The Pulse

The Official Magazine of the 807th MDSC
Winter/Spring 2012, Volume 3, Issue 1

Innovative Training

807th Units Improve Training Through Innovations and Partnering With Communities

Changing Afghanistan

Forward Surgical Teams on Deployments
A Former Commander Talks About Building a Country

Biomedical Repair

Helping Hospital Maintenance in Honduras
GE Partnership Update

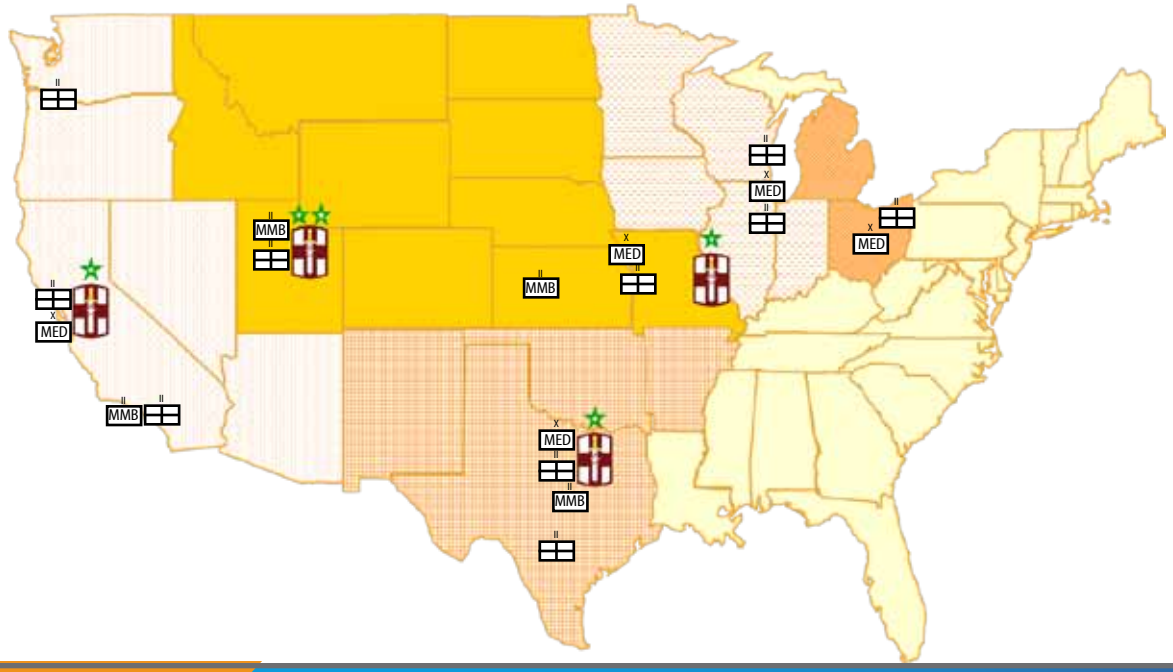
About the 807th Medical Command (Deployment Support)

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

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

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

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



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Submissions:

The Pulse invites articles, story ideas, photographs, or other materials of interest to members of the 807th MDSC. Manuscripts and other comments to the editor should be addressed to Commander, 807th MDSC, ATTN: Public Affairs (*The Pulse*), 105 Soldier's Circle, Fort Douglas, UT 84113. All articles must be submitted electronically or on CD. Electronic submissions should be sent to matthew.lawrence@usar.army.mil. Unsolicited manuscripts and photographs will not be returned. Comments to the editor should also be sent to that e-mail address.

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Credits:

Cover: 1st Lt. Jane Lund of the 719th Veterinary Detachment works to control a horse during training in conjunction with the Hooved Animal Humane Society in Woodstock, Ill. (photo by Spc. Will Hatton, 807th MDSC Public Affairs)

Above Left: Spc. Robert Gray of the 349th Combat Support Hospital demonstrates how to fuse batteries together for a group of Honduran biomedical repairmen at Hospital Escuela in Tegucigalpa, Honduras. (photo by Maj. Matt Lawrence, 807th MDSC Public Affairs)

Above Right: Pfc. Carol Ann Calef from the 965th Dental Company in Seagoville, Texas, cleans a patient's teeth during training at the Dental Sustainment Training Center in Fort Hunter Liggett, Calif. (photo by Maj. Matt Lawrence, 807th MDSC Public Affairs)

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Change at the top

by Maj. Matt Lawrence

Brig. Gen. Craig A. Bugno has been nominated by the Secretary of Defense for promotion to the rank of major general, and also nominated to assume command of the 807th Medical Command (Deployment Support).

Army Reserve Photo

Bugno, who will be leaving his post as the Deputy Commanding General for Clinical Services of the 3rd MDSC in Forest Park, Ga., was the former brigade commander of the 807th's 2nd Medical Brigade in San Pablo, Calif.

Pending U.S. Senate confirmation, Bugno will assume command in a ceremony on May 20, 2012.

Bugno will replace Maj. Gen. L.P. Chang, who has commanded the 807th MDSC since its creation in October 2008.

A farewell to Maj. Gen. Chang

In October 2008, Maj. Gen. L.P. Chang took command of a new organization, the 807th Medical Command (Deployment Support).

Since then, he built a command that welcomed the spotlight, took every available military medical mission, and set the standard of accomplishment for other commands. He set out to build a brand, and has achieved that.

He has been to see our Soldiers everywhere. Here are just a few of our memories of the commanding general who seemed to have an unlimited supply of energy and ideas.

Right: *Maj. Gen. L.P. Chang salutes Navy Capt. Steven Gabele, Commander of the USS Cleveland, while anchored off the coast of Pohnpei during Pacific Partnership 2011. (photo by Petty Officer 2nd Class Michael Russell)*

Left: *Maj. Gen. L.P. Chang talks with Maj. Michael Brand, Commander of the 1908th Combat Stress Control Detachment, at Camp Liberty, Iraq. The 1908th was one of two Army Reserve units to lose Soldiers in the Fort Hood shooting. (Army Reserve photo)*

Below: *Maj. Gen. L.P. Chang, observes Capt. Eric Storey performs a spay operation on a dog during Operation Arctic Care in April 2011. (photo by Sgt. Craig Anderson 807th MDSC Public Affairs)*

Left: *Maj. Gen. L.P. Chang waits in full battle gear while his plane refuels at Manas Air Base, Uzbekistan. Chang was on his way to visit 807th Soldiers deployed to Afghanistan. (photo courtesy of Maj. Gen. L.P. Chang)*

Power Projection

Have you ever wanted to explain to your family what the 807th Medical Command does? Do you have friends and family that think all the Army does is kill people and break things? Then log on to YouTube and show them the 807th MDSC Command Video!

This video, which runs just over eight minutes, reviews the 807th's composition, career fields, and the great things we do across the globe every year.

After they view it, they may want to join us too!*

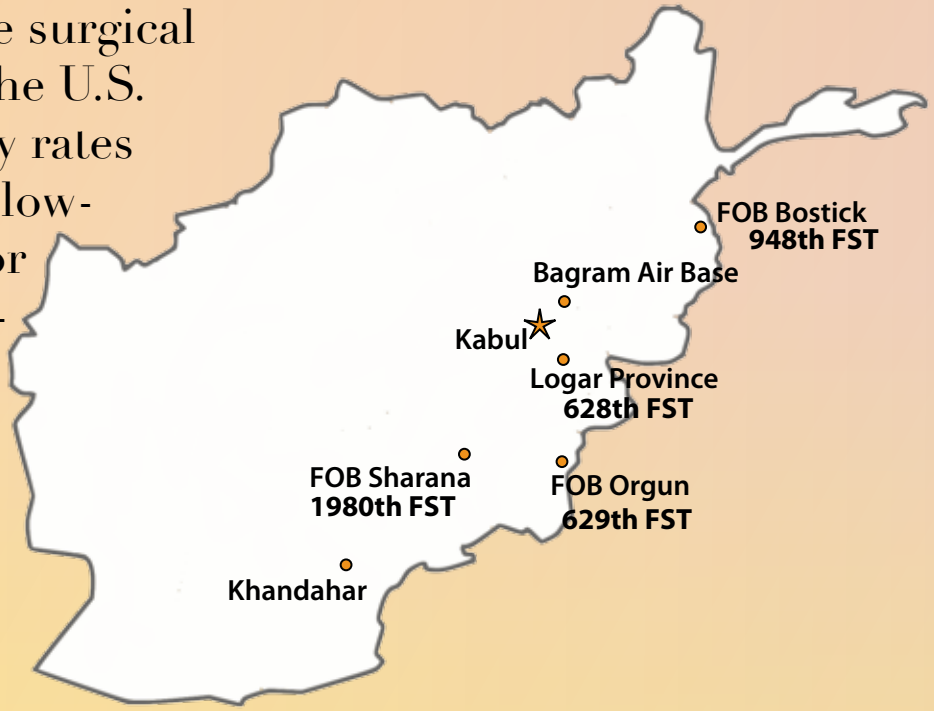
Search "807th MDSC" on www.youtube.com

***The 807th MDSC is not responsible for your sister beating you in combatives two years from now.**

Immediate Action

by Maj. Matt Lawrence

The Army Reserve contains 65 percent of the military's medical capabilities. One of the key units in saving the lives of severely injured Soldiers is the Forward Surgical Team (FST). Deployed to forward areas, FSTs are responsible for immediate surgical support that has helped the U.S. military reduce the fatality rates among casualties to their lowest point in history and for some for the dramatic improvements in Afghans' life expectancy.



AFGHANISTAN

Forward Surgical Teams (FSTs) are the front line of the Medical Corps and the most effective team delivering immediate life-saving operations on the battlefield.

Currently, the 807th MDSC has four FSTs deployed in support of U.S. forces in Afghanistan. They see the worst casualties from the most devastating injuries in this theater of war, and their work can mean the difference between life and death.

The 1980th, 628th, 629th, and 948th FSTs are currently deployed in support of Operation Enduring Freedom. Not only do they treat U.S. and coalition service members, but they also routinely treat Afghans who are caught in the crossfire or injured in the conflict. And although they do not fight with weapons, they are a key element of support to Afghanistan that may make the difference in defeating the insurgency that persists.

The most common injuries they see are gunshot wounds, blast injuries, and fractures. The FST is designed to treat the worst injuries quickly and evacuate their patients to a hospital capable of holding them for the duration of their recovery. The FSTs have limited ability to treat patients on a long term basis.

FSTs have to be prepared for unexpected business at any moment.

"A booby trap went off and injured many U.S. Soldiers," said Maj. Dudley Elmore, Commander of the 1980th FST, located at Forward Operating Base (FOB) Sharana. "The FST was primed and ready to receive a single casualty. However, as reports are often misleading, one patient quickly turned into seven."

The FST treated and stabilized all seven patients and moved them on to other hospitals where they could recover or be evaluated for evacuation to an Army Medical Center for long term recovery. Afhgans treated by the FST are sent to the local Afghan hospitals, who often work closely with the FSTs.

Quite often it is not just the Sol-

diers who suffer.

"We had a little boy around the age of three come in with his guardian with a broken femur. He had been hit by a car while standing close to a fire," said Staff Sgt. Andrew Wolfe of the 629th FST at FOB Orgun. "He was in a lot of pain and he was scared. We were able to treat him, and he has returned twice since the accident, improving every time we see him."

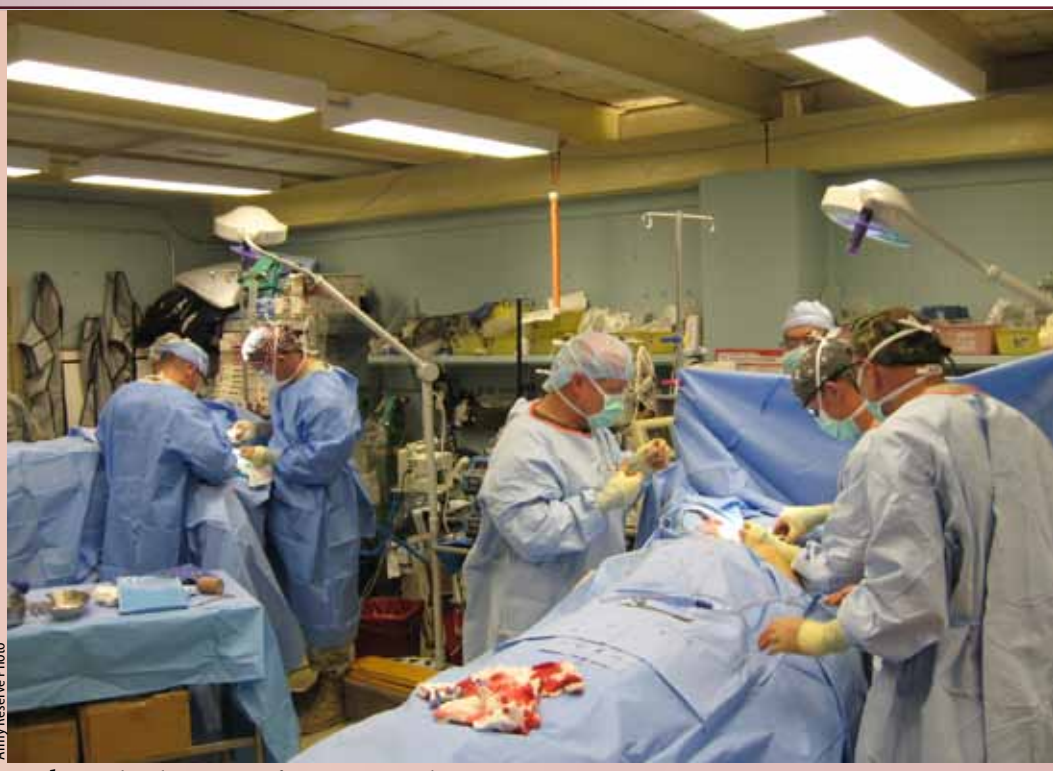
Children are often the saddest victims of the fighting, getting caught in the crossfire or inadvertently straying too close to mines and bombs meant for the enemy.

"A group of Afghan children playing in a field set off an IED. As a result, five children were injured. One child lost limbs, and the others sustained shrapnel injuries," said 1st Lt. Rudy Miles of the 628th FST, located near Kabul in Logar Province. The 628th worked with a Jordanian FST in Logar to save the lives of each of the children.

The FSTs are also a key part of the training of Afghans to help improve the indigenous healthcare system. Although the recent USAID report about Afghan life expectancy is being questioned about its accuracy, the report showed an increase in life expectancy in the country from 42 years in 2004 to 62 years in 2011. Whether the report is accurate or not, there have been significant improvements to Afghan medicine as Afghan medical providers train with the U.S. military healthcare providers continuously on first aid and more advanced emergency medical procedures.

Although their experiences and organizations may be different, the Soldiers of the FSTs agree on the value of the training they receive at the Army Trauma Training Center (ATTC) at the Ryder Trauma Center in Miami.

Each FST goes to the ATTC prior to their deployment for two weeks to train as a team on serious traumas. The training helps the surgeons, nurses, and other operating room staff learn how to work more effectively together.



Army Reserve Photo

Surgeons and nurses of the 934th Forward Surgical Team (FST) from Salt Lake City operate on multiple patients at once at FOB Sharana, Afghanistan on Oct. 21, 2010. The FST is able to perform life-saving surgeries close to the fighting, reducing the time of medical care and significantly increasing suvival rates.

The training in Miami "allowed our team to familiarize and create its internal standard operating procedures on receiving and treating patients," said Wolfe.

"Training" is a deceiving word in the center's name. The injuries are real and serious. Patients arrive at unpredictable intervals with life-threatening injuries from vehicle crashes, gunfights, and burns. The injuries and the tempo mirror what the FST will experience in Afghanistan.

Most doctors and nurses in U.S. hospitals and doctor's offices don't see gunshot and blast victims very often, and the severity of the injuries in Afghanistan can be shocking. The ATTC helps jolt the FST Soldiers into reality.

In addition to teamwork, the ATTC forces Soldiers to test their skills and extend their knowledge. On the battlefield, there is no time to wait for someone to learn. Lives are at stake.

Trained and ready, the FSTs of the 807th MDSC and the Army Reserve are an integral part of Army medicine, helping those seriously injured in Afghanistan to live and get well.

Army Reserve Photo

The Ryder Trauma Center in Miami handles the most severe cases of trauma in the city, and has partnered with the Army to train its Forward Surgical Teams prior to their deployments.

Making the sausage:

An FST commander's experience rebuilding Afghanistan

BY LT. COL. BRENT CAMPBELL

SALT LAKE CITY

A Forward Surgical Team (FST) does not just provide surgical services. It is also a team capable of building relationships and native medical capacity, laying the groundwork for building a nation.

That is Capt. Roger Beaulieu's experience. Beaulieu deployed as the commander of the 934th FST to Afghanistan from April 2010 through Feb. 2011. In his year on the ground at FOB Sharana, he demonstrated not only how to make a difference in Afghanistan with medicine, but also how to understand the cultural differences that frustrate and confound many U.S. commanders.

"In the west, one may argue that we are about the individual and individual relationships," said Beaulieu. "In Afghanistan, there is more emphasis on collective – or family units."

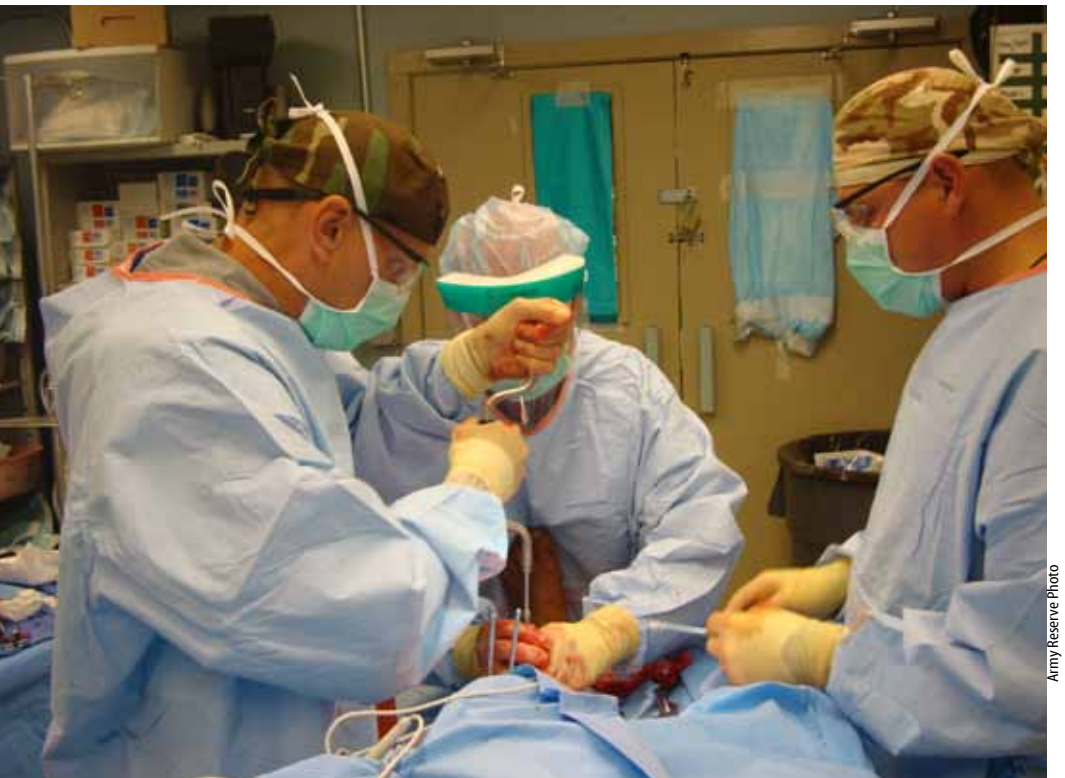
There is also a difference in how each culture sees the path to the future. Americans are an action-based culture that the Afghans may see as rude, aggressive, and overbearing, while Americans are routinely frustrated by the seemingly apathetic "God willing" attitude many Afghans possess.

Beaulieu notes the worst thing one can do in a western culture is an act of betrayal. This sentiment is rooted in Christianity and the betrayal of Jesus by Judas Iscarot. However, for the Afghan, dishonoring the family or group is the worst of all evils. A leader's ability to provide security for the collective is one the most important facets of honor, and one that requires measures westerners regard as underhanded. The two values systems often collide.

"Playing the middle is a matter of survival for a leader in the Afghani culture, and a leader may very well accept gifts or assistance from us, or the Taliban," Beaulieu said. "They are in effect, hedging their bets." Failure to do so would invite an attack from the other side and thereby bring dishonor to the leader for failing to protect the family.

It is also a long term strategy that Afghans have reverted to after seeing relatively the short tenure of three different powers – the Soviets, the Taliban, and now the Americans. Their experience tells them the Americans will not be there forever.

"Our thought process is, 'see we have built you this wonderful hospital or school. You should be grateful and see that we want to help,' whereas they say, 'Yes the hospital is very nice, but in time, you will be gone – and someone else will determine what this building will be used for,'" Beaulieu said. "It is very likely once we leave, the infrastructure to support the intended use of the building and certainly the money, will not be there."



Army Reserve Photo

Staff Sgt. Nathan Carrico, Operating Room Technician, Lt. Col. William Lundberg, Orthopaedic Surgeon (face obsured), and Maj. Sidney Collins, General Surgeon, of the 934th FST emplant a stabilization rod into a patient's leg for an external fixator at FOB Sharana, Afghanistan on Oct. 24, 2010.

Improving the medical care throughout the Afghan system also proved to be a challenge. When the 934th arrived at FOB Sharana, the local hospital was not treating a lot of the injuries suffered by the local people because they didn't have the capacity. There was mistrust of the Americans by the hospital director, Dr. Abdullah Zahiki, and there was disbelief from the Americans that the Afghans were up to the task of either caring for the patients properly or for improving the country's situation.

Beaulieu knew he couldn't turn everything around in a day, so he worked for incremental improvements in their relationship with Abdullah and the hospital.

"The initial meeting with Dr. Abdullah was confrontational," Beaulieu said. "Gaining the cooperation of the local medical staff required getting Dr. Abdullah to be the triage point of contact, essentially identifying him as the authority."

The 934th agreed to do the initial trauma surgeries on Afghan patients and turn them over to the Afghan hospital after they were done. The American doctors were reluctant to do this, because they wanted to see the treatment process through, and it was not evident that Zahiki and his hospital were able or willing to do their jobs. But doing so was essential to Abdullah's credibility with the local population.

"That was the hard part for our physicians," said Beaulieu. "But it was an important piece of building the credibility of the locals in the eyes of their own people."

Beaulieu also made sure that every time Zahiki and his staff visited the 934th's clinic that they were treated as royalty. Over time, this respect for the Afghans paid off in many different ways.

"Because we were able to raise Dr. Abdullah to almost 'rock star' status, his stature and the stature of his team increased to the point where his turnover went down, he was paid more, and most important – Taliban attacks against the facility ceased because they were getting treated there as well," Beaulieu said.

Word spread about the quality of care at Zahiki's hospital, and, after several months, even the governmental officials began to go there for his treatment because of Abdullah's reputation.

Many times, the relationship was rocky and it would have been easy for Beaulieu and the 934th to scuttle the relationship, but focusing on the good things helped them go forward.

"Focus on the good and place less focus on the bad. Focus on the person, and you'll get a better outcome," said Beaulieu.

Army Reserve Photo

Afghan medical personnel prepare to perform surgery on a gunshot wound at the Afghan hospital near FOB Sharana. The 934th FST worked hard to establish a relationship with the hospital and to improve its quality of care.

Army Reserve Photo

Capt. Roger Beaulieu (center) and his staff discuss patient flow and responsibilities with Dr. Abdullah Zahiki (far left) and several of his doctors. Beaulieu and the 934th FST were able to help Abdullah improve medical care at his hospital significantly.

MIL 2 MALI

BY SGT. MARK HENDERSON,
128TH MPAD, UTAH NATIONAL GUARD

Photo by Spc. Kimberly Trumbull

Malian Medical Defense Forces Col. Youssouf Traore practices the use of a ring cutter on Sgt. LaTonia R. Luna, 807th Medical Command, and Fort Worth, Texas, native, during a medical equipment demonstration in Mopti, Mali, Feb. 7. The 807th MDSC was in Mali as medical support for the Operation Atlas Accord 12.

MOPTI, Mali

Soldiers of the 807th Medical Deployment Support Command are sharing their expertise with their Malian Medical Defense Forces counterparts during Atlas Accord 12 in Mali from Feb. 7 to 15.

This annual-joint-aerial-delivery exercise, hosted by U.S. Army Africa, brings together U.S. Army personnel with militaries in Africa to enhance air drop capabilities and ensure effective delivery of military resupply materials and humanitarian aid.

Doctors and medics from both militaries are seizing this unique opportunity to expand on train-

ing. While here in Mali 807th medics were asked by Malian Army Col. Youssouf Treore, commander of the medical detachment in Mopti, to aid Malian medical personnel in the use of supplies they received from U.S. forces several years ago.

Treore said the supplies are very practical, easy to use, and helpful to the Malian medical defense forces.

"We are training with the Malian medical personnel on different types of equipment that include cervical braces, finger splints, ring cutters, pressure bandages, back boards and more," said Maj. Dean A. Nelson, a family physician and Wendell, Idaho, native assigned to the 328th Combat Support Hospital.

"These Malian soldiers and medical personnel have on-the-job training, so it is very rewarding to show them and see their excitement when we demonstrate the proper use of the equipment," said Sgt. LaTonia R. Luna, an 807th MDSC healthcare specialist and Fort Worth, Texas, native.

American medical personnel gained experience from working with the Malians.

"I learned they do a lot with a little," Baca said. "I don't know how they handle trauma situations but, it's impressive that they do it," said Staff Sgt. Anthony P. Baca, an 807th MDSC healthcare specialist and McKinney, Texas, native.

"Training will help our medics become better since they are teaching the Malians through interpreters and have to move slowly and ensure they are understood; it gives them a better understanding of the training they are providing," said Lt. Col. David H. Moikeha, an emergency physician, and Coppell, Texas, native, assigned to the 94th Combat Support Hospital.

Baca said he is impressed with the willingness to learn of both militaries. Luna agreed.

The Malians asked very good questions and were curious about the use of the equipment and now they know how to use it to help their patients, Luna said.

Helping patients recover is important to the people, Treore said.

"We receive so much trauma from highway accidents, military and civilian," he said. "The equipment we have will help us care for the trauma patients we receive at our level."

Treore added he was grateful for the experience. "I appreciate the cooperation with the U.S. Army," he said. It [the training] is very practical and it will help us face all of our needs."

Photo by Spc. Kimberly Trumbull

The 807th MDSC's Staff Sgt. Anthony P. Baca from McKinney, Texas, shows Malian medical defense forces how to use a breathing apparatus designed for a chemical environment at a Malian defense hospital in Mopti, Mali, Feb. 7. The 807th MDSC was in Mali as medical support for the Atlas Accord 12 exercise.

Mali

Population: 14,159,904 (2011 est.)

Per Capita GDP: $1,300 per capita
(U.S. $48,100 per capita)

Population Below Poverty Line:
36.1%

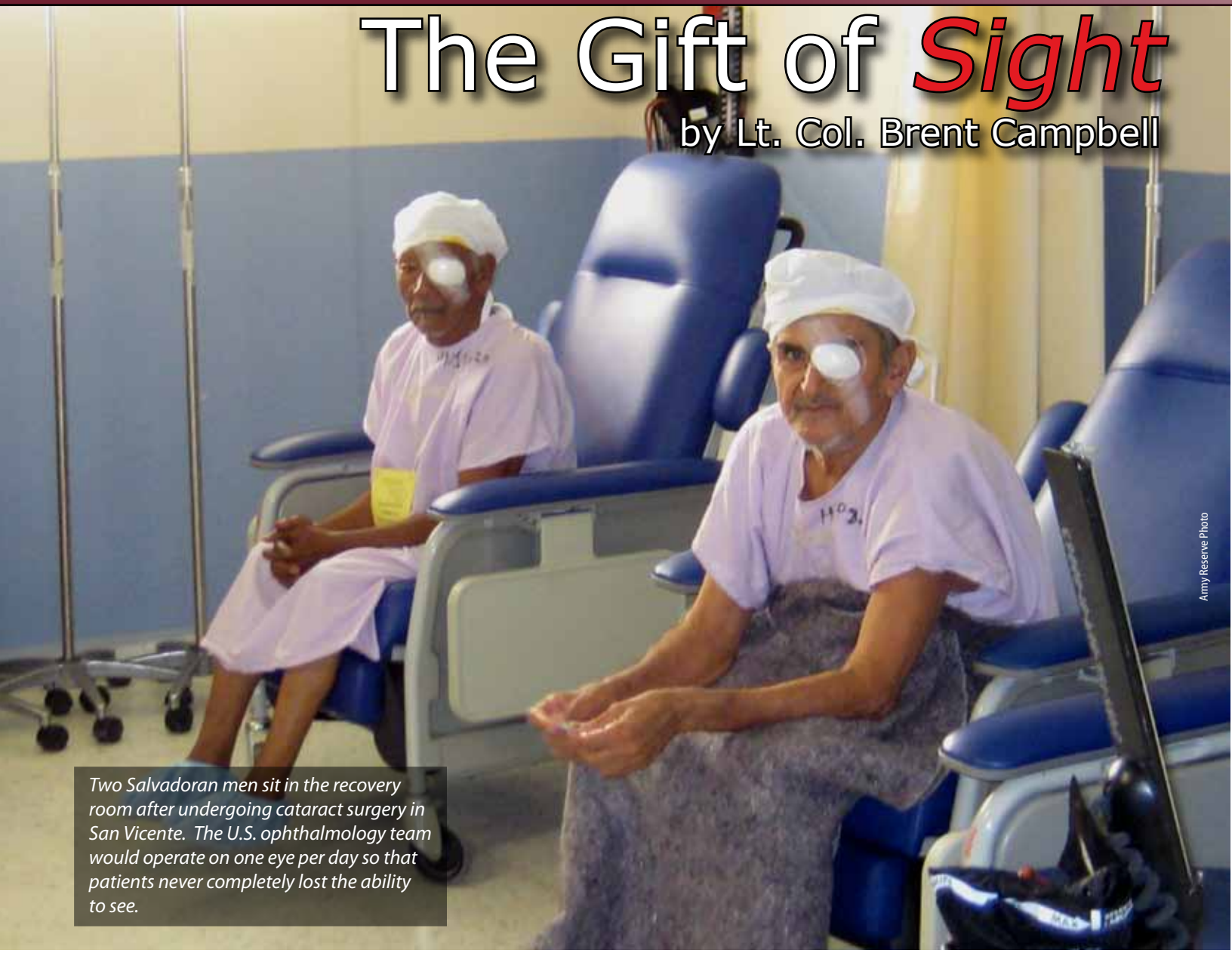
Physician Density:
0.049/1,000 population
(U.S. 2.67/1,000 population)

Hospital Bed Density:
0.57 beds/1,000 population
(U.S. 3.10 beds/1,000 pop.)

Life Expectancy at Birth:
52.61 years
(U.S. 78.37 years)

The Gift of *Sight*

by Lt. Col. Brent Campbell



Army Reserve Photo

Two Salvadoran men sit in the recovery room after undergoing cataract surgery in San Vicente. The U.S. ophthalmology team would operate on one eye per day so that patients never completely lost the ability to see.

SAN VICENTE, El Salvador

Of the five senses, sight is likely the most important, and the one most people would least like to lose. For those who live without the ability to see, restoring that sense is a miracle that often drives the recipient to tears.

Medical professionals from the 807th Medical Command deployed to San Vicente, El Salvador, in September on a two week medical diplomacy mission to provide cataract surgeries to the local population, and help people who, through the ravages of age or trauma, have been unable to realize what many of us take for granted: basic vision.

Blindness due to cataracts is a significant issue worldwide especially in developing nations like El Salvador. The Society of Ophthalmology indicates that as much as 90 percent of avoidable blindness cases come from developing countries. There are many reasons for this including poor eye care in a high ultraviolet light area, insufficient infrastructure, increased longevity of the populace, economic conditions, and a lack of patient education/awareness.

"The economy and poverty is so bad, that any medical treatment, let alone cataract surgery would be well beyond the Salvadoran citizens' means," said Maj. Francisco Hurtado, Clinical Coordinator for the mission.

The 807th's goal on this medical readiness exercise was to improve eye care and develop surgical and corrective treatments. Cata-

racts remain the leading cause of blindness in the world and the need for this care in El Salvador is urgent. The Salvadoran government screened patients to ensure those with the greatest need were treated first.

"Many of the patients were pre-selected by Salvadoran health officials and were desperate for care," Hurtado said. "They often travelled hours in terrible conditions to get treated. They were nervous, but anxious to improve their quality of life."

Hurtado said he and his team worked closely with Salvadoran medical staff, helping train the local health care providers learn the sutureless extracap technique, which is less invasive, safer, and uses fewer medical supplies than the methods currently used by Salvadoran ophthalmologists.

The sutureless extracap technique also reduces the patient's recovery time from about 10 days to about five days. There is also a reduced chance of infection and the follow up care is less complicated. Hurtado and the 807th team, which included several ophthalmologists from active duty, were able to treat the patients and get them back home quickly.

"Most patients were in one day, treated, and then left the next day after a brief follow up," Hurtado said.

Missions like this, and other medical readiness exercises are part of a concept known as medical diplomacy in the 807th Medical Command. The exercises increase our level of readiness, help populations desperately needing the care, and improve our relationships with countries that may not have always have the highest opinion of us. People in countries like El Salvador are often not familiar with military roles beyond those that involve force.

"The reception from the population really illustrated how powerful this mission is," said Hurtado. "We treat and also educate and give the patients the knowledge to take better care of themselves."

And how does a blind person react when their sight is restored?

"Tears of joy, when someone who was basically blind, comes out after surgery and can see," said Hurtado. "That is powerful. The people were very grateful and, even though they have nothing, they would often return bearing fruit to show how much they appreciated us."

El Salvador

Population: 6,071,774 (2011 est.)

Per Capita GDP: $7,600 per capita
(U.S. $48,100 per capita)

Population Below Poverty Line:
38.7%

Physician Density:
1.596/1,000 population
(U.S. 2.67/1,000 population)

Hospital Bed Density:
1.10 beds/1,000 population
(U.S. 3.10 beds/1,000 pop.)

Life Expectancy at Birth:
73.44 years
(U.S. 78.37 years)

Army Reserve Photo

Sgt. Jorge Solis of the 1980th Forward Surgical Team from Fresno, Calif., assists Col. Casey Rogers, Ophthalmologist from the 2nd Medical Brigade from Honolulu in performing cataract surgery on a Salvadoran patient in San Vicente, El Salvador, in August 2011. The cataract team, led by the 807th MDSC, performed numerous cataract repair operations for patients without the means to afford the care.

Hospital maintenance 911

Story and photos by Maj. Matt Lawrence

TEGUCIGALPA, Honduras

It's a holiday weekend in Honduras, *El Dia de los Ninos*, we are told, so *Hospital Escuela* is relatively quiet. The staff is minimal, and only a few trauma patients with their family members are in the halls. This is where the 807th Medical Command biomedical repair team has decided to help make a difference.

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

"We could spend a year here with this team of 10 repairmen, and still not be done [fixing everything]," said Chief Warrant Officer 3 Fred Hodges, Senior Biomedical Repair Technician for the 807th.

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

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

"The E.R. has two full closets of

Hondurans wait in line for medicines at the pharmacy at Hospital Escuela. The hospital is the only major public health care center in Tegucigalpa.

Sgt. Edward Martinez from Dallas discusses the repair of an infusion pump with biomedical repair technicians at Hospital Escuela in Tegucigalpa, Honduras. Martinez was part of a 10-Soldier team repairing equipment and training personnel.

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

The age of much of the equipment is also an issue. The average age of medical equipment in the hospital is 15 to 20 years, which often makes repairing them difficult.

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

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

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

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

"There is no maintenance program," said Reyes.

The shortage of money for parts led to the repair shop being a reactive department instead of being proactive. They would only leave the shop when something critical broke and the doctors of that department called them.

"They were just used to sitting in their department and waiting for stuff to happen," said Saunders.

It's a new day and the scene at *Hospital Escuela* on Monday is vastly different from the weekend. People crowd into the lobbies and hallways of the hospital, waiting to see the staff with problems from earaches to gunshot wounds. The emergency room is packed with patients waiting to be seen, family members, and a disoriented patient holding his own IV bag. Hospital employees scurry about the crowds, quickly doing what they can to process everyone through. It is hard to see the order through the chaos.

There are two types of hospitals in Honduras: private and public. *Hospital Escuela* is public and dedicated to caring for the poorest of the country's residents. It is also the only level 1 trauma care hospital in the country, so anyone in Honduras with a serious injury will likely come here. The hospital treats everything from severe trauma to earaches, and their services are in high demand. Since it is publicly funded, the cost of service at *Hospital Escuela* is significantly lower than the private hospitals, which a large percentage of the population cannot afford.

But the story of *Hospital Escuela* is not of a third world hospital that cannot give quality care to anyone. It is an inspiration to see how much the hospital's nearly 1,700 medical employees can accomplish with what they have for so many people. And in the maintenance department, one man is making a drastic improvement.

Samuel Medina-Aguilar arrived at *Hospital Escuela* in late August and immediately went to work. There is no mistake, he is a maintenance and logistics professional, well-versed in the fundamentals of his trade. His formidable task is to establish order where there is none.

"The main problem is the lack

Samuel Aguilar-Medina next to one of Hospital Escuela's inoperative x-ray machines. Medina is challenged with establishing a maintenance program at the hospital.

of preventive maintenance. It's just not being done," said Medina through a translator.

Further discussion revealed a basic leadership challenge. Nothing had ever been documented from maintenance, there was a lack of trust by the doctors and directors of the wards, and there were no procedures to prove the section's value. The lack of documentation is the primary reason for the minimal repair parts budget.

"They never tracked man-hours before, and they never tracked what parts they needed. So to ask for money, we have to first establish the need," said Medina.

To address the trust issue, Medina made a significant gesture that had an immediate impact.

"I made a compromise with the directors that I would be personally responsible for anything that the technicians did to that equipment," he said.

Prior to his arrival, there was no accountability or responsibility in the maintenance department. Some less scrupulous technicians would sometimes remove parts when no one was looking and sell them to the private hospitals, so doctors would lock their equipment up when they left. There was no trust in the biomed repairmen.

Hospital maintenance never had representation at the director level either. Now with Medina at the helm, procedures for recording maintenance and the costs associated with keeping the building and machines running are being established. While his budget for the year is still locked at a paltry $20,000, he hopes to raise it in the future with documentation by establishing the department's needs.

Medina's passion for setting things right is evident every time he meets with his technicians. It is a culture of inactivity he has to change, not just procedures, so he has his work cut out for him. When a maintenance technician in the radiology department tried to make excuses for the condition of the equipment there, Medina was quick to pounce.

The problem with the x-ray film processor was not his concern. He wants to know how many films the processor can make before it has to be maintained, cleaned, or fixed. And he wants to make sure his technicians know that number too.

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

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

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

Honduras

Population: 8,143,564 (2011 est.)

Life Expectancy: 70.61 years
(U.S. 78.37 years)

Physician Density:
0.57/1,000 population
(U.S. 2.67/1,000 population)

Hospital Bed Density:
0.8 beds/1,000 population
(U.S. 3.10 beds/ 1,000 pop.)

Hosptial System: There are two tiers of hospital care in Honduras. The private hospitals feature modern equipment, good doctor/patient ratios, and clean, well kept facilities. Patients are responsible for the full cost of their care.

Public hospitals serve the general public without financial means, and offer care and medications at extremely low, subsidized costs. Accomodations are not nearly as good as private hospitals (three women or five men share a single inpatient room), and the budgets are limited by what the government can afford. *Hospital Escuela* received a significant grant from the government of Taiwan and will be updating every wing of the hospital over the next several years.

GE partnership takes off

Story and photos by Maj. Matt Lawrence

Sgt. Adam Malzewski puts the finishing touches on the assembly of a magnetic resonance imagery machine in Kenosha, Wis. Malzewski is the first 807th MDSC Soldier to be hired by GE in the partnership agreement between the two organizations.

MILWAUKEE

The partnership forged between the 807th MDSC and General Electric Healthcare (GEHC) last year is shifting into a higher gear as its first class nears graduation.

The partnership, which aimed to earn Soldiers their military qualifications for biomedical equipment repair and give them an opportunity for employment with GEHC, is now expanding beyond the command to all of the Army Reserve. "Biomeds" from the 3rd MDSC and Army Reserve Medical Command will be able to apply for the program with one of the premiere medical equipment manufacturers in the world.

Sgt. Adam Malzewski, a Milwaukee native, is the first participant in the partnership to be hired by GEHC and one of 12,000 veterans to work for the company. To be fair, he did have an advantage over many of the other participants because of his six years of experience with another company. He is able to give a perspective to future candidates for the program and Soldiers interested in the career field. He said that military experience as a biomed gives Soldiers an advantage.

"The DoD has always been at the forefront, and we've set the industry standard as far as biomedical repair, the reason being, we're the only organization that's large enough and has the funding dollars to give folks both theory and practical [experience]," said Malzewski.

From GEHC's perspective, there are additional non-technical advantages that Soldiers bring to their organization.

Rebecca Serwatt, Human Resources Manager for GEHC says the leadership experience and focus on execution of tasks that Soldiers have fits GE's culture and makes their transition to GEHC extremely smooth.

Biomeds are an important part of GEHC's business, because they represent the company on a daily basis.

"When people think of GE, they think of the service people they

see all the time," said Serwatt.

Malzewski agreed, and noted that in some cases, the repairmen can influence future sales if the customer is very happy with their service and wants to guarantee the same treatment in the future.

GE manages their squadron of biomeds a bit differently from the military, giving many of them a specialty such as imaging (CT and MRI machines) or radiology, whereas the Army's biomeds have a general knowledge of a wide array of machines, but may not be an expert in any of them. Of course, GE's success in servicing medical equipment relies on their ability to fix everything, which requires experts.

The partnership program also allows Army Reserve Soldiers to compete for jobs in fields that may be otherwise difficult to get into.

"It typically takes someone to get into imaging, 10 to 15 years sitting in the hospital doing general biomed work until somebody retires," said Malzewski.

While the leadership skills and hands on experience are what GEHC likes in Army Reserve, education is also important. An associate's degree or near completion of a bachelor's degree is the minimum educational requirement for applicants to the partnership program, said Serwatt.

Malzewski became a biomed with the Army while looking for a way to pay for college. He was interested in becoming a mechanical engineer, but was unimpressed when his recruiter showed him a video on the combat engineers.

"He showed me a video that was moving earth and blowing up mines, and I said, 'no, that's not exactly what I was talking about.' Then we kind of stumbled across a video for biomedical equipment repair," said Malzewski.

He would eventually go to the University of Wisconsin after his time on active duty, but was unable to complete his degree because of a deployment. He is currently working to complete a master's degree in medical physics.

Malzewski's advice to Soldiers interested in the GEHC program is to study the technical aspects of their military job and volunteer for as many military missions they can. Hands-on-training or "HOT" missions and deployments offer far more opportunities to excel than just attending required training.

As for GEHC, they are very excited about the prospects of the 807th MDSC partnership. Several managers have inquired about hiring the Soldiers currently in the program (they must complete it before they can be hired), and other divisions of the company are also pursuing similar training agreements with other military units.

Sgt. Adam Malzewski tightens the glycol feed line from the chiller to a control panel at a hospital in Milwaukee on Jan. 25. Malzewski's position as a biomedical equipment repairman with the Army is enhanced by his civilian job with GE.

Task Force Soto Cano will provide fast medical support from the Army Reserve throughout the Caribbean, Central America, and South America

Soon, the Honduran City of Comayagua will be known as home to more than 50 Soldiers from the 807th Medical Command (Deployment Support).

The 349th Combat Support Hospital (CSH) from Bell, California is gearing up for a mobilization to Sato Cano Airbase, headquarters of Join Task Force (JTF) Bravo.

The task force serves to organize multilateral regional exercises, support counter-narco-terrorism efforts with partner nations, support humanitarian assistance and disaster relief efforts, and help to promote regional cooperation and security in the Caribbean, Central America, and South America regions.

"With more than 11,500 Soldiers assigned to more than 100 units within the command, the 807th MDSC has a vast reservoir of medical capabilities that may be tapped if called upon to execute any mission or regional contingency in support of the ARSOUTH [Army South] and SOUTHCOM [Southern Command] Commanders' strategy," said Col. Fred Regel, Executive Officer of

REACTION FORCE MED

By Staff Sgt. Kristen King

the 2nd Medical Brigade and Officer in Chief of the Soto Cano mission.

The 349th will serve as the task force's medical element (MEDEL), working to provide routine and emergency health support to approximately 600 joint service personnel working at or in the vicinity of the Soto Cano Airbase. For a mission historically led and staffed by active components, turning over the medical element to a Reserve unit is a big deal for Soto Cano.

"There has been growing recognition within DOD that the Army Reserve possesses the necessary capabilities to support operations such as the JTF-B MEDEL mission," Regel said.

The California troops will run the medical treatment facility, providing sick call support, dental services, pharmacy services, physical therapy, laboratory, flight medicine and surgical capability as well. The surgical staff will also support local hospital surgical staffs in a mutually beneficial relationship that serves to maintain their surgical skills and help develop those of the host nation. Through Medical Readiness Training Exercises, Dental Readiness Training Exercises and Veterinary Readiness Training Exercises, the MEDEL will support other US Southern Command initiatives and serve the regional governments and local militaries by helping them build their own medical capabilities.

The medical element is the only enduring medical facility in the region, and the 349th Soldiers will also be responsible for supporting disaster relief efforts in the area. JTF-B has deployed medical capability before; troops were sent to Haiti after the earthquake there in 2010. Response efforts have also been provided in other countries within the SOUTHCOM area.

"The JTF-Bravo MEDEL represents a significant enabler to the SOUTHCOM Commander by virtue of its provision of care to our military men and women involved in these efforts, its long history of helping partner countries in the region to develop their own medical capabilities, and its readiness to assist in regional humanitarian and disaster relief efforts," said Regal.

The region faces an emerging threat of narco-terrorism, which also results in a potential threat to the United States, he said. Significant resources have been dedicated to help regional partners eradicate the threats and "the missions assigned to the JTF-B MEDEL are part of this broader strategy to foster stability in this exceptionally important region."

The 349th CSH will complete predeployment training, included language and culture training, before their boots hit Honduras soil. They plan to be in the region for less than a year.

Nicaraguans line up for medical assistance in Mateare, Nicaragua, in April 2010. The need for quick medical assistance after a natural disaster is acute in the SOUTHCOM area of operations

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

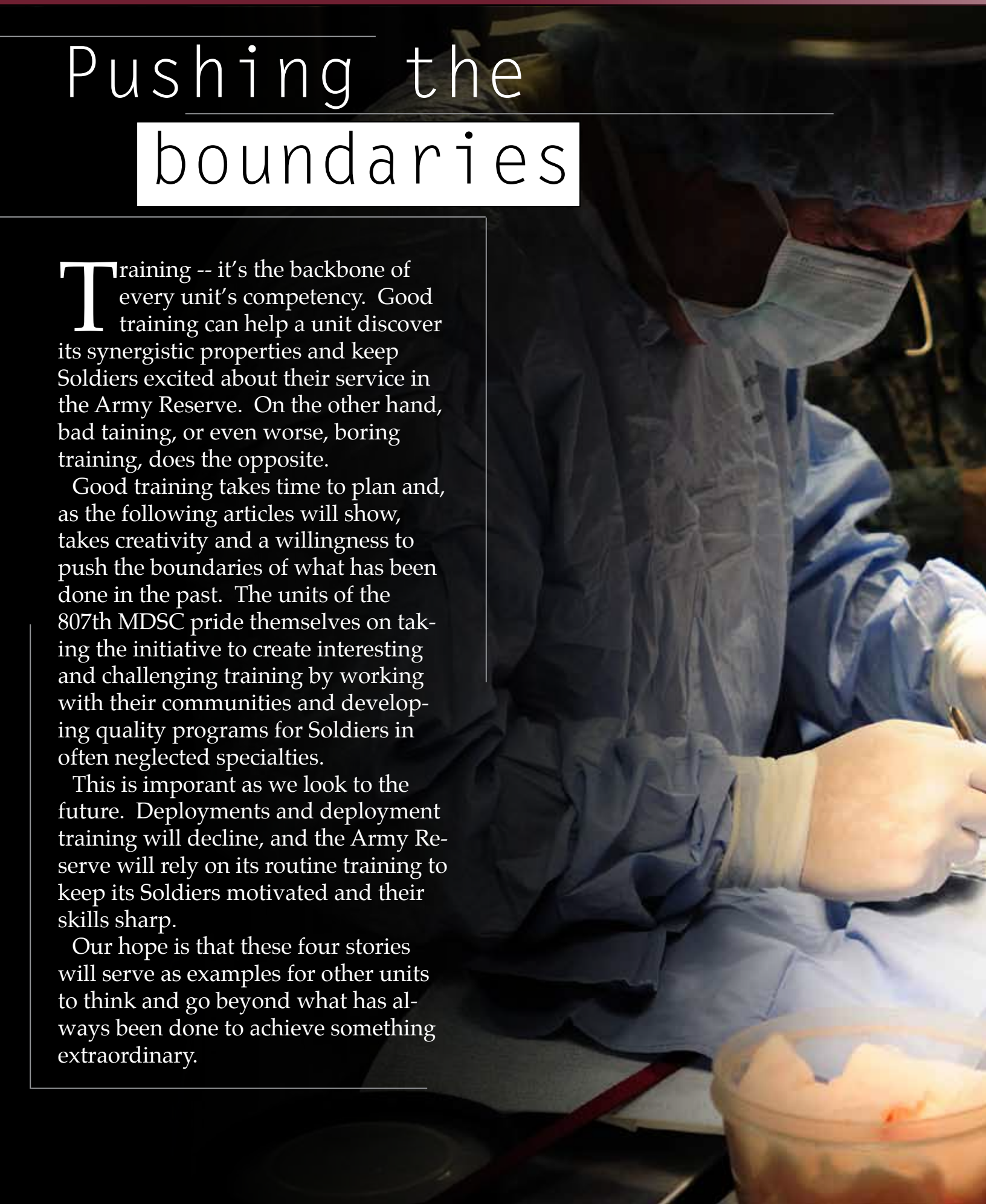
Pushing the boundaries

Training -- it's the backbone of every unit's competency. Good training can help a unit discover its synergistic properties and keep Soldiers excited about their service in the Army Reserve. On the other hand, bad taining, or even worse, boring training, does the opposite.

Good training takes time to plan and, as the following articles will show, takes creativity and a willingness to push the boundaries of what has been done in the past. The units of the 807th MDSC pride themselves on taking the initiative to create interesting and challenging training by working with their communities and developing quality programs for Soldiers in often neglected specialties.

This is imporant as we look to the future. Deployments and deployment training will decline, and the Army Reserve will rely on its routine training to keep its Soldiers motivated and their skills sharp.

Our hope is that these four stories will serve as examples for other units to think and go beyond what has always been done to achieve something extraordinary.



Capt. Dale Stapleton of the 719th Veterinary Detachment performs a spay operation on a cat at the animal rescue in Chicago. The 719th worked with local animal rescue organizations to enhance their training while giving support to the charities.

Photo by Spc. Will Hatton, 807th MDSC Public Affairs

Army veterinarians carry on community service

Story and photos by Spc. Will Hatton

Spc. Zachary Taylor of the 719th Veterinary Detachment secures a corral gate for horses at the Chicago area Hooved Animal Humane Society in Woodstock, Ill. The 719th simulatneously trained their veterinarians and provided much needed assistance to the charity.

CHICAGO

From the first shot fired at the Battle of Lexington and Concord to the first troops to enter Iraq and Afghanistan, animals have played a major role in army life throughout the Army's long history. Whether it is a cavalry horse, or a military police dog, animals have been playing an important role on the battlefield.

Although the animals have changed throughout the history of the Army, the need to maintain healthy animals has not. Army veterinarians have played a crucial part in the health and wellbeing of animals, which enables animals to continue to fill a vital role on the frontline.

The health and well-being of animals si the primary goal of the veterinarian Soldiers from the 719th Medical Detachment (Veterinary Services) (MDVS) from Chicago. Although they take care of animals of all different sizes, maintaining animal care knowledge and training to allow the 719th's Soldiers to help the animals used by the Army today.

"The Army has been using animals in various roles for a very long time," said Sgt. William Nadolski, a Soldier with the 719th MDVS. "Whether it was a horse from the cavalry or a bomb sniffing dog, animals have been in the fight for a long time."

Maintaining the knowledge to keep animals healthy is critical for veterinarians, especially for Soldiers who handle animals in hostile environments. For the veterinarian Soldiers with the 719th MDVS, one way to maintain animal care is service at local clinics in the Chicago area during their monthly battle drills. Soldiers with the 719th MDVS help out at both the Hooved Animal Humane Society and the Anti-Cruelty Society in order to maintain their readiness.

"We have been assisting local clinics in order to not only benefit the community, but also to give our Soldiers an opportunity to maintain the importance of animal health," said Nadolski. "We have a job to do in the Army and by doing this training it helps us do our job better."

During the training, Soldiers with the 719th MDVS visit the HAHS, a ranch that take in hoofed animals that have been abandoned and mistreated.

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

Soldiers who visit the ranch dur-

ing their battle drills provide various services at the ranch. They provide physicals, vaccinations, dental work, preventative medicine, and also food source inspection.

"The service the Army gives is very beneficial to us here at the ranch," said McGonigle. "It unfortunately takes a lot of money to buy the necessary veterinarian services needed to help these animals. We receive private funding and government grants, but it is often difficult to take care of all the animals with the funds we have."

"Having the Soldiers come in and provide the much needed support around the ranch, is a great benefit," McGonigle added.

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

Another way that the Soldiers with the 719th MDVS continue their training and knowledge on animal health is by providing support at the Anti-Cruelty Society, a clinic in downtown Chicago that offers free services for community members.

The clinic services small animals in the community. They offer various procedures such as physicals, spaying, neutering, and other necessary services to help animals in the community.

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

"A lot of time we don't have the amount of support we need here at the clinic, but, when the Army comes in and provides help, we are able to get a lot done for these animals," Travis continued.

"I love working with these animals," said Spc. Justin Bulifant, a veterinarian technician with the 719th MDVS. "Coming in to the clinic and seeing all these animals who need help, it gives me motivation and joy for what I'm doing in the army.

Soldiers in the veterinarian unit give cats and dogs physicals. They also do minor surgery and spay and neuter the animals.

"A lot of people don't think of the Army as a very animal friendly organization. Coming out and giving us help is a great example of the Army being an animal friendly organization and shows that they support the community," said Travis. "It really shows that the Army is a part of the community."

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

1st Lt. Jane Lund and Sgt. Juan Bear of the 719th Vet Detachment grind the rough edges on the outside of a horse's teeth with a "dental float." The 719th treated common issues on several animals at two animal rescue clinics in the Chicago area.

Military training at the Mayo Clinic

by Jeff Hansel, *Rochester Post-Bulletin*

ROCHESTER, Minn.

Military medical personnel have visited Rochester's Mayo Clinic Multidisciplinary Simulation Center to hone their skills before an expected deployment to Afghanistan.

Army Reserve Col. Walter Franz III, commands the 945th Forward Surgical Team, which includes more than a dozen medical military specialists, about half from Minnesota and half from other states. He is also a family physician at Mayo in Rochester.

His tight-knit medical team has served previously in Iraq.

To prepare for the Afghanistan deployment, Franz selected the "Sim Center" as it's known to Mayo staff, because he wanted his personnel to get some hands-on experience with pediatric trauma.

Franz recognized that his counterparts already in Afghanistan are treating far more children than they did during the Iraq war. Many military-reserve medical personnel have jobs outside of medicine in the civilian world. For example, they might work in law enforcement or other trades. So it's especially important that those individuals be exposed to the types of cases they might face during deployment.

They get classroom training, in-service time treating patients at U.S. medical centers and, now, experience with simulation center scenarios.

Staff Sgt. Michelle GeeFrazier served as a licensed practice nurse during Afghanistan deployment from 2009 to 2010 with the 452nd Combat Support Hospital, Alpha Company, also out of Fort Snelling (like Franz's group).

"We did see pediatric traumas come through our hospital when I was deployed over there," she said. "They were more geared toward taking care of the adult patient. But when things arise and come about, we did have the occasional pediatric trauma come through."

Military medical personnel must be prepared to treat bullet wounds and blast injuries that include burns, amputations, blunt-force trauma, head injuries, crushing bone injuries and breaks, and severe blood loss with fragmented shrapnel, grit and other material in the wounds.

Adults tend to face potential heart failure when severely injured, the soldiers noted. Kids, by contrast, are more at risk from respiratory failure than from heart failure. A child who nears respiratory failure is at imminent risk of death.

On Sept. 11, 2009, soon after GeeFrazier and her company arrived on deployment, an improvised explosive device exploded in a bag of pears a child was given to deliver. Other children happened to be nearby.

"So we got seven pediatric traumas that came in, along with the shop owner. We got a full-on dose of pediatric care," GeeFrazier said.

The children arrived, but there were no family members with them. That meant U.S. military personnel had to figure out how to identify and alert next-of-kin using translators, local Afghan law enforcement and Afghan military personnel so a male family member could stay with each patient, according to local social custom.

One child was treated and released. Another was transported to a higher level of care at Bagram Air Base. But five boys stayed at the U.S. military hospital for about a month.

"Out of the five kids that we had, four of them had some form of amputation," GeeFrazier said. All five were eventually discharged to go back home.

"The families were extremely appreciative of the medical care they were getting," GeeFrazier said. That experience is why she's a fan of the sim center training organized by Franz as a pilot project.

During the training, soldiers who serve as doctors, nurses, medics and technologists observed how to drill through bone in order to stabilize a broken femur. The procedure is delicate, because slipping off the bone into surrounding tissue can have unfortunate results.

The soldiers got to practice on

Photo courtesy of the Mayo Clinic

A monitor simulates a patient's vital signs during the 945th Forward Surgical Team's simulation training at the Mayo Clinic. The training prsented military medical providers with battlefield situations they do often see in their civilian jobs.

Photo courtesy of the Mayo Clinic

Capt. Justin Towne and Staff Sgt. Daniel Shea of the 945th Forward Surgical Team practice a patient evaluation on a simulation manikin at the Mayo Clinic in Rochester, Minn. The 945th trained on emergency lifesaving procedures for two days in the simulation center with students from other organizations.

tubing used to mimic the body. One even experienced a slip and then practiced getting the drill to go all the way through the bone. The trainer explained that it takes significant effort to drill through the bone, but that the practice material feels very similar to real bone.

During planning for the simulations, officers discussed their most-pressing needs. They wanted students to recognize the importance of childhood medical differences, security measures and tools that can help stabilize patients.

"It's sort of simulating what really happens in Afghanistan," said Col. Joaquin Cortiella, who sat in on planning while gathering information about simulation training for Brig. Gen. Bryan R. Kelly. As Franz used a white board to map out the exercises, every so often someone would mention a real-life Afghanistan example.

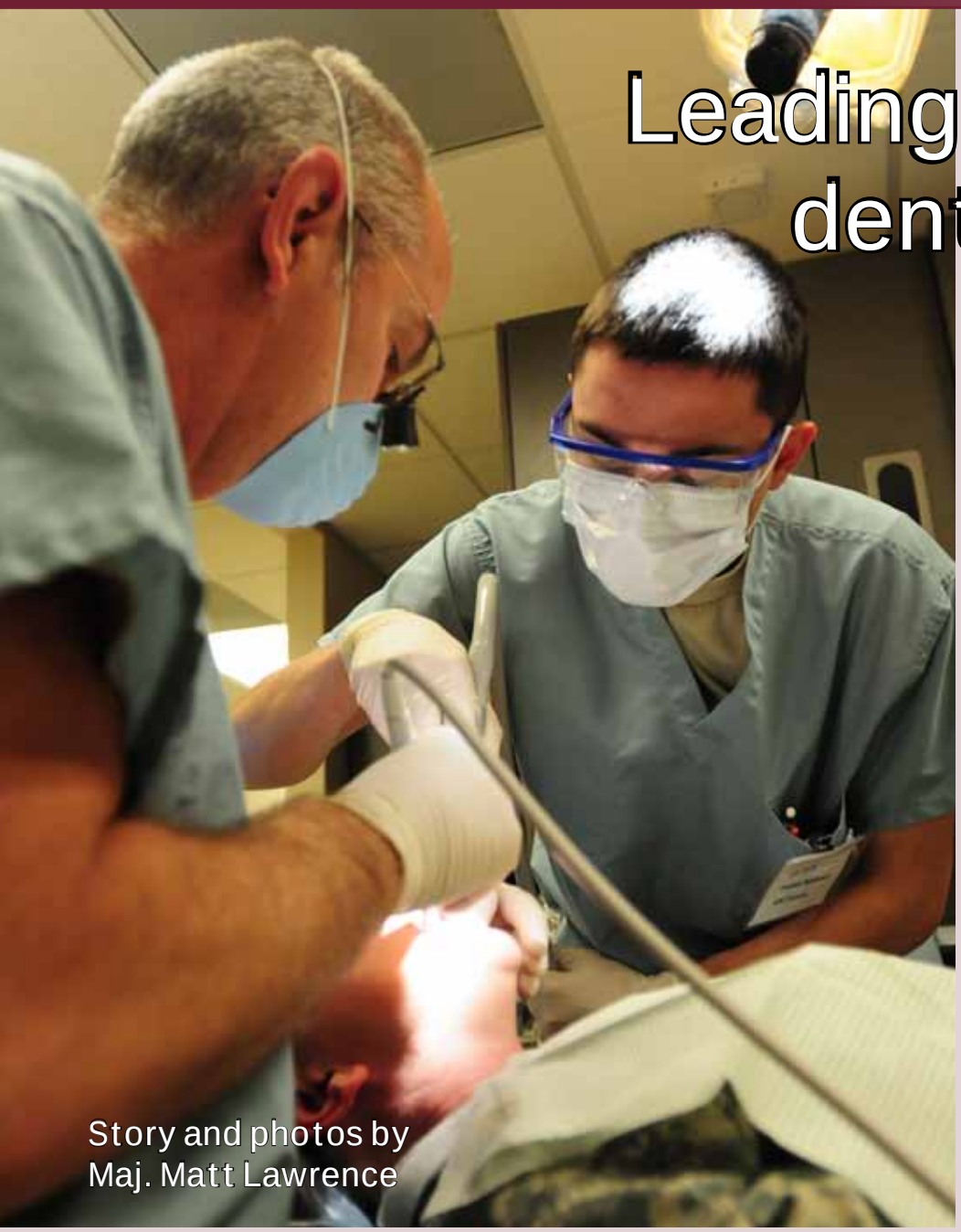
Franz said his team will get hands-on trauma training at the University of Miami. But he also wants simulation training.

Soldiers practiced with a real ventilator on a kid-sized mannequin, so they could practice assessing blast-injury to a child. They also use Soldier-mimicking mannequins to improve patient communication and situational awareness skills.

"They're getting better and better and better. It shows that it's working," said Kim Moore, a civilian family nurse practitioner at the Mayo Clinic and master trainer for a U.S. Department of Defense-based health care teamwork-training program, as she led one of the sessions.

This article has been reprinted with the permission of the Rochester Post-Bulletin.

Leading the way in dental training



Spc. Armando Zapata (right) from the 965th Dental Company in Seagoville, Texas, assists Army Reserve dentist Lt. Col. Gary Foster during a cleaning procedure at the Dental Sustainment Training Center at Fort Hunter Ligget, Calif., on Dec. 8.

Story and photos by
Maj. Matt Lawrence

FORT HUNTER LIGGETT, Calif.

In the Army's dental community, it is often the dentists and orthodontists that receive the most attention. But behind every good dentist is a strong team of hygienists and assistants. Now the Army Reserve has a facility to keep those teams trained and ready.

The Dental Sustainment Training Center (DSTC) at Fort Hunter Liggett helps ensure that dental assistants have a place to train for their jobs and refresh medical skills they do not often get to practice.

While dental assistants on active duty continuously practice their military job at Army clinics, their Reserve counterparts do not normally have that opportunity. The pay for dental assistants is relatively low in the civilian market, and many Soldiers find other ways to make a living. This presents a challenge to the Army Reserve in a job where technology can quickly make one's skills obsolete.

"Knowing the dental field, it's like a lot of fields, it's constantly changing – new products, new instruments, the technology, the computer technology… our x-ray systems…and if you're not doing it, you lose it," said 1st Sgt Craig Williams of the 185th Dental Company, Garden Grove, Calif.

There's also a need for the ones who do practice in civilian dental offices to refresh their skills with the Army. Dental classification systems and digital x-ray technology, and even the office jargon, are different in the Army than most civilian offices.

The 807th MDSC has spent several million dollars each year keeping its combat medics trained with a yearly, weeklong sustainment course. This is an Army requirement that, if not completed, causes a medic to completely lose their certification. To recertify, they must attend an advanced training course that is 16 weeks long.

Dental assistants have similar

needs to train and keep their skills fresh, but there is no Army requirement for them to preserve their proficiency. Currently, the Army keeps many dental assistants trained by putting them on humanitarian missions or innovative readiness training where they actually give dental services to people in need. But there aren't enough of these opportunities for everyone.

"It's not necessary if we have missions where we're taking our dental equipment with us, and we're doing it [training] anyway," said Williams. "This is important when you're not attending missions and not getting that dental training."

The DSTC looks like a production line of dentist's offices, capable of handling five patients at a time. The equipment is state of the art, and up to 10 Soldiers can train a once. On this day in early December, there are four in training.

There are only three Soldiers required to staff the DSTC: two non-commissioned officers and one dentist. The two sergeants who developed the training program administer the classes for the first week, and the dentist monitors the hands-on portion of the training as Soldiers from Fort Hunter Liggett, and even the students themselves, cycle through for an exam or cleaning. The Soldiers stationed here have no excuse for any cavities.

The training also involves three days of fieldwork, setting up the tents and equipment a complete dental company uses and becoming familiar with all of its operation. This knowledge can be critical on many humanitarian missions, where the demand for the dental services far outstrips the time available.

While the current plans are to cycle each unit through the DSTC every five years, there are plans to develop web training that dental technicians will perform yearly to keep their skills fresh.

Sgt. Alex Wu, an instructor at the 807th MDSC's Dental Sustainment Training Center, Fort Hunter Liggett, Calif., instructs Spc. Martin Rojas and Pfc. Carol Ann Calef from the 965th Dental Company in Seagoville, Texas, on the purpose of different dental instruments. The training at the DSTC lasts two weeks and includes classroom and field instruction

Come on, we're not just cooks!

Story and photos by Maj. Matt Lawrence

CAMP PARKS, Calif.

The 807th MDSC has implemented a program to train one of the most misused and abused groups of Soldiers in the Army Reserve.

Nutritional Care Specialists (68M) gathered at Camp Parks, Calif., for a two-week course that reviewed much of the specialized hospital duties they have, but rarely get to practice.

"For us, we don't get training. We don't get 68M sustainment training ever," said Staff Sgt Elaine Ust from Walnut, Calif., one of the trainers at the 68M refresher course.

Spc. Sarah Teters reviews patient nutrition requirements while Spc. Min Liu watches. Nutritional Care Specialists have responsibilities beyond that of normal cooks, and have to focus on individuals rather than mass cooking.

The 68Ms have the ability to serve as cooks, but they also have the ability to tailor meals to hospital patients, and give nutritional advice and training. There's a risk that the 68Ms will lose key skills that help them do their complete jobs.

"The main thing you lose is patient interview skills and people skills, because most of time when you're behind the line, you're talking with the people that you cook with, and not the people you serve," said Spc. Garrett Stephens from Advance, Mo.

And talking with patients is a key part of being a 68M. They have to talk to patients about their food preferences, allergies, dietary limitations, and discuss what the doctors have directed as well. At times, a nutritional care specialist who has established a relationship with a patient may be told things that patients are not willing to disclose to their nurse.

The course is packed full of classroom training and practical exercises. The students trained for nearly 12 hours each day over a two week period, testing the stamina of the students and the instructors.

"Essentially, this is the 68M AIT [advanced individual training] condensed into two weeks," said Ust.

The Soldiers in the training spent long hours studying nutrition, patient requirements, patient interaction, and several other subjects. In the final two days of the course, the Soldiers work in a mock field hospital where they have to tailor meals for a number of different patients with various ailments. The Soldiers have less than three hours to prepare proper meals and deliver them to the correct patients.

Despite all the attention they need to show to patients, commanders in the Army Reserve often don't see beyond their 68M's ability as cooks. This is frustrating to the Soldiers and costs the Army Reserve Soldiers and money.

Soldiers join the Army Reserve for a variety of reasons. For some, it's the educational benefits, for others, the idea of being part of a team with a purpose bigger than themselves is the draw. But they all join with an idea of what they will do for the Army when they take their oaths. When Soldiers are not used to their potential, they begin to feel marginalized, a sentiment that echoed from nearly every 68M at the training.

"It's really frustrating, because I'm not doing what I came in to do. I didn't know I was going to be a cook. I knew I was going to be cooking, but I thought there was going to be a lot more to it," said Spc. Sarah Teters from Oregon City, Ore.

Teters has been a member of the Army Reserve for four years, and this course was the first opportunity she had to perform her nutritionist duties since graduating from her initial training. The causes of her frustration are a danger to the Army Reserve force and the strength of its personnel.

"In our combat support hospitals, we have certain sites where our 68Ms are working as 92Gs [cooks], but their retention rate is about 40%. Soldiers are not reenlisting for the career field," said Master Sgt. Kelvin Davis of San Antonio, the Senior Nutrition Care Specialist for the U.S. Army Medical Command.

Units where they are able to do continual MOS training with their units, the retention rate climbs to 80%. The money the Army Reserve loses comes in the costs of training a new wave of Soldiers.

"They don't stay in, or they reclass [change their military job] because they are not happy with what they're doing," said Lt. Col. Marie Patti, the champion of the 68M training course.

Ultimately, this results in the low number of senior Soldiers in the 68M career field.

Stephens suggested the lack of senior enlisted personnel as the root of the problem – a lack of senior non commissioned officers and dieticians to plead the case of the 68Ms. The junior enlisted don't have an advocate that understands their duties, so they end up frustrated and merely cooking. Stephens suggested it would be helpful if dieticians assigned to each brigade would rotate through the units to talk with the 68Ms at the combat support hospitals and help promote their skills with commanders throughout the command.

Patti agrees, "We don't go very deep as far as experience and knowledge, and basically there isn't really anybody to advocate for them."

Ultimately, it is the commanders that can make the difference for this group of Soldiers that is often marginalized. All it takes is a little bit of initiative and a willingness to let go. One of the instructors stated he was not able to attend the 68M course without finding a replacement cook for him during the battle assembly he would miss.

"We need the commanders to realize they aren't just cooks, and that they have other skills that they have to maintain and develop," said Patti.

Upper Right: *Pfc. Wayne Haynes strains a pureed beef patty with broth for a dysphagia patient unable to chew food.*

Lower Right: *Pfc. Kamal Chatoo asks questions about the required diet of of Spc. Cecilia Alejandro, who is playing the patient.*

Left: *Spc. Sarah Teters examines the hands of nutritional care specialists prior to the hands on training at Camp Parks, Calif. The 68M Soldiers rarely get to practice the full extent of their military jobs in their home units.*

More than a pretty face

by Staff Sgt. Kristen King

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

Sgt. Denise Berry of Santa Cruz, Calif., conducts her radio show, *Living Fancy*, which airs weekly in Los Angeles. The show focuses on appreciating the little things in life and serving the community, and less on material pursuits.

SANTA CRUZ, Calif.

Trading in the size five combat boots for the size seven heels was just the tip of the iceberg. It was going to take dedication, time and will power to take the Miss California crown, and Sgt. Denise Berry felt she was ready.

Berry has served five years in the Army as a 68W medic with the 114th Minimal Care Detachment.

"I joined the Army to create a foundation for myself," said Berry.

She was inspired to raise awareness for children's poverty in developing countries and make a positive impact on the world after working at a children's home in Mexico in 2010.

Growing up with limited money and opportunity, Berry wanted to find a way to make her own success and "show others around me that it is possible." Through duty, courage and service she's had a successful career in the military, and in January of 2012, she set her sights on becoming Miss California.

"I wanted to show people that you can do whatever you put your mind to," said Berry.

But her reasons for competing are deeper than just a pep talk for today's youth. Berry is setting herself up for her future; she wants to be an important figure on radio and television that can create a positive impact on women. For Berry, the pageant was another tool to catapult her into the spotlight.

"The media creates a facet where you can influence the lives of others on a large scale," she said. "I truly want to speak to the lives of youth and be a light when they think life won't get better."

Even without the media attention, Miss San Lorenzo Valley is already making a name for herself. She and a partner have launched Living Fancy, a radio show featured on Global Voice Broadcasting. The tri-monthly show is "innovative and exciting" and gives callers a "leg up to promote themselves and their businesses."

The show focuses on how people are "living fancy," big or small and can be found online and on iTunes.

Berry is also focused on giving back to her fellow veterans. After serv-

ing in Iraq from 2008 to 2009 where she provided healthcare to detainees, she started the first veterans group at Cabrillo College in Santa Cruz.

Berry noticed that there was nowhere for vets to turn when it came to questions about school benefits or tougher issues like mental health.

"There was only one person in the school administration for 200 veterans," she said.

Berry advocated and the group now has a center on campus. She has since switched to an online university to pursue her bachelor's degree in International Business, which also gives her more time to focus on her radio show.

Berry believes the Army has set her up for success in any endeavor.

"The Army allowed me to have the endurance and patience for long days and unplanned events," she said.

Berry doesn't stress out over hiccups in the process. "The pressure to execute a task was tolerable because it was just like completing any task in the Army."

She says both the Army and the pageant create a platform for empowering women, and that's something she wants to promote.

Perhaps the biggest difference between completing an Army task and a pageant is the constant judgment at every turn, but Berry said civilians don't scare her.

"What is there to fear …judgment?" she said, alluding to her Christian faith, which she credits, along with the Army for helping her discover who she is.

Berry doesn't compare herself to others, a lesson that today's young girls can remember. "I already know who I am," she said.

Over 200 women competed for Miss California in Indian Wells, California on January 7th and 8th. One pageant official said 2012 would "emphasize individuality and push the envelope even further, distancing ourselves from most traditional pageants."

Distancing herself from tradition is something in which Berry finds comfort. After all, she shocked friends and family by joining the Army in the first place, and then again when announcing the highly trained Soldier would be competing for a beauty queen title.

"People are always surprised to find out I'm in the military," Berry said.

The other contestants were completely taken back when Berry told them ACUs were a normal part of her wardrobe.

"They had a completely different perception of what I should look like," she said.

Perceptions aside, the camo-wearing medic blended in with the beauty queens on the big night. Berry says it went by in a blur, but was a great experience. Although Berry didn't receive the crown, she did make contacts with over 100 other women who are also insipring to her.

Looking forward, Berry says she will continue her military service. "The Army has helped me by having the strongest platform to build from and I'm thankful for that." She thrives on the opportunity to lead and influence those around her, and she'll apply her new lessons learned to her future experiences.

"Women do not fit in a box," Berry said. "You can be strong and loving, fierce and passionate, rugged and poised all in the same body."

Berry will continue to make her voice louder and become a force of positive influence. She plans to move to Los Angeles soon to do her radio show on a weekly basis.

She hangs on to Mother Teresa's quote "If you can't feed a hundred people, then just feed one."

Berry says she's still shooting for the big impact, but making a positive difference for just one woman would be just fine with her.

Sgt. Denise Berry can be heard at www.livingfancy.com or globalvoicebroadcasting.com

Photo courtesy of Sgt. Denise Berry

Sgt. Berry poses with children from Grace's Children"s Home in Rosarito, Mexico. This orphanage is one of the several charities Berry supports on a regular basis with time and money.

Photo courtesy of Sgt. Denise Berry

Sgt. Denise Berry at Camp Cropper, Iraq, traveling in a Mine Resistant Personnel Carrier during her deployment in 2007-2008.

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