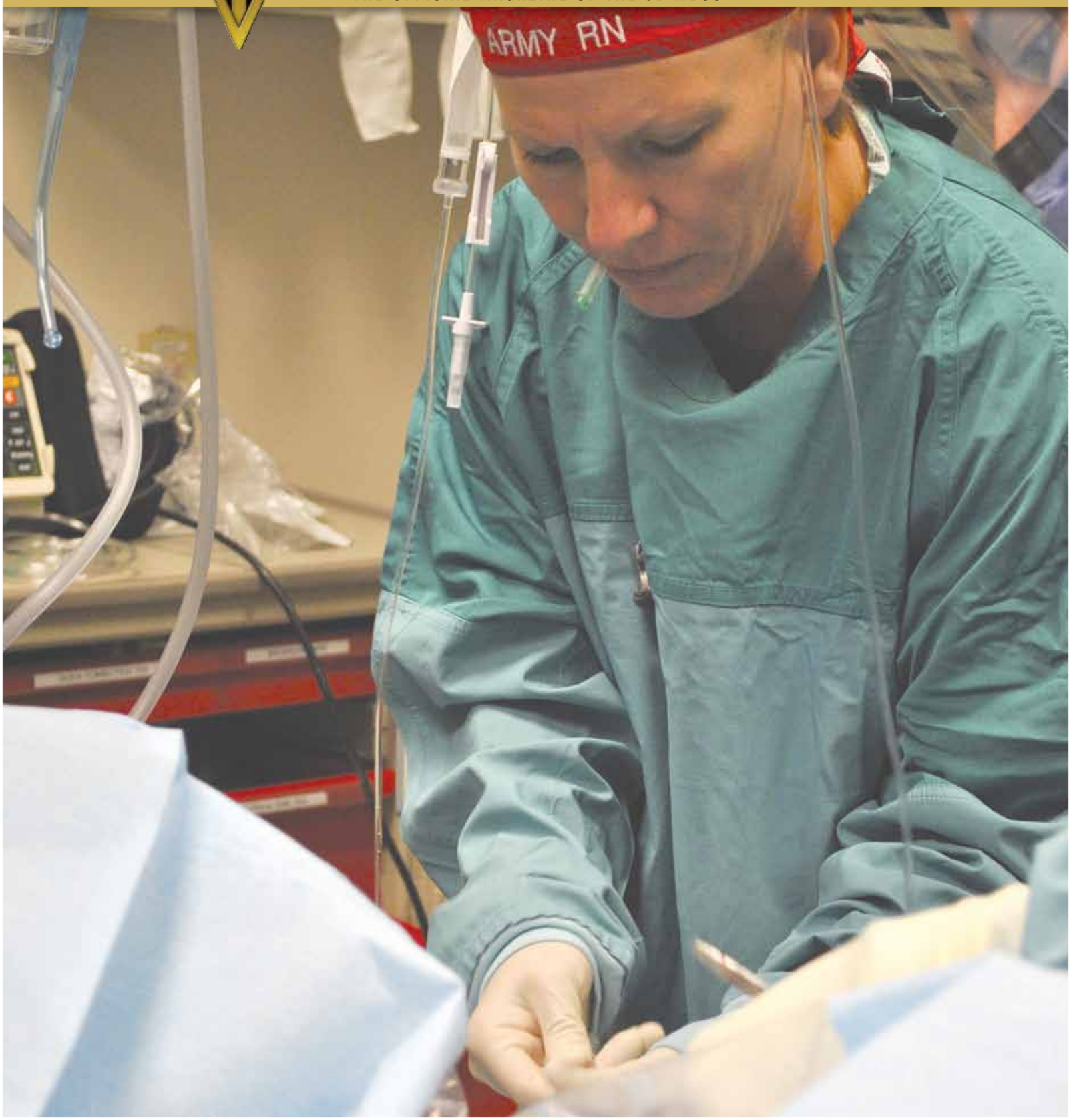
DESERT MEDIC

Fall Issue 2012

THE OFFICIAL MAGAZINE OF THE 3D MDSC



The 3rd Medical Command (Deployment Support) is one of two senior theater level deployable medical headquarters in the U.S. Army and provides support and technical supervision for more than 8,000 Soldiers located in 22 states and Puerto Rico. 3d MDSC is the higher headquarters for five brigades of medical units and is responsible for preparing, mobilizing, deploying and redeploying those medical units anywhere in the world. 3d MDSC staffs a permanently positioned mission command element in Kuwait to direct all medical assets under US Army Central (ARCENT). As the US Army's senior deployable theater level medical mission command headquarters, 3d MDSC maintains the capability to assume control of all echelons above corps medical units and the ability to integrate with joint, combined and host nation forces for theater level medical support.

VISION

Deploy worldwide in support of Joint Chiefs of Staff contingencies to provide command and control of assigned and attached medical forces with a focus on the Central Command (CENTCOM) area of responsibility. Coordinate and synchronize force health protection Health Services Support (HSS) between services, coalition forces, and host-nation as allocated by Commander in Chief, CENTCOM/Commander, U.S. Army Central to provide world-class HSS to the AOR.

MISSION STATEMENT

The 3rd Medical Command (Deployment Support) is the senior deployable medical mission command headquarters. When deployed to an area of operations, we provide command and control of assigned/attached echelons above corps medical units and integrate (joint and combined) theater medical support. Our command fosters improved readiness and training as we deploy, fight, and provide medical support in peacetime for medical command missions CONUS and OCONUS.

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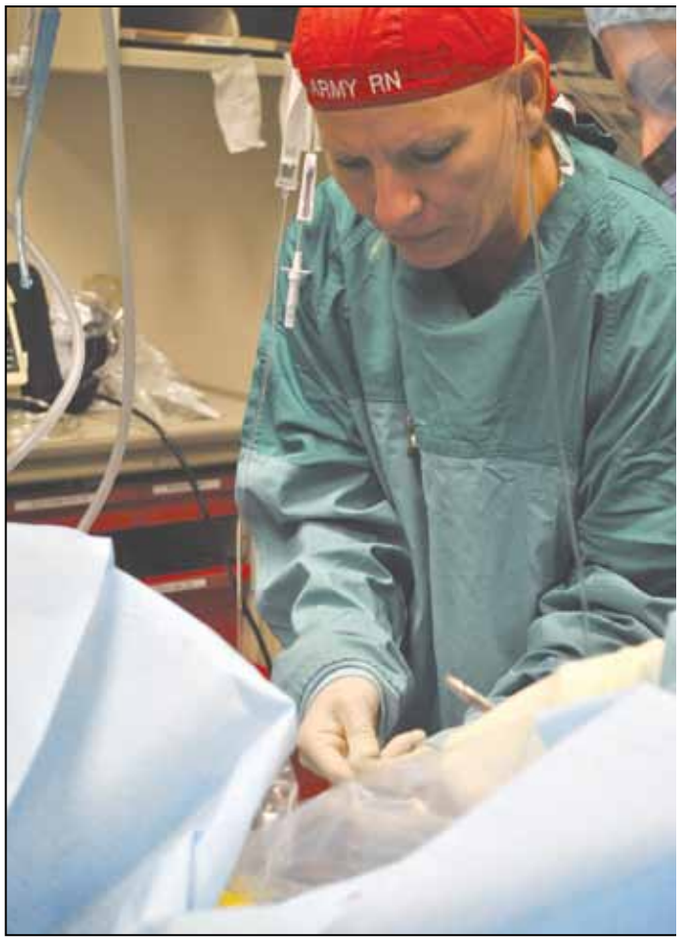

ON THE COVER

Lt. Col. Diana Hay provides medical care for a trauma wound at Ryder Trauma Unit, Jackson Memorial Hospital as part of the Army Trauma Training Center program. *(Courtesy Photo)*

SUBMISSIONS: The Desert Medic invites articles, story ideas, photographs and other material of interests to members of the 3d MDSC family. Manuscripts and other correspondence should be addressed to: 3d MDSC, Attn: Public Affairs, 5015 N. 34th Street Bldg 900, Forest Park, GA 30297, telephone 404-469-4338. All email submissions should go to MDSC003PAO@usar.army.mil.

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FROM THE FRONT

Maj. Gen. Dean G. Sienko
Commanding General

As a command we are moving in the right direction to market and advertise our special medical capabilities both CONUS and OCONUS. In this endeavor we have used various forms of social media and multi-media to showcase what we do, how we do it, where we do it and why we do it!

With a headquarters element and five medical brigades our medical capabilities include six combat support hospitals (CSHs), eleven Forward Surgical Teams (FSTs), and four multifunctional medical battalions. Within this organizational structure we also provide veterinarian services, preventative medicine services, ground ambulance services, combat operational stress control services, optometry services and dental company support.

Our medical forces have provided support to the U.S. Public Health Administration during innovative readiness training missions and community stand downs, as well as provide basic health care services to remote indigenous populations of the United States where civilian medical capabilities are limited or unavailable.

We play a key role in the response to medical emergency procedures managed by the Department of Homeland Security in the event of a natural disaster, chemical release and terrorist attack in the U.S. and our Soldiers have done a remarkable job providing medical support for the Army Reserve!

Our Soldiers are making a difference while saving lives, fostering healthy and resilient people, and providing care to the wounded, ill, and injured from the battlefield and beyond throughout our system of care in the Army Reserve.

We will remain ever vigilant and always ready!

Desert Medics!

James L. Murrin
Command Sgt. Maj.

As the Command Sergeant Major of the 3rd Medical Command (Deployment Support) for the past year, I have witnessed great Soldiers doing amazingly great things throughout the command.

Our first-rate team of professional Soldiers and Civilians are among the best trained, dedicated and standard setting within USARC. I am very proud and honored to serve as part of the 3d MDSC Leadership Team.

We continue to better our force by identifying and rewarding the best and brightest within our formations.

I would be remiss if I did not mention our outstanding performance at the Best Warrior Competition this year. We had our battle-hardened Warriors compete and win in the Combatives competition this year, with Sgt. Anthony Mitchell edging out the other competitors and taking the title of Combative Champion! The CG and I took part in several of the events and were awed by the drive and focus of the young NCOs and Soldiers.

I look forward to many more great experiences as my third year as the 3d MDSC Command Sgt. Maj. begins. You have shown me your hard work and dedication over and over again and I expect to see more of this in the coming year.

As we look toward the future, both short and long-term it will be even more important for our leadership to be involved with our soldiers at all levels.

We will continue to focus on how we train for our medical support mission and highlight some of our ongoing international missions in Kuwait and Afghanistan.

The strength of our Soldiers is the strength of our command!

Desert Medics!

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facebook®

www.facebook.com/MGDeanSienko

Desert Medics Partner through International Engagement

By Maj. Zoevera Jackson
(Photo by Sgt. Timothy Popp)

To watch the video that showcases this event:
http://www.youtube.com/watch?v=SRXFA9gM2_Y

The 3rd Medical Deployment Support Command has been working with host nations to build partner capacity and capabilities for more than 15 years.

The 3d MDSC international engagement office hosted eight medical professionals from Tajikistan and Kyrgyzstan during the CPX phase of Global Medic 2012 at Fort McCoy, Wisconsin. The purpose of the visit was to build upon existing partner relationships with the five former Soviet states: Turkmenistan, Tajikistan, Kyrgyzstan, Uzbekistan, and Kazakhstan.

During their visit the foreign international officers toured established medical units, observed medical training in a field environment and conducted informational sharing with the Medical Simulations Training Center staff. They also met with various military leaders while at Fort McCoy to include lunch with 3rd MDSC commanding general, Maj. Gen. Dean Sienko.

The U.S. and the U.S. Army has been involved in theater security cooperation, advising and training foreign forces for most of its history. The U.S. policy toward the Central Asia states includes facilitating cooperation with U.S. and NATO stabilization efforts in Afghanistan and efforts to combat terrorism, proliferation, and trafficking in arms, drugs, and persons.

Kazakhstan Information Exchange

By Col. Annette Tucker-Osborne
(Courtesy Photos)

Col. Tucker-Osborne, Chief of Clinical Operations (CLINOPS) along with Master Sgt. Clouden, CLINOPS NCOIC, assisted in the coordination of and attended a Combat Life Saver (CLS) information exchange with Kazakhstani Soldiers during May and June at the Illisky Training Center, Kazakhstan.

This Information Exchange provided realistic, state of the art training in order for Soldiers to gain proficiency in Individual First Aid. The objective was to further enhance the working relationship between US Forces and KAZ Forces combined exercise initiatives. The outcome of this exchange was very successful with plans for future medical exchanges.

(Right) Master Sgt. Clouden, far left, and Col. Tucker-Osborne, second from right, borrow the berets of two KAZ Soldiers and poses for a photo.

(Above) Master Sgt. Clouden and Col. Tucker-Osborne stand in the center of a group of Kazakhstani Soldiers proudlydisplaying certificates earned during their medical training information exchange.

Bahrain Medical Field Hospital Seminar

By Master Sgt. Lindsay Buck
(Courtesy Photos)

Soldiers from the DET-36 Clinical and Operations staff section conducted an information exchange with the Bahrain Defence Force Royal Medical Service (BDFRMS). Main discussion topics centered on hospitalization, force health protection and triage management. The health seminar, which lasted approximately five days, also included the discussion of the roles of medical care, medical mission command, the 10 medical function areas, medical ethics, preventive medicine, and emergency management.

The BDF Royal Medical Service received the information enthusiastically and expressed great interest in continuing forward with additional exchanges. The audience included the Bahraini Undersecretary of Health and the Deputy Commanding General for Medical Services. Also in attendance were numerous medical professionals, to include doctors, nurses, lab personnel, radiologists, medics, EMTs and Licensed Practical Nurses. The BDF Royal Medical

Service would like future engagements which incorporate exchanges related to combat lifesaver training, burn management therapy, hospital operations, and even combined medical field exercises. The 3rd MDSC stands ready to support near future medical taskings to Bahrain and the BDF Royal Medical Service are eager to partner and collaborate.

(TOP) Master Sgt. Buck demonstrates how to apply a tourniquet to the leg while Col. Tucker-Osborne discusses the medical equipment's functionality and appropriate use.

(MIDDLE) Capt. Saindon (left) and MSG Buck (right) conduct a presentation on the US Army rank structure; just one of many military and healthcare centric classes shared with the BDRFMS

(BOTTOM) 3rd MDSC Soldiers stand in between Bahraini Medical Service personnel as they pose for a photo after completing the Field Hospital Seminar.

Dental and Pharmacy Exchange in Kuwait

By Col. William McSkimming, Pharmist

(Photos by Capt. Twyla Moody)

One of the most rewarding and important things we do as subject matter experts (SME) is engage and coordinate with our international partners. I am the Pharmacy consultant and have been able to visit and exchange with the Pharmacy and Medical staff at the Kuwait National Guard (KNG). Abdullah Rashid, the KNG Pharmacy Officer, was able to give our Consultants a tour of their pharmacy and discuss the common medical and pharmacy issues our nations share. He and his staff were excited to discuss diseases and treatments with our Pharmacy and Medical Consultants.

It will probably be a shock to many of our Families back home that this nation has many of the same health concerns that Americans have. They have been inundated with fast food and over eating. Does that sound familiar? Problems like hyperlipidemia, obesity, and diabetes are chronic conditions that are a common link between the medical and pharmacy communities. When we reviewed the medications utilized to treat these diseases in their members it was interesting that most of them come from the same manufacturers that our United States medications come from. We were told there is no pharmaceutical manufacturing in Kuwait. All of the medications they need have to be imported.

We also talked about the requirements for their education and the similarities and differences between our medical systems. All in all, it was great to be able to represent our nation in our professional areas and exchange with our international partners.

Pharmacist Col.William McSkimming and KNG 1LT Abdullah Rashid KNG Pharmacy Officer discuss treatment regimens for different diseases

Left is Maj. Tareq Hammadi, Chief Director of EMT, DET 4, Pharmacist, Col. William McSkimming, and Medical DET 4, Medical Consultant Col. Maurice Kliewer.

Warrior Journal - Car

By Col. Arthur Womble

Surrounded by mountains, Khiligay appears to be a desolate area. The outpost is guarded by the Afghanistan National Army who are co-located here. Outside the perimeter wall are the remnants of the Soviet Army. Unfortunately, this also includes a minefield that is still being cleared by contract EOD.

As is expected, everyone has a weapon with them all the time. As the Army footprint of the area decreases, more of the COP is being returned to the Afghanistan forces. The common sites of US military posts are not available here to include USO or PX of any kind or food stuffs that are available outside of DFAC hours. The DFAC is a small tent with hand built tables and benches. They provide hot meals once or twice a day and rationing becomes necessary when supply lines have been hampered by weather.

Every couple of weeks a local barber comes through the post to offer haircuts. The 933rd has bought a clipper set and one of the techs provides barber duty for us. Most all services on the post are supplied by generator power so fuel is a very precious commodity. Conservation methods are always in order to prevent supply deprivation and yet ensure mission essential tasks can be accomplished.

COP Khiligay has had it's share of casualties.The FST that was relieved by the 933rd reported over 450 surgical interventions in their previous 12 month deployment. Positioned adjacent to the 933rd is the US Army C Co, 5-158th Avn Regt, 12th

e At Camp Khiligay

Combat Aviation Battalion-Medevac from Germany. Not all of the wounded are brought in through the medevac system operating out of Khiligay. Some are brought in by the Swedish Military medevac helicopters or overland if in proximity to the outpost.

Along with the FST and the medevac squad at Khiligay is a German Special Forces team, a Hungarian Provencial Reconstruction Team (PRT), a US Army Cavalry Group, a US Army Engineers team, Afghanistan National Forces, Navy EOD and civilian contractors. All totaled about 125 personsThe FST is ready 24 hours a day / 7 days a week to those in need. The 2 mission tents are divided up into an Advanced Trauma Life Support (ATLS); similar to an emergency department; and a 2 bed Intensive Care Unit (ICU) in one tent and an operating theatre in the other.

While not the most pristine of accommodations, any wounded warrior brought in can be cared for and hopefully life saved by the quick action and immediate surgical interventions that can be delivered. Less than 1 week into this deployment, 2 casualties were medevac'd in for surgical intervention. Once care was rendered and patients' stabilized they were medevac'd out to a higher level of care.

The goal of the FST is to contain and mitigate life-threatening wounds then transfer to more definitive care. The holding capacity of an FST is 2 beds that quickly fill when local trauma hits. FST's have a reported mortality rate of less than 3% of the wounded warriors that make it to the facility.

399th CSH Take-Aways from Mayo Clinic

By Col. Karen Wright and Col. Joaquin Cortiella
(Courtesy Photos)

Doctors perform simulated ultrasound on artificial patient

Doctors participate in simulated training

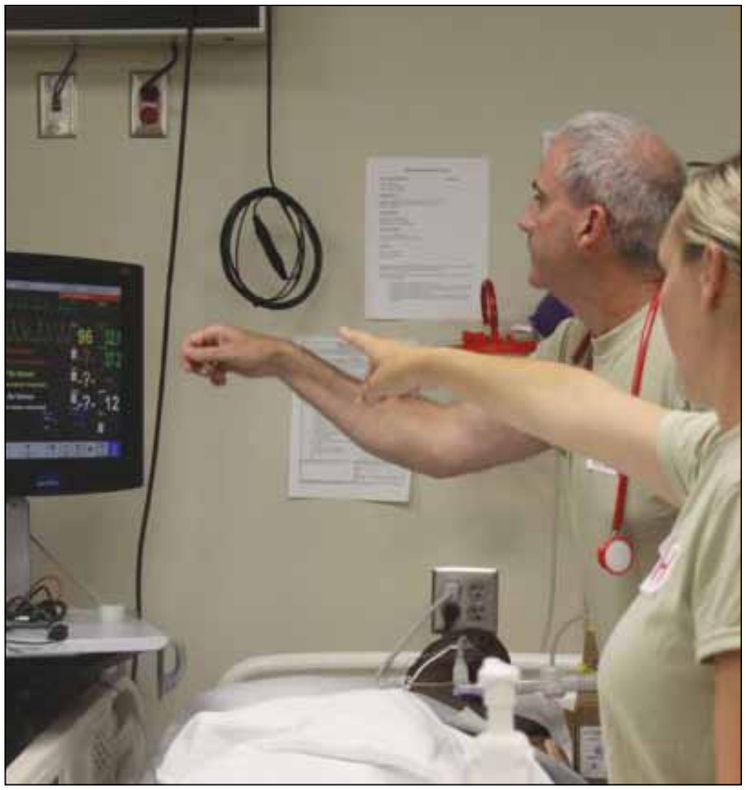
The Mayo Clinic exercise is conducted annually to establish an exercise that prepares Combat Support Hospitals (CSHs) for overseas deployment. The purpose of the exercise is to evaluate decision-making skills, integrative skills among the team and patient flow. These are critical skills that do not generally get evaluated during most medical exercises. The MRTC utilized the Mayo Clinic simulation lab to assess the 399th's ability to practice the Army's new Team Steps program. Using observer controllers, mannequins and cameras, they were able to assess and produce combat like stressors and injuries to provide insight for the Team Steps objectives.

The 399th CSH worked as a team when going through different clinical scenarios. It was great to see different sections work together to help take care of the simulated patient. Unlike other medical exercises where the separate ancillary entities such as lab, x-ray, pharmacy and personnel administration all play notionally, in this exercise we were evaluated with regards to real time functional activity and how we were involved in the decision making process inherent in the scenario. Initially the teams struggled to work in the simulator environment, but like any well-seasoned team we were able to adapt to the confines of the simulation center and work as a combat trauma team. This was true of the OR section, EMT and ICU sections. In the end the CSH was able to visually see weak areas that they themselves pointed out while viewing the different videos taken during the scenario play in order to improve in their trauma care delivery.

The overall take-away message for me as the Team Lead for this exercise is that we can partner up with a civilian hospital and develop scenarios that could instruct combat support hospitals in wartime trauma. We can also develop this type of training in any part of the country as long as we have access to simulators and video technology. - Col. Juaquin Cortiella, MD, MPH Medical Cops

It is the goal of the medical command to stay on top of what is cutting edge and most useful for those soldiers that we send to the Mayo Clinic. The goal is to increase skills, knowledge, comfort level and preparedness to handle any situation with expert training. Upon completion of this training we are expected to be able to provide the best type of higher level training for the Army Reserve Medical Forces. I as an educator would like to see more training of this kind at every level of training platform for medical providers in the different deployment cycle training opportunities. - Col. Karen Wright, Clinical Operations, Nursing

During our training I found confirmation that communication is the key to a successful mission. I enjoyed being able to watch ourselves on video, which gave me a new perspective. You can see what is happening around you instead of the immediate situation you are currently in. It validates how important each group or section is and how they interact with each other to meet the mission. Every piece is necessary to complete the puzzle. I would like to see us come together more frequently to continue running scenarios to improve our skills. - Master Sgt. Kimberly Lucas



Doctors monitor patients vitals during simulated training

933rd FST Trains At ATTC

By Maj. Zoevera Jackson

(Courtesy Photos)

The 933rd Forward Surgical Team, based in Paducah, Ky., traveled to Miami, with varying knowledge bases of U.S. Army trauma patient care, to participate in the Army Trauma Training Center event..

The 20-soldier team of general surgeons, anesthetists, nurses, medics, operating room technicians and one orthopedic surgeon, made-up the core of the team. The purpose held by the Army Trauma Training Center, AMEDD Center and Schools, and the University of Miami was to combine efforts in order to effectively train and prepare forward surgical teams upon deployment and for future deployments. As part of their training they initiated and sustained wartime skills of critical, resuscitative surgical care for trauma patients at the Ryder Trauma Unit at Jackson Memorial Hospital.

Master Sgt. Greg Williams reviews medical checklist while his teammate checks trauma patient's vitals

The training consisted of a 15-day rotation at the Army Trauma Training Center with three phases that included classroom refresher training, clinical team rotations, and a capstone exercise to the end the training.

The first phase was the classroom portion of the training which afforded the soldiers the opportunity to refresh their knowledge on the material covered. Within this phase, a mass casualty exercise in a real world scenario gave the team the chance to perform real-life trauma resuscitation in a situational training environment.

"The training is fantastic! It is so awesome! I have been able to see the practitioners in action I have been able to see them come together, see how they interact, how they do what they do, and exhibit what they know," said 1st Lt. Christian Gaines, executive officer, 933rd FST.

The focus was a teamwork concept with evaluation on how the team responded to levels of stress when challenged with trauma. The diversity of the team and their ability to respond quickly was evident through the rotation, and the training provided affected the members in a positive and profound manner.

Another tool that was used to help develop the team's cohesion and integrity were the clinical rotations, the second phase of the training. The clinical rotation teams were on 12-hour day and night shift rotations that provided the chance to handle trauma resuscitation within their respected areas.

This rotation provides the teams with the opportunity to work together clinically in the care of acutely injured patients. The setting is Ideal: the Ryder Trauma Center of the Jackson Memorial Medical Center, home to more than 5,000 major trauma resuscitations each year, according to Lt. Col. George D. Garcia the director of the ATTC.

The training also teaches how to work together as a trauma team by giving an opportunity for the soldiers to work together in a clinical environment.

“First thing I get out of it is the fact that 90 percent of the people that are here I’m going in country with, they get to learn me, I get to learn them. I get to see their strengths and weaknesses and they get to see my strengths and weaknesses. We’ve become more of a close knit family.” said Lt. Col. Arthur Womble a certified registered nurse anesthetist with the 933rd.

“The best thing about this training was the focus on both medical skills and medical skills and team work. The benefit is we don’t have to wait until we get in country to see it all come together. We can see it come together and work out the kinks now so when we get in theatre we can hit the ground running," said Gaines.

The final phase was a summation of all aspects of the training for the team with a capstone exercise providing the team total control of the Trauma Resuscitation Unit for 24 hours.

"The ATTC is an opportunity to actually do the patient care that looks very similar to what we are going to be doing downrange. It is similar because at ATTC you work with real patients and the other training we do in the Army you usually have to use mannequins. This is the only opportunity we have had to do actual clinical work on real patents" said Lt. Col. Diana Hay, the 933rd FST officer-in-charge.

The 933rd FST is only one of many Army Medical teams to receive training at the Army Trauma Training Center before deploying to Afghanistan later this year. The program offers a multitude of benefits that the Army, the AMEDD Center and Schools, the University of Miami, and the 933rd FST can draw upon to develop current and future medical assets for current theater of operations and the military services.

Doctors and medical staff receive trauma patient from medical evacuation helicopter

947th FST Help Army M

Article and Photos by Fonda

The Army Medical Department made history April 14 and in the process cracked open a door that's been tightly closed to military recruiting for more than 40 years.

Yale students, faculty and staff took a tour of a mock forward surgical hospital on display on campus just a few feet from the Ivy League school's stately, prestigious school of medicine.

Deployed to the front lines during war, the actual forward medical facility can be erected and functional in an hour, fully equipped with the tools and medical personnel necessary to save severely wounded service members during what is considered the "Golden Hour" of injury.

During that time, hemorrhaging is controlled and patients are prepared for medical evacuation to a higher level of care. Historically, 10 to 15 percent of Soldiers wounded in action require surgical intervention to control bleeding, which is the major cause of mortality following a combat injury.

Attendees mingled with officers and NCOs in dress uniforms and questioned 947th Forward Surgical Team members —scheduled to deploy to Iraq this month— about the capabilities of the rovinghospital.

"There hasn't been this much brass on campus since World War II," said Dr. Kristaps Keggi, a professor of orthopedics and rehabilitation at Yale, who served in a MASH unit on the front lines during the Vietnam War."

Dubbed Operation Golden Odyssey, the event was not a recruiting effort, but rather a joint educational symposium between Army medicine and the university to showcase to the campus community the Army's expertise in medicine, life saving procedures and vast humanitarian outreach.

s Medical Recruiters To Showcase edicine At Yale University

Bock, Public Affairs, Army Medical Recruiting Brigade (Reprinted Article)

In initiating this venture, Maj. Michael Filipowicz, officer in charge of the medical recruiting station in Wallingford, Conn., wanted to dispel the myth perceived to be held by Yale — which hasn't embraced the military since the Vietnam War — that the Army is just about fighting wars.

"We're doing humanitarian missions across the globe and that's something Yale is very interested in," said Filipowicz. "We shined a bright light on a dark subject and successfully illuminated the great things the Army and Army medicine does for local and international communities.

In addition to the mock forward surgical hospital, keynote speaker retired Gen. Stanley McChrystal, who's now a fellow at the Jackson Institute for Global Affairs at Yale, spoke about the impact of U.S. health care on disaster relief, humanitarian operations, global policy and foreign relations. Colonel Fred Lough, an Army Reserve surgeon and director of cardiac surgery at the George Washington University Hospital in Washington, D.C., talked about foreign policy, medical ethics and his personal experiences as senior surgeon in Afghanistan, from where he just returned.

Never before has Army medicine been allowed to display such a robust presence at Yale, and it's been difficult for military recruiters to reach out to students since ROTC was removed from campus in 1969.

Dean of the Yale School of Medicine Dr. Robert Alpern said the event was a success and Yale is committed to doing what it can to support the U.S. armed forces and their students.

"As a medical school committed to health care around the world, Yale applauds the Army for taking on a humanitarian role and hope our students will come to understand this role our armed forces play. I was impressed, but not surprised, by the level of sophistication of the medicine practiced. We wish to provide information to our students so they can best make decisions regarding their career choice [and believe] our students would benefit from knowing more about educational and career opportunities inthe Army.

"This is long overdue," was the quote Medical Recruiting Brigade Commander Col. R. Scott Dingle kept hearing from medical school deans, administrators, faculty and staff.

They were blown away and impressed with Army medicine," said Dingle.

"It was great to hear folks who've never served before saying, 'We support the U.S. Army,' and 'Military service is honoable,' and after seeing the [mock forward hospital] and listening to retired Gen. McChrystal and Col. Lough speak, say they were going to go out and tell the Army story of what they saw. We prob- ably gained 50 advocates that day who are going to be COIs."

Kristin McJunkins, director of Health Professions Advising on the undergraduate level at Yale was impressed with how quickly a forward surgical team is able to set up. She meets with hundreds of students a year and is looking forward to spreading the word about Army opportunities.

"The technology available to treat wounded Soldiers and allowing them to remain functional members of society after serious injury is an astounding advancement that we need to hear more about in the general public. Being part of the Army is certainly not for everyone, but for those students who can thrive in a military environment, there are great opportunities to practice medicine in a wide variety of arenas — domestic, international, war zones — that they may not have in another medical training program."

"I think the opportunity for medical students and residents to spend time in the military and learn about the culture and understand the importance of what you do is critical to creating well-rounded physicians who will be better able to contribute and give back to their country," said Dr. David Leffell, deputy dean for clinical affairs and a professor of dermatology and surgery at Yale.

Since this wasn't a recruiting event, no lead cards were generated, but Filipowicz estimates about 80 students attended who he said were extremely impressed by the scope of humanitarian missions across the globe and the mobility of Army surgical care.

Filipowicz and 1st MRBn Commander Lt. Col. Pablito Gahol believe the credibility of this newly formed partnership will have a ripple effect and in the long run generate leads and interest not just from Yale, but other universities as well.

"The immediate return on investment is simply the promotion of the Army medical department, the acknowledgement that we exist and that we're not just about the war fight," said Filipowicz. "We were beating the medical drum, but playing the Army song."

"It was all about developing a long term partnership, and that we achieved," said Gahol. Filipowicz said he is already scheduling follow-up presentations at Yale for those who expressed an interest in gathering more information.

PATIENT MOVEMENT

By Sgt. 1st Class Thomas Lofquist, 320th Medical Company, Clinic Nurse
(Courtesy Photos)

The United States Army has a long history of patient movement. During the civil war, patient movement was done by horse and cart. Patient care was given by fellow soldiers with patients being loaded onto carts and moved to where further medical care was set up.

During WWI, advancement in patient movement was established by the invention of motorized vehicles. As seen in this photo, motorbikes were a fast way to get a single patient from the point of injury, to the next level of care. Also if you notice, it was impossible to give patient care to this Soldier since the driver has to focus on the road and surrounding area for any enemy activity.

Patient movement was a single event during the civil war, however, a number of factors contributed to the increased survival rate.

First, the advent of antibiotics meant far less infections. Secondly, the improved use of transportation of wounded personnel, namely in the Korean War with the use of helicopters.

Later, the United States Army's use of the Mobile Army Surgical Hospitals and the triage system were critical in saving lives.

Finally, the use of modern hospital ships nearby, Combat Support Hospitals and fixed Medical Facilities were introduced to better treat different severities of injuries. And lastly improvements of Medical procedures.

As medical invention improved, so did the survivability rates. Today, our current survivability rate is 98%. This is due to the decreased times patients are moved to the proper level of care.

When we refer to Patient Movement at the 320th Medical Company, we are referring to the standard medical definition, "Patient movement is the act or process of moving a sick, injured, wounded, or other person to obtain medical and/or dental care or treatment. Functions include medical regulating, patient evacuation, and en route medical care".

The first is at the point of injury, where Army Medics and/or Combat Lifesavers acquire the casualty. Here the casualty is triaged, treated, and stabilized for initial evacuation to a medical treatment facility (MTF) that has treatment and surgical capabilities commensurate with the patient's wounds.

Civil War Cart and Horse

Motorbikes

Korean War Helicopter H-13

This is the "golden hour," when trained medical personnel initiate treatment and initial evacuation to prevent loss of life, limb, or eyesight.

One of the most important factors in our unit's success is the timely treatment of soldiers injured on the battlefield. To accomplish this, injured personnel must be transported to the 320th Medical Company where their wounds can be treated properly. The patient can be moved to several locations based on the types of injuries sustained. No longer does a patient from the battlefield have only one option. This is a major change from past conflicts.

During a recent exercise, the 320th Medical Company did a full rehearsal of internal patient movement. Once our Medical Company receives a casualty, the causality is then re-triaged by the 68W to make sure that no other injuries exist as well as assess the current injuries. Once this is accomplished, several things happen at once. The patient is again assess by an Army Doctor, the doctor has the overall responsibility and orders all interventions as well as any other needs such as x-rays (68P), labs (68K), and other medical services.

During this time the patient's information is being gathered by Patient Admin (68G). This information is important for patient tracking throughout the medical system. Once the patient has had all the medical interventions the patient can either be sent to the Operating Room for surgery or the patient is sent to one of two wards within the Medical Company. The 320th Medical Company (Hospital) has many capabilities in order to treat most patients. Not only do we have doctors and EMT's, we have Dental Technicians (68E), Respiratory Therapy (68V), Operating room Technicians (68D), Pharmacy Technicians (68Q). Our Medical Company is mostly self-contained. We have ancillary functions as well as supply chains within the Hospital.

Our medical holding capability is normally 72 hours. If the patient is in need of aero-medical evacuation, the medical unit works along with Air Force evacuation units in order to accomplish patient movement to higher level care.

Since the Army and Air Force work in tandem for movement to the corps rear area or the communications zone such as Landstuhl Germany. This follow-on evacuation is for casualties who cannot be returned to duty within 48 hours in light divisions or 72 hours in heavy divisions, or who's medical needs exceed the theater evacuation policy or the capabilities of hospitals within the theater of operations. Air Force C-130 and C-9A aircraft are used for intratheater tactical patient evacuation. Aero-medical evacuation-configured Civil Reserve Air Fleet B767's along with C-141 and C-17 transports are used for intertheater strategic evacuation.

In addition to timely evacuation to MTF's that can meet patients' needs, the medical evacuation process also requires trained medical personnel to monitor casualties continuously during transport and to provide care en route. This is what distinguishes patient evacuation from the movement of other precious commodities on the battlefield—trained medical personnel who provide full-time supervision and are prepared to provide medical intervention to ensure the survival of injured soldiers. The U.S. Army is one of the few armies in the world that has dedicated ground and air evacuation platforms designed solely for moving patients and medical assets.

Army medical personnel routinely train for initial patient evacuation and build it into every concept of the support plan. Initial patient evacuation is a critical task in all operations and is addressed in every unit's standing operating procedures and in every commander's plan. It also is built into all rotations at the combat training centers. Though initial patient evacuation is still an imperfect system, Army medics routinely execute this mission with high rates of success.

C-17 transports- United State Air Force

UH-60 Medevac Blackhawk- US Army

5th MED BDE Trains For A Potential Catastrophic Event

By Lt. Col. Henry L. Sanders Jr., 5th Med BDE, Executive Officer
(Photos by Sgt. Amil Gardner)

Soldiers view C2CRE screen and provide feedback to the team leader.

Col. Myron McDaniels, USARC Surgeon visits the 5th Med BDE area of operations and meets soldiers

HHC, 5th Medical Brigade, has spearheaded 3d MDSC's participation in the US Army North's/Task Force-51 Command and Control Chemical, Biological, Nuclear, Radiological (CBRNE) Response Element-Alpha (C2CRE-A) "real-world" mission. The HHC, 5th Medical Brigade, has been identified as Task Force - Medical (TF-MED). TFMED's mission is to respond to CBRN incidents to assist civil authorities in executing Consequence Management and Defense Support of Civil Authorities (DSCA) Operations by assuming Mission Command of Title 10 Medical Forces, providing Health Services Support, Emergency Medical Services, and Force Health Protection to Joint Task Force Soldiers and civilian authorities in the Joint Operations Area (JOA).

TF-MED has the C2CRE-A mission for FY12-13. The C2CRE-A mission has been very challenging, but extremely rewarding. The Brigade Commander, Col. Mary Bolk, Brigade Chief Sgt. Maj., Cleo Prows, along with the Brigade Staff are intimately involved in unit training, preparation, and execution. During the two year mission cycle, each brigade is authorized 10 Active Duty for Operational Support - Reserve Component (ADOS-RC) positions. The C2CRE-A team is led by Lt. Col. (P) Henry "Charlie" Sanders, Brigade Executive Officer (XO). Team members include: Lt. Col. Jeffrey McCarter, Liaison Officer (LNO); Lt. Col. Anthony Sampson, 75th CSH XO/ Operations; Lt. Col. Russell Oxford, TF-51 LNO (San Antonio, TX); Capt. Calvin Vance, Logistics; Sgt. 1st Class Deidra Huntercruit, S6 429th/ 5th HHC; Staff Sgt. Ava Bain, Training NCO/ Patient Administration; Staff Sgt. James Avery, Assistant Training NCO/ Patient Administration; and Sgt. MaKenzie McDaniel, Property Book NCO / Logistics.

The 5th MED BDE Commander and staff have invested countless hours to achieve and maintain operational readiness / excellence for the C2CRE-A mission. The operational tempo has been aggressive and full with unique and challenging training. Upon notification of an actual event, the unit has 96 hours to deploy to the site of the incident. TF MED has completed two deployments to Operation Vibrant Response at Camp Atterbury, IN to simulate the 10K NUKDET National Planning Scenario. The unit has completed numerous Command Post Exercises (CPX) and two Hurricane Exercises (HURREX) scenarios to enhance mission analysis and the utilization of Battle Drills for Mission Assignments (requests for medical capabilities). During the summer of 2012, TF MED conducted Events I and II of the Standardized Integrated Command Post System (SICPS) Fielding at FT Gillem, GA. TF MED Staff also completed Operational Needs Statements which led to the acquisition of 1.4 million dollars of equipment. The 338th Medical Brigade, Horsham, PA will assume the C2CRE-A mission in FY 14.

5th MED BDE Prepares for Vibrant Response
http://www.youtube.com/watch?v=kj_37cAtaz4

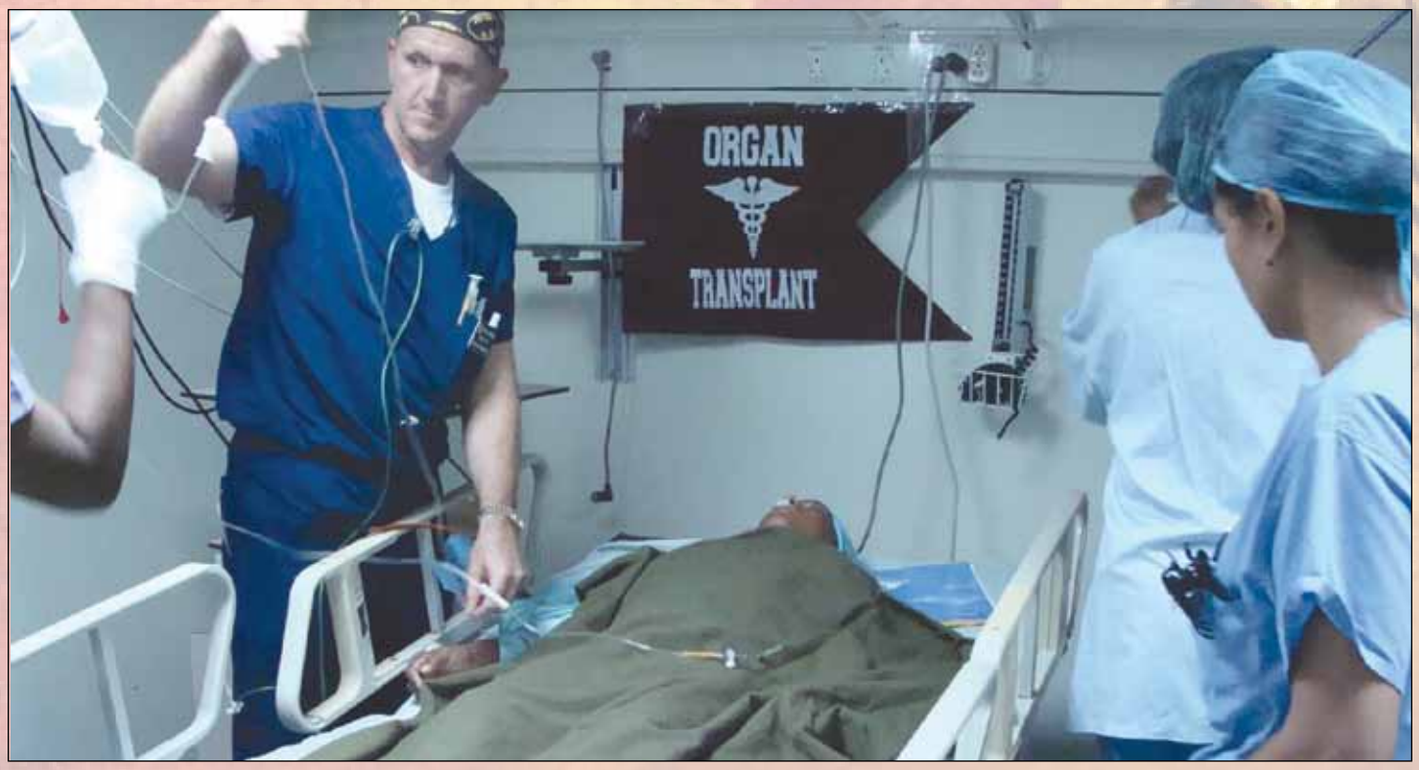
Army Reserve Nu
Kidney Transplant

By Col. Arthur V
(Courtesy ph

I was deployed to Honduras as part of Joint Task Force Bravo as the Certified Registered Nurse Anesthetist (CRNA) for the medical element. The surgeon for this assignment was Dr. Edward Falta, a transplant surgeon from Walter Reed Medical Center. While we were on this assignment we went out into the local communities to offer our services to the hospitals. Together we performed over 125 surgical interventions in the 3 month period we were together. We were told this degree of offer of services by the American surgical team had never been offered before and it became a great learning experience for all of those connected with it. At the farewell for Dr. Falta I told him that if he ever needed someone to provide anesthesia for him, call and I would be there.

I received a phone call from Dr. Falta. He was now Chief, Army/Navy Transplant team based in Washington DC operating out of Walter Reed Army Medical Center. He had recently been approached to perform a kidney transplant on a patient in Guyana, South America. He was asked to assemble a team, come to Guyana and perform the surgery but he needed an anesthesia provider. Without hesitation I agreed to participate. This type surgery had never been performed in this country previously. Dr. Falta and Dr. Jindal, his partner at Walter Reed, had taken a trip to assess the conditions for this endeavor and were now ready to proceed. With the assistance of a Guyanese philanthropist, Mr. George Subraj, the trip was planned with a scheduled 2 day preparation, 1 day of surgery and a 3 day post-operative period.

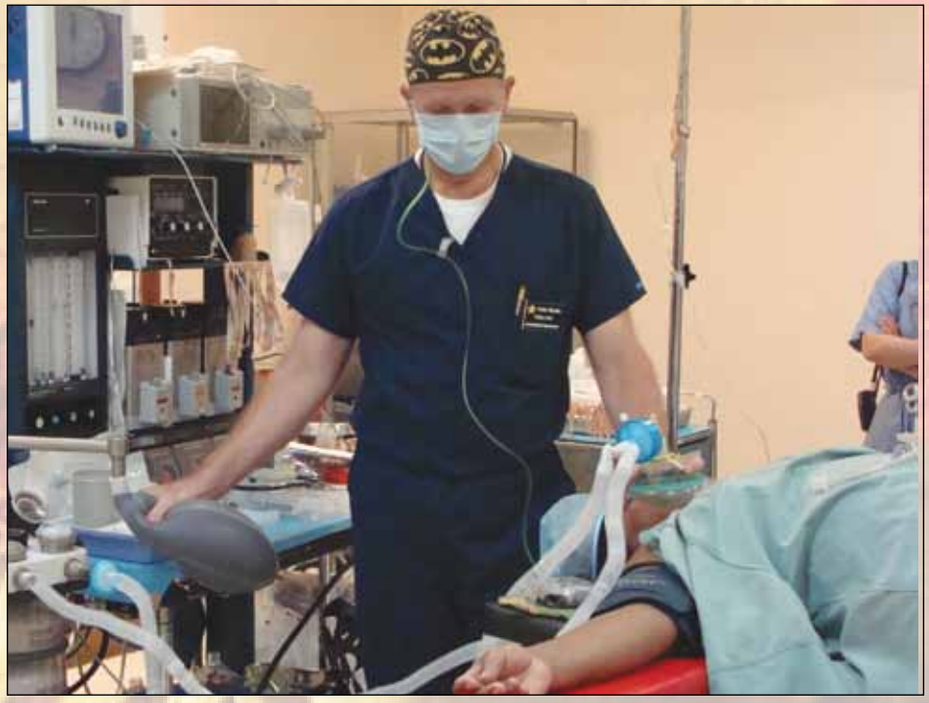
The patient was a 17 year old male who wanted to be a mechanic. His family was very poor and could not afford his hemodialysis treatments to sustain his life. At this time there was no government assistance for this type



Col. Womble prepares the donor for surgery

rse Assists With in South America

Womble
otos)



Col. Womble puts donor patient under anesthesia

of treatment. His mother was to be his donor. In a system such as this, the transplant recipient must provide their own donor. This was all being conducted through the public hospital in the capital of the country, the Georgetown Public Hospital. Application of American standards would not be a consideration. While a majority of the equipment would be called rudimentary, they provide surgical care everyday and are successful. There were some considerations like the reuse of single use anesthesia equipment that we abated by having contact with the facility prior to going, I could not bring anesthesia machines and patient warming units.

The surgery was extremely successful. Both patients did fantastic and were discharged in 3 days for the donor and 5 days for the recipient. After the surgery it was one press conference after another. I was very happy to meet Dr. Leslie Ramsammy, the Guyana Minister of Health who had practiced as a physician in the US. He later became the President of the World Health Assembly. He provided for government support of the program and coverage for the lifelong medications the patients undergoing transplant. I was privileged to meet the President of the Republic of Guyana, Bharrat Jagdeo.

I asked Dr. Falta that with every option open to him in assembling this team, why he chose me to provide the anesthesia for a surgery that was under such international attention. His answer was humbling. He wanted someone he could trust in an austere environment that would work with what was available and knew from previous experiences that the patient would be cared for.

Our second trip to Guyana was to perform a transplant on one of their military officers. His daughter was the donor and to this day the recipient has worked side by side with the program to ensure education and communication between the team and the patients is provided. He is truly a gentleman ambassador for our program to this country. At this point in time there have been 12 transplants performed by the surgeons of the Army/Navy Transplant Team and I have provided the anesthesia for every one of them.

It started as a simple reserve deployment in 2004 and 8 years later, an improved chance of life has been offered to 12 citizens of The Republic of Guyana. In 2009 a book on the experiences was published by Dr. Jindal, The Story of the First Kidney Transplant in Guyana, South America, and in 2012 a paper was published in Transplantation Journal, "Ethical Dilemmas in Patient Selection for a New Kidney Transplant Program in Guyana, South America".

320th CSH SOLDIERS COMPETE IN DA LEVEL CONNELLY CULINARY COMPETITION

Article and Photos By Maj. Zoevera Jackson

Fort Bragg is buzzing as hundreds of soldiers and their commands descend on FOB 5 in preparation for their participation in the Army's annual Phillip Connelly Awards Program for Excellence in Army Food Service. And in the case of soldiers of The Army's 320th Combat Support Hospital (Medical Company) you can immediately sense their level of intensity and excitement. Maj. Nicholas Brown, Commander of the 320th Support Hospital, was asked his feeling on returning to the culinary competition years after his unit, formally the 312th Field Hospital, took first place in the Phillip A. Connelly Competition. "Maj. Brown states," It's an honor! We continue to do our wartime mission which is cooking for medics, doctors, nurses, medical specialists, and civilians. Maj. Brown goes on to say in regards to the 320th," We are fortunate to have some of the same non-commissioned officers competing on the team this year that we had back in 2005! The fact that they've been in the unit and on the culinary team for the past 7 years contributes to why the team appears flawless and works so well together." With the level of expertise of all of the soldiers participating in the competition held at Fort Brag teamwork would have to be of highest priority for the members of the 320th if they hoped to repeat the accomplishments of 2005.

The U.S Army Phillip A. Connelly Award established in 1968 is named after the late Phillip A. Connelly, a former IFSEA President responsible for obtaining sponsorship of the competition awards. Award categories include Battalion and Brigade, Dining Facilities Small and Large, Field Kitchens, National Guard and Reserves. The annual competition held every year by The Department of The Army was established in part to recognize the achievements of those individuals as well as their commands in providing nutritious meals and excellent food service in field environments. In addition the competition is a way for The Department of The Army to establish and monitor standards of operation for this very important segment of military service. Therefore it is safe to say that no major or minor detail can and will be overlooked.

Immediately upon arriving at the grounds one is astounded by the absolute efficiency of all the commands as well as the individual soldiers who appear focused and dedicated to the mission at hand. The mission in this particular case is to compete in this important program as representatives of their home commands while meeting and exceeding the standards put forth by The Department of The Army, its officers, and representatives. In order to achieve this goal each command must adhere to the overall mission set forth for Combat Support Hospitals (CSH). When asked, Maj. Rogers of the 320th Medical Brigade explains, in detail, what the wartime mission of Combat Support Hospital is. "Maj. Rogers," In a deployed posture our wartime mission is to provide a security detail, field

Spc. Seketia Link prepares soup for competition

Spc. Michael Dunaway prepares vegetables for competition

Spc. Seketia Link, Spc. Lacy Graves and Spc. Montara Jennings prepare dessert for competition

Spc. Christian Clercin and Spc. Michael Straughn working together to prepare vegetables for the main meal

sanitation, power generators, heavy equipment operators who provide transportation for all our cooking supplies and equipment. We call this "The Power Team." Upon witnessing these soldiers execute their mission with such speed and efficiency it is safe to say that they live up to the name.

Within each brigade each group and individual is responsible for his or her assignment and is expected to complete them in a manner conducive to the overall mission. This division of labor is one of the core elements behind the success of not only the Combat Support Hospitals, but the Army in general. During the competition, as in the field, each unit provides its own security detail; establishing perimeters, check points, and protocol allowing the food service personnel a safe and comfortable environment in which to complete their wartime mission. There is also the responsibility of providing things such as electrical power, fuel, clean water, waste management and disposal, as well as the sanitation of cookware, utensils, and food storage containers all in an effort to support the mission of combat support hospitals and their team of nutrition care specialists as set down by The Department of The Army. According to Capt. McCafferty, Officer in Charge, 320th Combat Support Hospital (Medical Company), "this competition brings out each individual's talent" and "There is definitely a team effort!"

The competition itself was overseen by three evaluators from the Department of the Army level, who are experts of the field, to insure the quality of products and services provided by each combat support hospital meet Army standards. As judges in this annual competition they are charged with the evaluation of each hospital and their nutritionist in accordance to the guidelines established by The Department of The Army. When asked Chief Warrant Officer 5 (CW5) Susan Johnson, of Little Rock, Arkansas explains some of the things she looks for as an evaluator at the Connelly Competition, "As an evaluator I look for several things: 1) Good organization. That is nobody gets in each other's way, the team is working well together, and each person is assigned a specific task. 2) Sanitation. This is the fastest way to become disqualified because of cross contamination…3) Must take a temperature check. Everything must be cooked at 165 degrees in the field. 4) Leadership Support. From the lowest to the highest levels of command. 5) Field Sanitation Team- no cooks can be on that team. Each unit is evaluated as a collective command; however with the Connelly Competition it is the nutrition care specialist who is put in the spotlight for the meal that is prepared and served.

"There's a lot more to cooking than you may think!" says Mr. Stanley Gibson, IFSEA evaluator. In regards to being assigned as a nutrition care specialist for a combat support hospital cooking is just the tip of the iceberg. To excel as a nutrition care specialist within the United States Army Reserve, soldiers are evaluated according to The Field Category Competition Checklist which contains ten major categories. These specific subsections assist evaluators in all phases of the competition. The categories are: 1) Supervision/

Maj. Nicholas Brown, Commander, 320th CSH congratulates Staff Sgt. Philander Jones on his award

provide the friendly and accommodating atmosphere that a soldier in the field needs in order to complete their mission. The excitement and enthusiasm for their mission is made apparent when talking to the individual soldiers of the 320th Combat Support Hospitals. When asked, "Who are we feeding today?" Maj. Nicholas Brown responded enthusiastically, "we are feeding approximately 150 of our hospital staff today!" This is the unwritten mission of our dynamic team of nutrition care specialists: to provide soldiers deployed into fields of combat with highest quality food service while doing it all with a smile. Mission accomplished!

Watch 320th CSH Soldiers prepare for the competition
http://www.youtube.com/watch?v=JOOgZ2wglcw

Training 2) Headcount Operations 3) Requests/ Receipts/ Storage of Rations 4) Field Food Safety 5) Command Support 6) Appearance/ Attitude of Staff 7) Kitchen Site Selection/Layout 8) Serving/Troop Acceptability 9) Use/ Maintenance of Equipment 10) Food Preparation Quality. It is only by adhering to these strict guidelines and protocols that the competing will be in compliance with DA standards and compete for the awards and honors given by The Department of The Army level evaluators. Even with all the evaluations going on at every juncture of this competition what continues to stand out are the soldiers themselves.

As with all branches of United States military service, it is the soldiers who are responsible for maintaining not only military standards but also capturing the undeniable spirit of military servicemen and women. Every soldier from the nutrition specialist to the heavy machine operators is knowledgeable, resourceful, and above all courteous and friendly. The importance of this during a field operation cannot be understated. It is the nutrition specialist and the other members of their team who provide not only a warm nutritious meal for soldiers under duress, but they also

Mr. Stanley Gibson, IFSEA Coordinator presents certificate to Pfc. Tameka Thomas

Col. Harvey Mouzon, 3d MDSC G4 and Command Sgt. Maj. Dennis Jamison congratulate Pfc. Tameka Thomas

338th MED Brigade Runs Army Ten Miler

(Courtesy Photos)

Soldier Takes
Best Warri

Photos contributed by U.S

Name: Sgt. Anthony Mitchell

Hometown: Chicago; currently lives in Atlanta

Unit: Public Affairs NCO, 3rd Medical Deployment Support Command, Fort Gillem, Ga.

Education:
* graduated from Benjamin E. Banneker High School, 1989, College Park, Ga.
* Attended Southern Illinois University at Carbondale, Ill.

Personal:
* pharmacy technician at CVS Pharmacy in McDonough, Ga.
* holds black belt degree in three different martial arts
* holds FAA private pilot license
* interests include chess, poetry, drawing, writing, philosophy

Military overview:
* served 7 ½ years
* combat lifesaver qualified
* both grandfathers in World War II

Sgt. Anthony Mitchell, right, has his hand raised in victory after defeating Sgt. Austin Ratc
Modern Army Combatives Tournament at the 2012 Army Reserve

Army Reserve
Best Warrior

Combative Title At or Competition

S. Army Reserve Command Public Affairs Office

hford in the first non-commissioned officer match of the evening during the Best Warrior competition at Fort McCoy, Wisconsin.

Soldiers Stand Down for Suicide Prevention

By Master Sgt. Serbennia Davis and Sgt. Anthony Mitchell
(photos by Sgt. Anthony Mitchell)

Maj. Renata Hannah described an incident when she intervened successfully in a suicide attempt. "When I got a call on the weekend, I knew something was wrong. I was on my way out of town but I immediately turned around and kept her on the telephone for 45 minutes until I reached her house," Hannah said.

When I got a call on the weekend, I knew something was wrong," said Maj. Renata Hannah in a very serious tone.

Maj. Hannah recounted a time when she intervened with one of her soldiers who wanted to commit suicide.

"I was on my way out of town, but I immediately turned around and kept her on the telephone for 45 minutes until I reached her house," continued Hannah.

She had ministered to the soldier for six months prior to the phone call. She could tell that her soldier was in deep emotional distress. Maj. Hannah reminded the soldier of her children and family. She used her training in suicide prevention to avert a disaster. Her actions saved a life on that particular day.

Recently, 3rd Medical Deployment Support Command conducted an extensive suicide prevention stand down. The purpose was to educate every soldier in effective ways to help a struggling soldier who might contemplate or attempt suicide. Army-wide suicide is a very serious problem that 3rd MDSC leadership is fighting to eliminate. In the stand down meeting, 3rd MDSC soldiers were introduced to startling facts and statistics.

"There have been more suicides in the Army than combat deaths," exclaimed 1sg Sgt. Danny Kelley when addressing troops.

The Department of Defense reported that suicides outnumber combat deaths by a 2-to-1 margin. The DoD also stated that military suicides have risen sharply in 2012 after declining for two years. Particularly frightening is the fact that there are more Army suicides than in the Marines, Navy, and Air Force combined.

In a written statement, Secretary of Defense, Leon Panetta wrote: "We must fight to eliminate the stigma from those with post-traumatic stress [PTSD] and other mental health issues…" He added that commanders "must not tolerate any actions that belittle, haze, humiliate, or ostracize any individual, especially those who require or are responsibly seeking professional services."

His statements further cement the gravity of this issue.

Bombarded by these facts, soldiers have been shocked into tentativeness. Many have begun to open up and share their positive and negative experiences with their units.

During the suicide prevention stand down, Spc. Ciera Burts recalled, "A college friend contacted me and was threatening to commit suicide."

Burts could have easily ignored her, since it had become routine for her friend to say that so frequently. Instead, Spc. Burts stayed with her friend overnight, and took her to see a professional counselor on campus the next day. She really needed to talk with someone about her problems.

Capt. Dawn Gordon also shared an experience from her childhood. At the age of 12, she intervened when her older cousin threatened to kill herself by taking pills.

Spc. Ciera Burts shares her story about a time when she saved a classmate from attempting to commit suicide. She stayed with her all night until she could get professional help for her on the next day.

Soldiers from the 3rd Medical Deployment Support Command sat attentively during their suicide prevention stand down. They were shocked to hear the Army suicide statistics compared to other military components

Capt. Gordon stated that, “My cousin thought it was her fault for the break up with her boyfriend.”

Gordon knew that her cousin was serious and had the means to follow through. She instantly knew that compassion and perseverance were necessary to save her cousin. This occurred long before her military service or any Army training on suicide prevention.

She ended by saying that, “My cousin’s ex-boyfriend just happened to stop by on that day to check on her and found out that she was about to end her life.”

Quick thinking, sympathy and empathy saved the life of Capt. Gordon’s cousin.

Traditionally, soldiers have been criticized and told to "pull yourself up by the boot straps" or "take it like a man or woman" and more commonly, "maintain your military bearing" or "soldiers don’t cry." Today, being resilient to adversity is augmented by the Army. Personal resilience, the ability to manage stress and maintain a positive view of one’s life is a protective factor used to avoid suicide.

As said by Sgt. Major Glenn Laughlin, “Resilience is an assumption people have of you because of a particular situation.”

Capt. Walter Level further believes that, “Resilience is toughness, the ability to handle and overcome.”

Col. Nancy McLaughlin concluded that, “Resilience is coping skills and being able to bounce back.”

The quality of resilience is intended to be used to develop and strengthen our troops. Unfortunately, there is a negative stigma that is sometimes associated with those who need or want help. This attitude is strongly discouraged by Army leadership.

“People may think that you are crazy but I shared my experiences with my family,” said Sgt. Maj. Ernest Sanders. He also told the troops that he had attempted to commit suicide many years ago and that he now live to help save lives.

“If I hadn’t spoken to Col. Risby and another friend of mine, I wouldn’t be here today!” he added.

Sgt. Maj. Glenn Laughlin explains resilience to the audience: “It’s knowing how to successfully deal with life challenges." He urges leadership of the 3rd Medical Deployment Support Command to have more compassion when counseling soldiers with substandard performance issues.

The suicide prevention training was designed to identify warning signs and risk factors of suicidal behavior. The session continued with a breakdown into smaller groups for more in depth training. During these sessions, some soldiers became very emotional in their honest sharing of feelings and life experiences.

Prepared and trained soldiers are able to recognize the warning signs. Noticeable changes in eating and sleeping habits, talking or hinting about suicide, obsession with death, irritability, alcohol or drug use, isolation, giving away possessions, feeling sad depressed or hopeless, finalizing personal affairs and especially when family, co-workers or friends are concerned.

Additionally, soldiers should seek local resources when away from their unit or stationed elsewhere. The 3rd MDSC encourages everyone to utilize these resources and to also contact their non-commissioned officer support channel and chain of command.

The leadership wants all soldiers to know that there are options available to them during a time of distress. They must reach out to their fellow soldiers, chain-of-command, or any of the other available resources.

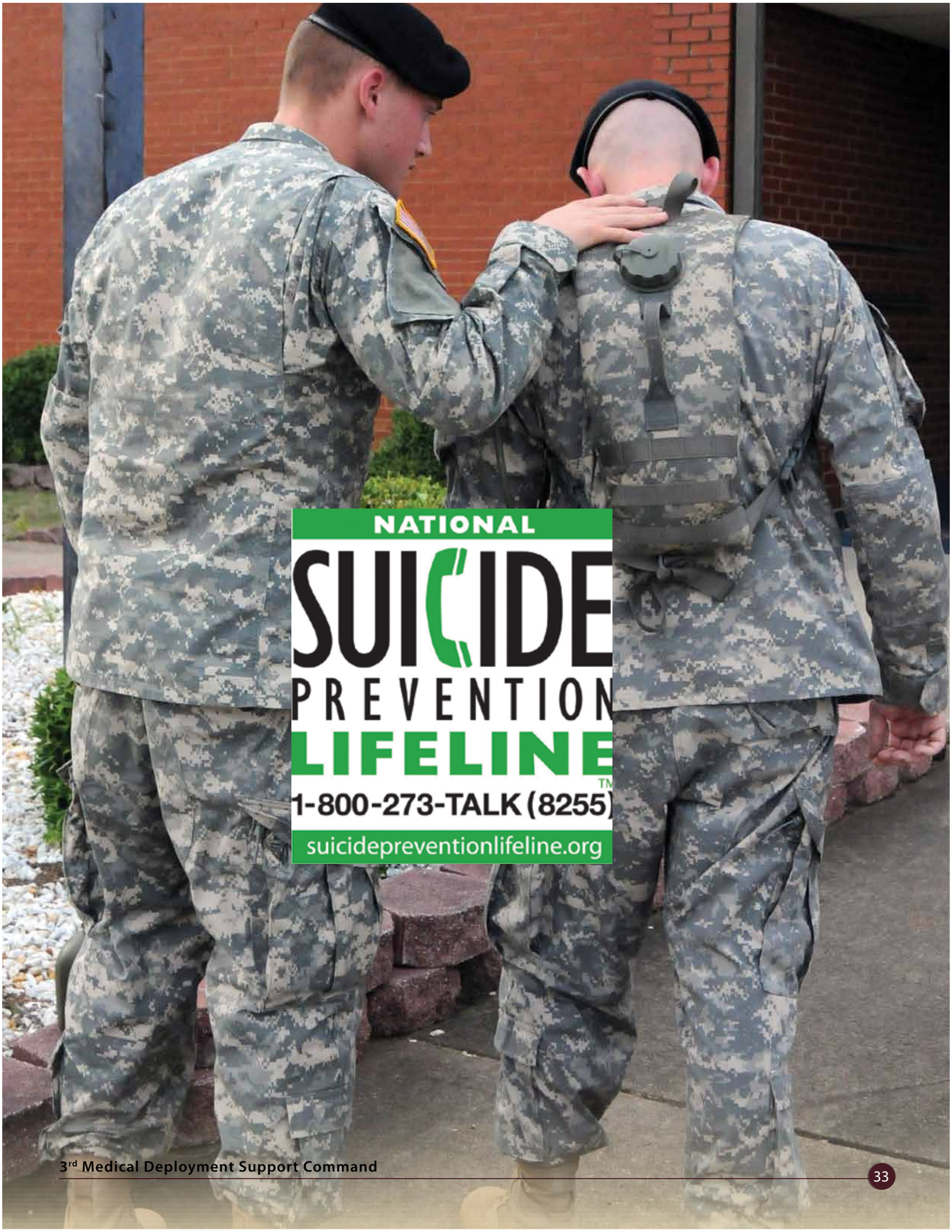
"We should do so [intervene] as senior NCOs. It is our duty and responsibility," said Master Sgt. Andrew Towns.

Suicide interventions are not always easy things to do, but saving a human life is an extraordinary event with such enormous value that every effort is justified.

Master Sgt. Andrew Towns explained why we should intervene: "We should do so as senior NCOs because it is our duty and responsibility." There is a negative stigma sometimes associated with those who need or want help. This attitude is strongly discouraged by Army leadership.

Spc. Matthew Townsend addressed the chain-of-command saying, "Know your soldiers, get to the root of their problem and try to help fix it." Noticeable changes in eating and sleeping habits, talking or hinting about suicide, obsession with death, irritability, alcohol or drug use, isolation, giving away possessions, feeling sad depressed or hopeless are signs of a potential suicide victim.

Watch the CG's Suicide Prevention Message
http://www.youtube.com/watch?v=PDjgwmqrshw


NATIONAL
SUICIDE
PREVENTION
LIFELINE
1-800-273-TALK (8255)
suicidepreventionlifeline.org

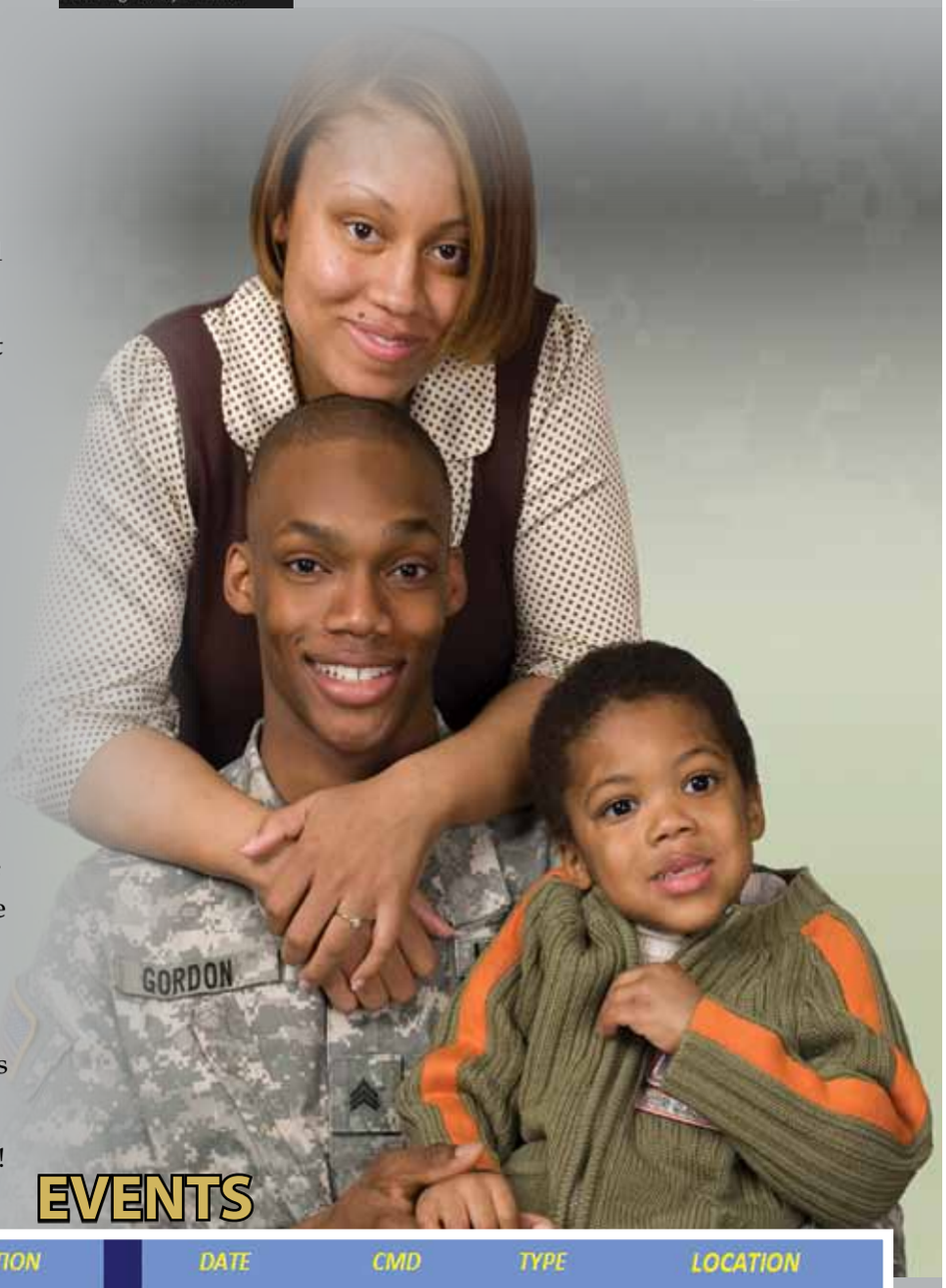
STRONG BONDS STRONG FAMILIES

Strong Bonds
Building Ready Families

Have you been thinking about doing something fun and exciting with the family this year? Would you like to learn some practical skills that will help keep your family to stay healthy and well through the years? Then why not join us at the 3d MDSC Strong Bonds Family Wellness Retreat in Orlando, Florida 21-24 MAR 2013 and 18-21 JUL 2013?

If you are part of any of the 3d MDSC units located within the 81st Regional Support Command area, then you, your spouse and children are invited to attend the upcoming event. I know you're thinking you can't afford a trip, especially if it means driving or flying the spouse and kids to Magic Mountain, Sea World, Nicklodean Water Park and Hotel along with other nearby recreation havens. No problem! You and your family will all be placed on orders. Travel expenses will be reimbursed, and most lodging and food will be provided (per diem will cover the other meals). This is truly a great opportunity for you and your whole family to get away from it all for a few days - days that will be spent helping your family grow in new and exciting ways. In addition to the training, you'll be given time to explore the sights and sounds of Orlando & visit Walt Disney World - The place where dreams are brought to life!

So what are you waiting for? If you'd like to attend, go to www.strongbonds.org/, click the find an event link and register online for this super event. Chaplain Craig Pache and his wonderful team of Family Wellness trainers are looking forward to seeing you and yours in Orlando. Slots are limited, so sign up today!



EVENTS

DATE	CMD	TYPE	LOCATION	DATE	CMD	TYPE	LOCATION
11-13 JAN	81 RSC	M	NASHVILLE, TN	17-19 MAY	81 RSC	S	SAVANNAH, GA
08-10 FEB	81 RSC	M	ORLANDO, FL	20-23 JUN	81 RSC	F	ORLANDO, FL
22-24 FEB	81 RSC	S	ATLANTA, GA	18-21 JUL	81 RSC	F	CHARLESTON, SC
21-24 MAR	81 RSC	F	ORLANDO, FL	09-11 AUG	81 RSC	M	ORLANDO, FL
19-21 APR	81 RSC	M	ASHEVILLE, NC	23-25 AUG	81 RSC	S	LOUISVILLE, KY

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https://www.dvidshub.net/unit/3MC

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3rd Medical Deployment Support Command
http://www.usar.army.mil/ourstory/commands/ 3MDSC/Pages/default.aspx

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