

The Pulse - Online Edition



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The Pulse Online Edition is a bi-monthly publication for the Soldiers, Families, civilians and medical professionals of the 807th MDSC. The November 2011 edition is a special, double edition.

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325th CSH takes over medical support for all of Kuwait

by Cpl. Christopher Bigelow, 364th Expeditionary Support Command Public Affairs
CAMP ARIFJAN, Kuwait –The 325th Combat Support Hospital, a U.S. Army Reserve unit from Independence, Mo., took charge of medical facilities here during a ceremony Nov. 3.

The 325th CSH, part of the 807th MDSC, took over for the Navy's Expeditionary Medical Facility-Kuwait.

The EMFK serves as a model for the future of military health care, with three services – the Army, Navy and Air Force – working together under one roof and melding the best practices of each service towards a common goal of seamless Force Health Care protection for the entire Department of Defense family.

Dr. (Col.) Joe D. Robinson, the 325th's commander, said the transfer of authority was an important milestone.

"This was a big deal," he said. "The Navy has transferred its hospital to the Army, and

it's something they've had for eight years."

Robinson is now in charge of the United States military hospital in Kuwait.

"To take this from a Navy mission, to take their tactics, techniques and procedures, and transfer them into our TTPs and make it all work in a matter of just a couple of weeks was a big undertaking," Robinson said.

Navy Capt. Gerard R. Fox, the U.S. Fifth Fleet Surgeon, said the mission's transfer to Army authority was a complicated process.

"The change was no small feat, and it took very close coordination," Fox said.

Robinson agreed.

"We had to take the Navy's works and bridge it into what the Army does to make it into an Army hospital," he said.

Navy Capt. Dick Turner, the EMFK commander, said despite the tough process of changing medical care from one service to another, things had fallen into place.

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Dr. (Col.) Joe D. Robinson and Command Sgt. Maj. Stephen P. Carroll, the commander and command sergeant major of the 325th Combat Support Hospital, unfurl their unit's flag in a transfer of authority ceremony Nov. 3., Camp Arifjan, Kuwait.



Commander's Corner—Be Ready, Be Deployable

Numerous news articles and Department of Defense officials have cited a growing problem in the U.S. military—the increase in the number of non-deployable troops throughout the force. The 807th MDSC and its leaders need to focus on this issue and ensure the largest number of Soldiers is available for deployment at all times.

The numbers of non-deployable Soldiers is over 15% of Soldiers on active duty and as high as 30% in the Army Reserve. The 807th MDSC is close to those national averages. While the high operational tempo and stress on the force can account for some of the problems, there are other underlying reasons that Soldiers have the ability to fix. Units need to work with their chain of command if they encounter issues, problems or concerns with the following:

Non-participants: this is the largest group of non-deployable Soldiers in the 807th. Today's Soldiers in the Army Reserve did not join to sit around the reserve center. They are here because they want to be part of a high-quality organization that does something bigger than them. We need to keep Soldiers engaged at their battle assemblies and mentor them properly so they don't become non-participants.

For those Soldiers who are non-participants, we need to reach out to them and find out why. It is far better for us to retain a Soldier wavering on their commitment than to train a new one. Show them you care and get them back to the unit. If they are unwilling to do so, process them for discharge.

DMOSQ: the second most common reason a Soldier is non-deployable is they are non-duty MOS qualified. In the 807th, we have almost 2,900 Soldiers who are not DMOSQ. Many of these Soldiers are waiting for school seats, or they have been incorrectly slotted on the UMR. There are two steps to correct this: 1) These Soldiers need to be counseled and sent to the earliest possible school; and 2) Units need to perform UMR management constantly.

Medical: The 807th's medical readiness trend is below the USARC standard. Our trend averages around 65 to 68% meeting medical readiness standards (USARC goal—90%), 12- 15% dental class 4 (USARC goal—1%) , and to date, Soldiers who have received the flu vaccination is only 65% (USARC goal 100% by Dec. 1). Further, after medical services are requested, USARC

-wide the "No Show Rate" rate is averaging 25%. Can you imagine, after medical services are requested, 25% of Soldiers who have an appointment fail to keep their appointment?

Medical Readiness is an individual Soldier responsibility. However, leaders at all levels, brigade, battalion, and company level need to get involved and ensure their Soldiers are medically ready. Leaders must hold Soldiers accountable. Take pride in your service and understand that as a member of the Army Reserve, our nation relies on you, to "fight and win our nation's wars."

The 807th has a historical lineage that can be traced back to 1945 and globally has accomplished missions that will continue the lineage. I know that we can succeed in continuing this lineage and make the 807th MDSC the premier medical force in the Army.

The 807th MDSC does many great things around the world, and I know that we can succeed in making this command the best and most effective medical force in the Army.

*- Maj. Gen. L.P. Chang
Commanding General*

452nd CSH Soldier wins Marine Corps Marathon

by Maj. Matt Lawrence

WASHINGTON D.C. -- 1st Lt. Chad Ware of the 807th MDSC's 452nd Combat Support Hospital won this year's Marine Corps Marathon here with a time of two hours, 19 minutes, and 16 seconds.

Ware's time was the best finish in the Marine Corps Marathon in 15 years, and just missed the cutoff for qualifying for the Olympic trials in January by 16 seconds.

"I knew I had a good chance to win about half way through," said Ware, who broke away with the lead runners early.

The lead group of five or six runners started to dwindle at about mile 12. At mile 18, it was only Ware and one other runner.

"When we hit about mile 19, I didn't hear footsteps behind me anymore," he said. "I was still feeling pretty good."

This finish beat Ware's previous best marathon time of 2:20:47. However, his goal was not to beat the 2:19:00 needed to qualify for the Olympic trials and the Army World Class Athlete Program, but just to have the best place finish.

"I had been in good enough shape to make the two hours, 19 minutes before, but my body could not handle the stress on the day of the race," he said.

Ware runs approximately 130 miles a week.

"The number one key [to running] is to run a lot of miles and to remain healthy," said Ware.

Asked why he enjoys running, Ware cited his natural ability to do it and do it well. He also enjoys the time alone while running to process his thoughts and even prays while running.

The Army is a family affair for the

Wares. Chad's father is the commander of the 452nd, and his brother and sister both earned commissions through ROTC as well. Ware originally thought he would follow in his father's footsteps and become a doctor, but felt a calling through his faith to become an Army Chaplain instead. He received an educational delay after graduating from Butler University in chemistry. He has since completed his graduate studies at Trinity International University in Deerfield, Ill., and attended the Chaplain's School this past summer.

Ware is currently a chaplain candidate in the 452nd, but is pursuing a slightly different career as the Chaplain Corps has put more emphasis on experience. In January, he will leave for Fort Huachuca for the Military Intelligence officer's basic course.

Making yourself a better runner is



1st Lt. Chad Ware pulls away from the field in front of the Capitol Building during the 36th Annual Marine Corps Marathon in Washington D.C. on October 30. Ware posted a personal best time of 2 hours, 19 minutes, and 16 seconds. (Photo courtesy of the U.S. Marine Corps)

simple math for Ware, who coaches the Trinity International cross country team and is a member of the All-Army running team.

"The key is increasing your mileage and consistency," said Ware.

He suggests mixing up a training routine with speed runs, interval runs, and tempo runs. Increasing one's mileage does not mean running as much as he does (135 miles per week). Just half an hour of running a day will significantly help most people improve on the physical fitness test. He also notes that each person is different, but the overall mileage and consistency remain the keys to success. Planning running time in one's day is necessary.

While it has been a long term goal to beat the 2:19:00 mark for Olympic trial qualification, Ware believes he has missed the mark this time. Although there is another marathon he could qualify on in December, the stress on his body would probably be too much.

"My marathons are about four to five months apart," said Ware.

Veterinarians train with Chicago charities for experience

by Spc. Will Hatton

The 719th Veterinarian Detachment from Fort Sheridan, Ill., worked with two local Chicago charity organizations on Nov. 5 and 6 to help train their personnel while building a relationship with their community.

Soldiers of the 719th worked with both the Hooved Animal Humane Society and the Anti-Cruelty Society in order to maintain their readiness.

"The ranch is a place where hooved animals are brought in who have been mistreated and abused," said Tracy McGonigle, the Executive Director of the HAHS. "We mostly take in horses, but we take in all hooved animals. We provide a place where these animals can be brought back to good health and hopefully find a new home."

Soldiers who visited the ranch during their battle assembly provided various services to help out at the ranch. The 719th provided physicals, vaccinations, dental work, preventative medicine, and also inspected food sources.

"The service the army provides is very beneficial to us here at the ranch," said McGonigle. "It unfortunately takes a lot of money to provide the necessary veterinarian services needed to help these ani-

mals. We receive private funding and government grants, but it is often difficult to take care of all the animals with the funds we have."

The Soldiers not only get good experience on animals they may not see in their civilian practice, but it helps them feel they are contributing to the community.

"After coming here and helping out, it provides our Soldiers with a great amount of experience and training, but it also allows them to give back to the community," Nadolski said.

The Anti-Cruelty Society, a clinic in downtown Chicago that offers free services for community members, also welcomed the 719th to train with their animals. The clinic provides services for small animals like physicals, spaying and neutering, and other necessary services to help animals in the community.

"It's amazing the amount of help the Army provides," said Cherie Travis, the Executive Director of the Commission on Animal Care and Control, an organization that works at the ACS. "They come in and almost give our operation a shot in the army. They give us a real boost."

"A lot of time we don't have the amount of support we need here at the

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Capt. Dale Stapleton of the 719th Veterinary Detachment prepares to administer an inoculation to a horse at the Hooved Animal Humane Society ranch in Woodstock, Ill. (photo by Spc. Will Hatton, 807th MDSC Public Affairs)



256th Combat Support Hospital— Iraq Mission Accomplished

by Lt. Col. Brent Campbell

JOINT BASE LEWIS-McCHORD, Wash. — Nearly 300 Soldiers from the 256th Combat Support Hospital (CSH), the last Army level 3 treatment organization in the Iraqi theater, returned home recently from a successful year-long deployment in support of Operation Iraqi Freedom.

The 256th's mission, in addition to treating U.S. forces on the ground, was supporting the troop withdrawal from theater, and supporting the drawdown logistically, while transitioning to Department of State medical facilities and level 2 Army treatment facilities.

"During the transition it was a challenge the final two months, balancing the medical mission and the turnover" said Col. Lisa Doumont, Commander of the 256th. "The disposition of millions in medical equipment was in constant flux."

"Providing top notch care for our warfighters while getting conflicting guidance as to which equipment stays and which equipment to turn in was a



Capt. Rodney Saunders, head emergency room nurse, 256th Combat Support Hospital, explains CSH trauma room procedures to 1st Lt. Ayyub, a nurse assigned to the Iraqi air force Academy Clinic at Contingency Operating Base Speicher, Iraq, Aug. 9. Saunders, who hails from Fredricktown, Ohio, explained to his Iraqi counterpart, that in order to serve their patients in life threatening situations, they must maintain rigid organization of equipment. (photo by Spc. Andrew Ingram, USD-N Public Affairs)



Lt. Col. Dennis Martinez, 256th Combat Support Hospital emergency physician from Bakersfield, Calif., performs a mock ultrasound during a training exercise Sept. 21, 2011. The soldiers with the 256th CSH perform weekly training exercises to maintain their skill level while deployed.

significant challenge, and very chaotic to manage," said Doumont.

Lt. Col. Juan Sanchez, the 256th's logistics officer, said that balancing the mission and the directive to end operations was difficult for several reasons.

"The transition was very challenging, because operationally, medical service needed to stay up and running, so it delayed moving equipment to turn in, said Sanchez. "The timeline for the transition also shifted daily. At the end, you have to inventory things, put them in containers and coordinated movement to get millions of dollars of equipment to where it needed to go."

The 256th operated out of three major locations, Al Assad, Mosul, and Taji. Primary medical care for Northern and Central Iraq was their primary mission, while helping plan and logistically support the transition to Department of State oversight. A tertiary mission was civil military training and operations with the Iraqi's.

"Each location had a Civil Military operation where we not only con-

ducted training, but conducted 'train the trainer' classes," said Doumont.

"We also taught combat lifesaver classes to Iraqi personnel, with the intent being that we leave the Iraqi's with the ability to care for themselves."

"Our soldiers did an awesome job," said Doumont. "They provided quality instruction, on our site, while maintaining our force protection posture."

Doumont said that the Iraqis have the tools, and that it is up to them to continue training and improving. Many of the Iraqi's wanted just the training but didn't seem interested in the train the trainer classes.

The 256th, like most reserve units, is unique, and brings unique experience and skill sets to theater.

"The soldiers of this unit make my job easy," said Doumont. "The active components we interacted with seemed surprised and impressed at the high level of performance and professionalism, and the way we always accomplished missions beyond expectation."



Honduran Hospital Benefits from 807th MDSC Mission

Story and photos by Maj. Matt Lawrence

TEGUCIGALPA, Honduras — The scene at *Hospital Escuela* is crowded. People stuff themselves into the lobbies and hallways of the hospital, waiting to see medical professionals for problems from earaches to gunshot wounds. The emergency room is packed with patients waiting to be seen, family members, and even a disoriented patient holding his own IV bag. Hospital employees scurry about the crowds, quickly doing what they can to process everyone through. It is hard to see the order through the chaos. This is where the 807th Medical Command (Deployment Support) biomedical repair team has decided to help make a difference.

This 1,200-bed public hospital has a lot of equipment — most of it donated from hospitals and countries around the world. The problem is, a lot of it doesn't work, and *Hospital Escuela* doesn't have the money or the training to repair it all. The yearly budget for repair parts at the hospital is \$20,000, less than is needed to fix a bulb on an x-ray machine — and the hospital has several inoperative x-rays alone.

"We could spend a year here with this team of 10 repairmen, and still not be done [fixing everything]," said

Chief Warrant Officer Fred Hodges, Senior Biomedical Repair Technician for the 807th.

Donations to this public hospital are plentiful, so it has been easier in the past for the doctors and biomedical repair technicians to push the inoperative systems aside and start using a new one. Add to that another issue — just because a piece of equipment is donated does not mean it arrives operational and with all its components. Many pieces of donated equipment arrive broken or without manuals.

There are several rooms full of broken equipment throughout the hospital, and also storage containers outside. And for a hospital this large, space is at a premium. For example, of the several x-ray machines the hospital owns, only two are operational (and one of those only intermittently), and many of the broken systems occupy entire rooms themselves. This ratio repeats itself through every department.

"The E.R. has two full closets of equipment that is either broken, or they don't have the proper manuals to fix them or the manuals to even operate them," said Sgt. 1st Class Anthony Saunders from Westminster, Calif.

The age of much of the equipment is also an issue. The average age of



Above: Spc. Robert Gray of Santa Fe, N.M., works with biomedical technicians from Hospital Escuela in Tegucigalpa, Honduras, to fuse two batteries together to repair an infusion pump. Gray was part of a three week mission to the hospital to train their biomed repairmen and help repair equipment.

Below: Inoperative equipment occupies the end of a storage room at Hospital Escuela in Tegucigalpa, Honduras. The hospital has several rooms and closets of broken equipment the hospital cannot afford to repair.



medical equipment in the hospital is 15 to 20 years, which often makes repairing them difficult.

"The majority of them [machines] are old equipment, and some of them are even obsolete. We call the vendor, and they don't provide any more service or parts for that type of equipment," said Reyes.

While the hospital employs ten equipment technicians (plenty for a hospital this size), they have very few tools with which to do their jobs, and the few electronics they do possess are not well maintained. The technicians, when the 807th first arrived in July, would only attempt to fix the critical equipment that was broken. The situation is critical.



113th CSC to be subject of documentary



The opening scene from the trailer of "The Mind Zone—Therapists Behind the Front Lines," a feature-length documentary on the methods used by the Army to treat and prevent PTSD. The trailer for the documentary is available at <http://vimeo.com/29754858>.

Suck it up Soldier, and get your flu shot!



U.S. Navy photo

Did you know every year over 36,000 people die from Influenza or the flu? The flu is a contagious respiratory illness caused by influenza viruses. Each year the seasonal flu shot covers the most likely types of flu that will infect the United States.

The best way to minimize this poten-

tially fatal illness to you and your Family is the 3P's.

PLAN to get vaccinated as soon as the vaccine is available. Army Reserve Soldiers are mandated to be vaccinated by Dec 11. Soldiers may meet this obligation by many different means, but must have proper documentation.

PREPARE preventive strategies to limit your exposure to the virus. 1) Avoid close contact. 2) Stay home when you are sick. 3) Cover your mouth and nose when coughing or sneezing. 4) Clean hands with soap and water. 5) Avoid touching eyes, nose or mouth. 6) Practice other good health habits.

PROTECT others if you become ill. Stay home from work or school if you feel sick, limit your exposure to others, and consult your doctor early to minimize severity and duration.

Your health and well being is important for your family and unit. Both depend on you to be fully protective of its members, and ready for any demands.

*-Col. Etta Johnson
Command Nurse*

By Lt. Col. Brent Campbell

The 113th Combat Stress Control Detachment is to be featured in a documentary film on behavioral health treatments in the Army.

"The Mind Zone—Therapists Behind the Front Lines" is a full length documentary currently in post production and is expected to be released sometime in 2012.

Dr Jan Haaken, Clinical Psychologist and Professor Emeritus at Portland State University in Oregon, directs the documentary, which aims to educate people how the Army treats and prevents PTSD and TBI.

"This is a perspective on the psychological toll of warfare through the eyes of therapists working in the military and VA system," said Haaken.

The 113th, currently deployed to Afghanistan was chosen for this project because of their deployment schedule and the expertise of their behavioral health professionals. The film also features other behavioral health providers from the Veteran's Administration and other military services.

The documentary crew was able to film the 113th over several days during their pre-deployment training at Joint Base Lewis-McChord, Wash., and over a two week period during their deployment in Kandahar, Afghanistan.

"My hope is that as a community understands more, and we're able to demystify the psychological impacts of warfare that people will be less fearful of veterans," said Haaken.



Members of the 113th Combat Stress Control Detachment are filmed during pre-deployment training at Joint Base Lewis McChord, Wash.



Hiring Our Heroes—Across the nation

Unemployed? The U.S. Chamber of Commerce has hiring fairs across the country to help.

By Maj. Matt Lawrence

SALT LAKE CITY—The U.S. and Salt Lake City Chambers of Commerce, in conjunction with several other civic and veteran's organizations, held its "Hiring Our Heroes" job fair here on Nov. 4.

Representatives from the Salt Lake City Chamber of Commerce said that of the 967 veterans who attended the fair, there were at least 40 hired on the spot at the fair, and another 40 had interviews within a week.

The event is one of over 100 job fairs across the country, designed to reduce the overall unemployment rate of veterans and Reserve component service members, which has been higher than the overall unemployment rate for several years.

"We know we have the skills that employers want," said Chuck Rackham, an Army Reserve Soldier and Program Support Manager for the Employer Partnership of the Armed Forces. "We just need to sell them."

The Hiring Our Heroes program is designed to bridge that communication gap for service members and veterans by offering resume building, job counseling, and even business startup advice in addition to the interface with employers.

However, the most important elements to finding employment rests in the hands of the job seekers.

"A lot of people are not putting in the work, doing the research, and writing the resumes," said Rackham.

Rackham said that many service members are not dedicating themselves enough to their job search, or not taking it seriously. Younger Soldiers seem to have more trouble because they don't know how to look for a job.

Spc. Daniel Watt and Spc. Justin Lawless from the 419th Transportation Company in Salt Lake City were some of those inexperienced job-seekers.

"I've never had to look for a job before," said Watt, explaining that he had held a series of jobs he held during the summers that he found through family connections. "This has given me a lot of leads to apply for and capitalize on."

Lawless found an opportunity to use his own family connections at the job fair itself. He has an interview next week with a company that his father works for. He didn't know they were looking for people and hadn't considered it before.

Several of the applicants were appreciative of the opportunity to see employers they were unaware of.



Veterans and service members meet with potential employers at the Southtowne Expo Center in Salt Lake City. (photo by Maj. Matt Lawrence, 807th MDSC Public Affairs)

"It's nice to get a feel for places that I've never heard of," said 2nd Lt. Cole Landon of the 96th Special Troops Brigade.

Cole had talked to over a dozen companies at the fair, all of which were outside of the scope of his degree in Aviation Administration.

While many of the service members looking for jobs are working hard to communicate how their skills can apply to civilian jobs, the employers often found that they had to communicate what they did as well.

Connie Shi, a Human Resources Specialist with Halliburton, said her company's past history with military contracting has led to some false impressions.

"We are here to clarify what Halliburton does, because there are misconceptions

about what we do," said Shi.

"They usually connect us with KBR [Kellogg, Brown, and Root] that did transportation and other things in Iraq."

Halliburton specializes in oil and gas services and had split from KBR several years ago. They were interested in the skills and experience that service members bring with their work ethic and their experience working on diesel engines in the elements. Many of their field service positions feature long hours spent outdoors in locations across the country.

Other employers were very specific with their needs. Jill Johnson from Precision Castparts Company had only two backgrounds she was interested in: machinists and non-destructive testing specialists. She said those skills are very hard to find, but present and former military mechanics may have the necessary skills to fulfill their needs.

But most of the employers were more interested in the general skills that veterans and service members brought with them.

"We're very open on our needs," said Carla Bell of Zions Bank Corporation, "but we need detail-oriented people who are open to change."

Zions Bank has positions for underwriters, loan servicers, and

collections specialists. While she appreciated the number of applicants with accounting degrees that stopped to talk, she hoped that more would open their minds and stop by.

Many people "won't talk to us because they don't have banking experience," she said. "But that's not necessarily a bad thing."

The U.S. Chamber of Commerce has held Hiring Our Heroes job fairs since June 2011 and will continue throughout the country at various locations through April 2012. There will be a total of 100 job fairs conducted throughout the program.

For a list of Hiring Our Heroes job fairs in your area, check the U.S. Chamber of Commerce's website at www.uschamber.com/veterans/events.



Election Season—Know your rights and limits!

by Maj. Matt Lawrence

In 2008, I was the recruiting officer for Lehigh University with responsibility for 14 colleges in eastern Pennsylvania. It was election season, and presidential primary candidates were fighting over that battleground state.

Then Senator Hillary Clinton was holding an event at cross-town Moravian College one afternoon in her primary bid. I received a call from one of our cadets who attended that school. She was on her way to class, in uniform, and wanted to attend the speech before coming over. Apparently, one of the campaign organizers spotted her and asked her to sit on the stage behind Senator Clinton. I immediately told her to leave the premises and get to class.

This is just one of many examples of activities that military personnel and government civilians cannot do. The military, by its unique position and relationship to the elected chain of command, cannot legally endorse, support, or give the appearance of an en-

dorsement to any candidate. That Cadet's mere presence would have given the appearance of an endorsement to Clinton, even though she was a mere cadet.

Department of Defense Directive 1344.10 outlines the guidelines that military personnel must follow in their political activities. And the Hatch Act gives similar guidance to civilian employees of the government.

These do not prohibit military and government civilians from participating in elections. All service members are permitted (and encouraged) to vote in elections, and they are allowed to work for campaigns and even run for office themselves. However, a separation between their political activities and their military service must be maintained.

The most common violations are acts of speech. When in uniform, or when easily identified as a member of the armed services, military members must refrain from making comments either supporting or disparaging any political candidate or party.

This used to be clear-cut. Military personnel just had to not talk to the press.

Today, with frequent messages over social media, the lines are somewhat blurred and it may be difficult to decide if the statements made to Facebook friends violate the law or not.

Most social media statements may be okay, unless if someone has clearly identified themselves as a member of the military, either in the statement or with pictures on their page. Please contact your local Staff Judge Advocate if you have questions.

Another common issue is advocacy of a candidate or party in the workplace. While many military personnel may have strong feelings about a candidate, they should keep that opinion out of the workplace.

Another issue is political rallies. While attending a political speech in uniform is not in itself a violation, it is strongly discouraged. It is illegal, however, to compel anyone to attend a political rally. There are several examples of this in the past.

In addition, it is not illegal for candidates for office to visit military bases or facilities, as long as the visit is in their official capacity. Post commanders should review any requested visit and determine if the visit is official or campaigning.

Finally, military members running for office should be especially careful to maintain a separation of their campaigns and their military service. Military members cannot make campaign speeches or attend campaign events in uniform, obviously. They may also not use their military service in any other way (such as using government facilities while campaigning) to assist their campaigns. Any military personnel running for public office should contact the Staff Judge Advocate for a briefing on their rights and responsibilities to avoid any misconceptions or impressions that may get them in trouble.

If you are uncertain as to what your rights are, or if you find yourself in a situation that you are not sure violates DoDD 1344.10 or the Hatch Act, please contact the Staff Judge Advocate or the Public Affairs Office.





Honduras

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"I was surprised of the fact that the biomed didn't have any tools, not a screwdriver of any kind, and they were just working with what they had – what was left over, borrowed stuff, and things they brought from home," said Saunders. "They were still trying to maintain a 1,200 bed hospital with barely anything."

The 807th sent a survey team to the *Hospital Escuela* in July to examine the equipment the hospital had and order parts to fix the most critical items. They also did an assessment of the hospital's maintenance team and their processes, which were all but non-existent.

"There is no maintenance program," said Reyes.

But the story of *Hospital Escuela* is not of a third world hospital that cannot give quality care to anyone. It is an inspiration to see how much the hospital's nearly 1,700 medical em-

ployees can accomplish with what they have for so many people. And in the maintenance department, one man is making a drastic improvement. In the short time he has been there, his leadership has made a difference.

Samuel Medina-Aguilar is a stout man with a dark complexion and an air of seriousness about him. He arrived at *Hospital Escuela* in late August and immediately went to work. There is no mistake, he is a maintenance and logistics professional, well-versed in the fundamentals of the trade. His formidable task is to establish order where there is none.

"The main problem is the lack of preventive maintenance. It's just not being done," said Medina through a translator, agreeing with the U.S. Soldiers' assessment.

Medina's presence has several benefits. His position as a director at the hospital gives the maintenance visibility that it didn't have before. His challenge is to successfully manage and record the activities of the

biomedical maintenance section so that the hospital can increase the budget and enable them to make major repairs.

The importance of Medina's presence is not lost on the U.S. Soldiers here.

"Now there's somebody in charge, whereas before, nobody wanted to take responsibility for the department," said Saunders. "There's more of an attitude of wanting to do good work for the hospital....They're more visible in the hospital now. They're getting out of the shop and going to departments and visiting with the directors and doctors and nurses to see what they can do with what little they have."

The 807th biomed repair team hopes that they can return in three to six months to monitor the progress of the maintenance team at the hospital. For the moment, the future looks promising, but only time will tell if new leadership and some training from U.S. Soldiers make a lasting improvement at *Hospital Escuela*.



Mr. Samuel Medina-Aguilar is charged with fixing the maintenance procedures at Hospital Escuela in Tegucigalpa, Honduras. While he has his work cut out for him, he has already made good progress in changing the culture of the maintenance team at the hospital.

Kuwait

Continued from page 1

"Our services have been together for almost three weeks and we have had a seamless turnover of patient care," he said. "I don't think the patients even knew there was a transition going on, other than one day there were brown suits, and the next day there were Army suits coming in."

"Other than that, there was no difference in care going on at all," Turner said.

Robinson said administrative differences were the most difficult part of the transition.

"The easy part of this transfer was the medical piece, the patient care," he said. "Doctoring is doctoring, nursing is nursing, there's not a lot of difference."

"Our big challenge was in the administrative part of it, and it went off without a hitch," Robinson added.

Robinson said now that the 325th CSH is in charge of medical care in the Kuwait theater of operations, he and his staff want to do the best job possible.

"We want to continue the finest medical care that our service members deserve," he said, "and we aim to do that."

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Canadian exchange

by Col. Frederick Regel

Capt. Diana Arnold, Commander, B Company, 349th Combat Support Hospital, attended the Canadian Primary Reserve Army Operations Course (PRAOC) at Fort Frontenac, Ontario, Canada, from July 11-31.

The exchange course, sponsored by U.S. Army Reserve and the Canadian Armed Forces, teaches the tactical doctrine, command and staff procedures for ground and air operations at the battalion and brigade level to Allied students.

Besides Canadian officers, the class of 74 students included officers from the United States, Denmark, New Zealand and Bermuda.

The curriculum for the course was fast paced and arduous.

"One Soldier calculated that because of the total number of hours, that the 3 week course was equivalent to 1.5 months of working 'normal' hours," said Arnold.

"Working hours were from at least 0800-2000 hours every day; usually longer."

This meant that Arnold had to get up early enough to run every other day, and deal with sleep deprivation due to



Capt. Diana Arnold, front row, third from left, poses for a class picture with her classmates at the Canadian Primary Reserve Army Operations Course at Fort Frontenac, Ontario. (photo courtesy of Capt. Arnold)

the long hours.

Arnold was extremely impressed with the course and her fellow Canadian, Allied and U.S. officers.

She expressed her gratitude for having the opportunity to attend as a member of the U.S. Army Reserve and encourages others to seek out the unique opportunities the Army Reserve offers.

G-1—Important changes to officer evaluation system

Effective November 1, 2011, several significant changes will be incorporated into the Officer Evaluation Reporting system. Among the planned changes outlined in the associated MILPER message are:

Rating of Junior Officers

Now officers in the grades of 2nd Lieutenant through Brigadier General and Warrant Officers 1-4 will receive the senior rater grading on potential in block VIIB of the DA form 67-9. This will provide an assessment of the officer's potential against peers of the same grade, and require senior raters to now manage their profile for those in the junior commissioned and warrant grades.

Use of the Support Form

Use of the OER support form as a mechanism to document performance objectives and counseling has been mandatory in the past. However, the

new MILPER message indicates that its use will be optional in the future; based on the requirements of the rater. Of course, raters are responsible to ensure that officers are counseled on their mission, performance objectives, and duties and responsibilities, but now it is up to the rater on how this is accomplished.

Future Assignments

In the past, future assignments were simply a list of possible assignments for the officer in the future. Under the new guidance, assignments must be listed in sequential order, establishing a career path for the officer.

Change of Rater

The new rules of the change of rater report will allow officers who change raters, but continue to perform the same duties under the same Senior Rater, to receive a Memorandum of Input (MOI) from their departing Rater rather than a change of rater evaluation. At the Senior

Rater's discretion, Raters will complete a MOI when the officer has served under the rater for at least 90 days.

Multi-Source Feedback

Raters will now verify if the officer has completed the Multi-Source Assessment and Feedback/360 (MSAF) within the last 3 years and annotate it in the rater comments portion of the evaluation. While the annotation is required, the information contained in the MSAF will not be used by the rater for the purposes of the evaluation.

These changes to the officer evaluation and reporting system are substantial. Unit commanders should consider incorporating training on these changes into unit officer developmental training in order to ensure that officers are aware of the changes, and that these changes do not impact the unit past due evaluation rate due to rejection of non-conforming evaluations by HRC.



Big changes in USARC policies on attendance

The U.S. Army Reserve Command is cracking down on non-participant Soldiers, and Soldiers had better take notice.

Effective immediately, Soldiers who receive just one "Unsatisfactory" attendance mark for battle assembly will forfeit any bonus or incentive payments they may have received from the Army.

Soldiers will have 90 days to make up any initial "U" on their record. After 90 days, collection efforts will begin for any affected payments. Those benefits eligible for recoupment are student loan repayment, G.I. Bill kicker, enlistment bonuses, professional bonuses, and tuition assistance. The core G.I. Bill and

Health Loan Repayment Program are not affected by this policy.

This has been implemented to curb the number of Soldiers who are not fulfilling their Army Reserve obligations and to help "shape the force" as the Army Reserve moves to meet its target manning numbers.

Soldiers considered non-participants often take months to remove from the rolls of the military, and occupy positions that participating Soldiers might do some good in. This creates problems for the Army Reserve when it comes to deployment, as Soldiers from other units must be reassigned to deploying units to fulfill the Army's needs.

ADPAAS

If disaster hits, what do you do? How does your command know you and your family are okay? The **Army Disaster Personnel Accountability and Assessment System (ADPAAS)** is the answer.

Use of ADPAAS is required for military personnel in the event of a disaster. Just by being a member of the Army Reserve, you are enrolled in the system. **ADPAAS will allow Army personnel to:**

- Report accounting status
- Update contact & location information
- Complete a needs assessment
- View reference information

To use the system, do one of the following:

Logon to <http://adpaas.army.mil> and click on the Soldiers, Civilians, and Family Members link

Call the 24 hour Army Information Hotline at (800)833-6622
Or (703)325-8168

E-mail ADPAAS at adpaas@conus.army.mil

Contact your commander or unit representative so they can report your status for you

Animals

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clinic, but when the Army comes in and provides help, we are able to get a lot done for these animals," Travis continued.

"I love working with these animals," said Spc. Justin Bulifant, a veterinarian technician with the 719th MDVS.

"Coming in to the clinic and seeing all these animals who need help, it gives me motivation and joy for what I'm doing in the Army.

Soldiers in the veterinarian unit provided support by giving cats and dogs physicals. They also do minor surgery and spay and neuter the animals.

"By having them come out and give us help, it shows a great example of the Army being an animal friendly organization and shows that they are a great support to the community," said Travis. "It really shows that the Army is a part of the community."

The training that soldiers in the 719th MDVS do allows them to be proficient with their mission of animal health and care. This training allows them to not only continue providing support for the war fighting animals in the Army, but it allows them to provide humanitarian services to the community and to the world.



1st Lt. Jane Lund works to control a horse at the Hooved Animal Humane Society in Woodstock, Ill.
(photo by Spc. Will Hatton, 807th MDSC Public Affairs)



About the Army Medical Capabilities Integration Center

All Army medical personnel know of the AMEDD Center and School. However, many of us only interact directly with the “School” part of this organization. The “Center” part of the organization is a complex and interesting organization that touches everything we do in the AMEDD.

This article focuses on one very interesting piece of the “Center” known as the Medical Capabilities Integration Center (MCIC). The MCIC consists of a disparate group of directorates that test, evaluate, research, document, and recommend everything from TOE structure to what goes in to the aid bag carried by our medics in the field.

The MCIC is composed of the:

- * **Army Medical Department Board** - responsible for independent operational test and evaluation of medical and medical-related materiel and information technology products.

- * **Borden Institute** - responsible for producing Textbooks of Military Medicine, covering a spectrum of military medical scholarship. Visit <http://www.bordeninstitute.army.mil/>

- * **Center for AMEDD Strategic Studies** - responsible for the conduct of strategic studies and advanced concepts & requirements domain in Army Modeling & Simulation.

- * **Combat and Doctrine Development Directorate** - responsible for developing concepts, organizations, materiel and doctrine involving Army Health System (AHS) across the full spectrum of operations; and identifying operational & clinical capabilities, requirements, and solutions and to work issues across the Joint, Army, and AMEDD communities.

- * **Knowledge Management Directorate** - responsible for building Army Medicine knowledge management capabilities that positively impact the AMEDD by enabling innovation, performance improvement, and powerful decision-making. Visit <https://www.us.army.mil/suite/page/131414> or email Km.consultants@amedd.army.mil

- * **Medical Evacuation Proponent Directorate** - responsible for all matters pertaining to medical evacuation.

- * **Total AMEDD Systems Management Directorate** - responsible for integration functions to ensure information systems are correctly designed and integrated into the broader healthcare delivery system or subsystem they are intended to support.

Mission

To serve as an integral player in the Force Management, Development, Integration, Sustainment and Modernization processes of building the medical arm of tomorrow's Army.

Vision

The vision is to have an integrated and effective Army Medical

Department System equipped, manned, and properly aligned to support a Transformed, Modular Army at war on today's and future battlefields.

Products and Services

The Medical Capabilities Integration Center develops concepts, organizations, materiel, and doctrine for Force Health Protection (FHP) to the Army across the operational continuum; Provides independent operational tests, evaluations and experiments in support of the Army Medical Department medical materiel and systems acquisition process; Is the customer advocate and corporate catalyst for integration and synchronization of Army Medical Department information management/information technology support systems; Builds knowledge management capabilities that enable the workforce to positively impact the Army Medical Department mission through innovation, performance improvement, and powerful decision-making; Manages the Army medical evacuation system ensuring effective integration into the Joint Force Health Protection System; Provides data-driven studies, analyses, and evaluations to the AMEDDC&S and Office Of The Surgeon General (OTSG) in support of current and future Force Health Protection Operations; Fosters and promotes excellence in operational and military academic medicine; and enhances military clinical education through development, publication and maintenance of the Textbooks of Military Medicine.

Our Customers

The Medical Capabilities Integration Center provides coordination, facilitation, and integration with the United States Army Medical Command, Headquarters Department of the Army, the Office of The Army Surgeon General, United States Army Medical Research and Materiel Command, the Center for Health Promotion and Preventive Medicine, United States Army Training and Doctrine Command, United States Forces Command, and the Army Reserve Medical Command.

*-Col. Zach Wheeler
AMEDD Center & School*

