



332nd Warrior Call

Medical Symposium focuses on wounded warriors and families

Photos and Story by Maj. John Heil, 332nd Medical Brigade public affairs

NASHVILLE, TN – More than 150 Army medical providers, both Active and Reserve, from across the Southeastern United States met at the Gaylord Opryland Resort and Convention Center on September 11 and 12 to discuss the needs of Army warriors returning from war in Afghanistan, Iraq, and their families.

The symposium hosted by the 332nd Medical Brigade and Southeastern Medical Command educated medical providers on the unique needs of Army Reserve and Active Soldiers and their families after deployment. It also educated them on different options of care available and provided information on all spectrums of care for Soldiers and families from point of impact through the VA system.

Medical providers attending were commanders, command sergeants major, deputy clinical nurses, deputy chief

clinical nurses, chief ward masters, assistant chief nurses, company grade officers, Brigade and Battalion level medical operations and training personnel and hospital education personnel.

"This symposium is good as it gives us a better understanding of the



Southeastern Regional Medical Command color guard opens up the 332nd MED BDE/SERMC Medical Symposium on September 11 in Nashville.

benefits available to our Soldiers when they return home from harm's way," said Sgt. 1st Class Jacob Lopez, training NCO of the 7224th Medical Support Unit, Charleston, SC.

"The medical symposium was a joint idea," said Lt. Col. Steven Knight, symposium moderator, "proposed by Brig. Gen. Margaret Wilmoth,

332nd Medical Brigade commander, and agreed upon by Brig. Gen. Donald Bradshaw, Southeastern Medical Command commander." It began, on September 11th, with a moment of silence to recognize victims and families on that tragic day.

Physician, nurses, physician assistants, and other medical providers were given the opportunity to apply for continuing medical education credit for attending the symposium as well. "The American Medical Association approved issuance of continuing medical education credits because of the topics on the agenda and qualifications of the speakers," said Knight.

"This symposium is to bring Reserve and Active forces to discuss recent changes in healthcare," said Bradshaw, "and to help us understand the needs of Reserve and Active Soldiers and their families when Soldiers return home from de-

332nd Warrior Call

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Special points of interest:

- Medical Symposium focuses caring for America's sons and daughters
- Getting Warrior care right
- Operationalizing the Reserve
- Exercise Lightning Rescue

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ployment." "You will also be educated on healthcare improvements."

Initially, Bradshaw had three groups stand during the conference; 332nd Medical Brigade Soldiers, Southeastern Medical Command Soldiers, and others. He recognized each group was sitting together, not intermingled. "This is a no-go," said Bradshaw, "One objective of this symposium is to have everyone mingle, talk to each other, reach out and expand your horizons – throughout our time here; I want you to do that."

As the symposium continued, Active and Reserve providers mingled, asked



questions, and discussed medical issues focusing on taking care for Soldiers and their families.

"I was very impressed with the caliber of speakers, their knowledge and their interaction with providers," said Lt. Col. Murray Kramer, commander of the 7201st Medical Support Unit, Gainesville, FL.

Col. Diana DiStefano and others are recognized for planning, and successfully organizing the Medical Symposium.

G1 section here to support you

By Master Sgt. Linda Carter and Capt. Judith Brown

The G1 section welcomes new members in the G1 Personnel Section. Capt. Judith Brown, the OIC, came from the 2/377th in Nebraska. She is a huge Huskers fan and says, "GO Huskers!"

The G1 section is truly making a difference in the personnel operations. Master Sgt. Linda Carter, the NCOIC, joins us from the 678th PSB and Sgt. David Cotton is our Human Resource NCO who joins us from the 81st RRC.

Citi Bank Government Travel Cards is taking over the Bank of America contract. The new Citi Bank travel is not valid until 30 November 2008. Look for your new travel card in the mail if you are a card holder.

Evaluations are due each year. If you are due an evaluation contact your rater to ensure it is completed.

Spec. James Davis left us on September 30. He did an outstanding job for the 332nd and we wish him luck.

All personnel need to check your "my records" in AKO to view and list what documents are permanently stored.

The Defense Integrated Military Human Resources Systems (DIMHRS) is approaching and the Army is going paperless and will no longer need a 201 File. If you have any questions contact Sgt. 1st Class Stirel Harvey or Master Sgt. Linda Carter.

Our team is Capt. Judith Brown; Master Sgt. Linda Carter; Staff Sgt. Michael Rodman; Staff Sgt. Kevin Kidd; Staff Sgt. Lawrence Carrion; and Sgt. David Cotton.

Our goal is to support our Soldiers and their families. "We look forward to supporting you all in every way we can"!



Commander—Col. James Snyder

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Commander's Corner

Greetings Warriors, Last month was an especially eventful month. Special thanks goes to those who planned, prepared, organized, coordinated, and executed the Battle Assembly, Medical Symposium, the formal Change of Command, Dining-In, and the Retirement ceremony.

As we transition into the new training year, I expect that we will continue to work at a high operations tempo. Let us not forget that much is expected of us as Warriors. Lest we forget that we are at war and we must be prepared as individuals as well as a unit to deploy should we be called upon.

Part of that preparation includes physical and mental fitness. I hope that each of you has prepared yourself for the APFT on Sunday.

Again, I ask each of you, especially first-line leaders, to ensure that sol-



Col. James Snyder
Commander, 332nd
Medical Brigade

diers are properly enrolled in required schools such as WLC, BNOC, ANOC, and MOS producing courses, and 68W transition and recertification.

A reminder about the importance and timely completion of NCO-ERs and OERs is also in order.

We rely on Soldiers to make our unit successful—so leaders must pay particular attention to the non-participant issue by ensuring that NPs are consistently tracked, contacted,

and recovered. These, along with many other metrics have a direct impact on your readiness and whether you are deployable. I ask each of you to be responsible, accountable, and focused on meeting these requirements.

As we train, improve our readiness, and prepare for deployment, remember that SAFETY should always be in the forefront and conducting risk assessment for every action that we are involved with is mandatory and part of our safety program.

I hope that everyone had a safe and enjoyable Columbus Day weekend with your family and friends.

We have a busy Battle Assembly weekend and it's the beginning of a new fiscal year—So put your best foot forward and let's drive on as a team!

Getting Warrior care right is primary objective

By Maj. John Heil, 332nd Medical Brigade public affairs

NASHVILLE, TN – During the 332nd Medical Brigade and Southeastern Regional Medical Command medical symposium on September 11-12, a variety of issues were discussed, including total force healthcare, women's issues, post-traumatic stress disorder, mild traumatic and traumatic brain injury, mental health issues, and medical retirement board and medical evaluation board processes.

The objective of the symposium was to bring Active and Reserve medical providers together to discuss the status of healthcare, benefits available and the way ahead for Soldiers and their families.

Brig. Gen. Gary Cheek, Army Director for Warrior Care and Transition, spoke about the Warrior Transition Units and what the Army is doing for Soldiers and families. "Our Soldiers in Warrior

Transition Units live in terrific facilities," said Cheek, "They are really superb."

"A Soldier's mission in the WTU is to overcome whatever their issue is and to get on with life," said Cheek, "My concern is that we have over focused on healing causing them to dwell on it and not look forward."

"Since Walter Reed, we have improved the living facilities for our Soldiers at the WTU's by making \$350 million in construction renovations that are American Disabilities compliant," said Cheek, "We have asked Congress for another \$981 million to expand WTU facilities at 21 military installations."

"We can never do enough for the families and the sacrifices they have made while their loved ones were deployed," said Cheek, "We created 35 Soldier Family Assistance Centers to simplify access to services and

support available to them."

"Our Soldier satisfaction surveys continue to improve as well," said Cheek, "In July 2007, we had a 50 percent satisfaction rate and today we have a 79 percent satisfaction rate."

"Initially, we overreached in our efforts to serve Soldiers by bringing too many with routine medical issues and consequently overburdening our system," said Cheek, "Now we have a 6-month treatment requirement for Active Duty Soldiers to be accepted into the WTU."

Improvements needed that have been focused on, according to Cheek, are providing adequate mental health care with a new program and to speed up and efficiently manage the medical board processes with fairness

Getting it right is primary objective

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Army Operationalizing Reserve Component

October 10, 2008

Army News Service by Elizabeth M. Collins

WASHINGTON - The Army is changing how it generates forces and is overhauling the National Guard and Reserve, said the commander of Forces Command.

Gen. Charles C. Campbell told reporters during the Association of the United States Army annual meeting that transitioning the reserve component from a strategic reserve to an operational force is a crucial part of modernizing the Army.

"We will organize the Guard and Reserve along modular lines and equip (the reserve component) in ways that make it fully interoperable with the active component," Campbell said. "There are some costs associated with that that are pretty significant, but nonetheless, at end state, our intent is to modularize the Guard and Reserve."

It's difficult and complex to operationalize the reserve component, Campbell said Tuesday at the AUSA Land Warfare Forum on the subject. But he emphasized that it's crucial.

"Clearly what is required is adequate equipment that enables home-station training" at reserve centers and armories prior to mobilization, Campbell said. He added that the Guard and Reserve must also be equipped and trained for homeland defense and homeland security.

Making sure reserve-component Soldiers have the right training and equipment is especially important because the Army relies on them so much today, and because in January of 2007, the secretary of defense shortened National Guard and Reserve mobilizations to one year for both time in theater and training at mobilization stations. So the Army

needs to make training time count, he said.

Lt. Gen. Michael Rochelle, the Army's deputy chief of staff for personnel, G-1, said that prior to 2001, the Army Reserve and Guard was primarily considered a strategic reserve. Under the mobilization concept, if the balloon went up, units would be called up for the duration of a war plus six months. But that's not how they're used today, he said, with Guard and Reserve units doing rotations to theater and back.

"The Cold War mentality .. simply doesn't work in the operational environment," Rochelle said.

Because operationalizing the whole reserve component at once could cost about \$28 billion, Campbell said that right now the Army is modernizing and updating National Guard and Reserve units that have been alerted for deployment.

According to Campbell, since 2001, more than 600,000 reserve-component Soldiers have been mobilized, with 92 out of 105 National Guard brigades and a comparable percentage of the 60-plus Army Reserve brigades expected to be modularized by the end of 2009.

"Tremendous progress has been made," he said. "We certainly can be blessed as a nation for the citizen Soldiers who stand in our ranks...and have answered repetitively our nation's call. They have performed splendidly and transparently. There is no longer a differentiation between Guard and Reserve and active component. It is American Soldiers doing our nation's bidding and doing it in a way that is very notable and very conspicuous for the quality of service...and the quality of young men and women who stand in our ranks."

When National Guard and Reserve

units are notified for deployment, it is after the ARFORGEN, or Army force generation process, used to prepare units for deployments based on combatant commanders' requirements.

Under ARFORGEN, units are placed in three categories based on when they're expected to be available for deployment. Units are placed in the reset/train pool after returning from a deployment and their primary mission is to rebuild and recuperate, while remaining available for disaster relief. As they prepare for future missions and undergo collective training, units move to the Ready Force pool. When they are ready to redeploy, they go back to the available force pool.

ARFORGEN synchronizes the Army modernizing, organizing, manning, training and equipping systems. The program, Campbell said, was especially successful during the surge in 2007, when ARFORGEN allowed FORSCOM to identify 30,000 additional troops and coordinate their deployment to Iraq.

"Had we not had a process like ARFORGEN, we might not have been able to deploy the capabilities and the capacities that were requested by the combatant commander in the timelines that they needed," he added.

As the Army continues to fulfill, re-examine and adjust its requirements over the next year, Campbell said the Army hopes reserve-component Soldiers will soon be able to spend four years at home for every year of deployment, and that active-component Soldiers will be able to spend two years at home between deployments.

The training battalions that prepare Reserve Soldiers for deployments need to be operationalized as well, said Lt. Gen. Jack Stultz, chief of the

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Glenn awarded Legion of Merit

Story and Photo by Maj. John Heil,
332nd Medical Brigade public affairs

NASHVILLE, TN – On a hot, sunny day at the Gaylord Opryland Resort Command Sgt. Maj. Gary Glenn (Ret) formally handed over command of the 332nd Medical Brigade to Command Sgt. Maj. Donnie Montgomery on September 13, the same day he was awarded the Legion of Merit for serving his country with distinction and honor for more than 30 years.

Glenn served as Command Sergeant Major of the 332nd Medical Brigade from February 1, 2003, earned his Associates degree from Indiana University, and attended numerous military schools to include U. S. Army Recruiters School and the U.S. Army Sergeant Majors Academy.

Command Sgt. Maj. Glenn enlisted in



Brig. Gen. Margaret Wilmoth awards Command Sgt. Maj. Gary Glenn the Legion of Merit.

the Army in May 1978 and among his many assignments included squad leader, platoon sergeant, First Sergeant, and Command Sergeant Major.

Other awards Glenn received during his career include the Meritorious Service Medal with two oak leaf clusters, Army Commendation Medal with seven oak leaf clusters, the Army Achievement Medal with 10 oak leaf clusters, Good Conduct Medal with fourth clasp, Army Reserve Components Achievement Medal with third oak leaf cluster, National Defense Service Ribbon with Bronze Star, Armed Forces Expeditionary Medal, Armed Forces Service Medal, and the Order of Military Medical Merit among others.

Glenn was, at one time, the Army Soldier of the Year and Europe Non-commissioned Officer of the Year. He lives with his wife Helena in Crestview, Fl., and works for the Okaloosa County Board of Commissioners as a Supervisor.

First female commander of 332nd awarded Legion of Merit

Story and photo by Maj. John Heil,
332nd MED BDE public affairs

NASHVILLE, TN – The first female commander of an Army Reserve Medical Brigade, Brig. Gen. Margaret Wilmoth, was awarded the Legion of Merit after formally handing over her command to Col. James Snyder at the Gaylord Opryland Resort in Nashville, Tn., on Saturday, September 13.

Wilmoth began her command of the 332nd Medical Brigade when she was a Colonel in December 2003. "I was an interim commander of the Brigade, while our CG was deployed, until January 2005" said Wilmoth, "Then I became full-time commander as a Brigadier General in May 2005."

Brig. Gen. Wilmoth was also the first female Army Nurse Corps to command an Army Reserve Medical Brigade. She was presented the Legion of Merit by Maj. Gen. James Hasbargen, commander Army Reserve Medical Command, for her meritorious and distinct service as commander of the 332nd.

She commanded the Brigade until July 2008 and then accepted a position as the Assistant for Mobilization and Reserve Affairs with Force Health

"I am proud of our Soldiers who demonstrate their patriotism and devotion to duty by following through on their commitment to serve whenever and wherever called by their country."

Protection and Readiness for the Office of the Assistant Secretary for Health Affairs.

During her tenure of command, Wilmoth commanded all Reserve medical units in the Southeastern United States to include Puerto Rico. Wilmoth ensured that more than 3,000 Soldiers were ready to mobilize during the three years she served as commanding general.

"I am proud of our Soldiers who demonstrate their patriotism and devotion to duty by following through on their commitment to serve whenever and wherever called by their country," said Wilmoth, "We are blessed to have Soldiers who love their country enough to be willing to make the ultimate sacrifice and wear the uniform of our country."

The Brigade participated in many exercises throughout Wilmoth's command. Some were Golden Medic, Global Medic, and Lightning Rescue. "Our Soldiers and units serve all over the globe in a variety of exercises," said Wilmoth, "To include training in Central and South America so that we are ready for any mission."

Col. James W. Snyder took over as interim commander on July 2. In addition to serving as interim commander, Snyder wears another hat as the G-7, chief of staff, for AR-MEDCOM in Pinellas Park, Fl.

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Operationalizing the Reserve, continued from page 4

Army Reserve and commander of U.S. Army Reserve Command.

"In the Army Reserve, we have a lot of generating force, as well as expeditionary force," Stultz said. He said that some Reserve drill sergeants and trainers have been on active duty for four years. "The generating force needs to be operationalized as well," he said.

Stultz talked about recruiting and partnerships with employers. He has formed a partnership with dozens of employers across the nation in which companies will hire Reserve Soldiers after they finish their active duty. He said the next step is figuring out how to share health benefits, insurance and retirement benefits between the

Army and the private sector.

Lt. Gen. Clyde Vaughn, director of the Army National Guard, said that reorganizing and transforming his force included closing more than 150 armories. He said it was painful, but it enabled reorganizing a force that a few years ago was under strength and over structured. It enabled filling units to 91 percent, he said.

Lt. Gen. Rochelle said it's important to streamline the way Guard and Reserve Soldiers are brought on active duty. He said there's currently 14 different categories of active duty for the components, to include Active Duty for Training, Active Duty Special Work and more. He said that should be streamlined to three or maybe

even one.

"It's either active duty or it's not," he said.

Rochelle also said that streamlining the way to bring Individual Ready Reserve and Retired Reserve Soldiers onto active duty will be a force multiplier.

Lt. Gen. James D. Thurman, deputy chief of staff for G-3/5/7, said that operationalizing the force will "change the paradigm."

332nd Medical Brigade photos, more photos on page 9



Brig. Gen. Margaret Wilmoth presents a plaque of appreciation to Brig. Gen. Donald Bradshaw for SERMC's participation in the Medical Symposium.



Col. Kevin Carter and Col. Kathryn Moore celebrate their birthdays during the symposium.



Lt. Col. Jaclynn Williams smiles as she stands in formation with other Warrior Medics during the change of command practice on September 13 in Nashville.



332nd MED BDE color guard looks sharp at the change of command.

Capt. Judith Brown snaps across the field to address troops during the change of command between Brig. Gen. Margaret Wilmoth and Col. James Snyder on September 13 in Nashville.



First female commander, continued from page 5

"Honor and support your families," said Snyder to Soldiers on July 12, "adhere to the chain of command and most importantly be proud of who you are, what you do, and who you represent."

Snyder's military experience includes commanding the 307th Medical Group, and serving as acting commander of the 337th and 801st Combat Support Hospitals, executive officer of the 337th CSH, and chief of staff (special projects) of the 330th Medical Brigade.

"Mission focused leadership and a genuine effort to take care of the Soldier," said Snyder, "That is what my Soldiers can expect of me."

"I will lead by example and ensure that each member of this Brigade will understand the importance of their role in elevating this Brigade to the highest level," said Snyder, "I will ensure individual readiness for deployment."

As Wilmoth leaves the 332nd MED BDE, she expressed having fond memories. "Every moment with our

Soldiers was a proud moment," said Wilmoth, "But I would say that welcoming our returning Soldiers from



Maj. Gen. James Hasbargen, commander AR-MEDCOM, presents Brig. Gen. Margaret Wilmoth with the Legion of Merit on September 13 in Nashville.

deployment and thanking them and their families for serving our country has been my proudest."

"I am also proud of the work done by my Brigade staff and leaders throughout the command who ensured that

our units and Soldiers were ready to deploy when called," said Wilmoth.

"There is a special bond among those of us who serve, which surpasses the bonds we have with colleagues in civilian careers," said Wilmoth, "While I was in command and ultimately responsible and accountable, leadership doesn't happen in a vacuum and I had an outstanding staff, subordinate commanders and NCO's who supported our efforts."

Snyder holds the same passion for Soldiers as his predecessor. "I foresee the 332nd as the premier medical brigade throughout the Army Reserve medical structure," said Snyder, "It will continue to provide command and control over assigned medical units based on the guidance received from its higher headquarters. The brigade and the assigned direct reporting units will be prepared to deploy upon order and provide command and control and medical support based on the assigned mission."

Getting it right is primary objective, continued from page 3

to Soldiers.

The average medical evaluation board processing time is 50 to 150 days, according to Cheek, depending on the medical condition and installation. Shifting focus on the building program to the performance of the program, according to Cheek, is something the Army Chief of Staff is interested in.

"We want to right size our population," said Cheek, "the Army Chief of Staff wants us to get the right Soldiers in units that warrant the medical care we provide."

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Army Chief of Staff is interested in.

"We want to right size our population," said Cheek, "the Army Chief of Staff wants us to get the right Soldiers in units that warrant the medical care we provide."

"In order to increase access to care, Warrior Transition Units are maneuvering medical assets to key installations," said Cheek, "we measure key indicators to performance that get Soldiers through the process."

Warrior Care and Transition staff is also looking at ways in which Reserve component health care should be managed. According to Cheek, the same screening criteria for entry that applies to Active component Soldiers may apply to Reserve component Soldiers by December 2008.

Developing management options to provide medical treatment for Soldiers not assigned to a WTU; conducting a complete assessment of the Community Based WTU program such as command and control, enrollment, and expansion capability; and ensuring there is full collaboration with the Office, Chief of the Army Reserve, and National Guard Bureau regarding options development.

"The way we treat Soldiers is virtually important," said Cheek, "the way ahead is to ensure that a Soldier steps confidently from Army into civilian life or back into the Army." According to Cheek, the way ahead is a total transformation of the way the Army cares for Soldiers and their families.

Avian influenza epidemic played out during Exercise Lightning Rescue

By Sgt. 1st Class Jason Shepherd
United States Army, Pacific Public
Affairs

FORT SHAFTER, Hawaii – It could be a nightmare situation. A 747 jumbo jet originating from a foreign country in the Pacific arrives at Honolulu International Airport.

On board are dozens of sick passengers, complaining of a runny nose, sore throat and general fatigue. The passengers disembark and join the population in Hawaii.

A few hours later, a person checks into the hospital with severe flu-like symptoms. After numerous tests, the hospital receives the results - avian influenza has reached Oahu. From there, the outbreak spreads to the neighboring islands, infecting thousands.

During Exercise Lightning Rescue 08, more than 40 organizations, units and interagency partners came together July 21-25, 2008 to prepare and practice for this situation.

Lightning Rescue 08 is a Joint Task Force - Homeland Defense exercise designed to test federal, state and local agencies' coordinated efforts in responding to pandemic influenza or other natural/manmade disasters throughout the Pacific.

It is designed to enhance disaster management authorities' response throughout the Pacific region to a wide range of disasters, specifically pandemic influenza.

This exercise brought together dozens of fire, medical, military and police personnel, all with the goal of stopping the spread of a global epidemic in the United States.

"Our operation is at a level that you won't find elsewhere," said Toby Clairmont, director of the Hawaii Disaster Medical Assistance Team. "Largely, it's because we know that we have to work together."

The scenario kicked off July 22 when an aircraft arrived at the Honolulu International Airport filled with role playing passengers simulating flu-like symptoms. With two hours of lead time, the Hawaii Disaster Medical Assistance Team set up an isolation treatment facility at the Honolulu International Airport, capable of quarantining and treating those with pandemic influenza.

"An isolated treatment facility is intended to provide for moderate to severely injured or ill people under isolated conditions," Clairmont said. "Since we're working with a biological agent, it's important that we limit the chance to spread the influenza. This way, we serve as a buffer to local hospitals."

As the simulation progressed and passengers began to disembark the aircraft, medical personnel, dressed in full personal protective equipment including masks, gloves and lab gowns, rushed on board to start the triage process. Those who were feeling sick were assessed and sent to receive medical aid. Those passengers who said they felt fine were sent to a quarantined area and monitored.

According to Clairmont, the scenario was very realistic. More than 50 role players volunteered to act as passengers and each had a back story to aid in the scenario. Some were blind and needed seeing-eye service dogs while others came off the plane playing a drunk passenger.

"The confusion, the questions from the passengers, the service animals they bring with them, all of it is real," he said. "This is the anticipated model of what would happen."

Members of JTF-HD were on hand to observe the exercise in an effort to see how assets of the U.S. military can be mobilized to assist civilian authorities if such a disaster occurs.

"Clearly, we are isolated out here in the middle of the Pacific, probably the most austere island we have to be

able to care for ourselves," said Lt. Col. Ed Toy, chief of JTF-HD. "As a community of responders, the military is a stakeholder in the effort. We look at this exercise as an opportunity to see where we may potentially provide capability, when requested, to augment the initial response activities."

He also stressed that JTF-HD always provides support to the on-scene commander, and is never in charge.

JTF-HD has annually conducted Lightning Rescue, continuing to grow from lessons learned from previous exercises. Those lessons learned have been incorporated into this year's exercise, which marks the first time part of the exercise has been held at the Honolulu International Airport.

The scenario continued at the Pacific Missile Range Facility in Kauai July 24. The Federal Emergency Management Agency asked the Department of Defense to set up a "safe haven" after health care facilities around the island were overwhelmed with sick patients.

According to the scenario, the hospitals in Kauai filled up and sick patients were sent to Kauai Veterans Memorial Hospital where a temporary medical facility was set up outside the hospital's emergency entrance. After DMAT screened them, those who showed minor signs of avian influenza were sent to PMRF for further screening and treatment in a "safe haven" protected area.

The safe haven included medical personnel from Tripler Army Medical Center, Coast Guard, Navy, Air Force, Hawaii state and local emergency services, Department of Homeland Security, FEMA and the Red Cross.

The medical staff continued to assess the "patients," played by more than 30 JROTC cadets from local high schools. Meanwhile, a C-17 "Globemaster II" evacuated two role-

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playing patients to Oahu to be treated for an acute illness.

“The power of this exercise is that it collectively assigns roles,” Toy said. “Everyone has to do their part. We always have to know what the other organizations can do so we can better understand our part and where we fit in.”

“Operation Lightning Rescue has been played out many times, but this is the first time we’ve been at the airport and had this volume of actors,” Clairmont added. “At the end of the day, we’ll sit down and figure out what we did right and what we did wrong so we can ensure that Hawaii will be as prepared as possible in the case of avian influenza.”



Pfc. Nicole Shea, patient administrator with the 332nd Medical Brigade from Tenn., in-processes 'patients' at the Pacific Missile Range Facility July 24, 2008.



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Col. Bowdoin and Capt. Toma-sulo check lists at the Dining-In.



Lt. Col. Dewey Crawford, Maj. John Heil, and Col. Kevin Carter are having a good time at the 332nd Dining-In on September 13 in Nashville. (Photo by Sgt. Tiffany Martschink)



Col. Snyder speaks with one of his commanders during the Dining-In.



Maj. Tommy Duncan and his wife at the Dining-In.

Col. Carol Bowdoin, Col. Kathryn Moore and friends are all smiles during the 332nd MED BDE Dining-In on September 13.



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332nd color guard prepares to post colors at the Dining-In.



Brig. Gen. Wilmoth and Master Sgt. Boggs take a photo at the Dining-In.



Brig. Gen. Wilmoth and Col. Snyder welcomes Soldiers and guests in the receiving line of the Dining-In.



Sgt. 1st Class Jordan receives a retirement certificate, flag and award from Col. Snyder.



Master Sgt. Lockhart receives a retirement certificate from Col. Snyder.



Col. Jehn and his wife receive retirement certificate, award and flag from Col. Snyder.



Col. Snyder presents Chaplain (Col.) Uhler with retirement certificate, award and flag.



Retirees stand proud of their service with Col. Snyder and Command Sgt. Maj. Montgomery on September 14 in Nashville.