

THE

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The Official Magazine of the 807th MC(DS)

Winter 2013-2014

# PULSE

Earning the coveted  
**Expert Field Medical Badge**



**807th EFMB candidates tell us:**  
**Why they compete**  
**How they prepare**  
**What the competition is really like**

# LEADERSHIP

## What it takes

I am often asked by Soldiers and senior NCOs, "Sergeant Major, what do I need to do to get promoted?" My response is usually followed with three questions: 1) Are you qualified for promotion? 2) Do you know when you're eligible for promotion? and, 3) What are you doing to get promoted? Most of the time, I get this deer-in-the-head-lights stare from the Soldier or NCO followed by the awkward response of, "huh?"

Contrary to some, the Army promotion system is one of the most fair and impartial systems used to promote the best qualified Soldiers. It doesn't matter who your father or mother is. It doesn't even matter who your last CSM may have been. You can't "buy" your way into the next rank. Generally speaking, if you have the aptitude and do the hard work that it takes to separate yourself from your peers, the system will reward you by recognizing your commitment and effort.

To fully appreciate the process, one must first understand that the decisions made by promotion boards are only as good as the information provided to them. With that said, I find much of the fault lies with command sergeants major, sergeants major, first sergeants and first line leaders not taking the time to mentor and educate Soldiers in what it takes to get promoted. Regardless of where the blame lies, the following quantifies some of my personal observations regarding active and Army Reserve Soldiers and why Soldiers are not being selected, especially in the senior grade, for promotion to the next level.

First, many Soldiers, especially senior NCOs, are not doing the hard work it takes to get promoted. There appears to be a lack of individual responsibility and ownership of their respective careers. This is often evident when Soldiers wait until the last

minute to start preparing their promotion packet. This is evident when the Soldier's Enlisted Record Brief or DA Form 2-1 is out of date. If you cannot update your ERB or 2-1, then a Letter to the President of the Board is in order explaining what is missing.

Second, the NCO Evaluation Report or NCOER is one of the most significant documents in the promotion file when combined with assignment history and a current photograph. Few evaluations are consistent with "1s" in the promotion and potential sections and "Among the Best" ratings over a period of time and across a variety of raters. Too many Soldiers -- especially Army Reserve Soldiers -- often have the same rating chain year after year which does not give the board members a good picture on how well the Soldier performs while working with different people. This is often apparent when it comes time for the Soldier's annual evaluation, which becomes a colossal struggle in preparing an adequate evaluation expressing the Soldier's accomplishments and potential. Most alarming is that many Soldiers fail to have an official photograph on file or their photograph is outdated. For example, a master sergeant competing for sergeant major is still displaying sergeant first class stripes in his or her official photograph. For Army Reserve Soldiers, a photograph speaks volumes. Since the Soldier does not appear before the promotion board, their photograph is what represents them. No photograph or an outdated photograph sends a clear message to the board that the Soldier is not serious about advancing to the next level.

Third, in my experience many senior NCOs fail to seek out the tough jobs. Many refuse to accept positions in other areas or states listing only 50 miles as their maximum distance they

*See CSM, Page 21*



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EFMB candidates share their  
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Cpl. Marquelle D. Dreis, an Expert Field Medical Badge candidate and a preventative medicine specialist with 793rd Medical Detachment (Preventative Medicine), leads her team under a wired obstacle during EFMB testing Oct. 13, 2013 at Camp Buehring, Kuwait. This is the first EFMB testing to take place in Kuwait in more than a decade. (Photo by Sgt. Adam C. Keith, U.S. Army Central)

### Right:

(Top) U.S. service members and Panamanian police unload medical supplies from boats on the Rio Chucunaque in support of Beyond the Horizon 2013–Panama.

(Bottom) Spc. Heather Davis, a nutrition care specialist with the 328th Combat Support Hospital out of Sacramento, Ca., mixes beef gravy to supplement steaks to be served for dinner Dec. 5, at Camp Higashi-Chitose, Japan. The 328th CSH, along with Soldiers from seven other reserve units, joined Logistical Task Force 35 to support meal preparation for the more than 1,000 service members participating in Yama Sakura 65.



PHOTO BY SGT. 1ST CLASS WALTER E. VAN OCHTEN



PHOTO BY SPC. CHALON HUTSON

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## Holiday stress

The holiday season can be especially challenging for military families. More than most Americans, families of deployed service members make great sacrifices and face uncertainties that can really hit home during the holidays. Here are some tips and resources to help military families cope with holiday stress.

The Centers for Disease Control and Prevention (CDC) offers the following tips to cut down on stress at the holidays:

- Balance your family, work and personal time.
- Don't make too many commitments
- Don't spend on presents you can't afford.
- Don't get sick or hurt – stay warm, wash your hands, travel safely.
- Be smoke free and drink in moderation.

Following these tips and keeping a positive outlook can make a difference at the holidays. There is no magical trick

that can help you avoid or wipe out stress entirely, but you can take incremental steps that will make your life easier.

The most important thing to remember is that help is available. Coping with stress or depression is a battle no one should fight alone. Don't wait until you or a loved one is in crisis. Seeking assistance early on may be the best way to avoid serious problems down the road.

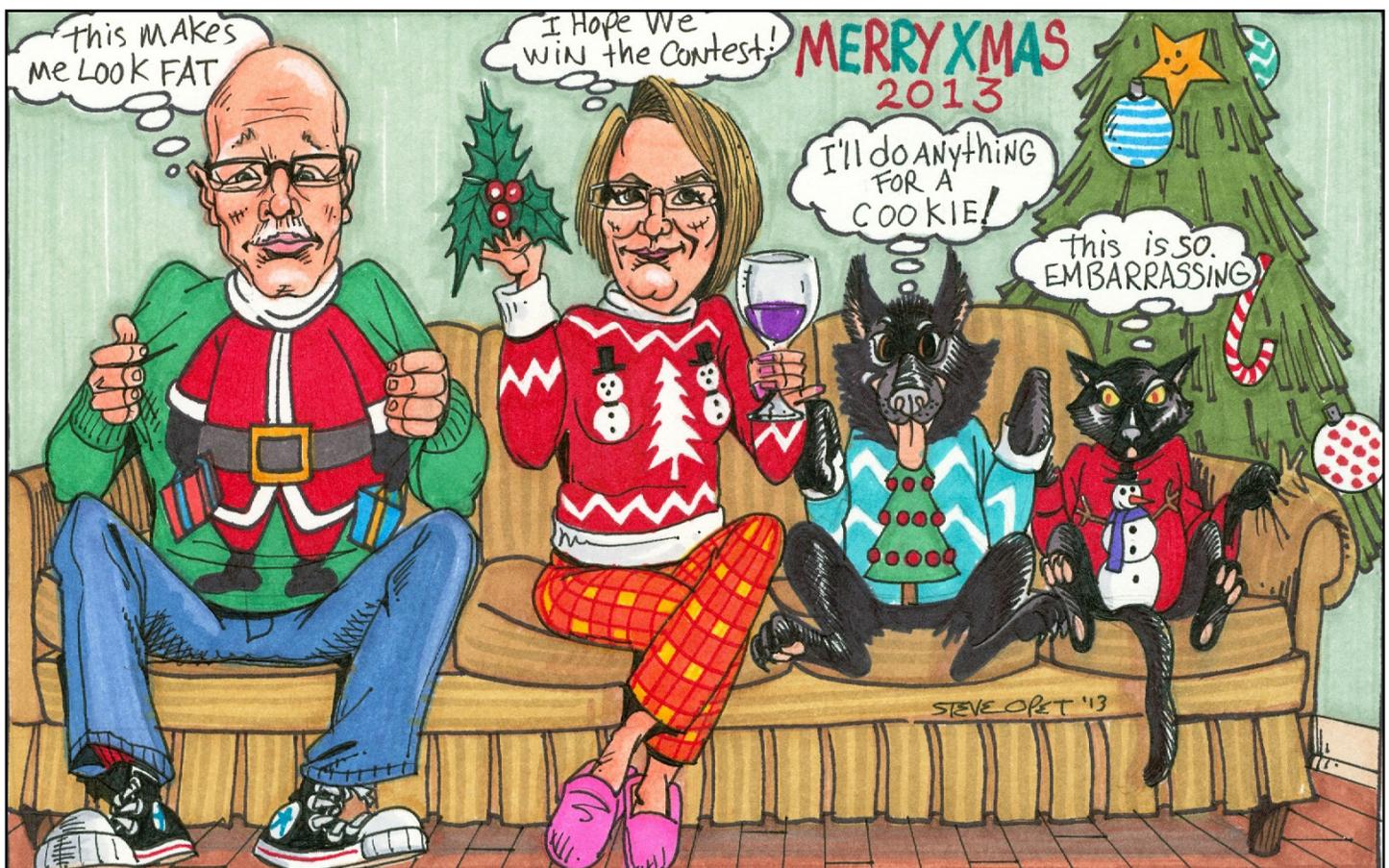
There are several options for additional assistance in managing holiday stress. One is Military OneSource, which offers face-to-face, telephone and online short-term, non-medical counseling services to active-duty, Reserve and National Guard members, and their families. Military OneSource counseling services are designed to provide help with short-term issues such as adjustment to situational stressors, stress management, grief, and parenting-skills.

Another option for assistance is the Military & Family Life Consultant

(MFLC) Program. Through the MFLC Program, licensed clinical providers assist service members and their families by providing support for a range of issues including: relationships, crisis intervention, stress management, grief, occupational and other individual and family issues.

TRICARE also covers a number of services that can help alleviate holiday stress, starting with medically or psychologically necessary mental health services through the instillation mental health clinic and/or the local TRICARE network. Non-active duty TRICARE Prime beneficiaries do not need a referral or pre-authorization for their first eight visits to a TRICARE authorized mental health provider.

For more information on TRICARE mental health programs and resources, visit [www.tricare.mil/mentalhealth](http://www.tricare.mil/mentalhealth). For more information on managing holiday stress see the "Preparing for the Holidays" section at [www.militaryonesource.mil](http://www.militaryonesource.mil). 



## Face, hand transplants soon options for injured Soliders?



Carmen Blandin Tarleton, 44, a registered nurse, is shown before her injury, after, and then after the face transplant received in 2013. (Photo Courtesy of Brigham and Womens Hospital)

WASHINGTON (Army News Service, Dec. 12, 2013) -- Army researchers are developing advanced treatment options, including face and hand transplants, for severely injured service members.

Some face and hand transplants have already been performed, mostly on civilians, said Lt. Col. Luis Alvarez, deputy director for the Armed Forces Institute of Regenerative Medicine at Fort Detrick, Md. AFIRM is managed through the U.S. Army Medical Research and Materiel Command, which helps to fund this research.

The treatment is so new that it is still considered to still be in the experimental stage, he said, adding that "it's not for everyone. Investigators try to be very clear (to the patients) about what they're facing" with the transplant procedure.

The risks have to be weighed with the benefits, said Dr. Wendy Dean, medical consultant for AFIRM.

The benefits can be enormous, she said, particularly for face transplants, which can return basic functionality such as breathing through the nose, chewing, swallowing and eyelid movement.

"If you don't have eyelids, the eyes will dry out and you'll eventually go blind if you can't keep your eyes moist, so that could be a sight-saving procedure," Dean said.

It goes without saying that the person's appearance will also be significantly improved by the transplant, she added.

Hand transplants also improve appearance. But, researchers have not yet found a way for patients to re-establish sensation in their hands like they have with face transplants, she said. They are working on that, however, so someday they may find a way to add the sense of touch, which is controlled by signals from the brain.

While the benefits are great for both procedures, there are some drawbacks.

First, the donor's family needs to be receptive, said Dean. As in heart, liver and kidney transplants, the donor is deceased, so surviving family members are contacted.

Once a donor is found, the antigen must match. If they don't, then antibodies can compromise the immune system, she said.

Fortunately, however, if the transplant is rejected, the effects will be clearly visible on the skin, so treatment can be administered much more quickly, than, say in the case of a kidney or liver, she said.

Another difference between a hand and face transplant over a kidney transplant is that the donor must be the right gender and approximate the recipient in terms of size, skin color and age, she said.

On the plus side, the patient has the ability to wait much longer for a match than someone needing a liver or kidney, which is usually a more immediate life-threatening event, she added.

Once a match is found, surgeons cut away one tissue block, she said, explaining that the entire portion -- or whatever portion of the jaw, nose,

skin and muscles is needed -- is removed in one piece and transplanted all at once.

The portion of the face or hands that is required will have first been determined by computerized tomography or CT scan, by magnetic resonance imaging known as MRI or both, she said.

Once the procedure is completed, the hard work begins for the patient.



Teams of surgeons at Johns Hopkins Hospital in Baltimore perform a hand transplant. (Photo Courtesy of Johns Hopkins)

See **TRANSPLANT**, Page 19

# Meeting my two-year-old again

*“When I came back, both of us had some adjusting to do. She was a 2-year-old chatterbox who would clam up when I came into the room...”*

From the time my little girl, Abigail, was 16-months-old until she was 25-months-old, I was either deployed or on orders preparing for deployment. Before that deployment to Kuwait, my wife worked on the weekends so I took care of Abigail. I hate sitting around the house. I need to get out at least once a day or I get restless and antsy as it gets later in the day. My wife can tell when I start pacing near the end of the late afternoon football game on Sunday. So, I took Abigail everywhere just to keep from getting bored. She didn't seem to have a preference and wanted to get out of the house, too.

All of that stopped last February when I started training with my new unit in Pittsburgh. In fact, I only got to see them intermittently because I didn't leave for scenic Camp Arifjan, Kuwait until June. How do you tell a 16-month-old girl that daddy is going away for a while? They don't really understand some things I take for granted; things like the passage of time and the concept of tomorrow.

We did the typical pre-deployment activities like taking family photos, going on a trip together and getting one of those Soldier dolls where the face is a picture of the deployed Soldier. Even

while I was in Kuwait, I read Dr. Seuss books and sent the videos home. Who knows how those videos are going to find their way back to me ten years from now.

While I was gone, my wife was the best. She raised our girl; made sure that Abigail and I got to talk over video chat; and reminded her that she had a dad

-- changing the channel from her Abby shows to something I wanted to watch.

It took us about a month to get used to each other. What helped the most was spending time together. I discovered she loved riding in my truck. It doesn't have a back seat, so she gets to see where we are going. She also gets to climb out of the driver's side and pretend she's driving. For some reason, she honks the horn a lot when she pretends. I figure she gets that from her mother; I'm sure her mother would disagree.

I didn't realize how much I would miss her when I left. Don't get me wrong, it sucked when she hid from me when I saw her for the first time in nine months at the airport. The key for me was to not take it personally and just spend as much time with her as possible. After being home for eight months, I'm happy to report that it seems to be working for us. 



COURTESY PHOTO BY SHELLEY KRUSE

who loved her. That's really all I could ask for.

When I came back, both of us had some adjusting to do. She was a 2-year-old chatterbox who would clam up when I came into the room. Abigail knew what I looked like from photos and video, but apparently I am much bigger and intimidating to her in person. It probably didn't help that she thought I was sitting in her seat, getting in between she and her mommy, and the big one

**Army Mom/Army Dad  
addresses Reservist  
parenting issues.  
Submissions welcome -- see  
inside cover for contact  
information.**

# An interesting Christmas in Iraq

On Christmas 2004 I was deployed to Mosul, Iraq as the 1-25th Stryker Brigade Combat Team chaplain. The brigade commander's routine on holidays was to travel to remote sites by Stryker or chopper, shake hands, hand out pies and other goodies and wish everyone a happy holiday – whichever one it was. This one happened to be Christmas.

It had been raining in Northern Iraq. The roads there are not good at any time and rain made them almost impassable. All week long the Brown and Root Dining Facility (DFAC) had been telling us about the prime rib, lobster, shrimp, BBQ, crab, chicken and other delectables they were going to serve all day on Christmas. No one ever wanted to miss this feast, especially in a war zone. Food was one of our most significant morale boosters and we needed it. Four days before, a suicide bomber detonated his vest in our Marez DFAC killing 22 Soldiers and civilians and wounding another 70. Our morale needed improving.

As expected we traveled to one remote site after another. It was getting toward the end of the day; the shadows were starting to lengthen when one of the Strykers got stuck in the mud. Everyone could see our wonderful dinner evaporating before our eyes! There was a power line down over the road exiting the remote site and we couldn't drive over it. As we tried to drive around it, one of our Strykers sank into the mud. It took quite a while to drag them out of the muddy hole they were in and back onto the barely passable road we were driving on. I sat watching this unfold, wondering how we were going to get around this downed power line. We would miss the Christmas feast at the FOB if we went around by taking the back road. As I silently meditated on my stroke of bad luck I turned to my right and saw the CSM's Stryker headed toward the downed power line at as high a rate of speed as the conditions would muster.

Kapow! The CSM hit that downed power line. There was a brilliant flash of light,

the power poles were careening back and forth and he was through! Christmas dinner was saved for all of us! We laughed, hooted and hollered. We were through and were going to get back in time for that wonderful meal. Apparently our CSM wanted to get back to the meal more than I did!

The moral of the story is that Christmas is something worth "getting," and whatever you need to do to get the deeper meaning of Christmas, I encourage you to get it. I encourage you to be as passionate about getting the real meaning of Christmas as my CSM was about getting us that wonderful Christmas meal. Of course the true meaning of Christmas is not food, or gifts, or as wonderful as they are, family. The true meaning of Christmas is that God loves every one of us; that he sent his one and only Son into the world, to die for the sins of the world in order to redeem lost and sinful mankind. Christmas is about Jesus Christ's entry into our world. Have a blessed Holiday Season. ☩



# EFMB: Eager to be one of the few

## Expert Field Medical Badge (EFMB) Course

### EFMB Facts:

- In FY13, the EFMB course, Army-wide, had a pass rate of 19%.
- At the end of this course at Camp Buehring, only 21 of 136 candidates were awarded the badge: a 15% pass rate
- The course includes five days of familiarization and five days of testing and evaluation.
- The five-day testing consists of constant evaluations on Soldier tasks from assembling, disassembling and performing a functions check on an M16 or M4 rifle; moving under fire; reacting to an IED hitting a HMMWV; reacting to a chemical attack and decontaminating self and buddy, executing each step in exact order; day and night land navigation and more.
- The course also includes detailed medical task evaluations, including care under fire (inserting an IV, treating for shock, applying a hemostatic dressing, treating a tension pneumothorax with needle chest decompression, applying an asherman chest seal, inserting a nasopharyngeal airway, etc.); tactical field care; moving injured personnel; moving casualties on a SKED litter; calling in a 9-line MEDEVAC; and more.
- The final day of the five-day exercise includes executing a 12-mile ruck march in less than three hours.



Sgt. William Atkisson, Veterinary Care NCO with the 949th Medical Detachment (Veterinary Services), pictured above in Kuwait.

CAMP ARIFJAN, Kuwait -- Competing for the Expert Field Medical Badge (EFMB) was a very memorable experience. When my leadership said there were seats available to attend, I immediately volunteered. I was eager to be one of the few who have demonstrated the knowledge and perseverance required to earn the badge; it's not easy to attain.

The days were long and you rucked to most of the training lanes with the prescribed gear, ACH, and of course your weapon. I was well prepared for the physical demands of the course; however the medical tasks would prove to be my challenge. Although I have a medical MOS, (Military Occupational Specialty) I was not a medic and would have to concentrate on the medical skills in order to perform them to the EFMB standard. Land navigation was my best event during the training and testing

week. There was a day and night portion to land navigation you had to find at least 3 of the 4 points during each section.

Upon arrival to the testing site, I was surprised to see the variety of individuals there to participate. Soldiers of all ranks, ages, and varying medical backgrounds were in attendance. They came from Afghanistan, Qatar, and camps all around Kuwait to compete for the badge at Camp Buehring, Kuwait.

During training week I did not complete enough of the medic tasks without "No Go's" to proceed. Medical task lanes are where most of the soldiers dropped out of the competition and most of my Unit's Soldiers as well. Even though I know that historically only about 17 percent of candidates pass the course, it's still disappointing. I feel that despite not receiving the badge I still learned a great deal and I won't miss the opportunity to try again if I ever can. 🇺🇸

# EFMB: Pushing through to success



Corporal Marquelle D. Dreis, an Expert Field Medical Badge candidate and a preventative medicine specialist with 793rd Medical Detachment (PM), receives the Expert Field Medical Badge from Brig. Gen. Kenneth C. Roberts, Assistant Chief of Staff, G3, U.S. Army Central, during a ceremony on Camp Buehring, Kuwait. (Photo by Sgt. Adam C. Keith, U.S. Army Central)

CAMP ARIFJAN, Kuwait -- I am a 20-year-old Army Reserve Soldier born and raised in Ogden, Utah. I was a cheerleader and dancer my whole life and all throughout high school. Upon graduation, I shocked my friends and family by spontaneously joining the Army. Though the intent at first was to have an adventure, the Army was a great career choice for me because I aspire to be an Army doctor. I enjoyed basic training and absolutely loved my advanced individual training as a 68S, preventive medicine specialist. Before I really had a chance to continue working towards my microbiology degree at Weber State University, I heard word of this deployment from Sgt. Bobbi Arends for the 793rd Medical Detachment from Aurora, Colo. With a little convincing from her, I volunteered to go to Kuwait for a 9-month deployment.

This past August, I volunteered to be one of three participants from my unit to test for the Expert Field Medical Badge. This meant participating in additional training after work or on my off-days 2 to 4 times per week, and conditioning for the 12 mile ruck march, which I had to finish in less than three hours. This on top of all of my normal team leader duties, had me pretty overwhelmed and overworked.

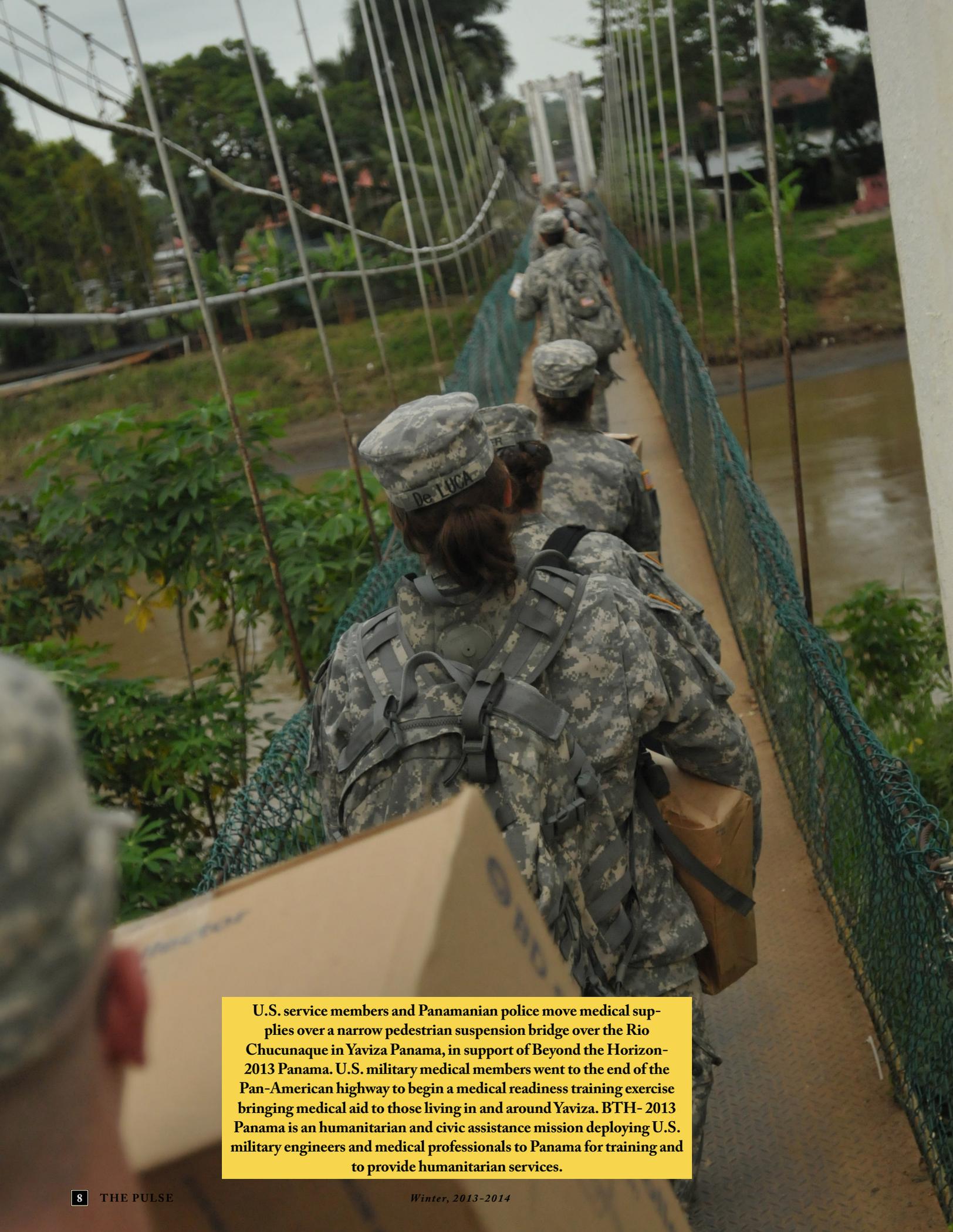


The Expert Field Medical Badge (EFMB)

I kept telling myself, up until the day I left, that both attending the training and participating in EFMB would be a good learning experience for me which is something that I highly value. In my mind, it was an unattainable thing. I read through and tried to memorize all of the tasks and the steps in the EFMB manual word for word -- which I would not recommend for those studying for the EFMB. Regardless of how much I studied, the tasks I performed during EFMB test week seemed impossible.

We got to Camp Beuhring, Kuwait -- the EFMB testing site -- after most of the other candidates. This is important because we ended up with the leftover bunks that nobody else wanted. For me, that meant I unfortunately had a top bunk. There were so many of us -- every bunk was taken in the female tent!

*See EFMB, Page 20*



**U.S. service members and Panamanian police move medical supplies over a narrow pedestrian suspension bridge over the Rio Chucunaque in Yaviza Panama, in support of Beyond the Horizon-2013 Panama. U.S. military medical members went to the end of the Pan-American highway to begin a medical readiness training exercise bringing medical aid to those living in and around Yaviza. BTH- 2013 Panama is an humanitarian and civic assistance mission deploying U.S. military engineers and medical professionals to Panama for training and to provide humanitarian services.**

# Care at the end of the road



U.S. service members and Panamanian police unload medical supplies from boats on the Rio Chucunaque in Yaviza, May 13 in support of Beyond the Horizon 2013–Panama. BTH 2013–Panama is a humanitarian and civic assistance mission deploying U.S. military engineers and medical professionals to Panama for training and to provide humanitarian services.

YAVIZA, Panama -- U.S. military medical members went to the end of the Pan-American highway to begin a medical readiness training exercise (MEDRETE) bringing medical aid to those living in and around Yaviza, Panama as part of Beyond the Horizon - Panama 2013.

The medical team was comprised of individuals from all over the United States including Reservists, National Guardsmen, active duty service members and Reserve Officers' Training Corps (ROTC) cadets, who served as

translators.

Yaviza is a town of about 1,500 people in the Darien Province of Panama and marks the end of the northern part of the Pan-American Highway, at the Darien Gap. The Darien Gap is the only break in the highway that runs from northern Canada down to Argentina in southern South America.

To get to the Dr. Manuel A. Nieto Hospital in Yaviza,

site of the MEDRETE, service members had to be bused almost two hours from their staging area in Metete to just out-side of Yaviza. Then, they walked though the town on a narrow pedestrian suspension bridge over the Rio Chucunaque, which marks the unofficial end to the northern part of the Pan-American Highway.

That put the service members over the river on the first day, but their supplies were on the other bank of the Rio Chucunaque.

Local boats were recruited to move the supplies across the river. Maj. William Baker, of the 4005th U.S. Army Hospital at Ellington Field in Houston, Texas, medical officer in charge of

*See PANAMA, Page 19*



(Above) Maj. Michael Smith, AMEDD Professional Management Command, speaks with a patient through a translator in Yaviza, Panama.

(Left) Maj. Michael Cole (left), a dentist from San Antonio TX., and Sgt. Heather Arthur (right), a fire fighter from Austin TX., here as a dental assistant, both assigned to the 965th Dental Company, a U.S. Army Reserve unit out of Texas, perform a tooth extraction on a Panamanian patient in Yaviza, Panama.

# LEADERSHIP ON VETERANS DAY



Army Reserve volunteers help students explore the back of a light medium tactical vehicle during a Veterans Day celebration at Burton Elementary School on Nov. 11, 2013. (U.S. Army Photo by Capt. Chad Nixon, 807th Medical Command)

KAYSVILLE, Utah - Past and present reservists from the Army and Air Force treated Burton Elementary students to a Veterans Day vehicle display and flag raising ceremony Monday, Nov. 11.

The 76th Operational Response Command of Fort Douglas adopted Burton Elementary School through the Partnership in Education Program. Unit volunteers donate time reading to the children and teach classes on how to properly handle flags and basic military customs.

"These kids show great care when handling the flag," stated Staff Sgt. Adam Strader, a father of three Burton elementary students. "They are responsible for raising it every morning and lowering it every night."

Burton Elementary school principal Denece Johnson the took the time to personally thank each volunteer for interacting with her students.

"The kids are becoming more aware of the sacrifices

people make," said Johnson. "This was a wonderful opportunity for our children."

Sgt. Keith Kippen with the 478th Human Resources Company laughed with other Soldiers about the types of questions asked by the students.

"One young man asked me how many zombies our vehicles could run over during a zombie attack," said Kippen. "My answer was, 'a lot ... I hope.'"

As the ceremony concluded with the raising of the American flag, all the students joined in singing the national anthem.

"There are a lot less heroes in the world today," said Staff Sgt. Dale Kelly, a supply sergeant with the 807th Medical Command (Deployment Support), "and if these kids get the opportunity to see people doing the right thing, this might help them grow up a little better; and I'm proud to be a part of that." 

# Caring for America's most valuable weapon system

*“...explain to the young Soldier that this is about them and not just about completing another document... It's about making sure that we, as leaders, truly care, and impress upon them that this is a really important thing for their health...”*

FORT BRAGG, N.C. – Top medical leaders from across the U.S. Army Reserve met to discuss the future health of the force as Soldiers and civilians continued to deploy overseas.

The 2013 Deployment Health Assessment Program leader conference was held at the USARC headquarters, here, Sept. 12-13.

Started in 2006, the DHAP gives medical leaders the latest information, tools, and techniques to help them care for the force.

Col. Cornelius Maher, Army Reserve command surgeon said the prime task of medical personnel is to take care of the “most important weapon on the battlefield,” the men and women who have and will deploy in the future.

Discussions during the two-day event covered topics ranging from pre and post-deployment health assessments, post-deployment health reassessments, the Yellow Ribbon Program, Veterans Affairs referrals, Army Reserve Warrior Transition Liaisons, and Comprehensive Soldier and Family Fitness and Resiliency training.

“We all need to step out on the same right foot and move forward,” Maher said.

Brig. Gen. Margaret Wilmoth, the keynote speaker, said that investing in people really matters.

“You can have all the fancy weapon systems in the

world, but if you don't have a trained, knowledgeable, and healthy Soldier to operate those, you're not going to have the maximum potential effect,” she said.

“Really investing in your people is the best way, for any organization, to develop and grow. So investing in our Soldiers and our Families is critical to the success of what we have to do in the Army Reserve for the Army and the country,” she said.

Wilmoth, who is the dean and professor at the Byrdine F. Lewis School of Nursing and Health Professions at Georgia State University in Atlanta, also has a son and daughter-in-law serving in the Army Reserve. Being both a service member and a mother of a service member gives her a unique perspective.

“It helps me appreciate the stresses of what it's like to be a family member of an Army Reserve Soldier,” she said. “And it helps me

really understand the importance of making sure our Soldiers are ready and resilient and have all that they need to deploy,” she said.

The one challenge that leaders have is helping younger Soldiers understand the importance of completing the Pre-DHA, PDHA and the PDHRA, she said.

“[We have to] explain to the young Soldier that this is about them and not just about completing another document,” she said. “It's about making sure that we, as leaders, truly care and

*See SOLDIER CARE, Page 19*



U.S. Army Reserve Brig. Gen. Margaret Wilmoth, left, the dean and professor of the Byrdine F. Lewis School of Nursing and Health Professions at Georgia State University, speaks to the audience during the Deployment Health Assessment Program leader conference in the U.S. Army Reserve Command headquarters at Fort Bragg, N.C., Sept. 12, 2013.

Spc. Michelle Owens (left), a nutrition care specialist with the 325th Combat Support Hospital, and Spc. Vianca Duque (right), a cook with the 362nd Medical Logistics Command, prepare food for dinner Dec. 5, at Camp Higashi-Chitose. The 325th CSH and the 362nd MLC, along with Soldiers from six other reserve units, joined Logistical Task Force 35 to support in preparing meals for the more than 1,000 service members participating in Yama Sakura 65.



# Yama Sakura 65

*Photos by Spc. Chalon Hutson, 301st Public Affairs Detachment*



Yama Sakura (YS) is an annual, bilateral exercise with the Japan Ground Self-Defense Force (JGSDF) and the U.S. military. The exercise rotates each year to one of the five JGSDF regional armies. Co-hosted by U.S. Army Pacific and the Japan Ground Self-Defense Force, this year's player units were the U.S. Army I Corps and the JGSDF Northern Army. Yama Sakura 65 (YS65) was conducted at Camp Higashi-Chitose in Hokkaido, Japan, from Dec. 8-14.



Yama Sakura is the largest command post exercise that focuses predominantly on the bilateral and joint planning, coordination, and interoperability of ground-based elements of the U.S./Japan security alliance.

The exercise was comprised of approximately 1,000 U.S. forces and 4,000 JGSDF forces. Air and naval forces also had representation to allow for joint planning.



(Top) Pfc. Kamal Chatoos, a nutrition care specialist with the 325th Combat Support Hospital out of Independence, Mo., thaws steaks in preparation for dinner.

(Center) Spc. Michelle Owens, with the 325th Combat Support Hospital, slices carrots in preparation for dinner.

(Bottom) Spc. Tim Penrod (right), a cook with the 388th Multifunction Medical Battalion, and Spc. Bryson Averett (left), a cook with the 172nd MMB, prepare to cook fish to be served for dinner Dec. 5, at Camp Higashi-Chitose.

# Reserve lieutenant aids in bone marrow matching

Second Lt. Stephanie Fox, left, explains to 1st Lt. Ashley Dagley of the 172nd Multifunctional Medical Battalion based in Ogden, Utah, the steps and paperwork required to give a sample for bone marrow testing.



*“Military members are perfect as donors...”*

OGDEN, Utah – Second Lt. Stephanie Fox, an Army Reserve Soldier, donates time as a match drive volunteer for the Department of Defense Marrow Donor Recruitment and Research Program that finds critical bone marrow matches, which help save lives.

According to Fox, currently assigned to the 172nd Multifunctional Medical Battalion, only two percent of the population are ever a match; that is why a large database of possible donors is needed.

“Military members are perfect as donors. We are healthy and fit the donation age requirement of 18-60,” said Fox.

Today Fox is making a difference. She has begun setting up bone marrow collection points in both Army Reserve cen-

ters and at her civilian job. Fox serves as the Park University director located on Hill Air Force Base and uses volunteers from both locations to collect samples for the national database.

The collection process is quick and painless. A cotton swab is used to collect saliva from the donor and the

sample is shipped off to be stored and filed for possible matches.

“I think we are all connected in the grand scheme of things,” said Fox. “Our actions and behaviors affect one another and sometimes we can affect people in a big or small way.”

Each year more than 12,000 people are diagnosed with diseases requiring

faced by adults and children motivated her to make a difference within her community as an adult.

“Soldiers new to the Army Reserve that want to contribute to their local community may not know where to start,” said Fox. “I believe this is a great place to begin.”

Congressman C.W. “Bill” Young founded the DOD Marrow Donor Recruitment and Research Program in 1990 and began recruiting donors in 1991. The program coordinates marrow and hematopoietic stem cell donations from military personnel and civilian DOD employees.

According to the DOD Marrow Donor Recruitment website, more than 800,000 individuals have joined the registry and have completed more than 6,000 successful marrow and stem cell donations.

“Life is unpredictable. You do not know what is going to happen tomorrow or five to ten years from now,” said Fox. “You have the power to potentially save someone’s life.”

For more information and details on how to donate, visit <http://www.salutetolife.org>.



Capt. Bryce Ponis and Jonathan Etienne, assigned to the 172nd Multifunctional Medical Battalion based in Ogden, Utah, take saliva samples to add to the bone marrow registry. The samples will be sent off to a lab and stored on file for possible bone marrow matches in the future.

an infusion of stem cells. Often family members will not be a match.

As a teenager, Fox lived in Ramstein, Germany, and remembers watching television commercials about bone marrow collection on the American Forces Network. Learning about the difficulties and illnesses

# MEDCOM promoting healthy living by example



**Lt. Gen. Patricia Horoho (front center), Army surgeon general, and Command Sgt. Maj. Donna Brock (far left) lead their team on the inaugural Jingle Walk, Dec. 13, 2013, hosted at Office of the Surgeon General and U.S. Army Medical Command headquarters in Falls Church, Va. Participants walked about 4,000 steps (2.19 miles) before noon, reaching nearly half of the activity benchmark of the Performance Triad initiative which focuses on sleep, activity, and nutrition as key actions that influence health in Soldiers' life-space.**

WASHINGTON (Army News Service, Dec. 18, 2013) -- "I want this headquarters to lead the way in Army wellness by getting the right amount of sleep, being more active and getting better nutrition," the Army surgeon general told her staff.

Determined that U.S. Army Medical Command, known as MEDCOM, not only talks the talk, but also walks the walk, Lt. Gen. Patricia Horoho, who is also MEDCOM commander, dedicated Dec. 13, to be "Holiday Jingle Walk" at their Falls Church, Va., headquarters, said Barbara Ryan, a registered nurse with the Army Surgeon General's Office and the lead for Performance Triad's outreach programs.

Furthermore, she directed each MEDCOM directorate to plan a monthly walking event, encouraging them to make it fun and designed to promote unit camaraderie, Ryan said, adding that during their Jingle Walk, some participants dressed up in holiday costumes.

Horoho got the idea for the walk during a visit to Fort Bragg, N.C., Nov. 16, where the post held an installation-wide 5-K run/walk, Ryan said. No registration was required for their 5-K and "people showed up with their dogs, cats, kids and strollers and they could choose to run it, walk it or both."

She was there to help kick off Fort Bragg's Healthy Base Initiative and the Performance Triad's third pilot course, involving Soldiers of the 189th Combat Sustainment Support Battalion.

As for the Performance Triad pilots, Ryan said they're all on track and the program evaluation will conclude in April. And later next year, Army senior leaders will discuss plans to launch Performance Triad service-wide.

As it now works, squad leaders in the pilots get eight hours of professional classroom training on sleep, activity and nutrition, and all participating Soldiers receive two hours of Triad training. All Soldiers were also tested with the Military Power, Performance and Prevention Platform, or MP3, which assesses injury risk and provides individual physical training plans.

The squad leaders continue to be the key to the program and instill in their Soldiers what they've learned from the classroom and from the Leader's Guide. "It's basically a leadership by example type approach that fits in with the Army's philosophy that the [noncommissioned officer] has the most influence over a Soldier's life," Ryan said.

Horoho is promoting Performance Triad ahead of the rollout, Ryan said.

Next year, for example, she'll be on a whirlwind tour of Army installations, that may include Fort Hood, Texas; Fort Bliss, Texas; Fort Stewart, Ga.; and Fort Benning, Ga., talking to Performance Triad teams at each military treatment facility as well as post commanders and senior enlisted Soldiers.

"People she visited at Fort Bragg were really jazzed," Ryan said, meaning that the surgeon general inspired them. "One sergeant major said 'I can see why this is so important now.' That's the kind of thing people can expect when she visits."

As it stands now, installations don't have to wait for the Performance Triad roll-out to reap the benefits. Under the guidance of Army Public Health Command, each post has a community health promotion council, led by senior commanders, Ryan explained. This is a resource that integrates garrison, medical and mission efforts in support of the synchronization of health promotion, risk reduction, and suicide prevention programs for example.

Representatives from the community, including retirees, officer and enlisted spouses, along with garrison, medical and senior commanders, meet to discuss programs and initiatives to promote the health, wellness, readiness and resilience of the force. "These councils are the means to allow commanders to monitor health promotion program goals and objectives for their community. People can plug in now for information on sleep, activity and nutrition at [www.armymedicine.mil](http://www.armymedicine.mil)," she said.

"There's a demand for more information and a groundswell of interest has begun," Ryan said. "People throughout the Army are asking for more information about the program and we are hearing how people's lives are being changed for the better."

(Mike O'Toole, Army Medicine Public Affairs, contributed to this article. For more ARNEWS stories, visit <http://www.army.mil/ARNEWS>, or Facebook at [www.facebook.com/ArmyNewsService](http://www.facebook.com/ArmyNewsService).)

# Army Reserve AMEDD General Officer Steering Committee

*“The biggest issue we face is how we will maintain an operational Reserve, and remain relevant during these times of fiscal constraint...”*



ATLANTA – Continued efforts in Afghanistan, the possibility of withdrawing troops from the war, and the nation’s fiscal ceiling are some issues that are on the minds of many service members. The Army Reserve leaders in the Army Medical Department, also known as AMEDD, spent an entire weekend together at the General Officer Steering Committee to discuss and find innovative solutions for those issues which will affect their soldiers.

The 3rd Medical Command Deployment Support hosted the General Officer Steering Committee in Atlanta, Sept. 14-15. The leaders of the 807th Medical Command Deployment Support and Army Reserve Medical Command attended the event. Other attendees included the commanding general of Public Health Command, Forces Command surgeon, Army Reserve Command surgeon, and members of the Office of the Surgeon General.

There was a unified concern for Reservists in AMEDD to stay ready and proficient when the withdrawal from Afghanistan takes place. For Maj. Gen. Dziejdzicki, commanding general of the 3rd Medical Command, this is one of his concerns. “We need to ensure that we meet guidance put out by the Chief of the Army Reserve, so that we remain an operational medical Reserve,” says Dziejdzicki.

“The biggest issue we face is how we will maintain an operational Reserve, and remain relevant during these times of fiscal constraint,” says Col. Joe Heck, who is promotable to brigadier general, and the newest addition of deputy commanding generals at the 3rd Medical Command.

When not in uniform, Heck is also a congressman, representative of the 3rd District of Nevada, which allows him to bring a unique understanding of the budget concerns in both the military arena and the congressional arena. He raises a good question saying, “We’ve built a credible operational

capability over the last 12 years. As funding goes down, as operations tempo goes down, how is the Reserve going to be positioned to maintain that operational capability?”

Maintaining that operational capability by AMEDD soldiers in the Reserve would require innovative ways to stay at that level, Brig. Gen. Cynthia O’Connell, one of three deputy commanding generals for 3rd Medical Command, gave an example of how the 75th Combat Support Hospital has maintained that capability stateside by being involved in the Innovative Readiness Training in Ferriday, La. The 75th Combat Support Hospital provided medical care for more than 4,000 patients in Ferriday over 10 days this past July.

“We did optometry, we did dental work, a full gamut of primary care, and the people of Ferriday were so grateful,” says O’Connell. “It was an opportunity for 75th to give back to their own.”

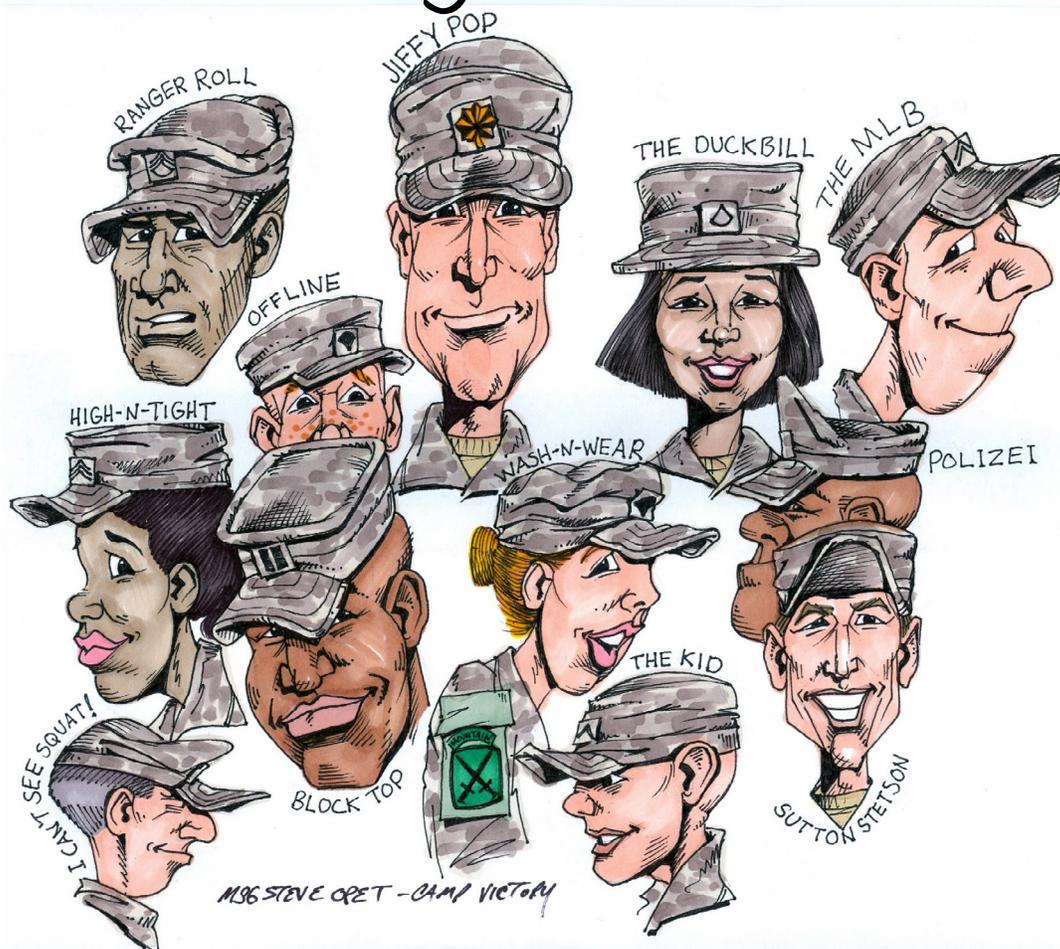
Even with major college and professional football games that weekend, the leaders were focused on tackling these issues for their Soldiers. The leaders sat together through hours of discussions on how to keep their Soldiers operationally ready, train their leaders on both the enlisted and officer sides, and keep AMEDD in the Reserve relevant not just to the Army, but the entire Department of Defense. Despite being from different commands and arenas of the Army, the leaders had a collaborative effort in answering these issues.

Brig. Gen. John Donnelly, the longest tenured deputy commanding general for the 3rd Medical Command, was encouraged by the event. He commented that “...the general officers are taking to heart the best interests of the Soldiers, trying to make smart decisions to affect and improve the life and mission readiness of not just soldiers in the 3rd, but all AMEDD soldiers in the Army Reserve.” 

# Just for laughs



# Just for laughs



**The Pulse is looking for submissions from the field!**

**If you have photos from 807th MEDCOM missions, exercises, events or activities, let us know!**

**We also welcome stories, story ideas and other product pitches. Email [chad.m.nixon.mil@mail.mil](mailto:chad.m.nixon.mil@mail.mil) for more information or to submit materials.**

**Additional information can be found on the front inside cover of this issue.**

## **TRANSPLANT (Continued from page 3)**

He or she may need to spend months and sometimes years going through occupational and physical therapy, which may be at times painful and frustrating, she said.

This therapy is essential to getting the muscles to move again and to keep the joints flexible, Dean explained.

Also, the patients will need to take immunosuppression drugs for the rest of their lives, she said. "For some, this is a non-starter."

Dean said Army researchers are working on ways to minimize the impact so that life-long immunosuppressant drugs can be reduced in

dosage levels or not required at all.

Lastly, hand and face transplants won't save patients' lives like kidney, heart or liver transplants. Rather, the transplant will improve their lives by bringing back some functionality and improved appearance.

Soldiers wounded or injured in Iraq or Afghanistan might elect these procedures in the future, Dean said. One of the reasons there are not many Soldiers getting these types of transplants is that often years elapse between the injury and when the surgery is performed.

The most important thing is for the injured to first get life-saving

treatment and post-operative care, she said. Then, the patient may elect to receive a prosthetics or plastic surgery.

"It may take months or even years before they've plateaued with the use of their prosthesis and decided it's not worth it or it's not satisfying enough for them," she said. At that point, they can consider the face or hand transplant option.

Army researchers are continuing to make advances and investments in regenerative medicine like transplants and tissue engineering, said Alvarez. "This is just one of many options available for our warfighters." 

## **PANAMA (Continued from page 9)**

MEDRETE BTH-Panama 2013, requested an "all free hands down to the river" to assist with the equipment unload. Medical personnel, Panamanian Police (SENAFRONT) and local Panamanians worked together to unload and hand transport the equipment and supplies in 100-degree temperatures with high humidity up the steep slope of the riverbank and finally on to the hospital.

The day started with a 4:30 a.m. wake-up call. Five hours later the first of approximately 100 patients started to filter through the different medical care stations that were set up.

"We have pediatricians, general medicine, OBGYN, optometrists, dentists and a pharmacist here," said Sgt. 1st Class Jacob L. Dye, noncommissioned officer in charge of MEDRETE B, of the 256th Combat Support Hospital, a U.S. Army Reserve unit out of Ohio. "We are here to provide basic medical care just like when you go to see your primary medical physician when you get sick. We're not doing any surgeries by any means, however our dentists are doing some extractions."

The medical team offered general medical services to a large number of patients in a short amount of time. Since the hospital in Yaviza is fully outfitted, it can refer anyone needing specialty treatment to the Panamanian doctors for follow-up visits at a later time.

Said Rolando Briz, Servicio Nacional De Fronteras (SENAFRONT) Sub-Commissioner of police for the Yaviza area, of the type of treatment offered at the MEDRETE, "This is very adequate for the needs of

Yaviza; everyone is very happy."

Many of the patients came from Yaviza proper, but others came in from the river towns of the majestic, botanical "Garden of Eden" rainforest that is in the Darien Gap. The area is basically a swamp that has few roads, and the road from Metete is severely pitted with potholes. For the ethnically diverse villagers of the Rio Chucnaque river towns, the river itself is the only viable means of transportation.

According to Rolando Rojas, director of Dr. Manuel A. Nieto Hospital, the difficulties in travel did not dissuade the people from making the trek, and "everyone is taking advantage of the opportunity for the free medical treatment that is provided."

Said Briz, "The people know there is a doctor here 24 hours a day, [but I am] amazed at how many people reacted to the MEDRETE and came here."

"The patients are very cooperative and receptive to the services that we are providing," said Maj. Micheal Cole, a dentist from the 965th Dental Company, 807th Medical Command (Deployment Support) about the Panamanian patients he had seen. "They're very thankful for us being here and are very, very nice people."

Beyond the Horizon-Panama 2013 is a U.S. Southern Command-sponsored, U.S. Army South-led exercise deploying U.S. military engineers and medical professionals to Central America for training and to provide humanitarian and civic assistance in cooperation with the host nation. 

## **SOLDIER CARE (Continued from page 11)**

impress upon them that this is a really important thing for their health."

Wilmoth said that as budgets continue to be tightened, it is even more important to focus on provid-

ing care.

"We cannot stop investing in our Soldiers," Wilmoth said. "Coming home is a very important transitional time. And it's really important, even

in an era of budget cuts, that we truly continue to consider the importance of that and make sure that the health and welfare of our Soldiers remains a top priority." 

Right then and there I knew it was going to be a long 10 days. Shortly after we were all settled in, we marched over to the location of our initial briefing. Here is where we learned the following: our days would begin at 0430 and end no earlier than 2200 every night; caffeine of any kind was not allowed; we could not go to the PX, Starbucks, or anywhere except the dining facility (DFAC), the EFMB lanes, or our barracks, and at the established times only; two meals a day would be MREs; the entire day would be spent out on the lanes in the sand which was about a half mile away; and we would be marching everywhere with our 45-pound rucks on our backs.

I am naturally a very positive person; but that's when my optimistic attitude changed.

The first five days were called "standardization week." I was miserable the entire time. Basically we did a "round-robin" system to get all the platoons familiar with all the candidate testing lanes. The instructors would walk your group through the lanes and explain to you and show you exactly how the task needed to be done on test day. The best way I came up with retaining all of that information was scribbling down every word they said. We spent the entire day studying and memorizing and walking through that lane. Then moved on to the next lane the next day.

We also had to do land navigation during the day and night. This is one of the areas that got a lot of people put out. Honestly, land navigation is not something you can really cram for the night before. There is not a list of steps you need to memorize for land navigation. There are so many factors that could hinder your performance such as obstructions in your path, distance between your points, compass coopera-

tion, plotting mistakes, etc. you have to know what you're doing before you get to the course.

We also had to take a 60-question written test divided into four sections: field sanitation, detainee operations, combat medic tasks, and basic Soldier skills. The best way to study for these tests, I discovered, is to sit down and read through the entire manual. That way you can just hope that the question on the test will trigger something you remember reading.

Those first five days, my resiliency nearly hit rock bottom. I had just recently (two years ago) been through



**Corporal Marquelle D. Dreis (right), an Expert Medical Badge candidate and a preventative medicine specialist with 793rd Preventative Medicine, leads her team under a wired obstacle during EFMB testing at Camp Buehring, Kuwait.**

basic training and even more recently (two months ago) been through Warrior Leader Course, a school for sergeants. These are two difficult, yet rewarding, Army courses; I seemed to thrive in both. EFMB however, was something else. I was very discouraged and couldn't wait for test week to start so I could just go "home," back to Camp Arifjan. I'm sure I was not the only one with this attitude.

Miraculously, I made it through those first five days.

Test week began.

CTL2 (Combat Testing Lane 2) was the very first lane I tested on. I was nervous, naturally. I had practiced and studied and memorized like crazy for this lane. I had to tell myself

before I began that I had given it my all and whatever happened, happened! As I began performing the tasks of assembling and disassembling the M9 handgun, putting on protective gear in case of a chemical attack and reporting unexploded ordinance, it amazed me at how I remembered every little detail on every task. As I finished each task, my confidence level grew. I even began having fun!

At the close of the first day, my attitude had almost done a 180-degree turn. I was almost my normal self. I began to realize, "maybe I really can get this badge!" Finding the balance between being confident and hopeful, and yet not getting your hopes up too much just in case they were crushed on the next test day, is tricky. I just took it one day at a time and did my best on the task before me. To my astonishment, I just kept pulling through.

Day two was for CTL1, which was the most difficult for me. It took the most time to get through on test day (around two hours per person), and consisted of the most memorization. At the beginning of the lane, I was asked to list and define any medical acronyms I would be using on the lane. The first task after this was to disassemble, reassemble, and perform a functions check on the M16 rifle in less than four minutes. The sand made this task more difficult to accomplish because it can keep the bolt from working properly.

I ended up getting a 'go' on that task.

The second task was reacting to direct fire by finding cover. Once the evaluator stated that I had gained fire superiority, I moved forward and began evaluating my casualties. There were three casualties in this section. I demonstrated how to correctly move my casualties in care under fire, then per-

formed 10 of the 14 medical tasks on these patients. All of these individual tasks have different, specific phrases I had to verbalize and steps I had to perform in order. Like I stated previously, there was a lot of memorization. I would like to point out that on these individual tasks, there are about 10 different steps at a minimum. If one of these steps was forgotten or missed, you received a “no-go” on the entire task. You could only miss three medical tasks before you received a ‘No-Go’ for the entire EFMB.

Even though CTL1 was definitely the most difficult lane for me, I was most worried about land navigation.

As I stated before, it is not something you can really study for to feel more prepared. You just have to trust in your skills and the compass and hope you eventually reach a point! It never got easier as I went along, but I got more determined to get the badge. I kept telling myself I had made it this far, might as well keep going. After that first day, I was not confident I would pass. I was only confident that I could make it through another day at least. I knew that my study techniques had worked and was hopeful that if I did

that same exact thing for every other lane, it would give me the same results.

The last lane, CTL3, consisted of soldier skills, evacuation tasks, and communication tasks. On this lane there were a lot of things that needed to be verbalized word-for-word. The first task was a simulated HMMWV (High Mobility Multi-Wheeled Vehicle, or “Humvee”) accident where the driver sustained a possible neck and back injury. This was a long lane that involved moving casualties from the HMMWV to a location where a helicopter could land. I knew it wouldn’t be that easy because nothing on the EFMB lanes ever goes according to plan.

It seemed so surreal to be standing at the starting line of the 12-mile ruck march with my battle buddy, Sgt. Arends, and my role model, Maj. Durrani, there to pace me. Crossing the finish line is almost a blur. I was so overwhelmed with the emotional realization that I did it, -- I actually did it! --and also the physical exhaustion of just rucking 12 miles in under three hours. I was bombarded with people pulling my gear

off and supporting me as I walked to the medical tent. It was standard procedure for every candidate to check in at the medical tent upon crossing the finish line. Everyone was allowed two pacers from their unit for encouragement. Whether you used them or not, it was allowed. I am so grateful for my pacers. They simply encouraged me to keep going and reminded me to pick up the pace when I needed to. It helped keep my mind off of how many miles I had left or the blisters on my feet. I had done the 12-mile ruck march before so I knew I could do it. Granted the last time I did it I had not been worn down for 10 days straight. Nonetheless, I crossed that finish line with time to spare!

EFMB proved to be one of the most challenging things I have ever done and definitely the longest ten days of my life. That being said, I am so grateful I had the opportunity to participate and am simply amazed that I pulled through to the end! I definitely learned so much about myself. I will be wearing this badge proudly for the rest of my Army career. 

### ***CSM (Continued from inside front cover)***

are willing to travel for an assignment. Many appear complacent in their current duty assignment displaying minimal effort resulting in mediocre evaluations. Additionally, to be taken seriously, in my opinion a senior NCO should consider listing 350 or more miles on their Mileage Declaration Statement. Without a significant mileage declaration, Soldiers are often not competitive.

Fourth, very few NCOs have advanced degrees, if any degree at all, from a regionally accredited college or university. I see too many packets from senior NCOs with 18 years in the military and only a high school diploma. In today’s Army, having an advanced degree makes one a better, more relevant and well-rounded leader. Do I feel that an advanced degree generally makes a person a better NCO? Sure. Do I feel that those lacking such a degree are less of a Soldier or NCO? Absolutely not. Regardless, I find it hard to understand why someone would not seek higher education, especially when tuition assistance and the GI Bill are available to most. Nevertheless, at some point your military career will come to an end and you need to ensure you set yourself up for life after the Army.

Fifth, many Soldiers are not selected for promotion because they lack the Professional Military Education (PME) courses to stay current with MOS, policy, regulations, or standards. Few complete NCOES or other courses, such as Structured Self

Development, Warrior Leader Course, Senior Leader Course, Battle Staff, Joint Senior Enlisted Education, etc., necessary for the rank they are seeking to attain. Soldiers should be knocking on the first sergeant’s door asking to attend school, not the other way around. We have a systemic problem across the formation with under utilization of school quotas – both officer and enlisted. If you want the best opportunity for promotion consideration, then attend your required NCOES or OES early in your career and not months or weeks before your packet goes before the promotion board.

Promotion success in the Army is based on individual merit. Can you get promoted without some of the comments made above? Sure, but not many Soldiers do. Are there “select objectives” that no matter how good the Soldier looks on paper, he or she is just not going to get selected? Certainly, that happens. Nevertheless, Soldiers are promoted on the basis of their ability and potential for increased responsibility, not on some other arbitrary basis or someone else’s performance.

Finally, there is a great quote from Vince Lombardi, best known as the head coach of the Green Bay Packers during the 1960s that pretty much sums up what it takes to get promoted. He said, “The quality of a person’s life is in direct proportion to their commitment to excellence, regardless of their chosen field of endeavor.” 

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