “It makes you feel like you’re helping more.”

The most popular services to the Alaskans were dental and veterinary care. The dental teams performed over 4,000 procedures on patients, and the veterinarians treated nearly 2,800 animals – mostly dogs.

However, the optometry services provided by Operation Arctic Care were in strong demand as well, with the optometry team producing over 500 pairs of glasses.

“It is less of a quality of life issue and more of a necessity of life issue,” said Kelley. “Up here, everything is so spread out; you can’t hunt, you can’t

fish, you can’t do your school-work, you can’t really drive a car if your vision is not there.”

“The experience here is extraordinarily valuable to my career,” Clausing said. “When I become an NCO and leader I can pass on these values I have learned here to other soldiers.”

Quality of life is also a concern for the animals of the Alaskans. Very few of the animals in this region of Alaska are pets. Over the entire mission, only two cats were brought into the clinics. Working dogs, however, were a common sight.

The veterinarians performed numerous spaying and neutering operations, administered vaccinations and educated villagers on animal husbandry and nutrition. Much of the veterinarians’ work aimed to reduce



Photo by Sgt. Craig Anderson, 807th MDSC Public Affairs

Army veterinarian Capt. Eric Storey from the 994th Veterinary Detachment, Round Rock, Texas, sutures a dog during a spaying operation in Tetlin, Alaska, on April 24, during Operation Arctic Care. Maj. Gen. Chang, Commander, 807th MDSC, looks over his shoulder.

had to operate. Storey set up his operating room in the village of Tetlin in the back of the town's laundromat.

"It is always a lot of fun to collaborate with a team of fellow Soldiers to employ the limited field resources and still provide a high level of care by cooperation and ingenuity," he said.

Arctic Care is also an opportunity for service members to experience a bit of a culture that most Americans do not get to see, and an opportunity for the Alaskans to show off their lifestyle and culture as well.

"I enjoyed supporting their [the Alaskan's] traditional use of sled dogs and helping to preserve



Photo by Sgt. Craig Anderson, 807th MDSC Public Affairs

one of the icons of the Alaskan Native lifestyle," said Storey.

Several of the villages performed native dances for the visiting military members during the mission, and the Soldiers

took an opportunity to sample some of the Alaskan fare while they had the chance.

"The traditional foods and dances, combined with the conversations with the native elders really communicated their thankfulness," Storey said. "But what made this mission successful for us was that, despite the cultural differences, we had an inherent common bond – we were helping fellow Americans."

Arctic Care is a joint and interagency mission that occurs annually. The lead for the mission rotates yearly between the Army Reserve, National Guard, Navy, and Air Force. All of the forces send medical professionals to assist, and are joined by members of the U.S. Department of Health. Arctic Care 2012 will be the 20th year of the mission and will be led by the National Guard.

A crew member from the Alaska National Guard helps unload supplies in the village of Nulato, Alaska, on April 16. The Alaska National Guard transported all the personnel and supplies throughout central Alaska with five Blackhawk helicopters and a few other small aircraft.



807th MDSC launches partn

WASHINGTON, D.C.

The 807th Medical Command and GE Healthcare signed a memorandum of agreement on May 25, paving the way for Army Reserve biomedical equipment specialists from the command to participate in an externship with GE Healthcare and compete for full-time employment.

The agreement was signed by Maj. Gen. L.P. Chang, Commander, 807th Medical Command, and Mike Swinford, President and CEO, Global Services, GE Healthcare at GE's Veteran's Network conference.

The agreement provides a means for both the Army Reserve and GE Healthcare to efficiently recruit and train personnel for the biomedical repair field and for both organizations to realize the benefit of workforce sharing. The pilot program is designed to meet

the needs of both organizations in the biomedical repair field.

"This is really a win-win for both the Army Reserve, as well as GE Healthcare," Chang said. "The Army Reserve benefits by our Soldiers learning through hands-on training with an industry leader in health care technology, while GE wins through the opportunity to hire a potential employee with proven leadership and management skills"

Currently, the 807th Medical Command has only enough assigned Soldiers to fill just over half of its authorized positions for enlisted Soldiers. The manning of biomedical equipment warrant officers is even worse, with only 31 percent of authorizations currently assigned. And, with new changes to the 807th's logistics structure, the number of required Soldiers is planned to go up. New Soldiers are difficult to field in

this specialty because the class is 41 weeks long and has a failure rate of 40% due to its technical requirements.

This means that the Army Reserve does not have the expertise on hand that it needs, and also places a greater burden on those Soldiers who are in that specialty, as they have to deploy more frequently to ensure full manning of deploying units.

While the externship will focus on duty in select cities across the country, Col. Ted White, the 807th's program architect, wants to ensure that Soldiers and leaders understand that any Soldier in the 68A career field is eligible for this program.

"All Bio-Med Equipment Specialists (68As) and Health Services Techs (670As) that have returned from the AMEDD Center and School are eligible to apply for this program, regardless of their home of record," said White.

The program will financially accommodate Soldiers participating far from their home of record.

The program includes three phases, the first of which is approximately three months long and focuses on military medical equipment that culminates in several weeks of hands-on training at the medical equipment concentration site in Ogden, Utah, and nearby Hill Air Force Base. The second phase is also three months long and gives an in-depth in-



Maj. Gen. L.P. Chang, Commander, 807th MDSC and Mike Swinford, CEO, GE Healthcare, shake hands after signing an agreement to cooperate in the training and potential employment of military biomedical equipment specialists. Col. Ted White, one of the program's architects, stands in the background.

Partnership with General Electric

story and photos by Lt. Col. Brent Campbell

production to GE's complete line of medical equipment. The final phase is about six months long and puts Soldiers in the field with a GE biomedical repair crew. At the end of the externship, GE has the option to offer full time employment to the Soldier who still remains active in the Army Reserve.

Chang said that this hands-on training will greatly enhance our Soldiers' skill sets and ability to work with rapidly evolving medical technology. This program, if successful, has the potential to grow beyond just the 807th.

"This will be vital to the development and retention of biomedical specialists as we increase the number of Soldiers needed in the Army in this highly technical specialty," said Chang. "It is also

a building step, a pilot project with the intent of expanding to the entire Army Reserve and perhaps further after this trial period."

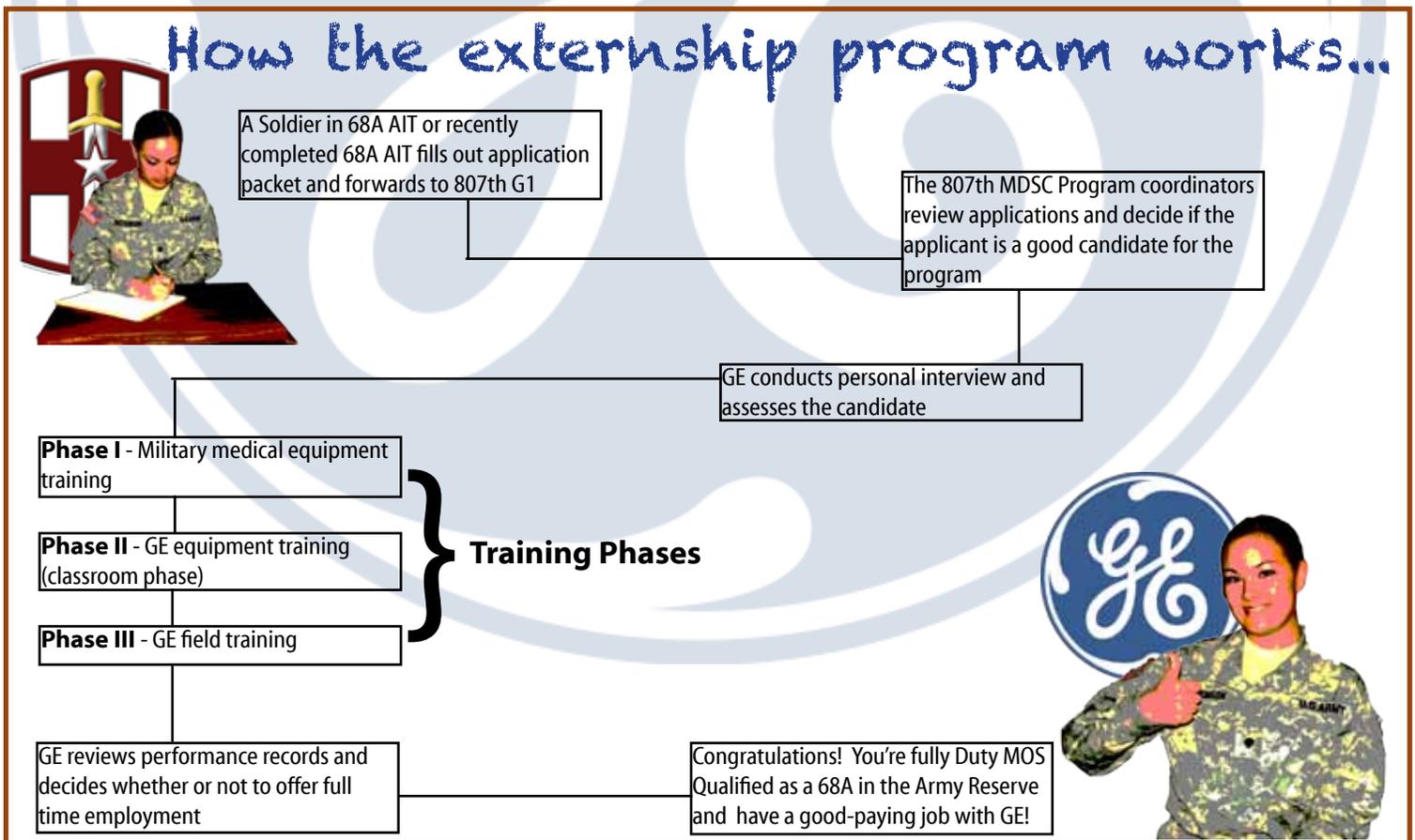
"All Bio-Med Equipment Specialists and Health Services Techs that have returned from the AMEDD Center and School are eligible to apply for this program, regardless of their home of record."

General Electric employs over 11,000 Soldiers in North America and offers benefits that include covering the salary gap when a Soldier gets deployed or goes on their annual military training, thereby nullifying one of the major issues the Army Reserve has

in retaining these specialists.

"GE is proud to count more than 11,000 military veterans among our employees, bringing a sense of honor and duty to our company that helps drive a culture of dedication and commitment," said Swinford. "In joining with the 807th Medical Command to launch an externship program for biomedical equipment specialists, we are pleased to not only provide important career development to our service men and women, but to also address a key need in the health care industry."

The first class in the pilot program began in August, and future classes will be initiated as needed. Soldiers interested in this program should talk with their unit's logistics representatives and the G1 to prepare an application.



So what's a "Biomedical Equipment Specialist" anyway?

Story and Photos by Spc. Will Hatton

In the medical field, the technology and equipment used are critical to providing health care. Whether it is an electrocardiogram, an x-ray machine, or a compressor to provide a vacuum, it is important for medical machinery to run perfectly when it is needed.

For Soldiers in the 308th Forward Logistics Company in St. George, Utah, learning to repair every piece of equipment used in

the medical field is their primary goal. Their job title is Biomedical Equipment Specialist, but to them, the job is so much more.

The career path of a biomedical equipment specialist all starts at Fort Sam Houston in San Antonio, where for 11 months, they learn everything needed to become proficient in medical equipment. It is during this training that they learn to maintain and repair vital medical equipment

used every day in hospitals around the country.

"It took a lot of time to train up on everything at the school," said Spc. Jeremy Stevens, a biomedical equipment specialist with the 308th. "We had to learn about all the intricate parts of each piece of equipment. Once we graduated from the school, it became important to continue learning about new and changing equipment. The technology is chang-

Spc. Mark Lee of Layton, Utah, checks electrical connections on the internal components of a defibrillator machine.



Spc. Daniel Hunt from Cedar City, Utah, tests a defibrillator on a multimeter for proper current discharge levels.

ing all the time, so it's important to know as much as you can to improve in this line of work"

"During our training we become more proficient in our job," said Stevens, a resident of Salt Lake City. "This program allows for more opportunities down the road. A person could go to school for two years and not gain as much hands on experience, or they could join the Army and learn just as much and have more hands on experiences."

Another way that the Army is helping Soldiers improve their knowledge of medical equipment is through a new program. General Electric and the Army have teamed up to provide biomedical equipment specialists with more advanced learning opportunities and a chance to work in a civilian environment. Soldiers train on military and GE equipment as interns, doing the same job they would in the Army. This allows them to gain better hands on training and opportunities.

"The program through GE is a great opportunity to advance and learn," said Mark Lee, a biomedical equipment specialist with the 308th. "The Army essentially pays us to go out and work for GE in different hospitals around the country. It's important to keep up with new equipment and technology, and this program helps us to keep up."

Many Reserve biomedical equipment specialists in the 807th Medical Command have been hired on by the Army as civilian contractors. This allows them to continue getting essential experience fixing and repairing equip-



ment. As civilian contractors, they receive medical equipment to repair or perform required maintenance.

Whether it's working for GE through the Army, or working for the Army as civilian contractors, these biomedical equipment specialists are continually learning all they can to become more

proficient in this field. In the end, it's important for them to know all they can about the changing world of medical equipment.

"It's important for me to know everything I can about this job, because the doctors and nurses can't do their job without my help, and that is what makes this job so important," said Stevens.

Help Us Help You

by Maj. Matt Lawrence

"It's not a clinic - it's a combat stress center," said Maj. Victor De La Cancelara, adding, "we see service members, not patients."

KANDAHAR, Afghanistan

For the clinical psychologist from Cortland Falls, N.Y., these distinctions matter.

The Soldiers of the 113th Combat Stress Control Detachment are working hard to make sure that U.S. service members deployed in Afghanistan know they are there, that they can help, and that seeing them does not mean they are sick.

"Coming to our center for the kinds of services we provide is a sign of strength," said De La Cancelara.

At times, the service members are not the problem.

"Some commands have a misunderstanding about what we do as combat stress control," said Pfc. Fannie Afun, from Hinesville, Ga. "They think combat stress control will send their Soldiers home due to small problems," thereby weakening their fighting strength.

But headway is being made by showing that combat stress control can be a force multiplier. The Army has gone through great pains to get Soldiers to ask for help when they think they need it. Examples appear in the Army's suicide prevention training and the Army's Comprehensive Soldier Fitness program.

The message has gotten through to most of the Army's leaders.

"Commanders have realized the importance of mental fitness in a combat zone," said 1st Lt. Francisco Rivera from Gahanna, Ohio.

Others in the 113th confirmed that the communication with commanders has gone a long way to bridge the gap of trust.

"Part of my job is to consult with and educate commanders on services that we provide," said De La Cancelara.

Once those commanders understand how the 113th can help make Soldiers more effective, the more likely they are to encourage them to use those services.

But the most important person

in the fight against stress is still the individual. It is often up to Soldiers themselves to realize they need help in maintaining their well-being. Through their communications efforts, the 113th is helping show Soldiers that they are not weak if they suffer from stress, and that the cures can often be simple.

"In this environment, sleep, activities, and communication are the three most important things to keep you mentally fit," said Afun.

These activities help to recharge the mental batteries and to keep Soldiers occupied when they are not performing their mission.

Rivera makes sure his patients are working out vigorously and



Photo courtesy of 113th Combat Stress Control Detachment

keeping in contact with relatives back home. There are also breathing techniques that help as well as other factors, such as good nutrition. In short, a healthy body fosters a healthy and resilient mind.

The best preparation for combatting stress, however, is realistic training in preparation for deployment.

"It [training] is an excellent tool the military has used to prepare its troops for combat," said De La Cancelara.

Realistic scenarios in training and the stress that occurs during training make real events easier to deal with.

The service members who seek the 113th's assistance have a wide range of issues and background experiences.

"Roughly 50 percent of the troops we see are combat arms, and the other 50 percent are combat support," said Rivera.

The most common problem service members have is with anger management and conflict resolution.

"Most of their problems involve a disagreement with their command or family," said Afun.

Other common issues that service members come to the

Combat Stress Center for are loss of motivation, identity, and confidence; smoking cessation; and relationship maintenance.

But the most important effort is to get them to come to the combat stress center in the first place.

"Combat Related Adjustment Problem – Dealing with C.R.A.P? We can help!" reads a flyer on a bulletin board at Camp Nathan Smith, Afghanistan, advertising combat stress counseling services. Appealing to service members' notorious dark sense of humor is an effective approach.

The behavioral health professionals of the 113th know they have been successful when the trust between them and service members grows.

"We are always happy to see Soldiers come back with smiles on their faces and telling us the skills we taught them actually worked well," said Afun. "Some Soldiers began to come in regularly just to talk about what is happening in their life."

We know we are successful "when that person basically acknowledges they've made some changes through our services. They'll tell us they've moved forward or not," said De La Cancelara.

Service members are encouraged to hang out in the combat stress centers and just talk, which is ultimately therapy in itself.

The 113th, headquartered at Kandahar, is spread out among the bases throughout Afghanistan.

The Soldiers of the 113th Combat Stress Control Detachment upon their arrival in Kandahar, Afghanistan in early July. Shortly after this picture was taken, the 113th split into several small teams to help service members throughout all the coalition bases in the country.

Following her dream

Pfc. Fanny Afun has been in the Army for less than two years, and is currently serving in Afghanistan.

A native of the Northeast city of Shenyang, China, she left her family and moved to the U.S. four years ago to attend California Design College, finally settling in Georgia and switching her goals to become a social worker.

Being from a foreign country presents some problems – especially for a behavioral health specialist.

"English is my second language, and I was nervous because most of the time my job is to communicate with people," said Afun. "They compress two years of college material into five months for us to study."

While Afun sometimes struggles with her grammar, she is outstanding at building rapport, as evidenced by her outstanding performance at advanced individual training.

"It does not matter if you have an accent, it does not matter if you are not a local speaker. All you need is your heart," she said.



Photo courtesy of 113th Combat Stress Control Detachment



No single event has affected modern America more than the terrorist attacks on Sept. 11, 2001. Now, 10 years later, 807th Soldiers reflect on the events of that day and how they affected them personally.

Remembering

I was actually in New York City during the attacks and had planned to go to the top of the World Trade Center on September 11. I heard of the first plane crash while in our hotel in Brooklyn Heights. After the second plane hit, a voice over the hotel intercom ordered us all to get out. I watched aghast from a park near the Brooklyn Bridge as the towers collapsed. Hundreds of people crossed the bridge, covered in ash and looking like third world refugees. They all needed water. The Marriott soon put out garbage cans filled with water and the Red Cross established a blood donation station. That was closed down when they realized most treatable injuries were burns and eye injuries. I volunteered to do crisis intervention counseling at a local junior high school that had been transformed into a temporary shelter.

I received my 20-year letter in December of 2001 and could have retired, but knew after that day that I had more to give. I stayed on for an additional 10 years, even fighting to stay through a medical board in 2008 that finally ruled me deployable and retainable. One of the most important mementos I keep is a picture of three firefighters raising the U.S. flag with a thank you certificate and a pin sent to me from the Red Cross for volunteering in New York.

- Lt. Col. (Ret.) Gwen Chiaramonte, Felton, Calif.

I remember that day well because I was living in Maryland while my husband attended school at Ft. Meade, Md. I had just left active duty to have my first child. We were supposed to visit friends in New York City the weekend prior and see the Twin Towers and tour the city, but had to postpone our visit. The morning of the attack I asked my husband if he would like to take the day off with me and not go into work. He agreed and took our son to day care. While he was gone I turned the TV on and flipped through the channels – I only saw chaos. The towers and Pentagon had been attacked. I was in tears when my husband returned home. He was listening to the radio in the car and when he walked through the door he looked at me and said, “What the heck is going on?” I spent the rest of the day crying in my husband’s arms and calling all my friends in the city and those who worked in the Pentagon to see if they were alright. It was hard to get in touch with anyone. It was a day of anticipation.

A few hours later, my husband received a call from his unit giving him a two hour notice to deploy. I have heard of 24 hour notices, but never two hours. I felt that if he left I would never see him again. He packed his gear and set it by the door waiting for the call to leave. The bags stayed there for three months. Fortunately, he never got the call.

It changed me in the sense that even though I had served on active duty that there was something more I could do to serve. I started searching for positions as a firefighter or police officer. I felt the need to help. The attacks prompted me to join the Army again in 2001, and I started drilling by January of 2002. I am glad I came back to the Army and want to go back to active duty.

- Staff Sgt. Sonia Brown, Fort Worth, Texas

I was too young to really comprehend what had actually happened at the time. I was in 6th grade and was 11 years old in 2001. I saw the television with the first tower on fire and saw the second hit during breakfast. I thought at the time, how could two pilots be so dumb that they couldn’t see the building in front of them? That it had happened on purpose never crossed my mind at the time.

A couple of days later, our math teacher announced that we were not having math class that day. We cheered as he proceeded to prepare the class for a video. As I watched the tragedy unfold on the screen before me with the somber music in the background, I got a lump in my throat and started to realize that this was real and affected a lot of people.

It may sound corny, but I was patriotic, even then, and wanted to jump on a plane and do something to help. I spent time talking with friends from New York and even some who had lost relatives in the attacks. I still believe that I owe something to all those who lost their lives, and to the country that gives us freedom. My memory of 9/11 means a lot more to me now that I am in the military.

- Pfc. Raul Castillo, Riverside, Calif.

I remember I was preparing for a major presentation for the next day. I heard about the first plane from our secretary and thought it was some idiot who got too close to the towers with their Cessna and crashed. Then word the second plane hit the towers came and I quickly found a TV. I knew immediately that America would never be the same. That next day was the toughest presentation I ever gave. It felt so insignificant and I found it tough to care.

The 9/11 attacks were responsible for reaffirming the importance of my service to the country, I had been in the Army Reserve for three years but hadn’t thought much of the importance of what I was doing. September 11th changed that, and just over a year later, I joined full time with the Army Reserve, where I am today. Had the attacks not happened, I might still be selling industrial equipment in Ohio.

- Maj. Matt Lawrence - Salt Lake City

9/11

I remember the exact moment when I heard about the destruction on 9/11. I was at a hotel in Tampa Florida about to give my first speech on diversity to a group of VA National EEO Counselors, in my new job as Executive Assistant for the VA Under Secretary of Health Diversity Advisory Board. As I was going through my introductory remarks to the audience of 75 EEO Counselors, my boss interrupted the proceedings and reported on the airplanes that had hit the World Trade Centers. A big gasp followed silence, followed by shock and then some tears. Two of the participants were from the Bronx, and one of them had a husband who was retired who always visited a coffee shop at the World Trade Center with friends every Thursday morning. A circle of people formed around this New Yorker and prayed.

We halted the conference for the day for people to contact their families and deal with the news. We chose to continue the conference since many of the attendees could not leave anyway (there was no air travel available). I was the first speaker that morning and was inspired to say that I was in the Army Reserve, and that I had no greater honor to stand before them, and say, "We must carry on... What the terrorists wanted was to disrupt our way of living for they consider us a threat because of the freedoms that we hold true. In America, we value freedom of speech, freedom of religion, freedom of the press, freedom to assemble, as well as political and economic freedoms. For some, our diversity of thought and expression in America is a central threat to their monolithic and myopic views."

I am deployed today in Kandahar, still fighting the battle that began that day. I am reminded of the most moving quote I have heard on diversity. "Like the victims of the World Trade Center attack, we are of every race, religion, and ethnicity, our diversity has always been our greatest source of strength. It's the thing that renews and revises us in every generation..." – Mayor Rudy Giuliani to the U.N. General Assembly, Oct. 1, 2001.

– Col. David Rabb, Mountain View, Calif.

I was 13 years old in history class at Carter Paramore Middle School in Quincy, Florida the day of the attacks. It was the beginning of class and everyone was talking and laughing. Then the teacher came in and turned on the TV in the classroom. That is when we saw the Twin Towers fall. Everyone was silent. It was like time had stopped. No one knew what to think. We were released for the rest of the day to return home.

When I got home my parents did not say much. They are from Mexico and came to America for a better life. They were shocked that America was attacked. If they could attack a city like New York, then what else could they do?

They sent us to our rooms and told us to wait until tomorrow. They did not know what was going on or what to expect the next day.

I remember my cousins and their friends talking about joining the Army as soon as they could. I have always wanted to join the Army as well. I used to watch the junior ROTC cadets practice drill and ceremony, and I used to say to myself, "One day I will be wearing that uniform." The attacks just gave me more of a reason to join.

The attacks made me think that even giants fall. My parents changed and were more concerned after that with where I was and who I was friends with and even how late I was staying out.

Joining the Army was one of the best things I have ever done. I feel more prepared to help in case this happens again, and that gives me a certain level of comfort.

– Spc. Eric Huapilla, Breckenridge, Texas

When the attacks happened, I was in class at Southwest Assembly of God University in Texas. We heard screaming down the hall when news of the attacks broke. We found a television just in time to see the second plane hit the World Trade Center. My entire class was in shock and disbelief. When it finally sank in what was happening, we gathered together and prayed, and then looked throughout the school to see if any students had relatives in New York or at the Pentagon.

The terrorist attacks solidified my resolve to serve the nation in the Army. I had always planned to do so in high school, but had gone to get my degree first. Once my family and home were established, I enlisted as a forward observer and earned a commission to pursue the Chaplaincy. I have always been proud of this country and am proud to serve in the Army.

–2nd Lt. Aaron Manuel, Newcastle, Okla.

I was on my first AGR tour in Augusta, Ga., on September 11. I first heard about the attacks and immediately called my husband in the motor pool, who is from New York City. He was panicking from the start. When the second plane hit, I could see tears in his eyes. He and others tried to call family in New York, but all of the phones were down. After the third plane hit the Pentagon, our Reserve Center was locked down and no one was allowed on or off the facility. We all helped pull security around the clock.

My job in the Army became more important to me than it had ever been. It also made me realize that the oath I took meant so much more than I had previously thought. I changed the way I handled my job and took a more proactive approach than a reactive one. I worked with the community and the local news organizations to build strong bonds between Soldiers and the people. I was on the news and in the newspaper about our family support activities and what the community could do.

Overall, my lesson from all this is never, ever take what we have for granted, because there is always someone looking to take away what you have.

– Sgt. 1st Class Kathleen Taylor, Franksville, Wis.

Photo courtesy of Defense Imagery Agency

Pushing the

Comfort Zone

Medical Professionals from the 629th Forward Surgical Team in Ohio train on the basics of pediatric medicine ...just in case...



Soldiers from the 629th Forward Surgical Team treat a simulated infant casualty from an explosion during pediatric simulation training at Nationwide Children's Hospital in Columbus, Ohio, on July 9.

Story and photos by Lt. Col. Brent Campbell

COLUMBUS, Ohio

“When the 339th Combat Support Hospital deployed in 2002, the first four patients through the door were children,” said Col. Donna Hershey, commander of the 307th Medical Brigade from Blacklick, Ohio.

Soldiers of the 629th Forward Surgical Team (FST) have taken that lesson to heart by training with doctors and nurses at Nationwide Children’s Hospital (NCH) in Columbus, Ohio, one of the leading pediatric trauma treatment centers in the country. Training like this is essential because most of the Army medical training focuses on treatment of Soldiers, who are all adults. Children require special training.

“Children are not miniature adults, said Sheila Giles, a registered nurse and the hospital Burn Program Coordinator. “You cannot just look at them and use a percentage in their treatment; it’s a completely different set of rules.”

The Soldiers listened to presentations on the latest techniques, technology, and treatment options in pediatric trauma, and then their teams were skill tested in tough, realistic simulations where they had to “assess, categorize, decide, and act.”

“The training was superb,” said Paul Burleigh, NCH Simulations Coordinator. “When a soldier said, ‘Oh, I feel like I’m there,’ I knew we were on track.”

The training also included an Army focus from lessons learned from the 2nd FST, currently in Afghanistan, and the unit the 629th will replace next year. The 2nd provided the background information which the hospital used to create the realistic scenarios – everything from background noise, to the types



of pediatric trauma they currently are dealing with. The procedures in Afghanistan can differ dramatically from what the medical professionals are used to in America.

For example, in a stateside hospital, withholding or forgoing treatment due to a level of severity is not even discussed. However, in theater, a diagnosis for a child with more than 40 percent of its body area severely burned results in a decision not to treat. This is not because a person wouldn’t survive the initial trauma, but statistics show that they wouldn’t survive long term, because there is no infrastructure for treatment and no way to follow up. This is difficult to comprehend in America, where saving a life regardless of long odds is the rule.

“Reconstruction and rehabilitation does not exist in some of these countries,” said Lt. Col. Anthony Bonzotta, a doctor with the 629th. “The infrastructure and resources aren’t there, so the rule of engagement is there for a reason and it’s not as heartless as it sounds.”

This example led to a long and serious discussion on diagnosis and the need to be accurate and detail oriented in a diagnosis. It can be a life-or-death decision for a patient.

Sgt. Jeremy Snellings and Spc. Kristina Bryant of the 629th Forward Surgical Team practice entubation of a child during pediatric simulation training in Columbus, Ohio, on July 9.

Sgt. Bob Ostuni, a medic in the 629th, called the training a great refresher.

“We just don’t see this in training. Pediatric trauma involves a lot more thinking and calculating. The training was stressful and realistic,” said Ostuni. “In a small unit like ours, you’ve got to be ready to do any job.”

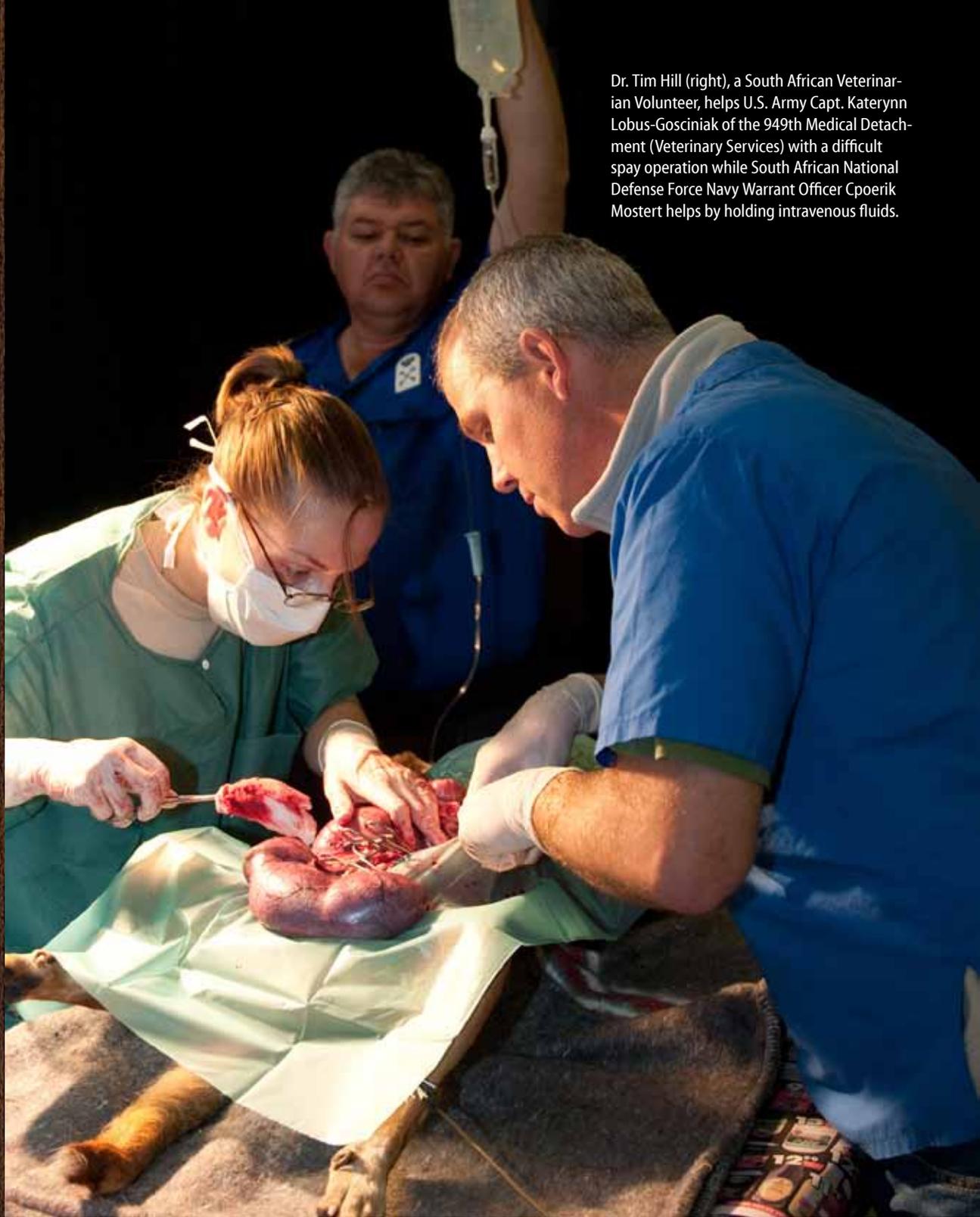
Innovative readiness training events like this don’t just happen. It takes a lot of planning and coordination. Funding and making sure the legal requirements surrounding work with civilian organizations add to the complexity.

Capt. Jon Schuller, the 629th’s executive officer, who also works at NCH as a project manager, was the primary proponent and catalyst for bringing this training from a vision to an actual event.

“Fear of working with a civilian organization and not understanding the process to follow when you get out of the box were the primary hurdles,” said Schuller. “You have to find the right people who know the right forms, then never accept ‘no’ as an answer.”

SHARED ACCORD

STORY AND PHOTOS BY STAFF SGT. ADAM STONE



Dr. Tim Hill (right), a South African Veterinarian Volunteer, helps U.S. Army Capt. Katerynn Lobus-Gosciiniak of the 949th Medical Detachment (Veterinary Services) with a difficult spay operation while South African National Defense Force Navy Warrant Officer Cpoerik Mostert helps by holding intravenous fluids.

UITENHAGE, South Africa

Twelve Soldiers of 949th Medical Detachment (Veterinarian Services) helped spay and neuter 309 dogs and cats during Exercise Shared Accord 2011 here in July and August.

The 949th, from Ames, Iowa, worked with the U.S. Marine Corps Reserve, the South African

National Defence Force (SANDF) Medical Service, and local non-governmental organizations such as the SPCA, Animal Anti-Cruelty League, and Animal Outreach.

Shared Accord was unique because the 949th, along with more than 600 Marines, were the largest number of U.S. forces ever in South Africa. The 949th's

role was to help the local South African community and build relationships with their SANDF counterparts.

The SANDF is the total of the armed forces of South Africa and consists of 74,000 active personnel. It contains a military health services branch and a military veterinarian institute.

U.S. Marine Cpl. Josh Sevilla talks with local South Africans about the U.S. mission and the available services as a crowd of children gathers around. The shantytown in the background is where a large percentage of the mission's customers lived.

The South Africans didn't know a major focus of the U.S. military is humanitarian work the U.S. military does around the world.

"It sounded like a hoax at first," said Dr. Marcel Snyman of Despatch, South Africa. "We thought, 'there's no way the U.S. Army will come here and do things to help out in this great way.' As time got closer, we realized this was really going to happen, so we're still living in a bit of a dream....We're all excited you guys came," said Snyman.

The citizens of Uitenhage can't afford to sterilize their pets. According to the SPCA, a spay or neuter from a private veterinarian costs about 1,200 to 1,800 Rand (about \$225 to \$300), which is more than the average local monthly salary. And although the nearby city of Port Elizabeth is a major manufacturing base, unemployment throughout South Africa is still over 25 percent.

Sterilization of animals is important to the residents of Uitenhage because the animal population is out of control. Often, animals are free to roam outside and aren't properly fed or cared for. Not only dogs and cats, but also cows and horses, roam freely throughout the fields around town.

The spay and neuter clinics ran from dawn to dusk for nine straight days and offered training opportunities that the U.S. veterinary units don't often get.

"This is one of the first exercises I've done overseas where we actually do surgeries," said



Capt. Frank Cerfogli, a U.S. Army Veterinarian. "Normally we do a lot of vaccinations and lots of outpatient care."

Cerfogli also said the surgery time is valuable because the 949th's veterinary officers don't normally perform surgeries in their civilian careers either.

The exercise required coordination with the South African government so the U.S. Army veterinarians could practice in the country. SANDF Maj. Ayuob Banderker was the officer-in-charge of the veterinarian exercise, who not only ensured that the U.S. Army veterinarians acquired a temporary license, but also helped get the Port Elizabeth animal welfare organizations involved in the mission.

"The SPCA of Uitenhage was initially identified as an organization that could assist in the effort. We went to Koos [Croucamp], the head of the SPCA," said Banderker. "He got the rest of the organizations involved."

Many U.S. Army Reserve veterinary technicians don't normally practice their jobs outside of the Army, so it took a few days for some of them to get back in

practice and become comfortable with portions of their jobs.

"I rather enjoyed working as a vet tech," said Spc. Antonio Alfaro from Davenport, Iowa. "It's something I haven't had much experience doing. I like that we were able to come here and help the community."

"I like the prep table the most," said Pfc. Amanda Templeton, a veterinary technician. "At first I was afraid of the catheters, but now I like to do it because I've been getting more practice."

A veterinary unit has two missions, and two different specialists to handle each mission. One is food inspectors and the other is the animal care specialists. In this exercise, the food inspectors didn't have the role of inspecting kitchens. Instead, they acted as vet techs.

"I appreciate the cross-training," said Spc. Kidron Knox from Ames, Iowa. "I try and jump in and work as hard as I can whenever I get the opportunity."

Shared Accord is a yearly humanitarian exercise run by the U.S. Marine Corps that visits a different country in sub-Saharan Africa each year.

Enhance Training With RTS-MED



Photo by 1st Lt. Dustin Kinzinger, 452nd Combat Support Hospital

Soldiers of B Company, 452nd Combat Support Hospital waded through a swamp during a litter carry challenge at Fort McCoy, Wis. The event was designed by RTS-MED trainers to push Soldiers' comfort levels and get them used to the stress of carrying a litter with a patient.

by Maj. Matt Lawrence

Bravo Company, 452nd Combat Support Hospital had a common dilemma when planning their annual training for 2011. The company had been tasked for numerous overseas training missions, but had to make training plans for the remaining Soldiers not traveling overseas.

The solution was one the Army Reserve wants units to use more. B Company conducted a two week annual training with one full week of assistance of Reserve Training Site - Medical (RTS-MED).

"The RTS-MED folks were sitting alone by themselves at our YTB [yearly training brief] waiting for someone to talk to them," said Capt. Thaddeus Wiitanen, Executive Officer for B Company.

Wiitanen had heard earlier from

the Army Reserve Ambassador for Wisconsin that RTS-MED was an under-used asset that offered outstanding services for training, so he approached them and asked how they could help.

The company had a number of training objectives to address. Many of the medical Soldiers had gone on the overseas missions, but the remaining support personnel had mostly been left out. In addition, there were a number of new Soldiers that had not worked together before.

"I noticed a lot of new people," said Wiitanen. "Nobody knew how to put up a hospital anymore."

In fact, Soldiers that had been there for years may have had trouble as well. B Company had not established a field hospital since 2004.

RTS-MED offered B Company several advantages. First, training required little logistical support from the company because RTS-MED was able to supply their own. But most importantly, all B Company had to do was outline their training objectives to RTS-MED and were able to leave the planning of the training to RTS-MED, leaving much less to coordinate.

"We take away a lot of the confusion," said Pat Welch, Training Lead for RTS-MED. "It seems a lot smoother when we run an exercise."

Welch said that the RTS-MED equipment can cover any type of medical unit with tents, hospitals, vehicles, simulators, and clinical sets. Units can use the facilities at Fort McCoy, Wis., or the trainers can come to the units themselves. How-

ever, the best part is the cost.

“We’re free,” said Welch.

Planning quality training with RTS-MED usually takes three to six months of coordination, although they have reacted on short notice in the past. But the most important thing is for a unit to understand what their objectives are from the start.

“When it’s a large group, it [the problem] is not so much of what they need, but the unit figuring out what they want,” said Greg Roberts, Clinical Coordinator and Training Supervisor for RTS-MED.

Roberts said that companies often approach RTS-MED with one set of training objectives and continually revise them as time goes by. The commanders either get new requirements from their headquarters or they change their minds about their intent, causing last-minute planning adjustments.

RTS-MED helps add creativity to training scenarios. B Company, after establishing a hospital, had to operate it as the RTS-MED trainers threw various situations at them, including attacks and combative patients.

“Nothing was ‘notional’ in this training,” said Wiitanen, citing a common practice where Soldiers “assume” they complete an action because real infrastructure outside the exercise does not exist in a training environment.

The Soldiers of B Company enjoyed the ability to do things that were a little different. In addition to the common training units

Ms. Karen Hart, a dog handler for RTS-MED at Fort McCoy, Wis., holds Rumba, a Great Dane, as the Soldiers of B Company, 452nd Combat Support Hospital figure out how to take x-rays. This was one of many scenarios Soldiers faced during their hospital exercise that required creative thinking.

perform such as physical fitness tests and weapons qualification, RTS-MED added a litter obstacle course, medical “lanes” where medics performed treatment scenarios, an advanced combat life-saver course, medic qualification training, and of course, the hospital exercise.

The training did expose a common problem among Soldiers who have not worked together for long - communication.

“Getting information out and making sure everyone was where they were supposed to be was the hardest part,” said Capt. Kathy Seifarth, a B Company nurse involved in the training.

Welch and Roberts didn’t know why RTS-MED is not fully used.



Photo by 1st Lt. Dustin Kinzinger, 452nd Combat Support Hospital

They are busy during the spring and summer training seasons from April through September, but the rest of the year is much more quiet.

Units do not have to suffer the Wisconsin winter to train the rest of the year. RTS-MED can travel.

“We’re happy to have people come, and we do make house calls,” said Welch.

Sgt. Marco Torres (left) from the 4203rd Army Hospital and Spc. Thomas Byers from B Company, 452nd Combat Support Hospital restrain a combative patient (Spc. Elizabeth Corona) during the hospital exercise at Fort McCoy, Wis. The RTS-MED training team challenged the Soldiers and their creativity with situations they may face on deployment but don’t necessarily plan for.



Photo by 1st Lt. Dustin Kinzinger, 452nd Combat Support Hospital



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

Changing Lives

**With 807th MDSC Soldiers
on Beyond the Horizons**

**Story by Maj. Wendy Rodgers,
Maj. Matt Lawrence, and Sgt. Aaron LeBlanc**

Top: A view of “bottle rot” that commonly occurs when toddlers are left with bottles in their mouths too long.

Bottom: The same young girl’s teeth after being filled and cleaned by the U.S. Army dentists.

The 807th MDSC played a major part in Southern Command’s (SOUTHCOM) Operation Beyond the Horizon this year, increasing the command’s and the Army Reserve’s importance to improving the overall quality of life in several nations of the Western Hemisphere.

Beyond the Horizons is a joint humanitarian training mission that integrates medical, construction, and training missions to improve the lives of citizens of Haiti, the Dominican Republic, El Salvador, and Colombia. While there are several humanitarian training missions to South and Central America in 2011, Beyond the Horizons aims to have a longer lasting impact by offering assistance in one place for as much as three months.

Here, we offer a snapshot of the missions in three of those countries as 807th medical care providers work to overcome difficulties and change the lives of people who are desperate for any assistance.

El Salvador

Nestled in the hills of El Salvador, San Vicente is a relatively poor town that relies on sugar and coffee farming as its main source of income. There is no industry here. Like all of the places the Beyond the Horizons

Opposing Page: Maj. Mike Crowton and Spc. Megan Kelley seal the fillings on the teeth of a young Salvadoran girl in San Vicente, El Salvador, on June 1, 2011. The 919th Dental Company from Aurora, Colo., treated over 1,000 people and administered over 500 fluoride treatments in a ten day period in May.

Right: Spc. Chayla Deathrage talks with Salvadoran schoolchildren at the clinic waiting for fluoride treatments.



Photos by Lt. Col. Wesley Parks, 919th Dental Company

missions visit, most people cannot afford routine dental care and have to rely on humanitarian missions such as this.

The 919th Dental Company from Aurora, Colo., spent two weeks there in late May, treating over 1,000 patients for nearly every type of dental malady.

“The people here are a little bit poorer than the rest of El Salvador,” said 2nd Lt. Gerardo Salazar of the 2nd Air Brigade, Salvadoran Air Force. He served the mission as an interpreter.

The patients are worried that they may miss the opportunity for treatment – even after they are admitted to the compound where the dentists are working.

“Everyone is trying to be first,” said Sgt. Rosa Vasquez of Alliance, Neb., a patient administrator and interpreter for the mission. “We have to smooth things over and make sure they understand they will be seen.”

Sometimes they may be bumped to the next day, but the dentists work as long as it takes to treat every patient. Vasquez, who was born in Mexico City, is chiefly responsible for communicating with waiting patients and explaining what the delays are and reassuring them.

Although the overall level of dental care and education among the patients seems to be very good, there are still some habits that have caused problems among the people.

“We have seen a lot of bottle rot in children from mothers leaving the



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



Salvadoran Dentist Dr. Sylvia Rivas (left) and Spc. Corina-Joy Zdroid clean a young boy's teeth at the U.S. clinic in San Vicente, El Salvador, May 31, 2011.

that didn't happen. Several days of tireless work in getting various government agencies information about their equipment container and what was in it paid off.

"I'm just glad my stuff got here," said Timms. "This unit is much more of a family than a unit. I knew if I got it here, they would do great things."

Dominican Republic

Most Americans think of the Dominican Republic as a vacation destination or the home of famous baseball players like David Ortiz and Sammy Sosa. In reality, the country is a poor island nation with severe needs for basic services for its citizens.

While the Dominican residents of the eastern side of the island of Hispaniola do not have problems quite as severe as their Haitian neighbors to the west, life is still difficult, and poverty is widespread.

Daily temperatures on the island hover around 90 degrees Fahrenheit, and the humidity is close to 100% all the time. It was in this environment that the Soldiers of B Company, 228th Combat Support Hospital from San Antonio came for 15 days in May and June to provide medical assistance to more than 6,500 citizens of the Dominican Republic.

"We're here to support the local nationals in dental, vision and general health and hopefully everyone that we see will get the things that they need to be comfortable with whatever issues are going on with their body," said Capt. Eugene Gracia, Company Commander from San Antonio.

It did not take long for Gracia and the others to notice the condi-

bottles in their children's mouths too long," said Maj. Donald Liberty, a dentist from Sacramento, Calif.

Adults had similar issues with holes in their front teeth. It is common to see people walk down the street with a drink box in their hands. The local custom is to drink it with the straw barely in their mouths, ensuring the sugary drinks pass through their teeth, inducing faster decay. Many adults had cavities that left unsightly holes in their smiles.

"We have made a tremendous difference in people's lives, especially with the cosmetic dentistry," said Lt. Col. Wesley Parks, an Army dentist from Lincoln, Neb. "The most satisfying thing is seeing anterior decay, where they have black teeth, and you can turn it into really beautiful smiles. They're really happy about that."

Parks played a key role in getting the clinic up to speed. When the 919th arrived at the Salvadoran Army compound, it took several days to get everything set up and in place. Growing up on a farm in Nebraska, he had to learn to repair and operate all types of equipment.

"I had to make sure the generators and equipment worked and the wiring was set up," said Parks. He also had to repair equipment that was not working properly when it arrived.

The 919th was lucky in this respect. Previous rotations of dentists were unsuccessful at clearing their equipment from customs, forcing them to use locally available equipment and tools, thereby significantly reducing their abilities and the number of patients they could treat.

Luckily, the 919th's supply sergeant, Sgt. Jason Timms, made sure

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

tions and the challenges the people there face on a daily basis. Bacterial diarrhea, hepatitis A, typhoid fever, dengue fever, and malaria are all common illnesses in the country. Much of the rural parts of the country do not have access to clean water or improved sanitation facilities – conditions perfect for such diseases to attack.

The 228th set up three separate medical stations inside small school buildings that lacked the comfort of air conditioning, indoor bathrooms, and in some cases reliable electricity. Communication with the Dominicans was at times difficult, since only six of the 228th Soldiers spoke Spanish, the country's official language. However, the Soldiers of the 228th remained focused on the mission and always greeted the next patient with respect and honor.

Each of the three clinics opened everyday to a long line of men, women and children patiently waiting their turn to see an Army Reserve medical provider. Even simple remedies were extremely welcome.

"The 85 year-old woman I just saw, she gave me a big hug and she blessed me. All I really had for her was some Motrin. She was very thankful to just come to the clinic," said Lt. Col. Hunter Hammill, a medical provider from Houston.

One of the most memorable patients for Maj. Daniel Schwartz, a medical provider from San Antonio was a 24 day-old girl who they suspected had pneumonia.

"We have to be very concerned about a fever in a child a month old. My biggest concern was that she had pneumonia. So given that we didn't think we had any way to treat pneumonia in the clinic it was important that we get her to the hospital as soon as possible."

The infant girl will also be re-



Photo by Maj. Wendy Rodgers, 807th MDS/CS Public Affairs

membered well by Chaplain Luis Cardoza, 35th Signal Battalion from Puerto Rico and Spc. Juan Rios, a chaplain's assistant from the 393rd Combat Service Support Battalion, Puerto Rico. A day after the girl was admitted to the hospital and diagnosed with pneumonia, the two Soldiers went to check on her. After talking with the attending nurse, they learned the infant's family was unable to pay for much needed lab services and medication.

"The child needs chest x-rays, but

Army Reserve medic Spc. Loretta Hardy of B Company, 228th Combat Support Hospital takes the vital signs of a Dominican man at the unit's clinic in the Dominican Republic, May 31, 2011.

the mother cannot pay. She needs medicine to get well," said Cardoza. Without any hesitation, Cardoza and Rios began making arrangements to ensure the infant had the resources she needed to improve her life-threatening health condition. Without even knowing her name, the two Soldiers made personal contributions for the welfare of one very small

The residents of Paraiso, Dominican Republic, stand in long lines in the streets, waiting to see the medical professionals from B Company, 228th Combat Support Hospital on June 5, 2011. Over 6,500 Dominicans received medical treatment over 15 days in three clinics run by the 228th.

patient.

For Spc. Janet Harrivel, a medical specialist from Pflugerville, Texas the training here was just what she was looking for.

"This is my first time out of country. I've only been in the Army for two years now, so, I'm just trying to get as much experience as I can," she said.

Harrivel was one of the first people the patients saw when entering the clinic. It was her responsibility to take the blood pressure and find out the reason they were there. She would record their symptoms and complaints then move them to the next line where they waited to see a doctor.

The 228th operated as a true team with everyone pitching in to help out in any area that needed an extra body. 1st Lt. Tarah Carnes is a critical care nurse from Los Angeles, but she found herself working the clinic's



Photo by Maj. Wendy Rodgers, 807th MDSC Public Affairs

dental station. Carnes orchestrated the traffic pattern, leading people into a small room where they waited to see a dentist. Before moving into the dentist's chair, she took their blood pressure and noted any previous history of cardiac concerns. She also helped the dentists by offering education to the Dominicans on proper teeth brushing, flossing, and post dental extraction instructions.

Staff Sgt. Minvera Wilson, a medical supply sergeant from Luling, Texas, left the supply room several times to lend a hand in the pharmacy. She frequently would assist the pharmacy with preparation of medications for the next day. She and Pfc. Erica Hall, preventative medicine specialist from San Antonio helped out by creating labels and pre-packaging the most commonly distributed medications such as Tylenol and

Benadryl. Having the extra hands in the pharmacy allowed more people to get served faster, preventing a backlog of customers.

"I know everyone complained about which medicines to bring, what they liked and what they didn't like. We dealt with what we got and I think that the people were very appreciative and I have a different feeling for the Dominican people now," said Hammill.

Gracia wished more of his Soldiers could have experienced the mission.

"They missed a good opportunity to see another way of life and really appreciate all the things that we have that maybe we take for granted," he said.

Haiti

Doctors from the 94th Combat Support Hospital from Seagoville, Texas, took part in Task Force Bon Voizen, a joint, international mission under the Beyond the Horizons umbrella, and shared their skills with



Photo by Maj. Wendy Rodgers, 807th MDSC Public Affairs

Pfc. Jesus Martinez Jr., from the 228th Combat Support Hospital in San Antonio uses an ear thermometer to check the temperature of a young child in Jaibon, Dominican Republic, on May 31.



Haitian physicians at St. Nicolas Hospital in St. Marc, Haiti, on May 19.

Col. Paul Phillips III, an orthopedic surgeon from Fredericksburg, Texas, and Col. Eric Romanucci, a colorectal surgeon from Niskayuna, N.Y., shared their highly specialized skill sets with local resident doctors, spending time in the emergency room and the orthopedic ward. This hospital in the poorest country of the Western Hemisphere surprised them.

“Compared to the civilian hospital that I visited in Afghanistan, this hospital is impressive,” Romanucci said upon the arrival of an ambulance to the door of the emergency room. “They have an ambulance, and the place is very clean. They’re really doing a lot with what is available.”

Both surgeons commented on

Col. Paul Phillips, an Army Reserve surgeon with Task Force Bon Voizen, discusses the prognosis of a traffic accident victim with a Haitian physician at St. Nicolas Hospital in Haiti, May 19, 2011.

the scarcity of medical specialists. According to one Haitian doctor on hand, there are a total of three neurosurgeons in the entire country, all of whom practice in the national capital, Port-au-Prince, 60 miles from St. Marc. The challenges that result from this shortage are exacerbated by Haiti’s lack of enforced traffic laws.

According to one Haitian physician, severe car and motorcycle crashes occur frequently, generating untold numbers of brain injuries that are often beyond a Haitian hospital’s ability to properly treat.

Despite this, the medical professionals at St. Nicolas are doing what they can.

Pierre Woolley, a resident at the hospital, studied in the U.S. and France prior to returning to his native Haiti and is acutely aware of the disparity between the resources available to Haitian doctors and those in the more developed world.

“It’s a different way of practicing medicine, but it’s still medicine. On the orthopedic ward, we are always in need of lots of plates, lots

of screws. We must be very creative with what we have here,” Woolley said.

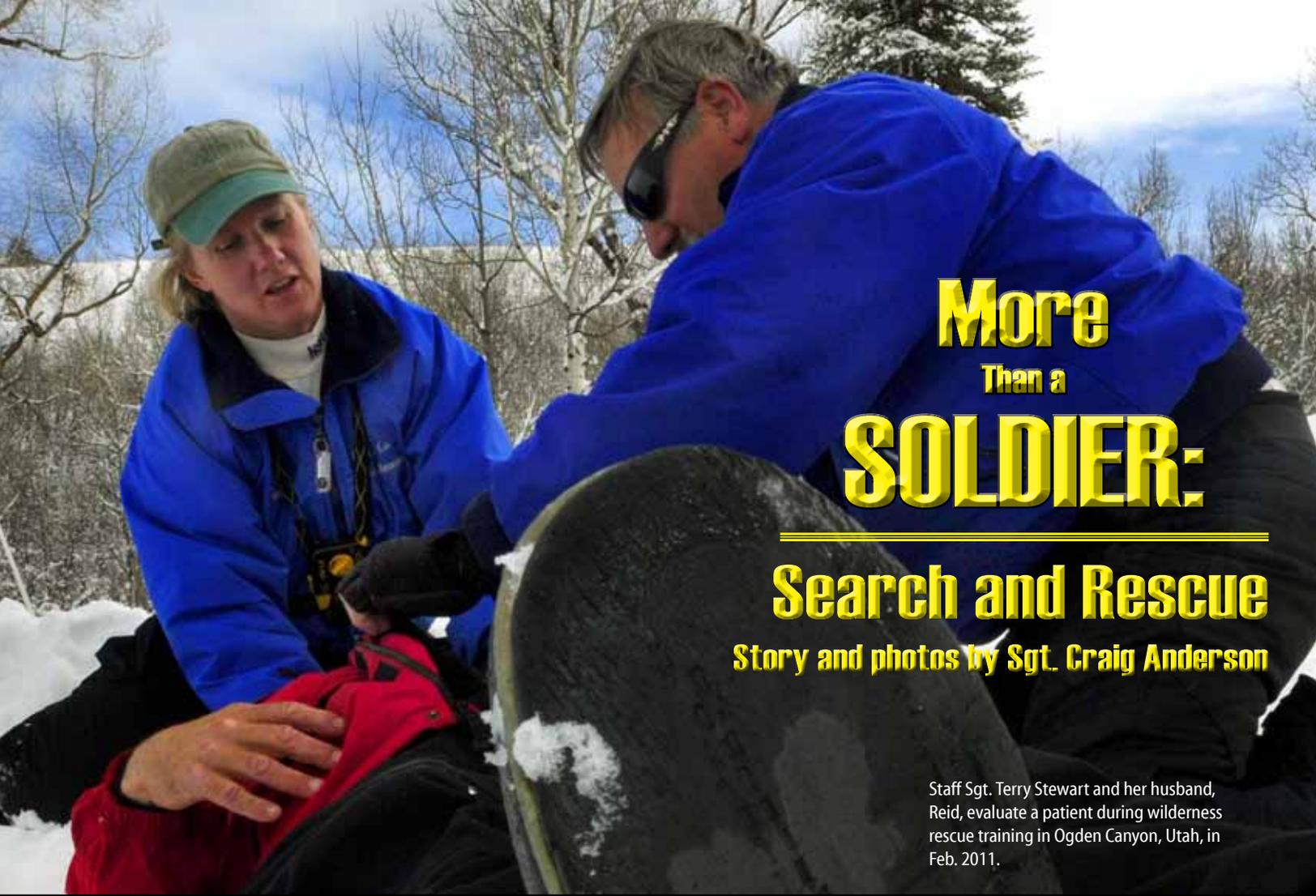
This pragmatic approach to medicine was not lost on the Army surgeons. Both Phillips and Romanucci have practiced medicine on the battlefield of Afghanistan, and are accustomed to working in austere conditions, with whatever is available.

“It isn’t always about meeting standards as they exist in the U.S. It’s about doing what you can with what you have,” said Phillips.

In 2012, the 807th Medical Command will conduct over 30 overseas deployment training missions like these. These missions will take place around the globe to include Guatemala, Honduras, Colombia, Ecuador, Peru, Gabon, Botswana, and Tanzania. There are also missions to Europe, including Estonia, Ukraine, and Croatia. Soldiers interested in participating in these missions should talk with their chain of command. Not all missions are medical.



Photo by Sgt. Aaron LeBlanc, 241st Mobile Public Affairs Detachment



More Than a SOLDIER:

Search and Rescue Story and photos by Sgt. Craig Anderson

Staff Sgt. Terry Stewart and her husband, Reid, evaluate a patient during wilderness rescue training in Ogden Canyon, Utah, in Feb. 2011.

OGDEN CANYON, Utah

It can come in the middle of the night, early on a Christmas morning or driving home from work. And when the members of a search and rescue team receive the call to help they drop everything, grab their equipment and go. They know that their response can bring a victim home – alive.

“There is a lot of sacrifice involved, but the rewards are worth it,” said Staff Sgt. Terry Stewart, “I do this because it is an opportunity to give back to the community, reunite families, and give closure to families who have lost somebody.”

Stewart, a paralegal for the 807th Medical Command in Fort Douglas, Utah, has been a Search and Rescue volunteer for Bear Lake County, Idaho, since 1995.

She is part of the Cadaver Recovery Team to recover drowning victims and is on the High Angle Rescue Team.

Search and Rescue is an organization under the sheriff of a county, the members of which are all volunteers. These organizations are comprised of various teams: there are underwater rescue teams, horse mounted teams, high angle – rock rappelling teams, swift water rescue teams, four wheeler teams.

These teams deploy at a moment’s notice to become the first responders in a natural disaster, search for someone lost in the wilderness, rescue those in danger or recover the bodies of those who did not survive.

The transition from Soldier to rescuer is easy for Stewart, she said. She has spent most of her

career in service to others, starting her career in 1987 as a police officer in California.

“I enjoyed the fact that there was something different every day. But also, I liked the opportunity to serve,” said Stewart, “I just always liked the feeling you get when you are doing something for someone else. I was always learning. I was interested in whatever field I could get into.”

Stewart admits she was not afraid of confrontation and said she was not afraid to stick her nose where it did not belong. But sometimes that is what it took to get the job done, she said.

Stewart left the force after her divorce to have a regular schedule and raise her children. Soon after, she met her current husband, Reid.

“Reid introduced me to search and rescue. We were looking for ways to contribute to the community and to become involved with the community, so we joined the Bear Lake County Search and Rescue Team,” said Stewart.

It did not take long before an old desire to join the Army Reserve was reignited in Stewart.

“I heard on the radio that they had raised the enlistment age to 39 – I was 39,” said Stewart, “It was my chance to serve.”

“I have always felt this urge that I needed to give back. I joined because it was my opportunity to learn more and to do something I have always wanted to do,” Stewart said. “I don’t regret it and I have never looked back.”

Stewart’s desire to serve is a part of her character which starts with her family.

“We used to be foster parents for a while when I started in the military,” she said. “In fact, that is where we got Gabby, our daughter. She came to us when she was 4 months old. She had a black eye and was covered with cigarette burns. We took her in and loved her and eventually were able to adopt her and have had her ever since.”

On one search Stewart was called out at 9:00 pm to a Bear Lake gated community to search for two missing teenage girls. “We checked every vehicle entering and leaving the community and went door-to-door checking each home,” she said.

“While we had boats checking the lake, we had divers in the water,” said Stewart, “Then we located their shoes by the water’s edge.” Stewart and her team searched all night and in

the morning found them alive in a dingy that had drifted to the shore, she said. “They spent the night in five feet swells. They were a little hypothermic, but it was a happy ending to what could have been a bad scenario.”

“You have to be somebody who is a very level-headed thinker, someone who can assess a situation, know what their resources are and take care of the problem,” said John Sohl, Coordinator for the High Angle Technical Climb Team for the Search and Rescue Team of Weber County, Utah. “You don’t want heroes, you want thinkers. That is the kind of person Terry is,” he said.

Sohl is a Search and Rescue volunteer for Weber County and has been teaching winter survival since the mid 1990’s.

“Terry is somebody who has a dedication that is clearly above average,” said Sohl.

This is how Stewart gives back, staying trained and responding to whatever call she may get any time of the day or night.

“I have a feeling that by the time I hang up my boots I am going to have made a contribution,” Stewart said.



Above: Staff Sgt. Terry Stewart probes a snow drift for an avalanche victim during Winter Search and Rescue training in Utah.

Below: Spc. Christopher Lewis (left) and Spc. Michael Larsen of the 807th MDSC put the finishing touches on a snow cave. Both Lewis and Larsen joined Staff Sgt. Stewart and the rest of the Search and Rescue volunteers for the winter training.



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