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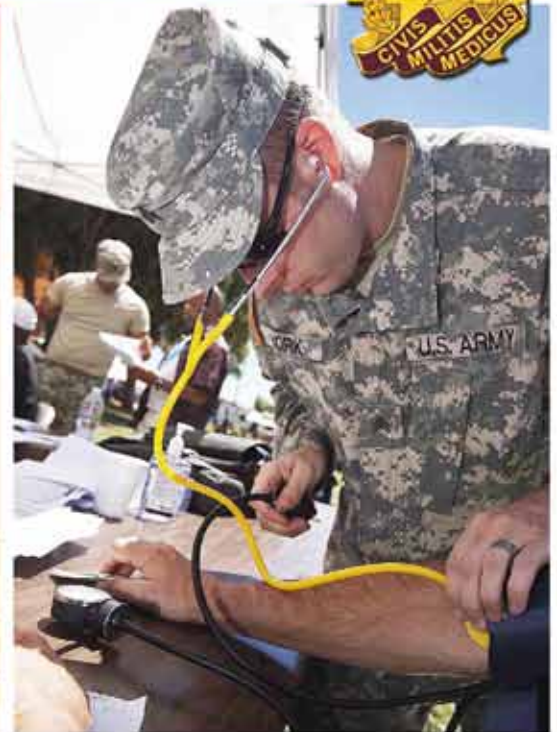
WARRIOR MEDIC

An Army Reserve Medical Command Publication



INNOVATIVE READINESS TRAINING ISSUE

A look back at the
2010 IRT Missions
Involving
AR-MEDCOM
Soldiers !



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Words From The Wise

From the Desk of the CG - Commanding General

Provided by Maj. Gen. Robert J. Kasulke, Army Reserve Medical Command Commanding General

PINELLAS PARK, Fla.

— I wanted to take this opportunity to thank all who are involved in the Family readiness process. Regardless of what your roll is within these programs, sustaining the Family is a critical component to retaining the Soldier and each of you are contributing to that successful effort every day.

More than half of the Soldiers in the Army Reserve are married, and they have more than 700,000 children. Volunteers like you are the strength of our Army Reserve and quite frankly, the Nation.

The men and women of our armed forces could not do what they do without robust support of their Families and the comfort you bring to them while they are deployed miles away from their loved-ones.

Statistics show that Family Programs functions, like AFAP (Army Family Action Programs), have contributed to the Army Reserve's outstanding recruiting and retention efforts, leading to the meeting of our 206,000 Soldier end-strength goal in a time of protracted conflict. Your efforts have added in this outcome.

We owe our Soldiers and their Families

a quality of life equal to the quality of their service, but we must recognize our limits - we may match their service, but never their sacrifice. You help alleviate their sacrifice however, with your own - one of time and effort to make a difference in so many lives. I appreciate your commitment to our troops.

Thank you for all you do for our Soldiers. I look forward to meeting many of you in the future as I travel throughout our command. Keep up the good work.

RJK

One Army Medical Voice - The GOSC

Army Reserve Medical Commanders Meet to Chart Way Ahead

Story by Master Sgt. Enid Ramos-Mandell, Army Reserve Medical Command Public Affairs Office



PINELLAS PARK, Fla. — The Army Reserve Medical Command (AR-MEDCOM) hosted the second in a series of the Army Medical Department (AMEDD) Reserve Commands' Generals' Steering Committee (GOSC) in Tampa, Fla. in December 2010.

The leadership from all three major reserve medical commands, AR-MEDCOM, 3rd Medical Deployable Support Command (MDSC), and 807th MDSC gathered to plan for the future of Army Reserve medical Soldiers. Also included in the GOSC was the Medical Readiness Training Command (MRTC), a general officer command under the AR-MEDCOM.

"It was all about cross leveling/fertilization of ideas," said Maj. Gen. Robert J. Kasulke, commander, AR-MEDCOM. "We discussed how we can approach various issues to formulate a strategic view for the path ahead for the Army Reserve medicine," he added.

The GOSC incorporated the utilization of a "council of colonels" to discuss and collaborate on major issues affecting

Army Reserve medicine and better facilitate and implement plans agreed upon by their members.

By incorporating the theme "Army Reserve AMEDD, The Way Ahead: Developing One Army Reserve Medical Voice," this select council had an opportunity to discuss and systematically affect issues that influence AMEDD Army Reserve readiness.

"Though we [each command] have different missions, the goal is the same," said Kasulke, the hosting commander. "We all want what is best for Army medicine and our Reserve Soldiers. Bringing us all together in this forum will aid that."

The committee discussed the direction they are going to take, to sustain the vibrancy and interest in reserve medical missions and keep its Soldiers active and trained, after they pullout of Operation Iraqi Freedom/New.

"We have a more up tempo Army Reserve Medical Command now," stated Kasulke. "We are an operational reserve now and if we went back to operating as we did before 9-11, it would be boring — it's like going from fourth gear to first gear. We

have more training opportunities and dollars to train now."

According to Maj. Pearly Nicholson Jr., AR-MEDCOM action officer for the GOSC, this event was also a great opportunity for junior and mid-grade officers in attendance for three reasons. First, it allowed them to witness first-hand how senior grade officers prepare and present relevant information to General Officers (GO's). Second, it provided those officers the opportunity to hear the vision and steps that will help shape the medical commands from experts in the field which represented OCAR (Office, Chief Army Reserve), OTSG (Office of the Surgeon General) in addition to the three medical commands. Finally, it further developed their skill sets for planning, coordinating and executing engagements such as this one.

"It was extremely gratifying to listen to and build upon this important event," said Nicholson. "The support we [AR-MEDCOM] received in preparing was no less than outstanding."

Kasulke stated that there are plans for additional reserve medical GOSC meetings.

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You can also follow us at http://twitter.com/AR_MEDCOM or visit our website at <http://www.armyreserve.army.mil/armedcom>. We are also now on Facebook.com, keyword: Army Reserve Medical Command (Official PAO Page).



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On the cover:

This issue looks back at the Innovative Readiness Training (IRT) and Extended Combat Training (ECT) missions completed in 2010 by Soldiers in the Army Reserve Medical Command.

TOP LEFT: The 7210th Medical Support Unit (MSU) conducted a medical mission at the Fort Belknap Indian Reservation. Shown here is Staff Sgt. Fabian Basurto from the 7210th making a pair of dentures for a patient. Army Reserve photo by Maj. Michael Condore, Central Medical Area Support Group (CE-MARSAG).

TOP RIGHT: Sgt. Jerrod K. York, 35, an Army Medic/Army Nurse for the Western Medical Area Readiness Support Group (WE-MARSAG) gets an attendee's vitals during East Bay Stand Down at Alameda County Fair Grounds in Pleasanton, Calif., Aug. 5. The Stand Down camp can accommodate nearly 450 homeless veterans and WE-MARSAG's medical care is just one of the many services offered to veterans. Army Reserve photo by Staff Sgt. Marla R. Keown, 207th Public Affairs Detachment.

LOWER LEFT: The 7229th MSU provided the Northern Cheyenne Indian Reservation with medical, dental and veterinarian care in Lane Deer, Mont. Army Reserve photo by Master Sgt. Enid Ramos-Mandell, AR-MEDCOM Public Affairs Office.

LOWER CENTER: Maj. Holly J. Roberts, 34, a physical therapist for the Western Medical Area Readiness Support Group (WE-MARSAG) assists U.S. Army Veteran Gerald E. Piper, 61, with stretching positions during East Bay Stand Down at Alameda County Fair Grounds in Pleasanton, Calif., Aug. 6. Two USAR physical therapists participated at the East Bay Stand Down as part of the Army Reserve Innovative Readiness Training (IRT) program. The IRT program leverages training to benefit both the Army Reserve and the communities in which they serve. Army Reserve photo by Staff Sgt. Marla R. Keown, 207th Public Affairs Detachment.

LOWER RIGHT: The 7202nd MSU provided medical and dental care to the Santa Ynez, Calif. community, who were participating in the "Operation Walking Shield" program. Shown here is Col. Robert Spiller (left) and Staff Sgt. Marc R. Tracik. The 7202nd was in Santa Ynez for their two-week ECT. Army Reserve photo by Master Sgt. Enid Ramos-Mandell, AR-MEDCOM Public Affairs Office.

Do you have a story to tell:

The goal of the Army Reserve Medical Command Public Affairs office is to feature stories in this publication that represent units from all over our command's region of responsibility. We are always seeking stories that would be of interest to our readers.

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U.S. ARMY
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THE STRENGTH TO HEAL

COMMENTARY: The Best Job You Never Knew Existed

West Point Admissions Officer (Admissions Field Force) Help Shape Tomorrow's Army

Story by Capt. Charles Cook, Army Reserve Medical Command. Photo courtesy of Capt. Charles Cook.



PINELLAS PARK, Fla. - After coming back into the Army Reserve, after a 15-year break, and working for the Army Reserve Medical Command (AR-MEDCOM), I was very fortunate to

Almost anyone can be a MALO – anyone having the interest to function as a local Admissions Officer, work with congressional district offices, help candidates seeking admission to West Point, and calm the anxious hearts of supportive parents.

training held in April of each year. I also discovered that being a MALO also opened up many other community opportunities to “give back” while still maintaining a focus on West Point.

Individuals within the reserve component enjoy

unique opportunities to become MALOs.

Reserve Soldiers wishing to become MALOs can apply to West Point to be a MALO while assigned to the IRR program or can transfer into the IRR program and apply to be a MALO once there. Soldiers in the IRR, performing MALO functions, can earn retirement points for their MALO functions – college fairs, congressional service academy days, supplemental duty supporting admissions



Taken Aug. 9, 2010, this photo is at the 10-mile mark of the annual 12-mile March-back event. This event, coordinated by the West Point Association of Graduates, provides me the opportunity to complete the March-back with the cadets I helped, at the conclusion of their Cadet Basic Training (CBT). This is a special event and, for me, is the culmination of the admissions cycle for each entering class of cadets. Each year during the admissions process, I inform my candidates that I will join them at the March-back event, and march with them as a show of my commitment to them for their efforts in joining the Corps of Cadets. This year I had to find eleven new cadets and I marched a portion of the full event with these four specific new cadets: Michael Martino (Bradenton, FL), Sebastian Mims (USMAPS)(North Carolina), Michael Accardi (Clearwater, FL), and Meghan Mitchiner (Clearwater, FL). Most of the march-back takes place over the mountains and it has its challenging moments. The cadets carry a full “ruck” starting at 4:30 am and concluding with a pass-in-review in front of the Superintendent’s House at 12:00 Noon. To share that experience with the new cadets – ones I helped in their dreams to attend West Point – truly is a high point each year for me. It can be for you, too!

have read a 2-paragraph insert on West Point’s Military Academy Liaison Officer (MALO) program printed in the Warrior Citizen (Sept. 2008) magazine, wherein the article briefly discussed what a MALO was and how to become one.

I have always subscribed to the belief that no one achieves any measure of success without help along the way up that ladder and I too wanted to help others.

Having been a cadet at West Point I was always looking for a way in which I could give something back to the academy from which I was provided a solid career foundation, both civilian and military and the MALO program was an excellent opportunity for to help individuals having the desire, dream, ambition, and determination to attend West Point.

In working with candidates for admission to West Point I could do for these uncommon candidates what many others did for me on my journey. I was closing that loop. I was paying it forward as the catch phase has now become – helping mentor potential leaders of tomorrow’s army a just as so many aided me over my career.

I originally thought the MALO program was only available to graduates of West Point. I soon found out that parents of current and former cadets, retired military members (officers and enlisted), and people having no imaginable tie to West Point except to further the mission and goal of West Point were MALOs from across the nation.

The single sense of purpose which bound them together was the deep desire to continue to help West Point.

Once I discovered that I could become a MALO it was a sprint race to complete everything required – a resume, completion of the online tutorial, and scheduling for annual Admissions Field Force (AFF)

activities at West Point. I never knew this option was available to Reserve troops.

The MALO program provides local MALOs with access to a number of West Point-related organizations to further diversify your involvement with the broader admissions process facilitated by these organizations.

Such organizations include the West Point Parents Clubs (WPPC) and the West Point Societies in each of the regional areas. For example, I get the opportunity to work very closely with the West Point Society-Florida West Coast (Tampa) and the West Point Parents Club-Florida Gulf Coast (West Central Florida) by supporting both their organizations with admissions

information, guidance, and briefings to better enable their members to provide correct information to the membership.

Additionally, I work very closely with the congressional district offices serving the constituents in the 9th, 10th, and 13th districts by providing direct coordinating actions supporting their annual or semi-annual service academy information days and their nomination interview committees. The unique aspect of this activity is that Congressman Young (FL-10) nominated me for West Point in his second year in office (1973-74) and now I support his office providing that function to other candidates – I've come full circle.

Depending on the availability of time, each MALO does have opportunities to expand his/her role to provide additional assistance to the Admissions Department. For example, three special programs supported by the West Point Admissions Department provide unique opportunities for MALOs, current candidates, or "early candidates" to experience West Point on a more personal level.

These three programs include the Summer Leader Seminar (SLS), Annual Field Force training conference, and the new Science, Technology Engineering and Mathematics (STEM) program. Each one offers MALOs the opportunity to apply for and accept short-term planning /coordination/oversight positions working with each program for limited periods, normally 2-3 weeks an-

nually, as a member of the program staff.

Individuals wishing to become MALOs do have the opportunity to accept increased duties depending on their availability and time requirements.

Additionally, each geographic MALO region has an assigned regional commander, state commander and diversity admissions

Since April of 2008, when I completed my MALO training at West Point, I have been performing MALO duties predominately in the Florida 10th and 13th congressional districts.

MALO positions are available all throughout the country. My three years have yielded so many "personally rewarding" experiences, working with the astounding candidates, that I have lost count.

At the end of each admissions cycle's 14-16 month effort is the presentation of appointment awards for new cadets. These are given during a senior awards ceremony to the candidates entering West Point in late June following their high school graduation.

The impact of the appointment presentation is not lost on school administrators, guidance counselors, teachers, coaches, and – most importantly – parents and Family.

I too am overwhelmed at times. The sense of intense pride on the part of the candidate and parents makes the appointment presentation a life changing moment in their lives.

The MALO program has enabled me to mentor future leaders as a way of thanking all those who have taken an interest in my career over the years.

If this brief tidbit of information has raised your interest, I encourage you to

contact the admissions regional commander responsible for your geographic area (see inset).

West Point's Military Academy Liaison program truly is the best job you never heard of and is a great opportunity for Reserve Soldiers to get more involved with shaping our Army's future.

INTERESTED IN BEING A MALO? CONTACT THE REPRESENTATIVE IN YOUR REGION...

Northeast Region
(CT, DE, ME, MA, NH, NJ, NY, PA, RI, VT)
Maj. Jonathan Belmont (jonathan.belmont@usma.edu)

Southeast Region
(AL, DC, FL, GA, MD, NC, SC, VA)
Maj. Thomas Tolman (thomas.tolman@usma.edu)

Great Lakes Region
(IL, IN, IA, KY, MI, MN, ND, NE, OH, SD, WV, WI)
Capt. Brendan O'Hern (brendan.ohern@usma.edu)

Southwest Region
(AR, CO, KS, LA, MS, MO, NM, OK, TN, TX)
Maj. Mark McClellan (mark.mcclellan@usma.edu)

Far West Region
(AK, AR, CA, HI, ID, MT, OR, NV, UT, WA)
Maj. Michael Golden (michael.golden@usma.edu)

Solider & USMA Prep School
Maj. Brian Easley (brian.easley@usma.edu)

officer amongst other positions that enable MALOs to get even more involved in the process should they want to and they have the time.

Every MALO has a wealth of assistance available directly from West Point to assist with local admissions events and activities – no one is left floundering.



FOR HELP WITH SORROW, EMOTIONAL TUMORAL OR SUICIDAL THOUGHTS, CONTACT:

For Soldiers and Department of the Army Civilians (DACs):
Chaplains:
404-464-480/8475/8478/8473/8472

For DACs Only:
- The Wellness Center:
404-464-2455/2530
- Army Community Services:
404-464-3265

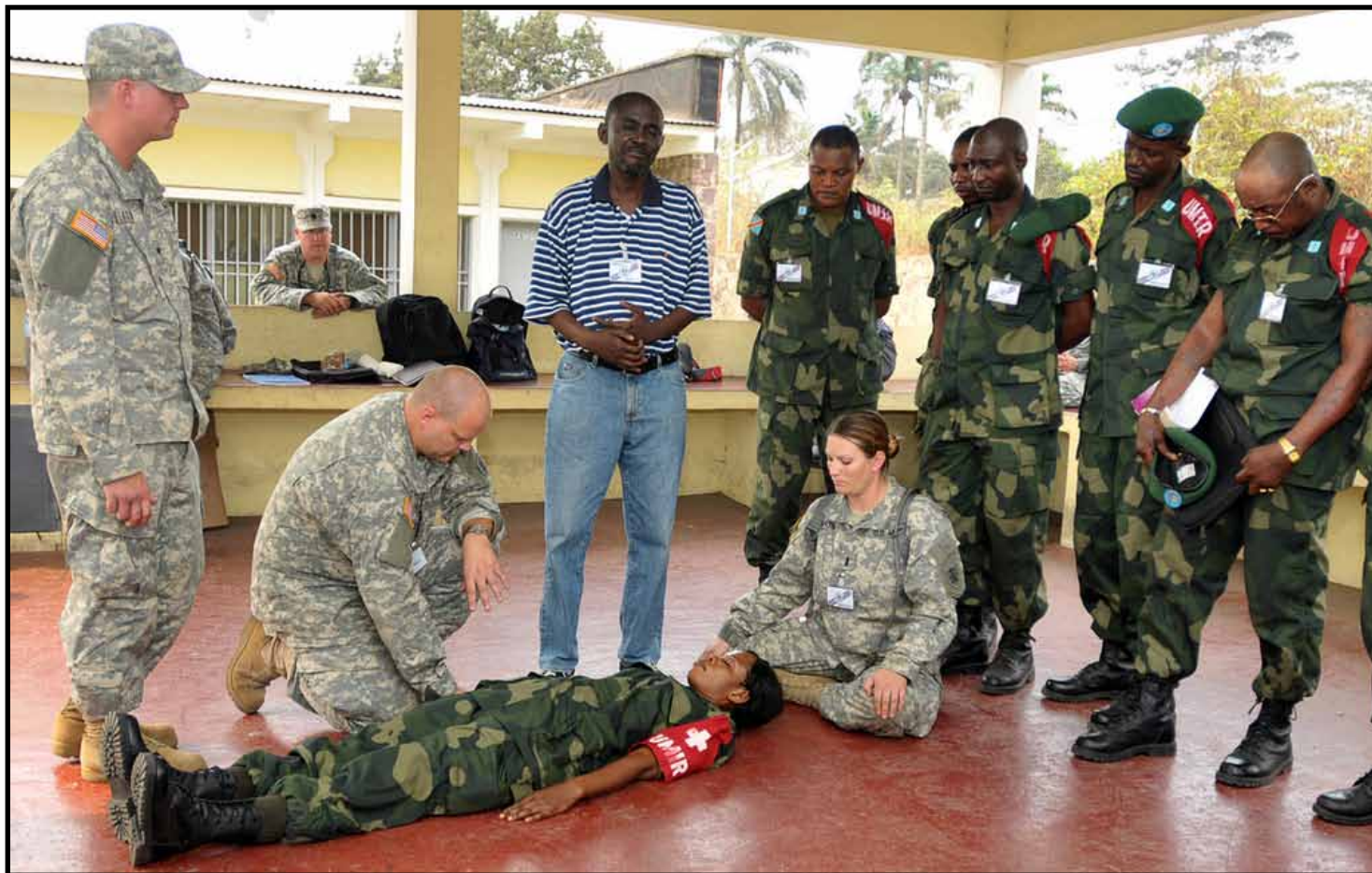
For Soldiers Only:
The Behavior Health Center:
404-464-3562
Military OneSource: 800-342-9647

For Veterans Only:
Department of Veterans Affairs Suicide Prevention Hotline:
800-273-8255

NATIONAL SUICIDE PREVENTION LIFELINE: 800-273-8255

CUT OUT - HANG IN COMMON AREA

CUT OUT - HANG IN COMMON AREA



U.S. Soldiers train Congolese Soldiers in medical treatment procedures in Congo, September 2010. AR-MEDCOM participated in the successful U.S. Army Africa event, a fact highlighted by Col. Alfonso Alarcon, U.S. Army Africa (USARAF) Command Surgeon when he spoke to the senior leaders of the command at their recent commanders training workshop.

U.S. Army Africa Command Surgeon Details Need for Army Reserve Medical Professionals

Past Successes are Making a Difference

Story by Lt. Col. William D. Ritter, Army Reserve Medical Command Public Affairs. Photos by Capt. Michael Anthony, Army Reserve Medical Command



TAMPA, Fla. — Col. Alfonso Alarcon, U.S. Army Africa (USARAF) Command Surgeon, attended the Army Reserve Medical Command's (AR-MEDCOM) Commanders Training Workshop (CTW) Feb. 11 in Tampa, Fla., on behalf of USARAF Commander, Maj. Gen. David R. Hogg.

Alarcon addressed 340 senior leaders from the AR-MEDCOM during the opening day of the three-day conference. He described USARAF's missions and to emphasized how their medical talents are producing positive results throughout his

command's area of operations.

"There are a lot of great opportunities for medical professionals within USARAF," Alarcon told the audience.

"Our continued success is made possible through collaboration with AR-MEDCOM and other reserve component organization. The medical difference they have made in Africa is huge," he said.

USARAF is the Army Service Component Command for the U.S. Africa Command (AFRICOM). It enables AFRICOM to complete full spectrum operations while conducting sustained security engagement with African land forces to promote

security, stability and peace on the continent. The mission in Africa is principally one of capacity building; there are no large military forces stationed there for conflict. A main goal of USARAF and AFRICOM is to prevent conflict in the region, Alarcon said.

Part of the mission



involves promoting good will through medical assistance to nations on the continent through Medical Readiness and Training Exercises (MEDRETE) or MEDFLAG missions. MEDRETE provides overseas deployment and field medical training to Reserve component and active duty Soldiers who provide medical, dental, veterinary, optometry and preventive medicine care to the partnering host nation, he said.

MEDFLAG missions provide medical training and facilitate an interchange of medical information and techniques with host nation medical personnel in targeted African nations. MEDFLAG exercises are beneficial to both U.S. participants, who are able to practice field medicine and treat health problems they may not have seen before, as well as to the host nation, because of the health services provided to a substantial number of patients.

Over the past 21 years, 33 MEDFLAGs have been conducted in 26 countries. AR-MEDCOM most recently participated in MEDFLAGs in the Democratic Republic of Congo in September 2010, and in Uganda in October 2009.

Alarcon discussed some of the successes AR-MEDCOM helped USARAF achieve. He quoted Luzolo Bambi, Minister of Justice and Human Rights for the Democratic Republic of Congo: "It is my hope that our respective national organizations will learn something about each other as they work together over the coming weeks. In the end, it is about saving lives and minimizing human suffering in the event of a disaster," he said.

Minimizing human suffering is a USARAF guiding principle in addition to adding value to people's lives; presenting positive impressions; and developing strong relationships with African partner nations, he said.

To complete its mission, USARAF depends on help from the Guard and Reserve, Alarcon said.

As an Army Service Component Command, USARAF has a staff of more than 500 military and civilian person-

nel engaged in planning and running missions, but has no organic forces to carry them out. USARAF relies on troop allocations from Department of Defense, Department of Army and the Reserve Component to carry out the missions it plans, he said.

"It was a pretty interesting briefing," said Col. Paul Malinda, commander of the 4005th U.S. Army Hospital from Lovick, Texas. "I really didn't know anything about U.S. Army Africa or AFRICOM. I didn't realize there were all those opportunities for training over there."

Other attendees expressed similar responses.

"It was really enlightening for me," said Master Sgt.

Anthony Nunn, acting command sergeant major for the 7305th Medical Support Battalion, Sacramento, Calif. "It is a great way to train my Soldiers, do a lot of good in the region and be beneficial to the United States in fostering good will."

Nunn said he felt advanced training in Africa would be better than many missions he's had in his career.

"We'd be doing a real world mission for people who do not have access

to health care. It's very rewarding to the Soldiers to know they are helping somebody who otherwise would not get that care," he said. "It's an excellent opportunity for training, for morale and for camaraderie amongst the units."

"I think a lot of our medics and nurses need to get involved in what's going on there," said Col. Irma H. Cooper, 7305th unit commander. "It's a great contribution to the countries there, their stability and our readiness."

Alarcon, who was invited to the CTW by the AR-MEDCOM planning staff, highlighted how Africa is a continent with complex challenges, but is a progressive continent with unlimited potential, especially with continued support from the reserve component.



During MEDFLAG Congo, September 2010, AR-MEDCOM participated, along with other U.S. military assets, by training the Congolese Army in medical techniques and working side-by-side with them to treat Congo citizens. U.S. Army Africa (USARAF) Command Surgeon, Col. Alfonso Alarcon, highlighted this mission's success, and others like it, when he spoke to the senior leaders of the AR-MEDCOM at their recent commanders training workshop. Alarcon presented at the workshop as a way of highlighting the need USARAF has for reserve medical troops.

TOP PHOTO: A Congolese boy awaits treatment for a mock injury during the MEDFLAG exercise. TOP RIGHT PHOTO: Congolese Army medics treat a mock casualty; CENTER RIGHT PHOTO: Maj. Gen. Robert J. Kasulke witnesses a mock surgery in a Congolese medical center. BOTTOM RIGHT PHOTO: Congolese residents line up for medical treatment provided by U.S. and Congolese medical personnel; BOTTOM LEFT PHOTO: A Congolese Army dentist works with a U.S. Air force dentist on a local patient who sought out treatment during MEDFLAG.



Command Striving to Save Lives

Story and photos by Master Sgt. Enid Ramos-Mandell, Army Reserve Medical Command Public Affairs Office



PINELLAS PARK, Fla. - After losing of one of its Soldiers to a heart attack in 2009, during an Army physical fitness training run, the Army Reserve Medical Command (AR-MEDCOM)

conducted an accident investigation that recommended a way to mitigate future risks.

The investigation panel comprised of four officers, two who were physicians, made recommendations to the AR-MEDCOM's Safety office on how to lessen future risks of cardiac arrhythmia or sudden cardiac death during strenuous activities regardless of the age group.

According to Maj. Akram Zikry, Deputy Chief of Safety, the panel's recommendation spearheaded the purchase of the portable Automatic External Defibrillators (AEDs), to lessen these risks during strenuous activities.

"If there is equipment available to save the lives of Soldiers, then it is definitely worth purchasing," he said.

Military facilities have AEDs mounted on their walls, but removal from the facility compound could put its occupants at risk. The portable AED is designed to accompany Soldiers while conducting physical

fitness training or other events away from the office building at the same time not degrading the facilities emergency response capabilities.

The portable AEDs are highly recommended for any other strenuous activities such as obstacle courses and military competitions. They are compact enough that they may be hand carried or transported in backpacks or vehicles.

The AR-MEDCOM acted upon the accident investigation report

and their recommendation and procured 173 of the lightweight devices and distributed them to its subordinate units. They also coordinated training with each command to ensure proper use of the equipment.

"As leaders, if we did not act upon these recommendations to mitigate the risk, we would not be able to make it better for our Soldiers today, there would be no lessons learned, and the risk of future accidents will still remain high," said Zikry.

Master Sgt. Keith Murray, AR-MEDCOM's safety NCOIC states that these portable AED's are the same type used on Air Force One, in the White House, in

the U.S. Capitol, and the Federal Aviation Administration.

"We could be the first Direct Reporting Command to field portable AED's at 100% of our units to support training at their level," he said.

Zikry added that portable AED units are affordable and recommends that every military unit, for the safety of its personnel requisition them.

"We only paid \$120,000 for all 173 of the AEDs. That is a small price to pay to potentially save a life," he said. "All of our Soldiers can now train safer, equipped with the latest portable AED technology to prevent unnecessary loss of life should such an emergency arise."

The AR-MEDCOM is striving to save lives that otherwise may be lost without the benefit of an AED. Having a portable AED on hand greatly increases the Soldier's chances of survival from a cardiac arrhythmia, and according to Zikry that could save countless other lives.

"We are a medical command. If one of our medical professionals is saved by the use of a portable AED, we keep our cherished colleague and they can live to practice medicine another day," he said. "That in turn might save a Soldier on the battlefield, or a friend in their hometown. Well worth the investment."

Editors Note: For information on acquiring a portable AED from the AR-MEDCOM Safety office, contact Master Sgt. Murray at 727-563-3817.



Are you ready for a disaster?

What's in YOUR closet?!

Supply Closet Suggestions
7 Day Supply Recommended

Canned meats, fruits and vegetables	Batteries
High-energy foods: nuts, raisins, granola	Matches in a waterproof container
Infant/baby food and supplies	Candles and charcoal
Pet food	Toilet paper, towlelettes
Non-perishable food	Soap/detergent, disinfectant/bleach
Over-the-counter medications	Personal hygiene items
Garbage bags	Paper cups/plates, and plastic utensils
Water (at least a gallon per person daily)	First aid kit, hand sanitizer
Manual can opener	Plastic storage containers

Other important items: flashlight, battery-operated radio, extra clothing, blankets, prescriptions, money (paper and coins), eyeglasses, and important documents.

Be Prepared....Save Money!
Pantry loading at your commissary is a GOOD idea!

This list of items may not be all you need. For more on disaster preparedness:
www.ready.gov/america www.pandemicflu.gov www.redcross.org

www.commissaries.com

Reserve Soldiers Collect Over 600 lbs. of Food for Area Shelters

Story and photos by Lt. Col. William D. Ritter, Army Reserve Medical Command Public Affairs Office.



PINELLAS PARK, Fla. – As the Steelers and the Packers headed home from Dallas, marking the end of the 2010 NFL football season, a group of bay area Soldiers wrapped up the their season as well – a season of given.

Soldiers with the Army Reserve Medical Command (AR-MEDCOM), headquartered here, joined with area agencies to help those in need during their “Fun Football Friday Food Drive.”

The program ran in conjunction with the NFL season and afforded Soldiers the opportunity to wear their favorite sports jersey to work, in exchange for bringing in some non-perishable food items to donate to local food shelters. Soldiers were given this apparel option in lieu of their normal work uniform as a way for the Soldiers to enjoy some team camaraderie while also helping others in the community.

“We were looking for a way to help those in the community,” said Maj. Heidi Skelton-Riley, AR-MEDCOM Headquarters Com-

mandant. “Since our Soldiers come from all over the United States, they cheer for many different sports teams. By permitting them to wear their favorite team jersey, in exchange for donating food items, it turned out to be a win-win situation for everyone”, she added. “There’s some fun loving trash talk in the hallways that’s great for morale, the Soldiers get to dress more relaxed dur-

ing the work day and we are supporting a good cause.”

This year that good cause expanded to include man’s best friends.

“We started collecting items for Pet Pal Animal Shelter,” said Skelton-Riley. “We have Soldiers who volunteer their time there and we wanted to help them as well.”

Soldiers who brought food, litter or cleaning items needed by the shelter to care for the animals it takes in, are afforded the same opportunity to wear their favorite team colors.

The “Fun Football Friday Food Drive” started in September when the NFL season got underway



Sgt. 1st Class Osceola Williams (left) and 1st Sgt. Gregory Wilson wear their NFL jerseys to a recent holiday gathering for the Army Reserve Medical Command, headquartered at C.W. Bill Young Armed Forces Reserve Center in Pinellas Park, Fla. Both Soldiers were permitted to wear their favorite team jersey because they donated food for local shelters, part of their unit’s “Fun Football Friday Food Drive” that ran in conjunction with the NFL season. The unit raised over 600lbs. of food and supplies for local shelters.



Maj. Cliff Gehrke, the AR-MEDCOM Deputy Chief of Staff, Force Development, wears his NFL jersey to work at the command’s headquarters in Pinellas Park, Fla. Gehrke was permitted to wear his favorite team jersey because he donated food for local shelters, part of their unit’s “Fun Football Friday Food Drive” that ran in conjunction with the NFL season. The unit also collected toys for the Marine Corps Toys For Tots program in the month of December.

and ramped up over the holidays and into the playoffs to collect more items for those less fortunate.

“We promoted the program every week to get maximum participation,” said 1st Sgt. Greg Wilson, Headquarters First Sergeant who helped organized the event and drops the collected food off to the shelters each week. “During December we even collected for the Marines Toys-for-Tots program using the same rules. A Soldier can wear their favorite team apparel in exchange for a new toy.”

In 2009 the organization collected over 600 lbs. of canned goods to help those less fortunate and in 2010 they exceeded that total in food and pet supplies.

“Even though our campaign ended (with the Super Bowl’s end), the needs in our community continue,” said Skelton. “Our goal next season is to collect even more than the last two years. It is the least we can do for a community that has supported us.”

AR-MEDCOM provides command and control for many of the Army Reserve’s doctors, nurses and other medical professionals throughout the United States.

DO YOU HAVE A DEPLOYMENT STORY TO SHARE?

Operation Tribute to Freedom (OTF) is an outreach program designed to honor Soldiers who have or are currently serving in support of OIF/OEF through media, speaking and event opportunities.

If you’d like to share your story with the American public, we can help!

If you are getting ready to deploy, currently deployed or have

recently returned in support of OIF/OEF, we’d appreciate the opportunity to talk with you.

We’re currently looking to highlight Soldiers who are currently deployed and those who have returned within the last year.

Additional information and registration information is also available at www.army.mil/otf



Current Army Nurses Pay Homage to WWII Flight Nurse

Retired Army nurse Maj. Victoria Dragoiu, shown here in a Feb. 12, 1945 Life Magazine article when she was known as Lt. Victoria Pavlowski, tends to wounded American Soldiers as they are transported from the Pacific theater to U.S. Army hospitals in Hawaii.

Photo by Sgt. Evans Houghton, Army Air Training Corps

Story and photos by Master Sgt. Enid Ramos-Mandell (except where noted), Army Reserve Medical Command Public Affairs Office



OCALA, Fla. — Last year as we celebrated 2010 International Year of the Nurse (IYNurse), the centennial year of the death of the founder of modern nursing — Florence Nightingale (1820-1910), we also celebrated retired Army Maj. Victoria Dragoiu's 98th birthday at her nursing home.

Personnel from the Army Reserve Medical Command (AR-MEDCOM), including Capt. Shirlynn A. Roan and Phan K. Ouellette, traveled from Pinellas Park, Fla. to celebrate her life and honor her nursing career in the Army. They could not wait to meet her and share stories.

Maj. Dragoiu, originally from Wisconsin, served 20 years in the Army Air Corps as a flight nurse during WWII and was one of the first nurses to go to Leyte, an island in the Philippines. Life Magazine featured her service, and the care flight nurses provided, in a 1945 article.

In an article by Shelly Smith Mydans, the Life correspondent who covered her service described Dragoiu as "young, courageous, and pretty," as she nursed wounded Soldiers being ferried safely across the Pacific.

Known as Lt. Victoria Pavlowski back then, Dragoiu was part of the Army Air Transport Command. In her first year with the command, over 37,000 wounded Soldiers flew out of the Pacific Theater and only one life was lost in flight.

She joined the Army Nurse Corps in 1942 after graduating nursing school and learning the Army Air Corps needed nurses. She was terrified of flying, but when she saw that the war was evident and nurses were scarce, she decided she had to do something about it.

"I was a nurse and I knew these Soldiers needed care, I had to put my fears behind me, so they could be evacuated and treated," said Dragoiu.

Chosen to attend Air Evac School, she made military history when she graduated with one of the first groups of nurses to become flight nurses in the Army. Her assignments took her to several Asiatic Pacific islands to pick-up wounded Soldiers and provide supervised care aboard cargo planes as they transported them to the U.S. Army Hospital in Hawaii.



Capt. Shirlynn A. Roan, Army Reserve nurse with the AR-MEDCOM, escorts retired Army nurse Maj. Victoria Dragoiu to her birthday celebration. Roan and other members of the AR-MEDCOM traveled to Dragoiu's location to help celebrate as part of the 2010 International Year of the Nurse. Dragoiu was one of the first Army's first flight nurses during WWII.

According to Capt. Phan K. Ouellette, it was important for her to pay homage to Maj. Dragoiu.

"She was one of the first nurses flying in and out of Leyte under extremely stressful, tiring and dangerous conditions, and was an integral part of saving countless lives," she said "I was honored to be able to come here and personally thank her for her service and standard of excellence she set for Army nurses."

Capt. Roan concurred.

"It was very significant to meet Maj. Dragoiu because I come from a military background and a nurse myself," she said. "Most women who entered during WWII only served one year and I wanted to meet and get to know her and share her 20 years of service," she added. Roan's grandmother served during WWII for only one year and her mother served 25 years.

The three nurses talked and talked for hours sharing military stories together.

Dragoiu, one of 10 siblings, moved to Ocala with her husband of 54 years, Ely Dragoiu to be closer to Family. Though he passed away in 2004, she stayed active in their retirement community and as recently as 2009, proudly donned her military uniform to be the guest of honor at a celebration for Women Veterans.

Proud of her service, Dragoiu influenced her 23 nieces and nephews who entered the military.

I asked Dragoiu if she would you do it all again? "Yes, seeing the smiles on the Soldiers faces and knowing they counted on me that made it all worth while every day," said Dragoiu.

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Editor's Note: Retired Army Maj. Victoria Dragoiu passed away shortly after the AR-MECOM Soldiers honored her on her birthday for her service as an Army Nurse.

As testament to the impact community events can have on those involved, Dragoiu's obituary mentioned the birthday celebration that two Army nurses attended honoring her in the 2010 International Year of the Nurse. She was very touched by the Soldiers who reached out to her and was proud to put her uniform on again.

Community events, large or small, connect with those around us.

Also contributing to this story was Lt. Col. William D. Ritter, Army Reserve Medical Command Public Affairs Office.



Capt. Shirlayne A. Roan presents retired Army nurse Maj. Victoria Dragoiu a modern day Army beret for her birthday present. Roan and other members of the AR-MECOM traveled to Dragoiu's location to help celebrate as part of the 2010 International Year of the Nurse. Dragoiu was one of the first Army's first flight nurses during WWII. She proudly wore her dress blue uniform that she still owned.

Medics Aid the Boy Scouts First Aid Rally

Story and photos by Sgt. 1st Class Timothy Lorang and 1st Lt. Heidi Friedlander, 4225th United States Army Hospital.



HELENA, Mont. - Reserve Soldiers from 4225th United States Army Hospital stationed at Fort Harrison, Mont., recently participated in the Boy Scouts of America First-

Aid Rally here.

The Soldiers assisted the Helena area Boy Scouts' troop by observing and providing extra training to the Scouts as they compete in the rally that showcases their team work and first aid knowledge.

The First-Aid Rally consisted of seven different mock emergency medical scenarios including first aid for broken bones; responding to people that are exhibiting signs of heart attack, and first aid to those that have a head injury.

The Scout teams were broken down into the individual troops so that they could demonstrate teamwork and be judged on it. Each scenario also gave individual participants an opportunity to display their personal knowledge so they can build their skills that can earn them their First Aid Merit Badges.

The 4224th first partnered with the Boy Scouts of America in Helena back in 1996 as an opportunity to give back to the community that supports them. They utilize the nurses, medics,



Sgt. Elizabeth Clark discusses the use of an Automatic External Defibrillators (AEDs) with the Helena Boy Scouts. Clark is part of the 4225th USAH and helped train and grade the Scouts during their First-Aid Rally.



Lt. Col. Daniel Hash, a dentist with the 4225th USAH, instructs scouts on how to properly administer CPR.

therapists and other medical support Soldiers assigned to the unit, to better the Scouts training and experience.

Helena Scout leaders reported that training from the Army Reserve Unit was ideal for their scouts giving them the opportunity to see the skills and attributes of Army personnel and the opportunities the U.S. Military can provide them in first aid and other skills.

The 4224th aided in training a total of 52 Boy Scouts who participated in this year's event.

Editor's Note: Sgt. 1st Class Timothy Lorang and 1st Lt. Heidi Friedlander provided the following story as part of the UPAR (Unit Public Affairs Representative) program. Units are encouraged to seek out opportunities to interact with the communities around them and utilize their UPARs to submit stories to the Public Affairs Office for promotion and marketing.

Warrior-Medics Talk To Nursing Students



Maj. Marc Fedo, Executive Officer with the 7215th, talks with a nursing student from the Denver School of Nursing during their recent career fair. With Fedo is Maj. Paul Dickenson, the local healthcare recruiter.

The 7215th Medical Support Unit, from Denver, Colo. recently participated in a career day at the Denver School of Nursing. Soldiers from the unit were able to interact with nursing students who visited Army Reserve

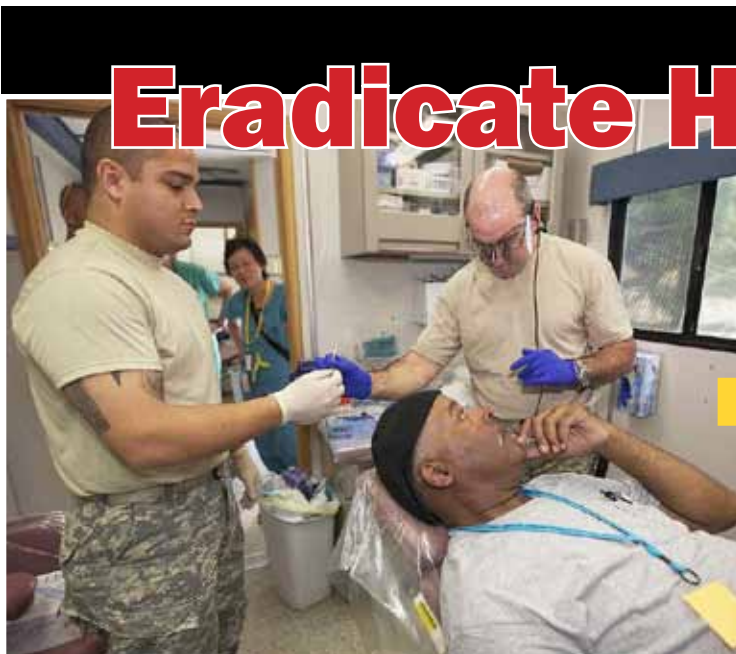
Healthcare booth and answer their questions about the many opportunities the Army Nurse Corps has to offer inspiring graduates. The unit was invited by the local healthcare recruiter to participate.



Warrior Medics Serve Community

Eradicate Homelessness, East Bay Stand

Story and photos by Staff Sgt. Marla R. Keown, 207th Public Aff



Spc. Daniel Muñoz, 27, a dental technician for the Western Medical Area Readiness Support Group (WE-MARSG) assists Maj. David Shampain, 49, a dentist for WE-MARSG during East Bay Stand Down at Alameda Country Fair Grounds in Pleasanton, Calif., Aug. 6. The two Soldiers worked together to put a filling in U.S. Army Veteran Roland Rynolds' second molar. "This experience brings a change of pace to what we normally do," said Muñoz. USAR Soldiers are participating at the East Bay Stand Down as part of the Army Reserve Innovative Readiness Training (IRT) program. The IRT program provides Soldiers with "hands-on" training opportunities while at the same time, providing a direct and lasting benefit to the community in which they serve. Photo by Staff Sgt. Marla R. Keown

"IT'S GREAT TO BE HELPING THE VETERANS, ESPECIALLY WHEN THEY HAVE NO ONE ELSE TO LOOK TO (FOR ASSISTANCE.)"



Spc. Yuka Dewitz, an Army medic for the Western Medical Area Readiness Support Group (WE-MARSG) takes veteran Sampson Payne's temperature during the East Bay Stand Down. Army Reserve Soldiers participated at the East Bay Stand Down as part of the Army Reserve's Innovative Readiness Training program. IRT is real world training that provides the Army Reserve with a connection to the communities in which projects are conducted.



Maj. Holly J. Roberts, 34, a physical therapist for the Western Medical Area Readiness Support Group (WE-MARSG) assists U.S. Army Veteran Gerald E. Piper, 61, with stretching positions during East Bay Stand Down at Alameda Country Fair Grounds in Pleasanton, Calif., Aug. 6. Two USAR physical therapists participated at the East Bay Stand Down as part of the Army Reserve Innovative Readiness Training (IRT) program. The IRT program leverages training to benefit both the Army Reserve and the communities in which they serve.



PLEASANTON, Calif. - The rising sun burns off the cool Bay Area fog while bringing the August heat with each passing minute. A line forms inside the Alameda County Fair Ground, where a beat of hearty laughs and generous gabble can be heard. Before John Morgan, a homeless Veteran, can join the group, he is intercepted by Soldiers armed with clipboards and boxes.

In order for him to gain access and join the more than 400 East Bay Stand Down participants, he is told, he must turn over his worldly possessions. In Morgan's case, he needed some extra assurance that his one worldly possession, a Chihuahua named Lady, would be well cared for.

Once inside, Morgan, along with all of the participants, was given access to showers, clothing, and a haircut. A hot meal, legal counsel and medical care were also part of this four-day event designed to bring homeless veterans and resources together in one place.

Part of the support provided was made possible by the Innovative Readiness Training (IRT) program, which allows Reserve Soldiers to maintain their military job specialties while serving communities that need their particular skill.

In this instance, the Army Reserve Medical Command's Western Medical Area Readiness Support Group (WE-MARSG) provided care that would otherwise been virtually inaccessible. The Army Reserve Soldiers served the homeless Veterans through the IRT program in many ways. Medics from WE-MARSG assembled 45 tents in three days prior to the stand down before they began taking the Veterans vitals, providing dental, mental and general health care as well as physical therapy.

"We take a brief history, we review their vital signs, their medications they have with them and we make sure the information is channeled back to the medical provider," said Capt. Charlene Richardson, an Army Reserve Soldier with the WE-MARSG. She believes the training will leave a lasting impression on the Soldiers as well as the participants. "I think a lot of the time we

Enable New Opportunities Down for Vets

airs Detachment

forget that we do have Veterans out there who don't have a place to stay," she said. "I am very pleased and I am proud to be in this uniform and proud to be here."

The military presence "makes it feel like a real military operation that is the positive part of a lot of these peoples' lives, said Bart Buechner, executive board member of East Bay Stand Down. "That is the same spirit that you can feel in this camp."

The event has already made a difference for some of the veterans. Charles Boykins, a tent leader coordinator was once an East Bay Stand Down participant. "It was a very pivotal time," he said. "It was what people call the crossroads in your life." He credits the East Bay Stand Down for enabling him to choose the right path. "I was able to turn my life around because I was able to keep my job and get back on track."

Help and understanding comes from people qualified to address the many things that stand between these Vets and their hope for a different future. Chaplains, mental health specialists and social workers were readily available. Over 2,000 volunteers, both military and civilian assisted.

The aim of East Bay Stand Down is "to set up a pathway for (veterans) to break free from the problems that they have found themselves in," said founder Denver Mills.

That's what Morgan hopes is in store for him and Lady - who was cared for by the local Humane Society for the duration of their stay. After surviving on the streets of San Francisco for the past 10 years he hopes the East Bay Stand Down can give him a new chance in life and an opportunity to be better than what he was.

"THESE VETERANS PAVED THE WAY FOR US AND I REALLY APPRECIATE THAT. I FEEL GREAT THAT I CAN GIVE BACK TO THEM AND DO WHAT I CAN TO HELP THEM OUT," SAID AKIMOTO.



Pfc. Daniel R. Hodges, 21, a respiratory therapist for the Western Medical Area Readiness Support Group (WE-MARSG) takes an attendee's temperature during East Bay Stand Down at Alameda County Fair Grounds in Pleasanton, Calif., Aug. 5. Stand Downs were named in Vietnam for the relatively safe times when combat troops could get a shave, shower, clean clothing and other comforts. Now the term refers to describe a way to help displaced veterans. "It's great to be helping the Veterans," said Hodges. "Especially when they have no one else to look to (for assistance)."



Spec. Tomomitsu S. Akimoto, 25, a dental technician for the Western Medical Area Readiness Support Group (WE-MARSG) prepares U.S. Army Veteran Clarence Murray Jr. for an X-Ray during East Bay Stand Down at Alameda County Fair Grounds in Pleasanton, Calif., Aug. 6. "I think it is really great to have all these volunteers and Reserve Soldiers coming out here and working together," said Akimoto. "These Veterans paved the way for us and I really appreciate that. I feel great that I can give back to them and do what I can to help them out," Akimoto added.



Sgt. Jerrod K. York, 35, an Army Medic/Army Nurse for the Western Medical Area Readiness Support Group (WE-MARSG) gets an attendee's vitals during East Bay Stand Down at Alameda County Fair Grounds in Pleasanton, Calif., Aug. 5. The Stand Down camp can accommodate nearly 450 homeless veterans and WE-MARSG's medical care is just one of the many services offered to veterans. "There are a lot of veterans coming through who need assistance," said York. "You know (homeless veterans) are out there, but you don't get to interact with people who need your help. I get to shake their hands, find out their medical status and help them out."

Medics Help Refit Clinic After Flood

Reserve Unit Helps Rocky Boy Reservation Get Operational Again.

Story and photos by Staff Sgt. Marine Jacobowitz, Army Reserve Medical Command Public Affairs Office.



BOX ELDER, Mont. — As part of their two-week extended combat training (ECT), one Army Reserve medical unit helped set-up a new clinic replacing the one devastated by flooding on this north-western Indian reservation.

The 7243rd Medical Support Unit (MSU) traveled to Box Elder, Mont. to aid the Rocky Boy Indian Reservation this past July, helping this small tribal community devastated by flooding earlier in the year.

They helped set-up a temporary treatment facility called the Rocky Boy Clinic because the existing clinic, called the Naptoose Clinic, is now condemned in the aftermath of the flooding.

The unit's mission was to support the clinic medical staff and transport medical equipment between the two clinics. The loss of the Naptoose Clinic has been tough for residents of the reservation. The 12 million dollar facility was only five-years old when the flooding rendered it unusable. Support beams started to give way and there are

aged farmlands all need to be reconstructed as a result of this natural disaster.

"The day of the flood everybody had to leave the clinic," said James Eastlick, clinical director. "The staff thought it was just water damage and did not realize how badly it affected the new building structurally. They called us back a week later to haul the equipment to the new Rocky Boy clinic because it was no longer safe to work out of the Naptoose Clinic," he added.

According to Maj. Terry Bridges, the officer-in-charge of the 7243rd's mission, treatment of residents was difficult in the new Rocky Boy clinic.

"The clinic is crowded and crammed with no room to move," she said. "It was difficult to abide by HIPAA (Health Insurance Accountability Act) procedures in the clinics current condition. It reminded me of tailgate medicine, which is when the medical personnel have to offer full clinical service in a first aid station," she added.

To prevent overcrowding, the Naptoose medical staff and the 7243rd MSU perform some procedures at the nearby Rocky Mountain High School.

The 7243rd MSU was well suited for the challenges however. According to Director Eastlick the troops were just what his community needed.

"I can't express how much we relied on the 7234th," he said. "I can't imagine us getting through this disaster without them; the Soldier's military training had effectively prepared them to handle adverse situations like we had here," he said.

The unit worked in conjunction with the Air force and Federal Emergency



Massive flooding caused damage to the Rocky Boy Indian Reservation medical clinic in Box Elder, Mont. Reserve Soldiers from the 7243rd Medical Support Unit traveled to Box Elder and helped move equipment and supplies out of the condemned clinic building into a new, temporary one, during their ECT IRT mission to the region last summer. Unit members helped this moving process while still providing care for patients in the region.



Massive flooding damaged the Rocky Boy Indian Reservation medical clinic, as well as roads throughout the Box Elder, Mont. area.



noticeable cracks along the building's wall as a direct result of the excessive water.

In addition to losing the clinic to flood waters, over 50 homes were affected by the flood, including 12 that were completely destroyed. Roads, wells, streams and dam-

Management Agency (FEMA) while in Box Elder.

FEMA was responsible for building the temporary Rocky Boy Clinic, which the military and the resident clinic are currently operating in. Art Stoney a volunteer representative for FEMA stated the success rate of the clinic 'has risen 25%' since the military arrived, though it was unclear as how he obtained those figures.

Regardless of the statistics, it is clear that the 7243rd made a positive impact on this flood ravished community and helped get their medical treatment facilities working once again.

Tribal Leader, Allen Gardapee, a Vietnam veteran who assisted the unit throughout their stay in Montana, summed up the community's feelings for the troops: "The 7234th has been fantastic and is very much appreciated," he said. "Speaking for all Chippewa Creek Indians on the Rocky Boy reservation we truly enjoyed working alongside these Soldiers."

Editor's Note:
Also contributing to this story was Lt. Col. William D. Ritter, Army Reserve Medical Command Public Affairs Office.

Medical Personnel Challenged by 'Old Medicine' During Mission

Story by Lt. Col. William D. Ritter, Army Reserve Medical Command Public Affairs Office. Photos from video taken by Capt. Sibaria F. Taylor



PINELLAS PARK, Fla. - During their two-week Innovative Readiness Training (IRT) Mission last summer, the 7229th Medical Support Unit was able to fill many needs in this beautiful land 100 miles outside of Billings Mont. But, one particular challenge stunned the Warrior-Medics from Fort Lewis, Wash., - the challenge of old medicine - one they faced while conducting the mission within the continental United States.

According to Capt. Neil Moody, a rheumatologist, the northern Cheyenne Indian Reservation in Lane Deer, Mont. had a shocking level of rheumatoid arthritis, largely due, he believes, to the type of medication available to the local residents.

"Medication available to patients at the clinic is a generation behind the medication used to treat the disease outside the reservation," he said. "I saw a 24-year-old woman with the disease more advanced than I've seen in many of my 70-year-olds in my regular practice. It's an interesting mission because the limitations, both budgetary and formulary, are significant over the civilian world in treating rheumatoid arthritis," added Moody. "I believe budgetary constraints limit what the clinic here can purchase."

Local tribal elder, Joe Little Coyote Sr., concurs.

"We are an impoverished people," he said. "'We have approximately 87% unemployment on this reservation and about 98% completely dependent upon the federal government for all of our basic needs.'"

Rheumatoid arthritis is a chronic au-

toimmune disease characterized by inflammation of the joints. If untreated it can lead to permanent joint damage, heart disease, and stroke.

Moody also believed the problem is compounded by the lack of rheumatologists in the area.

"There are only two [rheumatologists] and they are more than one-hun-

dred miles away, so patients can

only make appointments once or twice a year," he said. "Here we are essentially treating rheumatoid arthritis of 1999 rather than 2010 in terms of what we are able to do.

It's evident in damage to the patients. This has resulted in significantly worse disease, more advanced, at an earlier age and with more secondary complications" he added.

And while what he found is frustrat-

ing as much of an explanation as I give my patients. It is surprising to me how many people have little knowledge of their disease. It hasn't been explained to them. There are only two rheumatologists in Billings to serve the population, and they're clearly overloaded."

As a result of the IRT mission, and Moody's expertise, local residents flocked to the reservations health clinic for treatment.

"Initially I was seeing just acute patients, walk-ins," said Moody. But as soon as they figured out I was a specialist, I became a de facto consultant and they (the clinic) started calling patients to come see me."

Unit commander, Lt. Col. Richard Barrentine also felt the use of old medicine by the reservation benefited his unit because of the training value.

"You never know what the medical environment will be in a deployed situation," he said. "As medical professionals we need to be ready to treat the patients based on an unknown history, as best we can. This IRT mission mimicked what we could find overseas on any deployment," he added.

While in Lane Deer the unit also treated the dental needs of the reservation and brought a veterinarian along to aid their pet population.

At the end of their two-week

mission the unit treated 134 cats and dogs, provided service to 239 patients in the medical clinic and 381 in the dental clinic. But it was the care from one Warrior-Medic that may have best benefited the locals - dealing with old medicine while taking the time with his new patients.



Capt. Neil Moody, rheumatologist with the 7229th Medical Support Unit (MSU) from Fort Lewis, Wash., treated many patients who are still utilizing older medications in their treatment of rheumatoid arthritis. "I saw a 24 year old woman with the disease more advanced than I've seen in many of my 70-year-olds in my regular practice, he said." Moody was part of the IRT mission to the northern Cheyenne Indian Reservation in Lane Deer, Mont.



Maj. Dana Dobbs, veterinary OIC at the 7229th MSU treated 134 cats and dogs at the unit's IRT mission in Lane Deer, Mont.

"YOU NEVER KNOW WHAT THE MEDICAL ENVIRONMENT WILL BE IN A DEPLOYED SITUATION. AS MEDICAL PROFESSIONALS WE NEED TO BE READY TO TREAT THE PATIENTS BASED ON AN UNKNOWN HISTORY, AS BEST WE CAN."

7229th MSU Commander, Lt. Col. Richard Barrentine

ing, Capt. Moody indicated that coming to Lane Deer made him happy for his involvement with the Army Reserve.

"I've seen far more advanced disease at much younger ages than you would expect to see on the non-reservation," he said.

"My being here has enabled me to spend time with these patients that they are not accustomed to. They aren't use to get-

Editors Note: Research and interviews provided by Capt. Sibaria F. Taylor, Southeast Medical Area Readiness Support Group Public Affairs.

Dentists Take Care of Fellow Soldiers

R3U dental program provides care for mobbing troops.

Story and photo by Maj. Michael Condon, Central Medical Area Readiness Support Group Public Affairs Office.



FORT MCCOY, Wis. – Army Reserve dental professionals completed a dual mission this past summer,

participating in the Combat Support Training Exercise (CSTX) and at the same time preparing troops for their overseas deployments through the Ready Response Reserve Unit (R3U) dental program.

The Soldiers, part of the 4220th United States Army Hospital and the 7238th Medical Support Unit, completed these two missions while here from July 30 to August 5.

They conducted dental exams and care as part of the R3U Dental Program, caring for Soldiers in the CSTX and for those preparing to mobilize.

“The R3U Dental Program uses Army Reserve Soldiers to take care of Army Reserve Soldiers,” said Maj. Stephen Rogers, Assistant Plans and Operations Officer, Army Reserve Medical Command. “The main goal of this program is to fix unit dental readiness before they reach the mobilization station.”

Sgt. 1st Class Cecil McPherson, a dental technician with the 7238th and the mission noncommissioned officer in charge stated that the unit’s primary mission was to care for Soldiers preparing to deploy in the Army Force Generation Cycle (ARFORGEN) with a focus to identify readiness problems.

“The major goal here is to

identify Soldiers that are Class III or Class IV in dental readiness,” said McPherson. For Soldiers set to deploy in their ARFORGEN, a Class III or IV dental deficiency can render that Soldier non-deployable.

The Army established the Army Force Generation (ARFORGEN) in 2006. It is a rotational readiness model designed to effectively and efficiently generate trained and ready forces for combatant commanders at sustainable rotational levels for our forces. It is also designed to provide ready contingency forces.

Class IV would identify those who have not had a dental examination in about a year or more and Class III iden-

tifies those who have had an exam but need additional care, according to McPherson.

ARFORGEN ensures that every deploying unit is the best led, trained, and equipped force possible prior to mission execution. This includes ensuring Soldiers are prepared medically and dentally to deploy when called upon.

It is a three-phased process that moves a unit from an initial “reset/train” pool (postdeployment) to a “ready” pool (available to conduct mission preparation and training) to an “available” pool (available to conduct missions).

The R3U Dental Program uses Soldiers who are dental professionals to examine and fix dental issues in other Reserve Soldiers who are within the ARFORGEN “available” pool of forces. This ensures they are in fact dentally fit to deploy when called upon.

Maj. Terry Bachmann, a nurse in the 4220th and the R3U Liaison Officer for the mission, stated that the program is a United States Army Reserve Command-directed mission and that the Northeast Medical Area Readiness Support Group (NE-MARSG) was tasked to assist for fiscal year 2010. The NE-MARSG is the higher headquarters of 4220th and the 7238th.

Each year different dental assets in the Reserve Component are tasked to provide support throughout the U.S. at different locations. The R3U is a program designed for gaining assured, predictable access to Reserve Component capabilities. The program enables execution of short or no notice missions and known surge requirements by placing Soldiers on Active Duty for Operational Support (ADOS) orders instead of mobilization, to complete specific tasks.

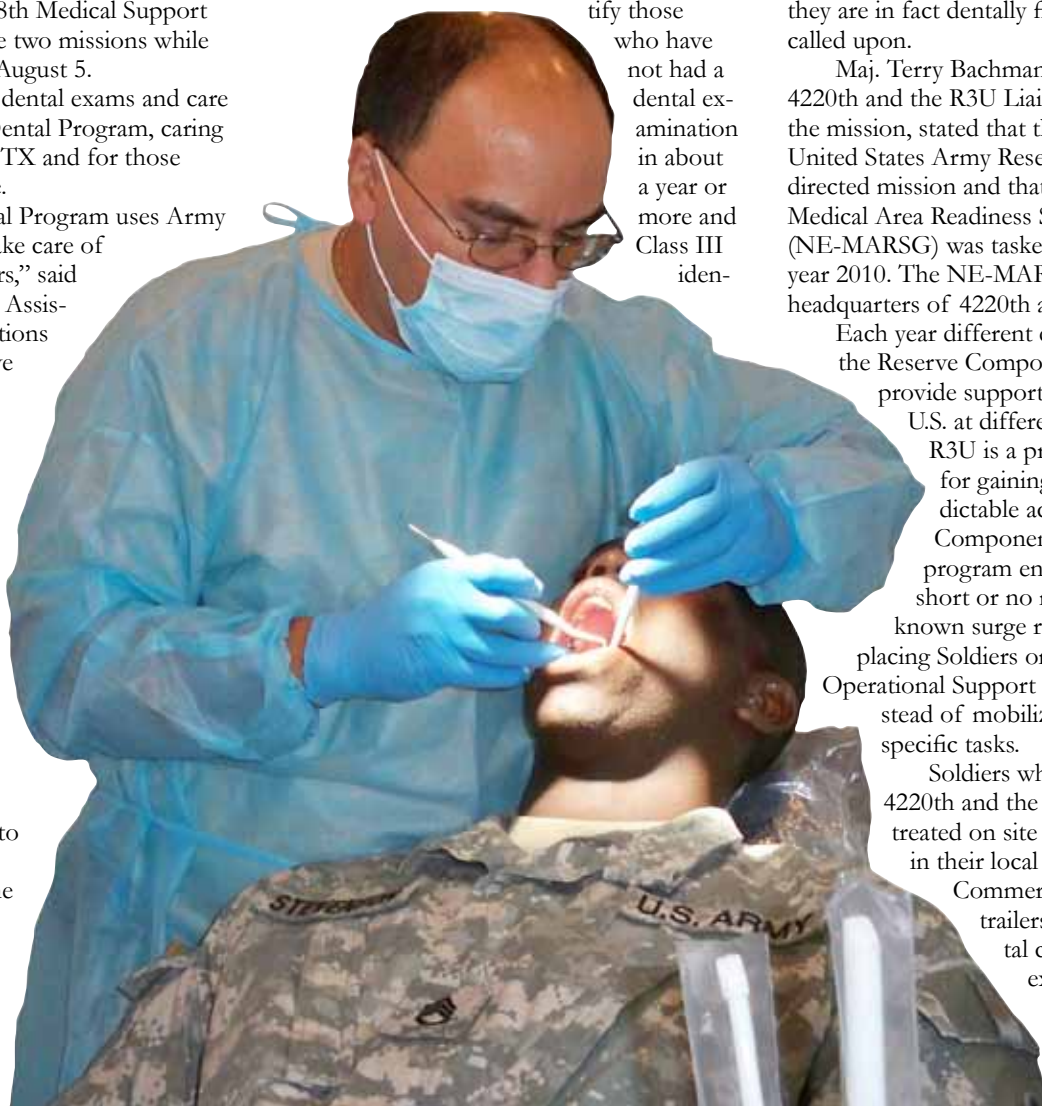
Soldiers who visited the 4220th and the 7238th were treated on site as if they were in their local dentist office.

Commercially-contracted trailers, outfitted for dental care, provided x-ray, exam and treatment facilities as well as administrative processing on the dental



Pfc. Diane Sanchez, a dental specialist with the 7238th MSU, looks over a patient's records.

Below: Maj. Juan Munoz, part of the 7238th MSU, works on a Staff Sgt. John Steveson's teeth as part of the R3U dental program.





Pfc. Jacqueline Henry, a dental specialist with the 7238th MSU, takes x-rays during the unit's R3U mission to Fort McCoy.

classification computer system, which tracks reserve component dental treatment, said Sgt. 1st Class McPherson.

According to McPherson the unit's R3U dental mission has consisted of several stops. In addition to the CSTX here, there were two previous visits to Fort Hunter-Liggett, Calif., to service troops preparing to deploy.

Besides doing the R3U dental care for deploying troops, the units provided dental sick care for personal here participating in the CSTX.

Upon completion of the CSTX, members of the 4220th and the 7238th went home with their skills honed and their patients, set to deploy in their ARFORGEN cycle, dentally ready. All while using internal assets the Reserve Component has.

Pfc. Diana Sanchez, an enlisted dental technician with the 7238th summed up the success of the R3U dental program for her-

self and others.

"It was my goal to get a lot of experience," she said. "I have, and a lot of Soldiers got their issues taken care of without having to visit a civilian dentist.

Sanchez worked this mission and one at Fort Hunter-Liggett.

Editor's Note:
Also contributing to this story was Lt. Col. William D. Ritter, Army Reserve Medical Command Public Affairs Office.



Maj. Juana Luster from the 7238th MSU examines a Soldier as part of the Ready Response Reserve Unit (R3U) Dental Program mission at Fort McCoy, Wis.

Soldier Volunteers Off-hours to Aid Community

IRT Mission Presents Soldier an Opportunity to Use Civilian Skills During Free Time

Story and photos by Master Sgt. Enid Ramos-Mandell, Army Reserve Medical Command Public Affairs Office



SANTA BARBARA, Calif.—An Army Reserve Soldier participating in an Innovative Readiness Training mission at Santa Ynez Tribal Health Clinic chose to use her civilian skills – and personal free time – to aid the community she was visiting beyond what her mission called for.

1st Lt. Jacqueline J. Brazier, part of the 7202nd Medical Support Unit from Richmond, Va. was in Santa Barbara along with the rest of her unit working with the Santa Ynez Band of Chumash Indians during their IRT mission last summer.

Brazier was in charge of running the Safety, Security, and Intelligence operations for the unit and also handled its' mandatory training and daily situation briefings pertaining to local and surrounding health concerns. She compiled the operational statistics and briefed on each of her unit's sections with data pertinent to the overall mission achievements and issues to look out for.

The day did not end there for the young Lieutenant however, as a request the Chumash tribal elders led her to volunteer her civilian skills, during her off duty hours, to address nutritional issues leaders felt were very important for their growing youth.

"The elders expressed their concern about the youth's eating habits and sedentary nature leading to obesity at such a young age," said Brazier.

As a recreational therapist and nutritionist, Brazier was more than qualified to meet the needs of the children and was motivated to succeed. She became part of the tribe's Homework Club after School Program, providing nutritional education and physical activities for the children ranging from grades 1-12.

Brazier created lesson plans for nutritional snacks to be prepared by the children.

She taught students how to create healthy snacks, the benefits of eating the right foods and had each student participate in the preparation of snacks. Afterwards they walked around the clinic offering the snacks they prepared. The children were excited about what they created and loved seeing others enjoying what they had prepared.

The children enjoyed learning and looked forward to what new snack they'd

Her experience with veterans was easily transferred to children of different ages, as each had to be taught new skills to accomplish the exercise or sport desired, while enjoying the experience that yields positive results.

"The adaptive sport teaches the military how to enjoy the sport despite injury or loss of limb," she said. "They must simply put their minds to task and get adjusted to what it takes. These kids are in similar situations. They simply need to learn about better nutrition, exercises and games."

As part of the community integrated program, the USO takes wounded warriors from Walter Reed and Bethesda National Center on local trips such as sporting events, concerts and movie premiers. Brazier stated the USO services over 1,000 wounded or ill service members from amputations, brain surgery, PTSD, and shrapnel wounds, and provides support to Family members – all with the intent on bettering the service-members quality of life.

With the Santa Ynez Band of Chumash Indians,

Brazier occupied the children in limbering up with stretches, relay races; push-ups, sit-ups, other projects and athletic games – with the same intent of life betterment.

At the end of her mission with the 7202nd Medical Support Unit, 1st Lt. Brazier's gracious spirit of giving yielded results beyond the scheduled mission parameters. Volunteering her time and civilian skills helped fulfill the tribal elders' wishes for a healthier youth and will last well beyond the two weeks she visited the community.

"I'm grateful for everything Lt. Brazier has done for the After school Program," said Lisa M. Romero. "We plan to continue what she has started."

Editor's Note:



Top: 1st Lt. Jacqueline J. Brazier, part of the 7202nd Medical Support Unit from Richmond, Va., spent her off-duty hours tutoring students on proper nutrition during the Homework Club after School Program. Brazier, a recreational therapist and nutritionist, worked with students of the Santa Ynez Band of Chumash Indians during the unit's IRT mission last summer. Right: 1st Lt. Brazier, and her students, hand out snacks they made to other members of the 7202nd, including Col. Felix Roque. Brazier taught her students how to make nutritious snacks during the students Homework Club after School Program.



do next with her," said Lisa M. Romero, administrative assistant for the Chumash Tribal Educational Department.

After snacking, there was homework and tutoring to reinforce what they had learned in school that day; strengthening any weakness in their reading, writing and arithmetic. This was followed by physical activities in which Brazier engaged the children games and activities geared to keep the children active.

As a recreation therapist in civilian life, Brazier provides adaptive sports programs and community integration programs. She is employed by the USO Metropolitan Hospital, in Washington DC, providing services support to the Armed Forces who were injured during OEF and OIF.

Dental Tech Returns a Smile

Soldier Taps Civilian Skills to Help Others During IRT Mission

Story and photos by Master Sgt. Enid Ramos-Mandell, Army Reserve Medical Command Public Affairs Office



ROSEBUD, S.D. - During last year's Innovative Readiness Training (IRT) mission to this Black Hill community, one Reserve Soldier had a distinct pleasure of literally put a smile back on a patient's face.

Sgt. Saulo Castillo came here as part of the 7214th Medical Support Unit's (MSU) IRT mission to provide humanitarian services to the Rosebud Indian Reservation. Though a dental technician in the Army Reserve, Castillo works as a dental restoration specialist in civilian life, creating and fixing upper/lower dentures. It was those skills that brought a smile back to the face of one distressed resident.

While the Garden Grove, Calif. Reserve unit worked throughout the reservation, Castillo was able to aid a health service employee whose dentures fell out and broke.

The employee, a receptionist at the hospital who didn't want to be named, worked at the front desk welcoming patients with big bright smile. Her dentures had fallen out of her mouth and cracked as they fell to the floor.

The day her dentures broke, she lost her smile and according to her "she could barely look at the patients." She was concerned about losing them because she did not know how long it would take her to get new ones. She worried that a prolonged period without them would cause an embarrassment which would affect her job performance.

Seeking assistance, she approached Col. Aben A. Kaslow, commander of the 7214th MSU asking if there was anything the unit could do to assist.

And while dental restoration is not part of the unit's mission, Col. Kaslow immediately thought of Sgt. Castillo.

"If there is anyone that might be able to help her, it would be Sgt. Saulo Castillo, he can fix anything," said Kaslow.

Castillo took her dentures and went instantly to work. He was able to repair the dentures in a few days, saving her further embarrassment.

Even if it was a temporary fix Castillo was happy that he was able to return her smile.

"It could take weeks before she is refitted and receives new ones and if my temporary fix can save her from further embarrassment and the prolonged wait without them, that makes us both happy," he said.

Dentures are artificial teeth for people that have no remaining natural teeth in the mouth and made out of acrylic. Today there are many different materials to construct dentures, but Castillo emphasized that, "The softer the material, the more flexible and comfortable in the mouth, but it will reflect on the cost. They are more expensive." Considered removable, dentures can be worn during the day to work and can be taken off at bedtime.

As a dental restoration specialist in the

dental technology field, Castillo also works on crowns and bridges and removable partial dentures.

"I really love my job and dental technology because in my opinion it is the art of rebuilding smiles," he said.

As a civilian, he works for a dental restoration firm fixing upper and lower dentures. Currently, he is working on getting his Bachelors in

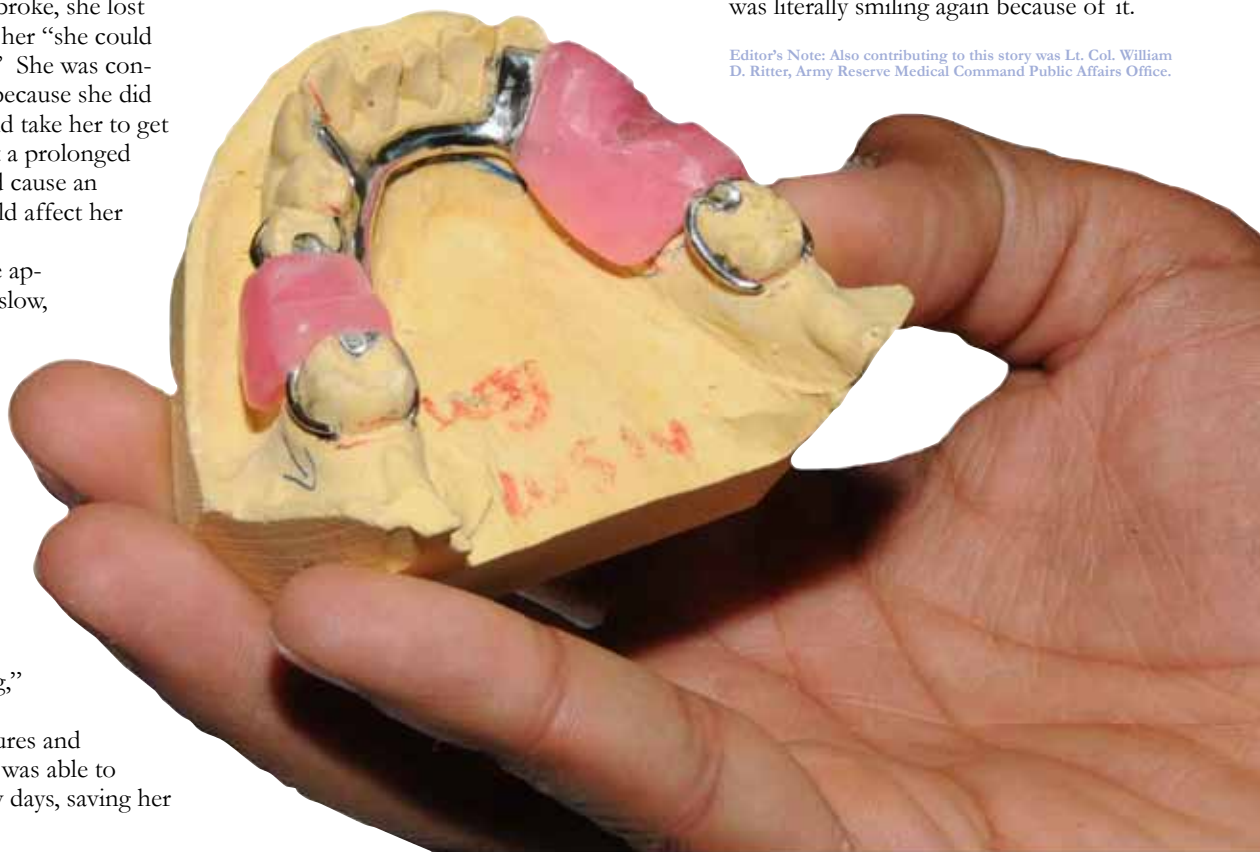
Criminal Justice.

"I want to add a second career, just something to fall back on," he said.

Castillo hopes one day to own a dental laboratory of his own. He has completed six years in the military and his goal in the Army Reserve is to learn as much as he can and pass it on to our future Soldiers, the same way his superiors are helping him.

For this two-week IRT mission he shared his military and civilian skills with those around him, and at least one resident was literally smiling again because of it.

Editor's Note: Also contributing to this story was Lt. Col. William D. Ritter, Army Reserve Medical Command Public Affairs Office.



Proactive Leadership Enables Soldiers to Gain Extra Benefits from ECT

Unit Serves Fort Carson Community

Story and photos by Maj. Michael Condon, Central Medical Area Readiness Support Group Public Affairs Office



FORT CARSON, Colo. - The 5502nd United States Army Hospital, a reserve unit based out of Aurora, Colo., spent a month this past summer augmenting the staff at Fort Carson's Evans Army Community Hospital, to sharpen their skills and lessen the work load of the facility.

Their extended combat training (ECT) mission was completed in two fourteen-day increments and had nurses, pharmacy specialists, X-ray specialists and patient administrators providing care to supplement the active duty and civilian staff of the hospital. Plus, some quick thinking by unit leaders enabled Soldiers to get some needed continuing education credits during their off hours.

According to unit commander, Capt. Regina Donley, the unit's main mission was "to train its Soldiers while readily backfilling Evans in a seamless transition."

The unit did this by fully integrating themselves into the Evans' staff.

The x-ray section worked around the clock, serving military members, Family and retirees in from the Fort Carson region.

According to Sgt. Geoff Schlueter, an x-ray specialist with the unit, the experience is invaluable to newer unit members.

"This is definitely a good experience for us to be here," he said. "In terms of the training effect for newer Soldiers, you can't replace this real world action."

Schlueter was recently hired by the Veteran's Administration (VA) hospital to work in their x-ray department.

Additionally, the unit's nursing section worked throughout the Evans' facility, getting valuable emergency room, intensive care, and labor and delivery room experience.

According to 1st Lt. Simon James, a unit nurse, members were subjected to a wide range of cases such as orthopedic, obstetrics-gynecology, pediatric and cardiac care.

"This type (of training) has been great training," he said. "We've gotten to work with active component and civilian nurses while dealing with all types of unplanned patient issues."

When they weren't working at the hos-



Members of the 5502nd United States Army Hospital use their 'off' hours to go through the Medical Simulation Training Centers (MSTC) at Fort Carson to earn some of their needed continuing education credits.

The 5502nd, a reserve unit based out of Aurora, Colo., spent a month last summer augmenting the staff at Fort Carson's Evans Army Community Hospital, to hone their skills and lessen the work load of the facility. Shown here, at the right, is Spc. Ga Li.

pital, unit members utilized their free time for some additional training at the Medical Simulation Training Center (MSTC) located on Fort Carson.

Though the Medical Simulation Training Centers (MSTC) was not their primary mission for this ECT, proactive leadership from the company commander and others enabled the unit to benefit from what it had to offer.

According to Sgt. Janice Winters, a medic in the 5502nd, having their ECT near the MSTC was an added plus.

"It's good refresher training," she said. "It's given us probably half the CEUs (continuing education units) for our EMT (emergency medical technician) registry."

Medics need 72 continuing education units to keep their qualification as an emergency medical technician.

Tim Olsen, site manager for the MSTC at Fort Carson, explained that the purpose of the MSTC course is to provide realistic simulation training for medics as well as

non-medics such as combat life-savers.

It gives medics 48 CEUs as well as tactical combat casualty care (TC3) training after they complete classroom and simulator exercises.

As the 5502nd left Fort Carson they had in fact polished their skills – more so that originally planned due to some proactive leadership. That proactive leadership benefited unit members more in the end than the service they provided to the installation community for 28 days, as they now have half of the CEUs they need, yet hadn't expected getting when the mission began.



Editor's Note: Also contributing to this story was Lt. Col. William D. Ritter, Army Reserve Medical Command Public Affairs Office.

Unusual NCO Development Program Yields Positive Results

Story and photos by Staff Sgt. Marine Jacobowitz, Army Reserve Medical Command Public Affairs Office.



PINELLAS PARK, Fla. – Recent events brought Soldiers together in training events not normally associated with professional development, but develop it did – their skills and their Esprit de Core – all in the name of betterment.

Dozens of non-commissioned officers, from the headquarters of the Army Reserve Medical Command (AR-MEDCOM), joined together for their NCO developmental program (NCODP), and branched out into the local community to learn in non-traditional classrooms – a swimming pool and a war museum.

1st Sgt. Gregory Wilson came up with the ideal for the unusual NCODP while attending an Army Air Show at the Armed Forces Museum in Largo, Fla.

“I thought touring the museum would be a great experience for the AR-MEDCOM Soldiers. I want them to learn about Army history,” he said. “One of my intentions is to bring Soldiers closer together and to have a good time,” he added. “Increasing knowledge of military history promotes better leaders.”

Wilson felt the units’ NCODP was lacking creativity and he wanted to get the garrison Soldiers, normally stuck in an office, out of their normal environment and interacting more with each other.

While at the Armed Forces Military Museum in Largo, Fla., Soldiers encountered realistic battle scenes and war memorabilia from the trenches of WWI through current operations and responded favorably to Wilson’s training arrangement.

“I love this stuff,” said Sgt. 1st Class. Brian L. Chase, mail sergeant at the AR-

MEDCOM. “It is good to get out of the office and smell the Army. The museum has a smell like new issued basic training socks.”

After the initial success of the new NCODP, Wilson continued to seek other options in the area for his NCOs.

He turned to the local United



NCOs from the AR-MEDCOM headquarters recently traveled to the Largo Military Museum, Largo, Fla., as part of the non-commissioned officer developmental program. There they were able to study military history from WWI through America’s present conflicts. Shown above is the attack on Pearl Harbor display.



State Coast Guard Air Station to conduct Combat Water Survival Training (CSWT) in their pool.

Using the CSWT for NCODP was a joint plan between 1st Sgt. Wilson and Sgt. 1st Class Chase; in continued efforts to make it more interactive and interesting for Soldiers.

“The purpose of this training is to enable Soldiers to feel more comfortable around water,” explained Staff Sgt. Richard Burton, one of the instructors for the CSWT. “We wanted to instill confidence with a skill that will keep them alive while waiting for emergency rescue teams. If Soldiers ever find themselves in danger they

can pull from this training and execute what they learn in CSWT,” he added.

AR-MEDCOM utilizes their NCODP as a tool to keep Soldiers engaged and allow them to experience a variety of military training. Soldiers agreed.

“I thought the training was very beneficial and instrumental in this time of war. It is great training for leaders to learn survival skills,” stated Sgt. 1st Class Eliza Solis.

The Soldiers enthusiastically participated in this unconventional NCODP and truly took to the training like a fish to water.

“My main objective for this NCODP is to increase military knowledge and promote ‘Esprit de Core,’” said Wilson. “I believe these two events achieved that goal.”

Editor’s Note:
Also contributing to this story was Lt. Col. William D. Ritter, Army Reserve Medical Command Public Affairs Office.



NCOs from the AR-MEDCOM headquarters recently traveled to the Clearwater Coast Guard Station, Clearwater, Fla., as part of the non-commissioned officer developmental program. There they were able to conduct Combat Water Survival Training (CSWT). The CSWT was planned, trained and executed by NCOs as part of the headquarter’s attempt to inject more creativity into the training and “get the garrison Soldiers, normally stuck in an office, out of their normal routine. Far Left photo is Sgt. 1st Class Oeola Williams; Center photo is Staff Sgt. Tina Fey (foreground) and Sgt. 1st Class Brian Chase (center).

Warrior-Medics Sharpen Their Warrior Skills

Story by Lt. Col. William D. Ritter, Army Reserve Medical Command Public Affairs Office. Photos from by Capt. Gary Woodiwiss, 7222nd Headquarter Commander



PINELLAS PARK, Fla. - Soldiers, trained in the art of saving lives, educated themselves one recent weekend to better save their own lives in combat, by taking lessons in unfamiliar classes.

The 7222nd Medical Support Unit (MSU), made up of doctors, nurses and other medically trained Warrior-Citizens, traveled to the Joint Warfare Training Center, located at Camp Blanding in Starke, Florida during a recent battle assembly. There they engaged in vehicle rollover training at the HEAT facility (High Mobility Multipurpose Wheeled Vehicle (HMMWV) Egress Assistance Trainer) and participated in the IED (Improvised Explosive Device) training lanes.

The HEAT facility is the safest, most realistic rollover training tool available for Soldiers. It is designed to replicate in-theater operations while facilitating a con-

trolled and safe environment. It provides training for emergency evacuation, self aid, buddy care and injured personnel removal in the event a vehicle becomes inverted or rolled on its side.

According to unit member, Sgt. Allison Howe, the HEAT training was a welcomed addition to the unit's training plan.

"All who went through the training gained a healthy new respect for the harsh potential lethality of this very real risk to those operating in military vehicles," she said. "It was a very disorienting and physically demanding skill and was new for the majority of the Soldiers," she added.

Survivability ratings of troops improve dramatically as HEAT training evolves and experience is developed, leading Soldiers to gain high levels of confidence in their ability to respond automatically to inverted emergencies, whether under water, under fire, or on fire.

"Each unit member was exposed to multiple crash scenarios, methods of escaping and ways to assist other crew members in safely exiting the vehicle," said Sgt. Howe.

The IED lanes training consisted of Soldiers navigating a fabricated street that was rigged with IED's. In the absence of real explosions training was halted for each missed emplaced device and an immediate after action review (AAR) was conducted to point out what went wrong and potential ways to avoid becoming a target.

According to Sgt. Howe, the unit found this training a welcomed addition to their training regimen.

"The ongoing conflicts our military is currently engaged in made the IED recognition training especially significant to the 7222nd members," she said. "A number of our troops have deployed to theatre and were able to embellish the comprehensive instruction with personal experiences," she added.

The practical lanes training exercise was initiated after introductory instruction on current enemy tactics, techniques and procedures. According to Sgt. Howe, the combination of these two training methods was a success for her and her unit.

"Training was effective as evidenced by the way our Soldiers demonstrated a significant heightened awareness of their surroundings," she said. "They learn a suspicious regard of the seemingly mundane."

The 7222nd completed other Soldier skills during that three-day battle assembly, but none more important to them than the HEAT and IED training. They gained invaluable knowledge in personal survival, team work and current enemy TTP's all while working entirely self-supported, utilizing the excellent facilities at Camp Blanding, an Army National Guard facility.

They afforded themselves the opportunity to practice basic and intermediate Soldier tasks by adding unusual, non-medical training to their training plan; skills that are essential to every Soldier, as even those trained to save lives must know how to save their own in combat as well.

Sgt. 1st Class Lisa Vannostrand undergoes the water rollover egress scenario during HEAT training as part of the 7222nd MSUs battle assembly.



Think Safety This Summer!

Take 5

Take 5 this summer

FORT RUCKER, Ala. - The 2011 Safety Spring/Summer campaign, which once again stresses the importance of proactive, prevention-focused risk mitigation during the summer months, is under way. Many of you are aware seasons change and so do safety hazards. Our goal is not to lose or injure a single Soldier, Civilian, or Family member due to an accident. These next six months are cause for concern, as this is historically a time when we see an escalation in our off-duty fatalities, particularly those not wearing seat belts in privately owned vehicles and on motorcycles.

As we enjoy the summer season, we must remember excessive consumption of alcohol, assaults, and other acts of indiscipline can combine to make this time particularly hazardous if leaders and Soldier are not planning ahead and looking out for each other. I expect leaders to be involved, identify the hazards their subordinates are likely to face, teach them to be aware for changing conditions, and help them to mitigate the risks. Leaders must emphasize personal responsibility, consequences of alcohol abuse, and indiscipline.

This year's campaign, which runs April 1 through Sept. 30, encourages every member of the Army Family to get out and enjoy all that summer has to offer, but to ask yourself "what have you done to save a life today?"

The Safety team has developed a Website hosting feature articles, posters and videos focusing on more than 20 summer safety topics to help you build a successful summer safety program. Please visit <https://safety.army.mil> and click on the 2011 Safe Spring/Summer Campaign icon in the bottom right corner.

While we saw a reduction in off-duty fatalities last summer, each of us must take an active role if we are to repeat that success and drive down losses even farther this year. Safety awareness, discipline, and teamwork are key enablers to a safe summer. Please encourage your Soldiers to "Take 5" this summer, by looking out for each other and protecting our Band of Brothers and Sisters.

Thank you for what you do every day to keep our Soldiers, Civilians and Families safe. Army Safe is Army Strong!

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