

THE OFFICIAL MAGAZINE OF THE ARMY RESERVE MEDICAL COMMAND

# WARRIOR MEDICS

2012 Special Edition, Vol. 5 No. 1

## A LOOK BACK

NEW REGIME LEADS THE WAY: **KELLY - LINK - ESTABROOKS**

FROM THE FIELD: MEET OUR CITIZEN-SOLDIERS

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## Editor's Note:

### Warrior Medics,

**I**t's hard to believe that we are already half way through 2013; Before we look ahead, let's take a quick look back and review how we told the Army Reserve Medical Command story in 2012.

On page 5, the AR-MEDCOM Command Team, 'Ready 6' and 'Ready 7', provide you with three key factors to achieving success, and express their views on leadership, and being involved at all levels. 'Ready 7' invites you to join the Army Reserve Medical Command on Facebook.

Social media sites such as Twitter, Facebook, Flickr, Foursquare, and LinkedIn are great tools the military uses to communicate with Soldiers. Currently, we post to the Army Reserve Medical Command (Official PAO Page) to share information, resources, and articles to keep you and your Family Members informed. Social media is a conversation, not a one-way broadcast. So as we share posts, I ask you to comment on them, we want to hear from you! We want you to UNDERSTAND that your feedback is important. This is a direct way for you to engage the command team. We want you to follow, comment and like us. We want to communicate that we are likeable, trustworthy, and provide timely and accurate information.

We welcome Brig. Gen. Mary E. Link, our deputy commanding general on Page 6, and a new command team, Maj. Gen. Bryan R. Kelly, commanding general and Command Sgt. Major Harold P. Estabrooks, the senior enlisted advisor on pages 7-9. As we hail in the new, we said 'Thank you and Farewell' to a command duo who both gave more than 30 years of service to our nation on pages 10-11.

In this special issue of the Warrior Medic Magazine 'A Look Back', we spotlight our accomplishments that made a significant impact on our military and civilian communities, such as Warrior Exercise (WAREX) and Global Medic, on pages 12-13. In these article, we train alongside the Army, Navy, and Air Force Reserve, on a collection of Army Warrior Tasks that prepares the units for training and deployments.

Our medics of the 7222nd Medical Support Unit trained with Military Police Soldiers in an urban environment highlighted on pages 14-15. Medics maintain their requirement of the cyclic readiness model, known as the Army Force Generation (ARFORGEN) Model, by transforming a local park into a war zone where casualties require immediate care. Find out more on pages 16-19.

Two great examples of how our Soldiers give back to communities while assisting civilian and veteran efforts are through the East Bay Stand Down and the Clinic on Wheels Innovative Readiness Training missions while addressing civic and community needs throughout the United States featured on pages 22-25.



One of our own is awarded the Purple Heart for his actions in combat. He reflects back on the medical actions taken that fateful day. Read his story on page 28. After deployment, Warrior-Citizens transition from Soldier back to Civilians. Some find themselves dealing with complicated issues, depression, strain and stress of relationships, employment and life. The Army has made it a high priority for everyone to receive suicide prevention training. Read how we save lives through intervention on page 26.

Like it or not, social media has, and will continue to have a large impact in keeping you informed -- telling the unit and Army Reserve story whether it is about IRT missions, Military Training, or community engagements, and how the community supports the military. These are all important aspects that make Citizen-Soldiers ready, relevant and resilient.

A top priority for our Command is sharing the Army Reserve Medical Command's story, making us AR-MEDCOM STRONG through one story at a time, one post at a time, and one LIKE at a time.

Sincerely

Michele R. Sutak

Lt. Col. Michele R. Sutak  
Editor-in-Chief,  
Warrior Medic Magazine

"Your Friendly PAO - Keep smiling!"



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Above: Soldiers of the Army Reserve Medical Command folds the U.S. flag just after the first day of the East Bay Stand Down in Pleasanton, Calif.. (U.S. Army photo by Lt. Col. Michele R. Sutak, Army Reserve Medical Command)

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## Ready 6 sends:

Maj. Gen. Bryan R. Kelly

The Chief of the Army Reserve, and Commanding General of the U.S. Army Reserve Command, Lt. Gen. Jeffrey W. Talley recently said, "We have the best Army Reserve in history because of you. You are an essential part of the total force ... the future will require an Army Reserve that can enable our Army to 'Prevent, Shape and Win' across a full range of missions."

I ask each of you, as we move forward to enable AR-MEDCOM to be successful in reaching Rally Point 32's, 'Prevent, Shape and Win' by focusing on three key factors related to success for all of you.

The first key factor is your family, both your Family and our Army Family. Any officer or enlisted Soldier, who achieves significant goals, understand that they did not do it by themselves, and I am not any different. None of us walk this path alone, at critical turns and obstacles, my families have kept me going, carrying me to where I am today.

Secondly, mentorship is a key factor. You are your own career manager, being responsible for your own career by identifying military mentors to provide guidance along your career path, and the employers in our communities who support our Citizen-Soldiers missions.

The last factor, trust and mission focus within our formations. As a commander and leader, the support of each individual from the highest ranking Soldier to the lowest ranking Soldier is key, as we work together as a team toward mission success trusting one another to do their job.

We as individuals become successful Citizen-Soldiers through the synergy of these three factors, and keeping a balance in our personal and professional lives as we serve together.

One of the things I enjoyed most being in command of any organization is the command team relationship, and the relationship that we develop with Soldiers across our command, and across the Army Reserve.



## Ready 7 sends:

Command Sgt. Maj. Harold P. Estabrooks

We live in a nation that honors sacrifice, and we are not ignorant to its cost. Raised as a military brat, I was a boy who played Soldier, and became a Soldier, then I watched my own son play Soldier and became a Soldier. I understand the challenges each of you have as a Soldier, spouse, parent, and a child because I have lived all of these roles.

The world has changed since I was a military brat, but what has not changed are Army values, traditions, and Family - these do not change.

Back in the day, the best form of communications was a hand written letter or a phone call. Today, it's a post on a social media site or a text by phone.

As others have assisted me along the way, I am in a position to assist you: the four Medical Area Readiness Support Groups comprised of 22 United States Army Hospitals, 40 Medical Support Units, six Troop Medical Clinics, 13 Blood Donor Centers, eight Veterinary Service Cells; the Medical Readiness and Training Command with three Regional Training Sites-Medical units; and the Army Professional Management Command with a Credentialing Division, but I am not able to assist if there is no communications.

As we move forward, it is imperative that our leadership is involved with our Soldiers and Department of the Army Civilians at all levels. So I extend an invitation to all of you to join me on Facebook, so you can receive updated information from the command, and have the opportunity to communicate with us on Facebook.

Our Army is our family business, taking care of Soldiers is my business.

Again, we live in a nation that honors sacrifice, I am thankful for this and proud of all of you.



COMBAT READY!  
BRK

COMBAT READY!  
EPH



**AR-MEDCOM Command Team:**  
**Commanding General**  
 Maj. Gen. Bryan R. Kelly  
**Deputy Commanding General**  
 Brig. Gen. Mary E. Link  
**Command Sergeant Major**  
 Command Sgt. Maj. Harold P. Estabrooks  
**Chief of Staff**  
 Col. Tracy L. Smith



**Warrior Medic Staff:**  
**Chief, Public Affairs/Editor in Chief**  
 Lt. Col. Michele R. Satak  
**Design and Layout/Associate Editor**  
 Master Sgt. Enid Ramos-Mandell  
 Staff Sgt. Neil W. McCabe  
**Photo-journalists:**  
 Staff Sgt. Marnie Jacobowitz  
 Staff Sgt. Eric W. Jones

**Contributors**  
 Staff Sgt. Issac Khan  
 Spc. Rebecca Newton  
 Lt. Col. Scott L. Borchardt

**Other Contacts:**  
**AR-MEDCOM HQ, General Inquiries:** (877) 891-3281  
[usarmy.usarc.usar-medcom.mbx.pao@mail.mil](mailto:usarmy.usarc.usar-medcom.mbx.pao@mail.mil)  
**AR-MED WATCH:** 727-563-3720 [ARMEDCOM.EOC@us.army.mil](mailto:ARMEDCOM.EOC@us.army.mil)  
**Staff Duty Officer:** 727-254-2099  
 CHECK OUT AR-MEDCOM PUBLIC AFFAIRS PRODUCTS ON THE WEB:  
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## Pinellas Park welcomes new deputy commanding general



Brig. Gen. Mary E. Link, new deputy commanding general for the Army Reserve Medical Command, joined the command team June 6, 2012 at the C.W. "Bill" Young Armed Forces Reserve Center in Pinellas Park, Fla. Link, a native of Ravenna, Neb., is coming to AR-MEDCOM from the Office of Chief Army Reserve in Washington, D.C., where she served as the deputy surgeon of Clinical Operations. Inset photo: U.S. Army official photo. (U.S. Army photo by Staff Sgt. Marnie Jacobowitz)

Story by Lt. Col. Michele R. Sutak, Army Reserve Medical Command, Public Affairs

**PINELLAS PARK, Fla.** — Brigadier General Mary E. Link, deputy commanding general for Army Reserve Medical Command, joined the command team in May.

Alongside Maj. Gen. Robert J. Kasulke, commanding general of AR-MEDCOM, Link will provide leadership, management and direction for medical operations, completing the command leadership.

"General Link has a significant amount of medical experience across a wide front of corporate and military medical organizations," said Kasulke, who resides in Watertown, N.Y.

"She brings an excellent portfolio of talents skills, and leadership to AR-MEDCOM," he said.

Link, a native of Ravenna, Neb., is well-known throughout Army Medical Department's and is no

stranger to AR-MEDCOM; many recall her time as the commander of the AMEDD Professional Management Command in Ga.

She served as the Deputy Surgeon, Clinical Operations, Office Chief Army Reserve in Washington, as her most recent assignment where she was responsible for facility administrative procedures, oversees clinical operations, and strategic planning.

As the first AR-MEDCOM female deputy commanding general, she succeeds, Brig. Gen. Jonathan Woodson, who is now serving as the Honorable Woodson, the assistant secretary of defense for health affairs and director of TRICARE management activity, she also serves as the Assistant Surgeon General for Force Management, Mobilization, Readiness and Re-

serve Affairs, Office of the Surgeon General (Individual Mobilization Augmentee), Washington, D.C.

Colonel Corliss Gadsden, the chief of staff of AR-MEDCOM had the opportunity to work with Link at Human Resources Command in St. Louis, Mo., now located at Fort Knox, Kent.

"Her firsthand knowledge in the medical field is a valued asset to the Army medical community and to this command," said Gadsden.

"She is focused on taking care of Soldiers and their well-being, this is a true professional joining our team."





## Estabrooks Takes Responsibility

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

Maj. Gen. Bryan R. Kelly, left, passes the Army Reserve Medical Command colors to Command Sgt. Maj. Harold P. Estabrooks, right, for "safekeeping" during the Change of Command ceremony held at the C.W. "Bill" Young Armed Forces Reserve Center in Pinellas Park, Fla., while the presiding officer, Maj. Gen. Luis R. Visot, (back to camera), observes the passing of the colors Sept. 23.

**PINELLAS PARK, Fla.** – Command Sgt. Maj. Harold P. Estabrooks assumes the responsibility of the Army Reserve Medical Command at the C.W. "Bill" Young Armed Forces Reserve Center.

Estabrooks, a native of Midwest City, Okla., and a resident of St. Petersburg, Fla., took over for the retiring Command Sgt. Maj. Roger B. Schulz, who began his assignment at AR-MEDCOM November 2007.

During the change of command ceremony, Maj. Gen. Luis R. Visot, deputy commanding general, operations, for the United States Army Reserve Command, Fort Bragg, N.C., transferred the AR-MEDCOM colors to Maj. Gen. Bryan R. Kelly, who passed the colors to Estabrooks.

"I truly appreciate your support going forward," remarked Kelly. "I truly look forward to working with Command Sergeant Major Estabrooks and his wife, Shana, as a command team for AR-MEDCOM."

Estabrooks, began his military career in 1985 as an Infantry Soldier in a training battalion. He later became a drill sergeant with Bravo Company, 4th Battalion, 291st Regiment. Since then he continued to serve in positions of increased responsibility and key noncommissioned officer positions. His last duty assignment was command sergeant major of the 86th Division

(Operations), the "Blackhawk Division" at Fort McCoy, Wis.

Estabrooks numerous military schools, to include, Airborne, Air Assault and Pathfinder schools, Basic and Advanced Noncommissioned Officer Courses, First Sergeant Course, United States Army Sergeants Major Academy, the Command Sergeant Major Course and is a Master Fitness Trainer.

He is no stranger to the Army; it's been a way of life for him, as he followed in his father's footsteps, retired Master Sgt. Milton Estabrooks, a U.S. Army veteran of the Korean and Vietnam Wars. His wife, the former Shana Shepherd, retired from the Army Reserve as a Sgt. 1st Class, and is a recipient of the Shield of Sparta, "Heroine of the Infantry". Together they have 3 adult children, Tegan, Keith, and James.

"This Army is our family business," said Estabrooks. His youngest son, James is currently serving in the U.S. Army in the rank of private first class with the 173rd Airborne Brigade Combat Team in Afghanistan.

"I understand the challenges for Soldiers, spouses, parents, and children because I have lived all of them," said Estabrooks. "All of the roles require sacrifice and I am thankful that we live in a nation that honors sacrifice."

(See Estabrooks, Page 25)



# Kelly takes the reins

Story and photos by Lt. Col. Michele R. Sutak, Army Reserve Medical Command, Public Affairs

**PINELLAS PARK, Fla.** – Maj. Gen. Bryan R. Kelly, a native of Stamford, Conn., became the 4th commanding General of the Army Reserve Medical Command Sept. 23, in a ceremony here at C.W. “Bill” Young Armed Forces Reserve Center.

Kelly took over for the retiring Maj. Gen. Robert J. Kasulke, who began his command at AR-MEDCOM October 1, 2009.

“Bryan you have an outstanding crew here, there’s no ifs’, ands’, or buts’ about it,” said Kasulke. “And ... they’re yours, you can only move forward.”

During the ceremony, Maj. Gen. Luis R. Visot, deputy commanding general, operations for United States Army Reserve Command, Fort Bragg, N.C., passed the AR-MEDCOM colors to Kelly with the assistance of Command Sgt. Maj. Harold P. Estabrooks, the senior enlisted advisor for AR-MEDCOM.

The passing of the colors symbolically represents the passing of responsibility and authority over to the incoming commander.

“It is our good fortune that the Army Reserve has a great bench of leaders, and our good fortune that we have another great leader, our newest Major General in the United States Army, Maj. Gen. Bryan Kelly,” said Visot.

“Part of the value of the Warrior citizen is the civilian acquired skills,” addressed Visot, recognizing Kelly’s civilian capacity as a clinical psychologist. “The knowledge and experience it brings to the United States outfit.”

Denise, the wife of Kelly, stood alongside during his promotion by Visot to Major General, and the unfurling of the two star flag. Their adult daughters, Kristina from Burlington, Vt., and Michelle of East Sandwich, were not able to be present for the ceremony.

“WOW, it’s just an honor and a privilege,” said Kelly. “It was one of my sincerest hopes to be able to pin ... and be recognized in front of the AR-MEDCOM Soldiers.”

Kelly credited his family and Soldiers on his promotion. “Any officer or enlisted Soldier, who gets promoted up the ranks, does not do so on his own.”

He talked about three key factors related to success to any of the Soldiers in formation,

“One of those and foremost is our family support, my wife Denise, my mother, Bea Kelly who is here from



Stamford, Connecticut ... I thank her for coming down.” He also thanked his aunt and cousin, who traveled from Hobe Sound, Fla., to be with him on his special day.

Bea, a retired school teacher from St. Cecilia’s School in Stamford, proudly stated that it was a wonderful day to be here and see all of this happening for him. [She talked about and praised the elementary school, where she taught for 37 years, has a recognition board of military service members serving in today’s Army and, Kelly is displayed in the center of the recognition board.]

The second key factor he addressed was mentorship, being responsible for your own career by identifying military mentors to provide guidance along your career path, and the employers in our communities who support our Citizen-Soldier missions.

The last factor, trust and mission focus within our formations. As a commander and leader, the support of each individual from the highest ranking Soldier to the



Newly promoted Maj. Gen. Bryan R. Kelly, with his wife Denise, unfurls his two star flag Sept. 23 with the assistance of Command Sgt. Maj. Harold P. Estabrooks (back to camera) at the Change of Command for the Army Reserve Medical Command at the C.W. "Bill" Young Armed Forces Reserve Center, in Pinellas Park.



lowest ranking Soldier is key, as we work together as a team toward mission success trusting one another to do their individual job.

"We as individuals become successful Citizen-Soldiers through the synergy of these three factors," pointed out Kelly.

Along with his wife and family members, colleagues and friends, some going back as far as the inception of his military career in 1989, attended the change of command ceremony.

"Denise and I truly appreciate your support going forward," said Kelly, and remarked that he looks forward to working with Command Sergeant Major Estabrooks and his wife, Shana, as a command team for AR-MEDCOM.

"One of the things I enjoyed most being in command of any organization is the command team relationship," said Kelly. "And the relationship that we develop with the Soldiers across our command and across the Army

Reserve and I truly look forward to that opportunity here with AR-MEDCOM."

Kelly, a native of Stamford, received a direct commission in 1989 in the United States Army Reserve beginning his career as a clinical psychologist in the 883rd Medical Company (Combat Stress Control) for six years.

Kelly is 'Twice the Citizen' serving as an Army Reserve commanding general and as a civilian, he established a full-time independent practice as a health service provider in clinical psychology from 1984 to 1997.

Since 1997, Kelly has served as a trial court clinical psychologist in the Barnstable Probate and Family Trial Court, in Barnstable, Mass.

Kelly, a resident of East Sandwich, Mass., is no stranger to AR-MEDCOM. In 2009, he served as the Commanding General for the Medical Readiness and Training Command in San Antonio, a subordinate command of AR-MEDCOM.

As the Commanding General of AR-MEDCOM, he employs more than 9,000 Soldiers and Civilians across the United States. The command provides trained, equipped and ready, skill-rich Citizen-Soldiers, to meet medical requirements across unified land operations.

Kelly's awards and decorations include: the Legion of Merit, a Bronze Star Medal with Oak Leaf Cluster, the Meritorious Service Medal with 2 Oak Leaf Clusters and many other awards for his deployment and service in the Army Reserve. Additionally, he was selected as a member of the Order of Military Medical Merit 2009 for his contributions to the Army Medical

Department.

He was appointed by the Secretary of the Army for a three year tenure on the Army Reserve Forces Policy Committee, Washington, D.C., that commenced April 1, 2012.

Kelly is an honors alumnus of Fairfield University in Fairfield, Conn., earning a bachelor's degree in psychology in 1976 graduating Cum Laude. Later, he received a master's degree and doctorate in psychology from Boston College, Mass., during 1979 and 1983, receiving Magna Cum Laude recognition for both degrees. Kelly received a second masters degree in Strategic Studies July, 2007 at the Army War College in Carlisle, Penn.





# Kasulke, Schulz retire

Story by Lt. Col. Michele R. Sutak and Staff Sgt. Eric W. Jones, Army Reserve Medical Command, Public Affairs

**PINELLAS PARK, Fla.** -- At a September ceremony, Maj. Gen. Robert J. Kasulke, commanding general of the Army Reserve Medical Command, relinquished command and retired after 32 years in uniform here at the C.W. "Bill" Young Armed Forces Reserve Center.

At the ceremony, which included a 13-gun salute, Kasulke, a resident of Watertown, N.Y., received the AR-MEDCOM colors from Command Sgt. Maj. Roger B. Schulz, for the last time.

He thanked Schulz for a job well done, and wished him the best upon his retirement.

"Command Sergeant Major Schulz is one of the best Battle Buddies I ever had in my life," expressed Kasulke.

Kasulke retired with Schulz, his senior enlisted advisor of AR-MEDCOM, and a resident of St. Petersburg, Fla.

The passing of the commanding general's colors in front of a unit's troops in formation is the traditional ritual to symbolize the change of command.

The ritual began with Schulz, who on behalf of the troops, took the colors from the honor guard and presented them to the outgoing general. Kasulke then passed the colors to Maj. Gen. Luis R. Visot, deputy commanding general for operations, for the United States Army Reserve Command, Fort Bragg, N.C. Visot, on behalf of Army Reserve Command, transferred AR-MEDCOM colors to incoming commander, Maj. Gen. Bryan R. Kelly. Now vested in command, Kelly turned to his own incoming senior enlisted advisor, Command Sgt. Maj. Harold P. Estabrooks, who then returned the colors to the honor guard.



Command Sgt. Maj. Roger B. Schulz and Maj. Gen. Robert J. Kasulke, the retired senior leaders of the Army Reserve Medical Command, sit in a ceremonial throne during a November 2010 visit to Al Faw Palace at Camp Victory, near Baghdad, Iraq. One of more than 50 palaces Saddam Hussein owned, during the war in Iraq. The palace was the headquarters for U.S. forces military operations. The throne was a gift to Hussein from Palestine Liberation organization leader Yasser Arafat. Sitting in the chair was one of the must-get photos of an Iraqi deployment. (U.S. Army courtesy photo)

Schulz relinquished his responsibilities to Estabrooks, finishing his 37 years of military service.

In his remarks Visot, the ceremony's host, praised Kasulke on his three-plus decade career and the successful mission he accomplished throughout the Army.

"We simply could not do the job that we do without you," remarked Kasulke.

"Bob we are indebted to you for your leadership and service during your military career, but also for the care you continued to provide to our service members."

Visot praised the command team on their perseverance and persistence that allowed the command to be a huge success, not just for their accomplishments, but for what is to come.

"Thank you very much to you and to your team."

Schulz's wife, Tommie, a retired U.S. Army command sergeant major, received two awards

during the ceremony: the Commander's Award for Public Service and a letter of appreciation.

Kasulke joined the Army in 1980, and received a direct commission in the Medical Corps. Since then, he's served at every level of command to Major General.

In his second to last assignment, he served as the Deputy Surgeon for Mobilization, Readiness and Reserve Affairs.

In 1975, Schulz enlisted in Joliet, Ill., as an infantryman and served as a Team Leader, Squad Leader and Platoon Sergeant.

He continued to serve in positions of increased leadership responsibility and key noncommissioned



officer positions.

He served as the Command Sergeant Major of the 3rd Medical Deployment Support Command, Fort Gillem, Ga., where he deployed to Camp Victory Baghdad, Iraq.

In November 2007, he was assigned to the Army Reserve Medical Command as the senior enlisted advisor and served with two commanding generals.

While in command Kasulke and Schulz were responsible for employing more than 9,000 Soldiers and Civilians across all 50 states.

The command provides trained, equipped and ready, skill-rich Citizen-Soldiers to meet medical requirements across full spectrum military operations.

Dual-hatted, in 2011, he took command of the Reserve Component Soldier Medical Support Center, a command that develops, coordinates, and integrates administrative and medical efforts for wounded, ill, and injured Soldiers in order to promote future readiness of the force.

Both recently traveled to Kosovo and Germany to visit deployed and mobilized Soldiers who were providing global medical support, assistance and care.

The farewell dinner was hosted by AR-MEDCOM the day before



Maj. Gen. Robert J. Kasulke with the assistance of Command Sgt. Maj. Roger B. Schulz furls his two star flag during the Change of Command and Change of Responsibility ceremonies at the C.W. "Bill" Young Armed Forces Reserve Center in Pinellas Park. (U.S. Army photo by Lt. Col. Michele R. Sutak, Army Reserve Medical Command)

the ceremony with the Honorable Jonathan Woodson as the guest speaker.

In his remarks, Woodson, the assistant secretary of defense for health affairs and director of TRICARE Management Activity, and former deputy commanding general for AR-MEDCOM, congratulated Kasulke and Schulz.

"I highly respect you for bringing AR-MEDCOM to the point of where it is today," said Woodson, who holds the rank of brigadier general in the Army Reserve.

He remarked that the country will always need great leaders, who are innovative and take care of Soldiers. "Leaders, who will step outside of their comfort zone, challenge the conventional wisdom, make modifications and take on the bureaucracy

for the betterment of the organization for which they serve."

Woodson added, "You leave this place a much better organization for having spent time here in leadership positions, and we thank you deeply for your years of service."

During the farewell dinner, Kasulke began his remarks thanking his family first for their support.

"A part of my success in the Army Reserve is because of my wife, Cathy," credited Kasulke. "My family believes in the military and has always supported me."

Cathy received a certificate of appreciation for Kasulke's retirement from President Barack Obama, and presented the Department of the Army Commander's Award for Public Service on behalf of Lt. Gen. Jeffrey Talley, the Chief of Army Reserve and commanding general of the United States Army Reserve.

Kasulke thanked the leaders before him, colleagues, friends and the Soldiers of the Army Reserve Medical Command.

"It's an honor to live for my country and to serve with folks like you," Kasulke said.

"It has been a privilege to serve with you, I would never take a day back."



Command Sgt. Maj. Roger B. Schulz, the senior enlisted advisor for the Army Reserve Medical Command, prepares a Soldier's static rope to rappel from the tower at Camp Blanding, Fla. (U.S. Army photo by Eric W. Jones, Army Reserve Medical Command)





# WAREX: *Medics saving lives*

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

## FORT MCCOY, WIS.



Below: Army combat medic and Navy corpsman work together to provide first aid to a local national role player.



Outside the gates of Forward Operating Base Freedom the sound of an improvised explosive device echoes through the air. Medic personnel rush to aid a group of Iraqi bystanders that were affected by the blast. This real life training scenario is part of the Army Reserve Medical Command's annual Warrior Exercise.

Colonel Bryan Wampler, exercise director of the 78th Training Division (Operations) from Fort Dix, N.J., explains that WAREX is a collection of Army Warrior Tasks that prepares the units for training and deployments.

There are three phases in WAREX: The crawl phase which begins with a staff exercise to train the leaders on the military decision-making process.

The walk phase is where leaders are then shown how to operate out of an operations center or FOB.

The run phase involves situational training exercise where leaders receive missions, implement their military decision-making process, and allow units to carry out the mission, Wampler said.

AR-MEDCOM Soldiers play an important role throughout the WAREX. The primary mission for AR-MEDCOM is to

oversee the WAREX as a combat trainer. Combat trainers observe how Soldiers react to combat scenarios and ensure that they perform medical procedures properly. Master Sgt. Frank Sweeny, a combat trainer medic with 7301st Medical Training Support Battalion based at Fort Dix, N.J., stated that the objective is to observe how Soldiers differentiate their Warrior tasks from medical task; while trying to tie everything together, said Sweeny.

"The use of live patients in real life scenarios provides a change that you cannot obtain from mannequins or paper scenario," explained Sweeny. "Having a live body makes it easier to get the positions and first aid procedure down."

Safety is essential in conducting all military exercises. A total of 13 safety officers covered WAREX. Maj. Virginia Williams, a nurse with 3rd Medical Training Brigade from San Antonio served as safety officer during the training exercise. Williams ensured that all medics conducted their first aid procedures in a safe and proper manner.

"These Soldiers learn how to communicate in a hostile environment while performing their Warrior Task. Soldiers practice the 9 Line MEDEVAC requests,

how to react to injured civilians, and Soldiers, while working alongside military police and medics", said Williams.

WAREX was highly successful due to the combined efforts of our sister services, Air Force and Navy, forming a joint operation, which meets one of the military's main objectives to train jointly.

The Navy and Air Force Reserve are becoming more integrated with the Army. This provides a better understanding of Army operations, as well as joint operations, said Williams.

The Air Force's role in WAREX is to operate the Mobile Aeromedical Staging Facility where patients are transported from the Combat Support Hospital's to be airlifted by the MASF so they can be stabilized before transport.

Specialist Christopher Domingue, a medic with the 319th Minimal Care Detachment in Pinellas Park, Fla., likes the idea of joint operations and Joint Task Forces.

"I've learned a lot of different procedures like how to load and upload patients out of a C130 cargo airplanes, UH-60 blackhawks and CH-47 Chinook helicopters."

WM



# Many people, many parts, one command, one mission

Story and photos by Staff Sgt. Eric W. Jones, Army Reserve Medical Command, Public Affairs

**FORT MCCOY, Wis.** -- One hundred and fifty Soldiers of the Army Reserve Medical Command supported 6000 troops with real-world medical care spanning across seven different Forward Operating Base locations during the 2012 Global Medic and Warrior Exercise held here.

The 4005th U.S. Army Hospital headquartered in Lubbock, Texas, spearheaded this mission, with both National Guard and Army Reserve Soldiers, working alongside the Navy and Air Force service members during both exercises.

The Soldiers of the 4005th USAH obtain the opportunity to carry out their mission in a field environment, testing their capabilities and medical skills to fulfill their mission using these exercises as the focal point of their extended combat training.

"Our job is to provide support for the Warrior Exercise ... to make sure the Soldiers are taken care of with the medical support they need to do their mission," said Capt. Jerry Webb, an officer-in-charge of one of the seven Troop Medical Clinic's at FOB Atkinson. "The Soldiers are only out here for a couple of weeks and they need to get all the training that they can."

taught by peers to maintain their medical skills."

"As an U.S. Army Hospital we have the people, but very little equipment," Malinda explained. "Soldiers are ordering drugs, and pushing them forward ... allowing the pharmacists to advise the doctors on drug treatments, and the patient administration section's are training in their specialty area as well as, setting up tents, computer systems and phone lines."

First Lt. Kelly Mahaffy, an operating nurse with the 4220th USAH explains that her mission is to provide medical care to the Soldiers supporting Warrior Exercise, and that they are not part of exercise play. "We are real-world medical -- taking care of the Soldiers that are injured or sick."

Any mission of this magnitude will have its challenges, stated Webb. Many Soldiers are not healthcare specialists in their civilian job, and we must conduct refresher training to rebuild their confidence working in their military specialty.

"We have a lot of healthcare professionals that have taken the time to train the enlisted Soldiers to regain that knowledge," stressed Webb.

It took a considerable amount of plan-

Warrior Exercise, for the USAH.

"The good thing is you have a year to plan this out," stated Baker. "Our largest problem is getting the exercise dates from the Soldiers ... so you can make sure you have a doctor, a nurse practitioner or a physician's assistant always on site to cover down on the seven different aid stations."

Though it was the 4005th USAH that was tasked with the Global Medic mission, they were supported by AR-MEDCOM units to include: officers from the AMEDD Professional Management Command, Atlanta, 7238th Medical Support Unit, Fort Hamilton, N.Y., and 4220th USAH, Shoreham, N.Y. both of the Northeast Medical Area Readiness Support Group, and the 4204th USAH, Topeka, Kan., 7246th Medical Support Unit, Omaha, Neb., and the 7231st MSU, Lubbock, Texas of the CEMARSG.

"Soldiers blended together, and worked together," said Baker, pointing out the camaraderie among the units. "There may be a mixture of four or five different units throughout the U.S., who have never worked together; but during this mission they all jelled and come together providing the Soldier care needed."

"Training in a mission like this real-world support mission," said Sgt. Jason Bell with the 7231st MSU. "It gives me the opportunity to take my experience I have gained in the military and provide it to the civilian world."

Bell added, "Normally we train, but for three weeks we sustain the force."



Left: During Global Medic a casualty is being rushed to the forward operating base hospital.

Below: Medics provides medical care to a wounded Soldier during a simulated scenario of the casualty. Each are graded on their performance to bring their skills to a higher level.

The 4005th USAH, Central Medical Area Readiness Support Group provided real-world support allowing an opportunity for them to face challenges and conditions in an environment not easily achieved at home station during a battle training assembly.

The Soldiers continue to train in their military occupational specialty, enhancing their medical and technical skills, "We are practicing and getting training done that we wouldn't normally get to do as a unit," said Col. Paul Malinda, commander of the 4005th USAH. "During their down time between patients, they conduct classes

and logistical support to maintain the medical care for more than 6000 service members. Maj. William Baker, the operations officer for the 4005th USAH, organized, planned and executed the mission, both Global Medic and





# Medic Warriors MOUT-up

Story and Photos by Staff Sgt. Marnie Jacobowitz, Army Reserve Medical Command, Public Affairs



Soldiers of the 317th Military Police Battalion clear a building using proper techniques while conducting Military Operations in Urban Terrain training held in Camp Blanding, Fla.



**STARKE, Fla.** – “Bravo team, cover, Alpha team,” said the military policeman as his team rushed into the abandoned building to clear the first floor.

Rounds hit all around as they entered the building, the Soldier took his position and turned to see that his team leader had been seriously injured and in need of first aid.

**Medic! Medic!** Medics of the Army Reserve Medical Command conducted high-speed training at Camp Blanding in support of Military Operations in Urban Terrain.

This training helped provide medical assistance and training to 810th Military Police Company, 317th Military Police Battalion.

The MOUT training site provided realistic settings in abandoned buildings that simulate a village in

a rural area.

The MPs provided cover as the team cleared the buildings, and protected innocent bystanders.

The layout of the village prepared Soldiers who are deploying with crucial hands-on training that enhanced their capacity to perform specific military functions and tasks under pressure.

The medics from AR-MEDCOM located at Pinellas Park, Fla., provided realistic medical scenarios that could occur on the battlefield.

The MPs responded to both civilian and military casualties, and assisted the medical personnel.

Staff Sgt. Terry Chastain, the senior medic with the 7222nd Medical Support Unit, planned and implemented the realistic training for the military police Soldiers; and

ensured the MPs would be able to function under pressure by adding additional medical signs and symptoms to the scenarios.

“This training helps develop a great partnership with the MP’s and the medics,” said Chastain, a native of Duquoin, Ill. He then added that they never have the opportunity to train together.

Staff Sgt. Julian Johnson, operations coordinator for the 810th MP Co., said he wants his Soldiers to receive as much realistic training and awareness when it comes to their job performance.

“The original plan was for an airmobile mission, but due to the inclement weather we had to adjust and do only the MOUT training,” said Johnson.

“This included a crawl phase, breach and entry into buildings.” This training benefits not only MP Soldiers’ awareness, but benefits all Soldiers. Cadet David Tejeda, a member of the 810th MP Co., said he was glad for the opportunity to join the training.

“We learned the Groucho walk technique and how to clear rooms,” said Tejeda. The “Groucho walk” is a moving technique where the Soldier points his toes outward.

“The NCO’s brought new ideas and approaches to this training and it was nice to see the simulated Joint Task Force allowing medics and MPs the opportunity to effectively collaborate core common task training in a symbiotic relationship,” said Tejeda.

“I enjoyed the real-life effect and felt that the training was intense,” stated Sgt. Enrique Zuniga, a medic of the 810th MP Co. Zuniga thought they put the right amount of stress and pressure that would prepare him for a combat situation.

First Lt. Kenneth Morgan, commander of the 810th MP Co., said he wanted his Soldiers to have the basic understanding of MOUT training, so they will be better prepared when the unit deploys.

“We have lots of young Soldiers and it is a good opportunity for them to work with their leaders on a mission they might encounter.”



Staff Sgt. Terry Chastain, senior medic-in-charge, 7222nd Medical Support Unit, Southeast Medical Area Readiness Support Group, observed a member of the 317th Military Police Battalion prepare an intravenous needle during a combat trauma scenario at Camp Blanding, Fla.





WARRIOR MEDICS

TRAIN AS YOU FIGHT

# COMBAT

# MEDICS

# TRAIN

# TO

# SUS

**Story and photos by  
Army Reserve Major**

**Soldiers of the 345th Combat Support Hospital, 310th Military Police Company, and the 320th MP Co., train to sustain. Soldiers move casualties to a safer place while members of the team provide cover fire.**



# SUSTAIN

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

**“Our mission was assaulting  
the objective at the beach,” said  
Staff Sgt. Michael Martinez of  
the 320th MP Co.**



This was not just another sunny day in Lassing Park, as bystanders observed military vehicles on the move, the sounds of machine gunfire, and smoke filtering through the camouflaged tents.

This was not a scene from a movie, but a Medical Education and Demonstration of Individual Competence Training Program.

Lassing Park became a simulated war zone where casualties covered the ground as medics of Bravo Company, 345th Combat Support Hospital, responded to the incident and military police and medics of the 320th Military Police Company supported the sustainment training. "Making it as real as possible," said 1st Lt. George E. Wilson, Jr., a native of Gainesville, Fla., an intensive care unit nurse with the 345th CSH, 332nd Medical Brigade.

Due to the noise level of weapons and sound simulators, the 345th CSH alerted the community

to avoid panic or concern. The blank ammunition supplied for the simulated firepower is the legal limit allowed at Lassing Park. The sound effects of the simulated M-16 created by paint ball guns with air tanks provided a realistic atmosphere for all those participating. A combat medic's Military Occupational Skill identifier is 68W, and forty-one medics had to meet the training mandated by the Office of the Surgeon General and implemented by the Army Medical Department Center and School, Army Emergency Medical Service Programs office.

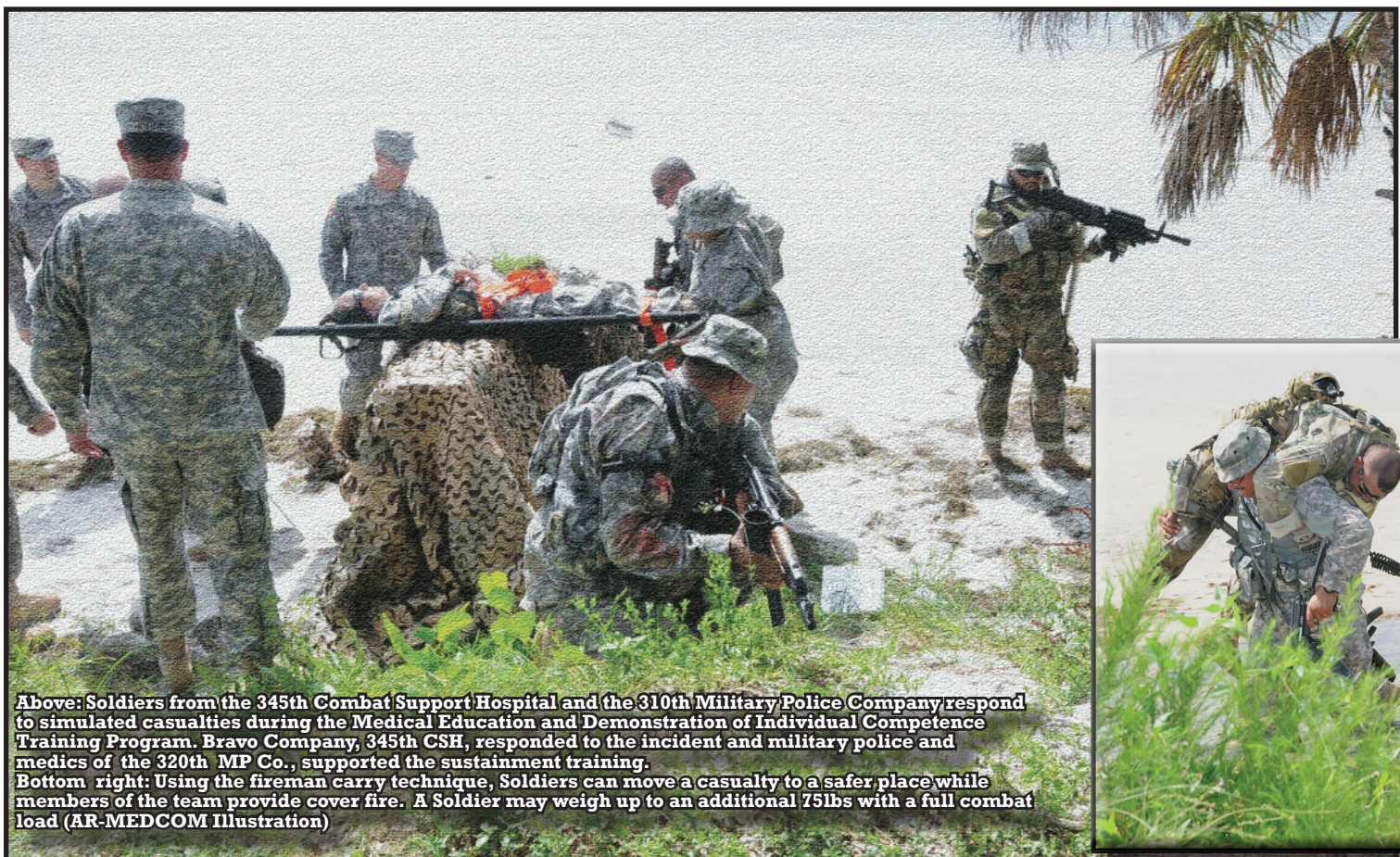
The Army's core process, ARFORGEN, generates a supply of forces utilizing effective resource management in manning, training and equipping in order to support the demands of Combatant Commanders and other Army recurring requirements.

The Army's Force Generation model is a process that enables the Army to progressively build readi-

ness and provide the sustained flow of units. The Total Army Force is managed by ARFORGEN, ensuring the operational demands of the Army are met.

The ARFORGEN process is designed to generate trained and ready forces that will support the demand of Combatant Commander's in sustaining the All-Volunteer Force by providing predictability to all Soldiers, Families and employers. Through this ARFORGEN process, an Army dwell goal is to provide Active Component Soldiers two periods at home station for every period deployed, while Reserve Component dwell goals are four periods at home for every period deployed.

"This sustainment training we did certainly helps units with combat medics to be prepared for meeting the ARFORGEN deployment requirements in a more predictable manner," said Lt. Col. Russell M. Eddy, commander of the 345th CSH.



**Above:** Soldiers from the 345th Combat Support Hospital and the 310th Military Police Company respond to simulated casualties during the Medical Education and Demonstration of Individual Competence Training Program. Bravo Company, 345th CSH, responded to the incident and military police and medics of the 320th MP Co., supported the sustainment training.  
**Bottom right:** Using the fireman carry technique, Soldiers can move a casualty to a safer place while members of the team provide cover fire. A Soldier may weigh up to an additional 75lbs with a full combat load (AR-MEDCOM Illustration)



A medic secured her protective mask, and proceeded to don the mask of a casualty protecting the Soldier from a chemical attack and for transport to a medical evacuation site during a simulated chemical environment.



"We have incorporated this training with 12 days of Extended Combat Training," said Eddy, a native of Syracuse, N.Y. "As part of their medical evacuation platform class, our medics trained with familiarization in loading and unloading patients from various types of helicopters, and practiced nine-line MEDEVAC requests."

There was a total of 80 plus hours of training for the sustainment training for the Medics to maintain their skill identifier of a 68W and additional hours were required to complete their Combat Lanes Training assessments.

In order to sustain global commitments, the ARFORGEN process must transition units through a progression of three force pools: Reset, Train/Ready and Available.

- **Reset Force Pool:** Units enter the Reset/Train Force Pool after returning from a deployment. Their mission is to reconstitute, reset equipment, receive new equipment, assign new personnel, and train to achieve the required capabilities

necessary to enter the Ready Force Pool. Units in this pool are available to support civil authorities for national emergencies.

- **Train/Ready Force Pool:** Units in the Ready Force Pool conduct mission preparation and collective training for anticipated future missions. Units in this pool are eligible for deployment to unanticipated contingencies or other operational requirements.

- **Available Force Pool:** Units in the Available Force Pool are available for worldwide deployment. Sustainment included the culmination of 80 hours of Lanes Training, an exercise used to train company-size and smaller units on one or more collective tasks. It combines assembly area, rehearsal, lanes execution and retraining

activities, which culminate the lane training process.

In addition, it simulates battle conditions to train Soldiers, staffs, leaders and units in their wartime missions while helping them develop, maintain and enhance their tactical proficiency and technical competence.

"We continue to foster and develop a mutually beneficial training

program between both military and civilian sectors," said Eddy.

"It really was a group effort ... and could not have been done without their support," he said.

"Our mission was assaulting the objective at the beach," said Staff Sgt. Michael Martinez, from the 320th MP Co., who resides in St. Petersburg, Fla. "Then our convoy was re-directed to support and become the Special Forces team."

"Every scenario that could happen in an actual field or war environment seemed to be covered, and the team effort that took place to accomplish the mission was obvious to anyone that was present," stated Lt. Col. John D. Schroeder, Chaplain of the 332nd Medical Brigade, Nashville, Tenn. and a native of Hutchinson, Kan.

"God forbid, but if there should be an actual incident, I'm here," said Schroeder, and provided spiritual support for the training.

"The 345th CSH has done a great job as a team, I've never seen an Army Reserve unit pull something like this together at their home station," said Schroeder, who is from Clearwater, Fla. "I'm glad to have had the opportunity to be part of it."



Soldiers assist simulated casualty while under attack by finding a safe location to treat for injuries and then take to medical evacuation point.





# High tech combat zone surgery

Story by Staff Sgt. Marnie Jacobowitz, Army Reserve Medical Command, Public Affairs



Lt. Col. Kevin Brady, a doctor with the Pentagon's Joint IED Defeat Organization, uses a stimulator, a small device that delivers a weak electronic pulse. By doing so he is able to locate the nerves in the Soldier's leg. (U.S. Army courtesy photo)

**PINELLAS PARK, Fla.**— At the combat hospital in Kandahar Air Field, advance military technology saves wounded Soldiers. These innovations reduce pain and save limbs by blocking the nerve's source of pain.

"Up to this point, the technology hasn't been widely dispersed throughout the combat zone," said Lt. Col. Kevin Brady, a doctor with the Pentagon's Joint IED Defeat Organization, the man who brought this cutting edge technology to the theater.

"Our organization has a mission to train the force and to get equipment and technology down range into the hands of the Soldiers, Sailors, Airmen and Marines so that they can do their jobs rapidly and effectively," he said.

Military doctors treat patients with injuries not usually prevalent in civilian hospitals. Battlefield injuries are highly traumatic and life-threatening; for instance, dismembered limbs caused by improvised explosive devices.

Dr. Richard Hilsden, a Canadian Army captain assigned to the multinational team of doctors, nurses and medics staffing the U.S., witnessed firsthand the effectiveness of this procedure. Hilsden assisted Brady in conducting his pain management

technique on a Soldier, who lost his foot when he was attacked by a rocket-propelled grenade while on guard duty.

First, Brady used a stimulator, a small device that delivers a weak electronic pulse, and was able to locate the nerves in the Soldier's leg. He then looked for twitching of the knee, which indicated that he was in

the right area.

"We are seeing patellar snap, so that's the key that we are actually getting the femoral nerve," Brady said. The treatment continued by delivering pain medication directly to the nerve by inserting a catheter.

"These patients, because of the nature of their combat injuries, can get multiple surgeries; this catheter, then, will give pain relief for the ride home and can be used for subsequent procedures," he said.

Even with all the modern advances in technology, the military still uses tourniquets in aiding combat injuries. This simple compressing device used to control circulation to extremities has become a basic-issue item to Soldiers deploying to Iraq and Afghanistan.

Due to the high threat level of IEDs', Soldiers always prepare for the worst, some even go out with loosely strapped tourniquets around one of their limbs before heading out.

Terrorist attacks and gang warfare are the most likely times you will see similar injuries in civilian hospitals.

The combination of old and new technology used in a combat zone can become very useful in civilian medical care in hospitals.

WM



Doctors of the U.S. Army and the Canadian army work together on wounded Soldiers on the battlefield. The nerve blocking technique used by Lt. Col. Kevin Brady has been widely accepted throughout combat hospitals overseas. (U.S. Army courtesy photo)





**U.S. ARMY**

**I.A.M.  
STRONG<sup>SM</sup>**

**INTERVENE ★ ACT ★ MOTIVATE**

## Sexual Assault and Sexual Harassment Prevention

### INTERVENE

When I recognize a threat to my fellow Soldiers, I will have the personal courage to **INTERVENE** and prevent Sexual Assault. I will condemn acts of Sexual Harassment. I will not abide obscene gestures, language or behavior.

I am a Warrior and a member of a team.

I will **INTERVENE**.

### ACT

You are my brother, my sister, my fellow Soldier.

It is my duty to stand up for you, no matter the time or place. I will take **ACTION**. I will do what's right.

I will prevent Sexual Harassment and Assault.

I will not tolerate sexually offensive behavior.

I will **ACT**.

### MOTIVATE

We are American Soldiers, **MOTIVATED** to keep our fellow Soldiers safe. It is our mission to prevent Sexual Harassment and Assault. We will denounce sexual misconduct. As Soldiers, we are all

**MOTIVATED** to take action.

We are strongest...together.

[www.preventsexualassault.army.mil](http://www.preventsexualassault.army.mil)

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**S**oldiers of the Western Medical Area Readiness Support Group provided medical care and logistical support to the 2012 East Bay Stand Down, an event supporting displaced, homeless or needy San Francisco Bay area veterans and their families here at the Alameda County Fairgrounds.

The EBSD is a unique civil-military collaborative program offered through the Department of Defense's Innovative Readiness Training program which is sup-

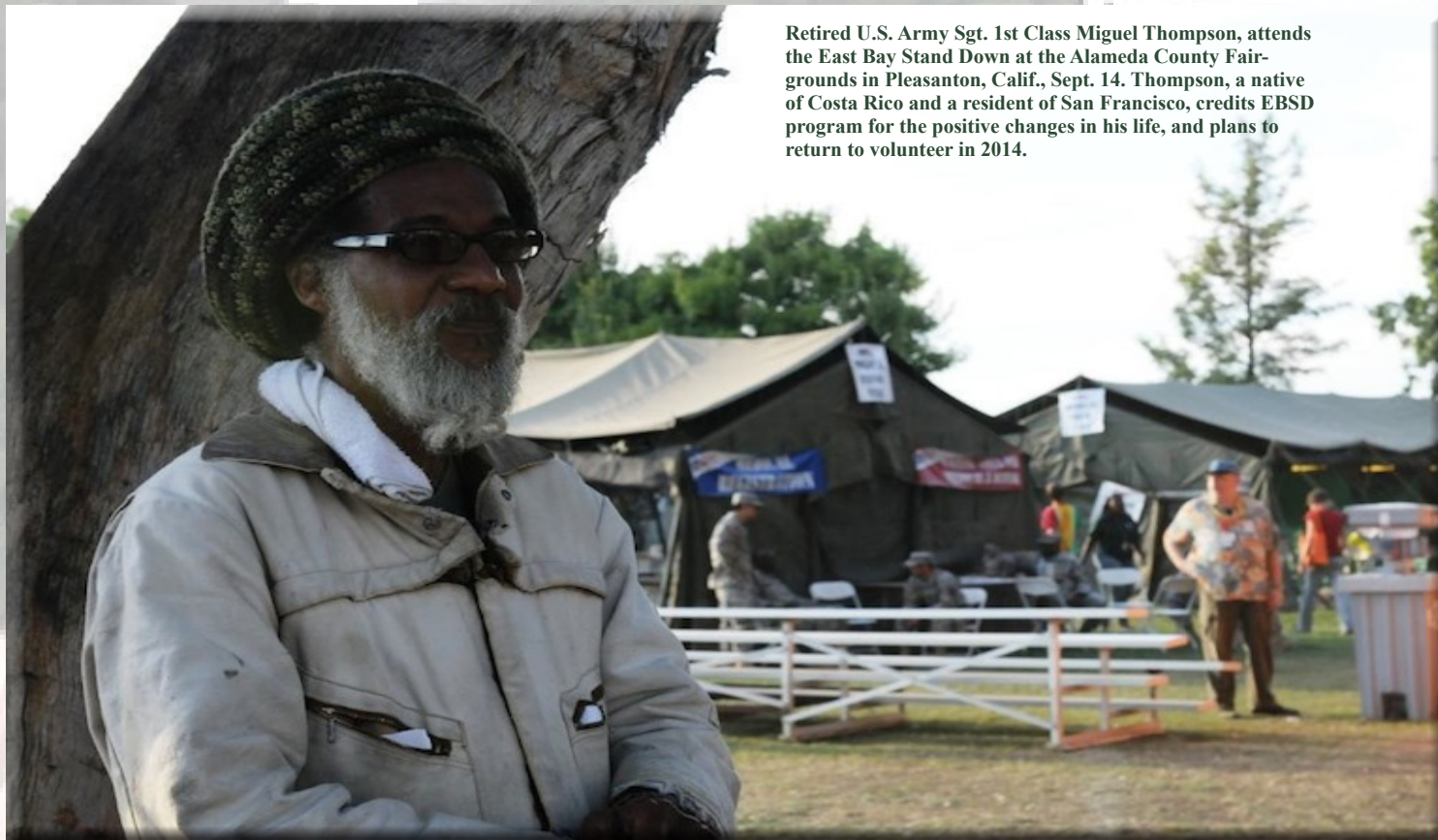
# Soldiers rise U

Story and photos by Lt. Col. Michele R. Sutak, Army Reserve Medical Command, Public Affairs

intervention where participants improve their lives.

The captain said she was responsible for more than 120 Soldiers from seven Army Reserve units, including her own unit's Headquarters and Headquarters Detach-

Retired U.S. Army Sgt. 1st Class Miguel Thompson, attends the East Bay Stand Down at the Alameda County Fairgrounds in Pleasanton, Calif., Sept. 14. Thompson, a native of Costa Rica and a resident of San Francisco, credits EBSD program for the positive changes in his life, and plans to return to volunteer in 2014.



ported by congressional funding resources.

The EBSD 2012 is the largest and longest Stand Down event to date, with nearly 2,000 volunteers, and more than 250 military personnel supporting and assisting the 400 participants, comprised of 358 men and 25 women, plus 17 dependents, 11 dogs and 2 cats. All participants traveled from seven counties of the San Francisco Bay area for the Stand Down. The supporting staff and military personnel were not all from the local area, some arrived as far as New York and Florida.

U.S. Army Capt. Tara Vaughn, the training support officer for the San Pablo, Calif., based WE-MARSG, and the Army Reserve's military liaison officer for EBSD, stated she has been planning and coordinating the military medical assets, logistical support and personnel for more than a year, working closely with reserve elements in the Air Force, Navy and U.S. Coast Guard, as well as the EBSD coordinators, local volunteers and sponsors.

"We help them [veterans] move forward in life, getting them back on their feet, providing them services from legal assistance, to medical to community services," explained Vaughn, comparing the event to a type of

ment; 6252nd U.S. Army Hospital; 6253rd USAH; 6253rd Detachment 1; 7234th Medical Support Unit; 7243rd MSU of the WE-MARSG and members of the 352nd Combat Support Hospital of the 807th Medical Deployment (Support Command).

"We were the main military presence here," said Vaughn, a resident of Orinda, Calif., adding they set-up an encampment of military medical and dental personnel.

"We have many providers, nurses, doctors, dentists, and medics to get them the care they need," she said. "We also have Soldiers serving as assistant tent leaders in every tent to help the veterans get to their appointments."

U.S. Army Sgt. 1st Class Jeff Rudd, a dentist specialist with the 7243rd MSU participated in several IRTs, but this is his first EBSD.

Rudd, a native of South Jordan, Utah, who has served 28 years in the military and more than 30 years as a dental lab technician, said this mission not only enhances and sharpens his military dentistry skills; it also benefits his civilian career.

"They [veterans] paved the way for all of us ... if it



# se Up for 'Stand Down'

Public Affairs

weren't for them, we would not have the opportunity to do what we are doing now," said Rudd. "It's good training for us, that is a small part of all of this, I do what I am doing out of gratitude for them."

Those who come to the event are not necessarily homeless, but all are in need of the services provided and must be deemed eligible by the Department of Veterans Affairs. The comprehensive services provided by the EBSD were legal, substance abuse recovery programs, mental health counseling, veterinary, medical and dental care, VA benefits, and many other services.

Major Gen. Robert J. Kasulke, the commanding general of AR-MEDCOM, along with his senior enlisted advisor, Command Sgt. Maj. Harold P. Estabrooks, attended the Retreat ceremony and addressed the audience of participants, military personnel and volunteers.

"This is truly a purple event," the general said, referring to the mix of military services working together.

Kasulke then spoke directly to the veterans, who took advantage of the Stand Down. "You fought for our country and now we have the opportunity to give back to you," said Kasulke, a resident of Watertown, N.Y.

"This four-day event is not enough, but it is the least we can do for you; fighting for our country. Thank you and welcome home," he said.

As the Stand Down came to a close, participants gathered their belongings, exchanged phone numbers with new friends, and old battle buddies, and said their good-byes. As veterans said 'good-bye' a handful said 'hello.'

One by one, the veterans and family members began their new journey as they walked through the gates with a different outlook on life, ready to move forward and

take on the day.

Miguel Thompson, a veteran of both the Marine Corps and the Army, left the encampment with the goal to return in 2014 to become a volunteer for EBSD.

"From hand-down to hand-up this has been a positive impact on all of us," said Thompson. "This should not be called a Stand Down but a Stand Up."



Ronnie Peterson, a San Francisco resident and a Marine veteran, receives an acupuncture treatment at the wellness center during East Bay Stand Down.

Stand Down is a term used during the Vietnam War to describe the practice of removing combat troops from the field and taking care of their basic needs in a safe area. The EBSD brings displaced veterans and family members into a safe encampment over a four-day period for the same purpose.

Since 1988, when the first Stand Down was conducted in San Diego, there have been more than 200 Stand Downs held throughout the Continental United States. More than 100,000 veterans and families benefited from these events, breaking the cycle of homelessness.

The first "East Bay" Stand Down was held in 1999. Since its inception the event has been recognized nationally as one of the most effective interventions to date and has assisted nearly 3,000 veterans, family members and their pets.

The EBSD is the largest representation of military units, and personnel of any Stand Down. This IRT mission enabled AR-MEDCOM to enhance and build lasting partnerships within the local communities.

"It's an incredible honor to be here to serve those who have come before us; this is a great experience for us," said Vaughn. "Not only developing a partnership with the community, but to receive wonderful training ... this has been very rewarding for us."



Army veteran Kerrigan Logan reunites with his dog Spike, a pitbull, after the dog was examined by an Army Reserve veterinarian at the East Bay Stand Down.



Background: Aerial view of 2012 East Bay Stand Down held at the Alameda County fairgrounds in Pleasanton, Calif. (U.S. Army photo by Staff Sgt. Marnie Jacobowitz, Army Reserve Medical Command, Public Affairs)



# Preserving People and the Land



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

**SANTA YNEZ, Calif.** — Preserving the land was the mission for two Citizen-Soldiers from the 7202nd Medical Support Unit from Richmond, Va., here at the Santa Ynez Tribal Health Clinic on Chumash Indian Reservation.

Major David R. Price, a registered nurse and Sgt. Edward L. Wynn, a medic got down and dirty during the Innovative Readiness Training as they became part of the National Wild Life Association Environmental Team, and took care of the 'C.O.W.

For years the Indian reservation fought to preserve the sacred land in its most natural state, only to become a dumping ground.

Price and Wynn took on the mission of area beautification around the Tribal Health Clinic and the Walking Creek Bay. The two helped the environmental team remove old rusted appliances, numerous tires, loads of trash and debris that masked the beauty of the land. The trash and debris found was hauled to a recycling collection point.

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*It was the C.O.W.,  
no ordinary cow ...*

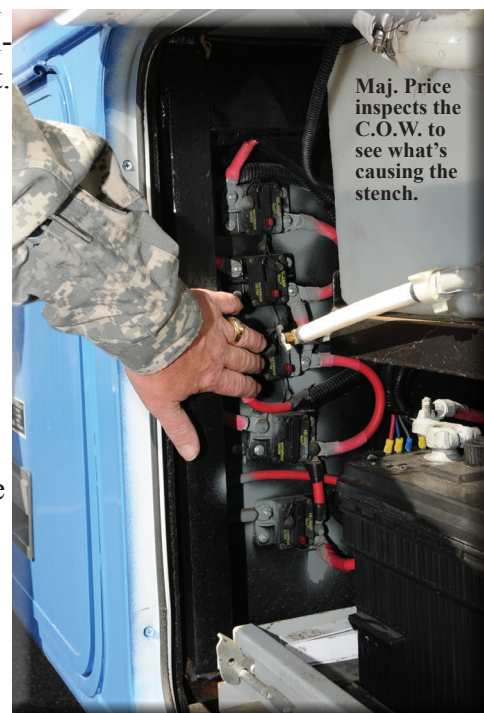
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Sgt. Edward L. Wynn replaced six batteries on the 'C.O.W.' in order to operate the medical equipment. The replacement of the batteries eliminated the foul odor coming from the vehicle.

"We accomplished a lot," said Price, "We have gone way beyond our medical mission." The 7202nd MSU Soldiers assisted in many areas providing preventive education in the areas of: alcoholism, physical abuse, nutrition, physical activities and environmental support.

Shortly after the IRT mission began, there was a mysterious foul odor that filled the air around the Tribal Health Clinic. The clinic staff and Soldiers of the 7202nd MSU searched the grounds to determine if there was a propane leak, a clogged sewage line; or perhaps a



Maj. Price inspects the C.O.W. to see what's causing the stench.



dead animal. None of these reasons were the cause of the awful odor that lingered in the air.

Price and Wynn, the amazing duo, solved the mystery. It was the C.O.W., no ordinary cow, it was the 'Clinic on Wheels'.

Price began a maintenance check and noticed that the battery was extremely hot, and seeping sulfuric acid around the filler caps, which made the C.O.W. non-operational and was shut down.

The duo cooled down the battery by pouring water over it and replaced the batteries with six new ones, which created a safe and odorless environment for everyone.

As a result, Price developed a Standard Operating Procedure to maintain the C.O.W., in the areas of, set-up, security of cables, powering down, and safety measures.

The C.O.W. provided preventive health care for women, along with wellness education. It allowed the women patients to receive medical treatment in a private setting.

This IRT mission demonstrates that there are times when Soldiers will go beyond their mission to help patients, as in this case. The foul odor that lurked in the air could have caused ill effects by breathing in the fumes.

These Citizen-Soldiers volunteered to help keep the Santa Ynez Tribal Health Clinic safe by preserving the people and the land.



Maj. David R. Price and Sgt. Edward L. Wynn both from the 7202nd Medical Support Unit conducted area beautification at the Tribal Health Clinic and Walking Creek Bay as part of the efforts to help preserve the people and the land.

## Estabrooks

Before taking the position of command sergeant major, Estabrooks was thoroughly engaged and making an impact on AR-MEDCOM. "Command Sergeant Major Estabrooks is a Soldier's Soldier," said Col. Tracy L. Smith, who served as the commander of troops during the change of command ceremony. "He cares about Soldiers and is one who is fully involved with the multiple and complex missions of AR-MEDCOM."

Smith, the chief of staff of AR-MEDCOM, said that Estabrooks was the right 'CSM' during this time of great transition.

"Command Sergeant Major

Estabrooks is a take charge leader, who will lead this command into becoming something better," said Smith. "He is highly intelligent, competent, proactive and with great initiative and enthusiasm. We look forward to his command tenure and are grateful to have him on board."

Spc. Rebecca Newton, a broadcaster for the 206th Broadcast Operations Detachment in Grand Prairie, Texas, who is attached to AR-MEDCOM, had the opportunity to provide public affairs coverage for him.

"During an Innovative Readiness Training mission, I witnessed him talking to more than 50 veterans,

stopping at every opportunity to speak, thank and shake each veteran's hand," said Newton.

"I look forward to working for him, he is a stand up leader who proudly wears the uniform and exudes leadership traits at all times," said Newton.

The specialist believes Estabrooks will help AR-MEDCOM reach the pinnacle of success that is paramount for all major commands.

Estabrooks looks forward to visiting the six subordinate commands and meeting Soldiers. "I love my life as a Soldier," said Estabrooks. "It has been many things, but never dull."



(See Estabrooks, Page 7)



# Rolling up their sleeves for life

Story and photos by  
Spc. Rebecca Newton

Army Reserve Medical Command, Public Affairs

## PINELLAS PARK, Fla.--

Soldiers of the Army Reserve Medical Command and the Florida National Guard participated in giving back to the community by donating the gift of life to the of the C.W. "Bill" Young Armed Forces Reserve Center.

The Florida Blood Service's Bloodmobile pulled up to the Reserve Center and 45 Soldiers rolled up their sleeves to give back to the community which resulted in a

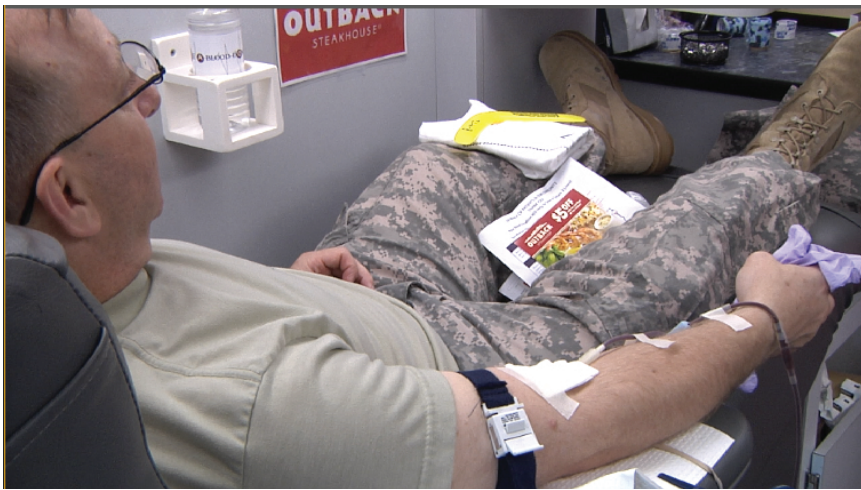
record breaking turnout.

"Thirty-six pints were collected which equals 108 lives saved," said Jennifer Goydon, a representative for the Florida Blood Bank. "Your group has not seen that many since 2007."

Lt. Col. David Hinckley, who works in the operations center at AR-MEDCOM said, "Four or five minutes out of my time is going to provide somebody an opportunity to live."

Heather Jones, an on site phlebotomist supervisor for the Florida Blood Services informed donors that it takes the body eight weeks to replenish one pint of blood donated. Donors are eligible to donate blood again 57 days after a donation.

"I can only express my gratitude of being able to give back to the community," said 1st Sgt. Robert Kilgallon, a resident here. "It was the right thing to do."



Lt. Col. David Hinckley, operations officer for the emergency operations center for the Army Reserve Medical Command, gives the gift of life by donating a pint of blood during the AR-MEDCOM blood drive.

# Saving lives through intervention

Story and photo by  
Staff Sgt. Marnie Jacobowitz  
Army Reserve Medical Command  
Public Affairs

**CHICAGO, Ill.** - Upon returning from a deployment some Soldiers find it difficult adjusting to the many changes that occur while being deployed for 6 months to a year. Transitioning from Soldier back to Civilian can be overwhelming, and may not be as structured as the military. Additionally working long hours with a daily routine may not seem to be as rewarding as the military. Some may feel out of touch with society, and become withdrawn and feel as though they are alone, which can lead to depression or in some cases suicide.

The Army has made this a priority mission to decrease the statistics by incorporating training programs teaching Soldiers to identify and help someone who may be contemplating suicide. Applied Suicide Intervention Skill Training was created to serve that purpose.

Intervention began in the mid 1970's, when a group of volunteers worked with the Canadian Mental Health Association (Calgary South Region) as a multidisciplinary team to develop the basics of the original "foundation workshop" in suicide first aid. In 1989 the program was a proven success and named the Suicide Intervention Workshop or SIW.

The U.S. Army V CORPS invited Living Works to de-



Chaplain (Capt.) Travis Cox, with the 418th Civil Affairs Battalion, provides guidance after observing an interactive scenario during the Applied Suicide Intervention Skill Training (Courtesy photo)

liver an ASIST so they could assess the workshop here. Since 2001 Living Works became the primary provider in suicide intervention for the Army.

The 308th Civil Affairs Brigade Homewood, Illinois recently hosted an ASIST workshop and invited Army Readiness Medical.

The 308th CA Bde. Homewood, Illinois recently hosted



an ASIST workshop and invited Army Readiness Medical Command Soldiers to participate. The main objective for this ASIST workshop is preparing caregivers of all backgrounds to provide first aid to an individual at risk of suicide.

Chaplain (Maj.) Jeffery Oliver, an ASIST officer from the 308th CA Bde. felt that as caregivers [Soldiers] must work to understand the need of a person at risk. "It's hard for a suicidal person to find a reason for living. Everybody is at risk for suicide," he added. "People tend to shy away when talking about suicide because it makes them uncomfortable," said Spc. Audra Edelen a medic with the 4224th U. S. Army Hospital from Des Moines, Iowa.

During the training Soldiers learned how to identify signs or "invitation" of a person considering suicide. They were also introduced to a Suicide Intervention Model, which is a three phase technique that helps Soldiers address the concerns of an individual contemplating suicide.

"You can't effectively deal with others if you don't have the right attitude and knowledge about suicide," said Chaplain (Capt.) Travis Cox, 418th Civil Affairs Battalion, Kansas City, Mo.

The Soldiers had the opportunity to participate in role playing scenarios, which allowed them to use their newly acquired suicide intervention skills.

"The ASIST program was a great experience," said Capt. Tiffany Bryant-Woods, psychology nurse at Fort Jackson, N.C. "Especially learning how to develop skills that some of us didn't have to begin with." Woods added, "Those who work in the mental health field are given a different perspective on the mind set of patients."

Not only is the Army striving to save lives through ASIST, it also educates Soldiers and spreads the awareness of how Soldiers can help one another. Overall it's a WIN/WIN situation in lessening the statistics on suicide while saving lives through intervention.

WM



## Composite Risk Management

CRM MATRIX			HAZARD PROBABILITY				
			Frequent	Likely	Occasional	Seldom	Unlikely
			A	B	C	D	E
SEVERITY	Catastrophic	I	EXTREMELY HIGH		HIGH		
	Critical	II					
	Marginal	III		MODERATE		LOW	
	Negligible	IV					



## AR-MEDCOM Soldier receives Purple Heart

Story by Lt. Col. Michele R. Sutak  
Army Reserve Medical Command, Public Affairs



Sgt. 1st Class Russell O. Winn, presents four bouquets to his wife Cathi and three daughters during a Purple Heart ceremony Feb. 25, 2012, at the C.W. "Bill" Young Armed Forces Reserve Center for wounds received in combat. Winn, a native of Daytona Beach, was a combat military policeman while deployed in Afghanistan; currently he is assigned to the Army Reserve Medical Command as the provost marshal noncommissioned officer.

(AR-MEDCOM illustration)

**PINELLAS PARK, Fla.** – Major Gen. Robert J. Kasulke awarded the Purple Heart to Sgt. 1st Class Russell O. Winn, a military policeman, and his family here Feb. 25, 2012 at the C.W. "Bill" Young Armed Forces Reserve Center for wounds he suffered in September 2010 during combat actions in Afghanistan.

Winn, 40, served with the 372d Military Police Company, 504th Military Police Battalion during his deployment in support of Operation Enduring Freedom.

While his squad was conducting mounted patrols during the Afghanistan elections in 2010, they responded to a call for assistance to cordon off a street that had been blown up by an improvised explosive device. As the three-man team dismounted the vehicle and began moving civilians to safety, a Secondary IED detonated taking Winn out of the mission.

Winn, and his fellow Soldiers

survived, but he suffered mild traumatic brain injuries.

Kasulke, the commanding general of the Army Reserve Medical Command, and his senior enlisted advisor, Command Sgt. Maj. Roger B. Schulz, presented Winn with a Purple Heart as his wife Cathi and their three daughters stand beside him.

"I stand here today because of the care I received from the doctors, nurses, first responders, surgeons ... if it wasn't for your life-saving ability, many of us would not make it," said Winn, the AR-MEDCOM provost marshal noncommissioned officer. He continued to praise the medics, "I saw you guys in action, and I would not be here if it were not for you."

The Purple Heart is awarded to members of the armed forces of the U.S. who are wounded by an instrument of war in the hands of the enemy and posthumously to the next

of kin in the name of those who are killed in action or die of wounds received in action. It is specifically a combat decoration.

This honor ceremony was close to home for Kasulke, the son of a World War II Purple Heart recipient, who was not around to see his father awarded the medal.

"This is an honor and a privilege for me to do this ... to actually see this award being given," said Kasulke. "I will not see this again in my military career at this level."

WM





# BACKBONE of the ARMY



Staff Sgt. Angela Martinez, named Noncommissioned Officer of the Year by the Greater New York - Statue of Liberty Chapter of the Association of the United States Army.

Fort Hamilton, N.Y.

Story and photo by Staff Sgt. Isaac Khan, Army Reserve Medical Command, Public Affairs

## Noncommissioned Officers are the BACKBONE of the Army.

Two Soldiers from the Northeast Medical Area Readiness Support Group of the Army Reserve Medical Command were honored by the Association of the United States Army as the Noncommissioned Officer, and Soldier of the Year during an AUSA banquet dinner at the Officer's Community Club in Fort Hamilton, N.Y.

Specialist Marlon Ramos, SOY, and Staff Sgt. Angela Martinez, NCOY, both of Headquarters and Headquarters Detachment, NE-MARSG received the award.

This is the first time Soldiers of the NE-MARSG were recognized with this type of an award from the AUSA Greater New York-Statue of Liberty Chapter for their dedication and hard work.

Captain James Zavala, HHC, commander, nominated Ramos and Martinez for the award.

"They are outstanding Soldiers who have worked hard. It was my pleasure to nominate them," said Za-

vala. "I feel as if I am accomplishing my job as Commander."

Ramos, a native of West New York, N.J., and an Operation Enduring Freedom veteran, was honored to be nominated and selected as Soldier of the Year.

"I was very proud and happy, knowing that my chain of command feels that way," said Ramos, who was unable to attend the AUSA Ceremony, due to Air Assault School at Fort Benning, Ga., and could not attend the AUSA ceremony. "I am not the best Soldier out there, but I try my best."

Martinez, a human resource sergeant for NE-MARSG, said she was very surprised when she found out she was nominated.

"I have never been selected for anything like this," said Martinez, who currently is pursuing a degree in social work. "It is not the rank or the pay, but how well one does their job that will make them great."

Martinez recalls something her drill sergeant said, "All Soldiers should conduct themselves like they

are one of the top - ten, if not ,the TOP Soldier in the U.S. Army." She added that the drill sergeant said that every Soldier strives to be the role model for others to follow.

"This statement stuck with me," said Martinez, as she accepted her award for being a TOP NCO and a role model for others to emulate.

Her military goal is to retire as a command sergeant major or a high-ranking officer. Martinez said the commander encourages the Soldiers to strive for more and to never settle.

Zavala said, Soldiers who receive these types of awards and recognition, like AUSA SOY and NCOY, opens doors toward opportunities and training.

Zavala strongly suggests to all Soldiers to obtain as much training as possible, particularly with free correspondence courses to make one competitive among their peers. "Education is the key," said Zavala.





# Soldiers' gateway to leadership

Story and photos by Lt. Col. Michele R. Sutak, Army Reserve Medical Command, Public Affairs



Sgt. Joshua McDowell, a newly inducted NCO, signs the NCO charge, with Command Sgt. Maj. Roger B. Schulz, the senior enlisted advisor for Army Reserve Medical Command. McDowell, a resident of Saint Petersburg, Fla., and a training NCO with the combat medic sustainment team with AR-MEDCOM, said that the NCO Induction ceremony really impresses the gravity and responsibility of becoming an NCO.

**PINELLAS PARK, Fla.** – The first Headquarters and Headquarters Company, Army Reserve Medical Command Noncommissioned Officer Induction Ceremony was held for five Soldiers Aug. 5 here at the C.W. “Bill” Young, Armed Forces Reserve Center.

Command Sgt. Maj. Roger B. Schulz, the senior enlisted advisory for AR-MEDCOM, was the host and guest speaker for the event that included signing of the NCO Charge, oath of induction, Creed of the NCO, and a cake cutting ceremony.

“NCO Induction ceremonies serve as a transition point for the Soldier,” said Schulz, a native of Fergus Falls, Minn. “It happens at a point where they have been selected to begin leading Soldiers.”

The official party consisting of Command Sgt. Maj. Schulz and 1st Sgt. Robert A. Kilgallon, the first sergeant of Headquarters and

Headquarters Company for AR-MEDCOM.

Kilgallon, recalls his induction ceremony with family, friends, and co-workers at Fort Campbell, Ky., in 2004.

“I was really proud that day and moment,” said Kilgallon, who proudly displays the NCO Creed and Charge in his office. “It’s very important for a new NCO to feel as if they are entering a new part of the Army evolution ... they can feel as I do now by sharing a tradition that is unique for many and completing a circle for me.”

The NCO induction ceremony is a celebration of the newly promoted joining the ranks of a professional noncommissioned officer corps and emphasizes and builds on the pride we all share as members of such an elite corps. The ceremony also serves to honor the memory of those men and women of the NCO Corps who have served with pride

and distinction.

Part of the ceremony consisted of the signing of the NCO Charge which is a commitment from the new NCO and signed by both the NCO and their command sergeant major.

Schulz, a resident of Pinellas Park, said the change from someone who now has to take on the responsibilities of supervising others is significant. This also starts the first time in their career where they will receive a formal annual written evaluation [NCOER] of their performance as a Leader.

“By having an NCO Induction ceremony we help the Soldier understand what it means to be a Noncommissioned Officer and the Backbone of the Army,” Schulz stated.

Sgt. Kenneth Collins, an inductee and an assistant training NCO with the 7222nd Medical Support Unit from Tampa, is no stranger to the





Five newly inducted Soldiers assigned to the Headquarters and Headquarters Company, Army Reserve Medical Command get sworn into the NCO Corps by Command Sgt. Maj. Roger B. Schulz during the Noncommissioned Officer Induction Ceremony held at the C.W. "Bill" Young Armed Forces Reserve Center in Pinellas Park, Fla. From right to left, Sgt. Ashley Moore, Sgt. Joshua McDowell, Sgt. Juan Lado, Sgt. Jorge Echeverri, and Sgt. Kenneth Collins.

*"A pat on the back applied at the proper moment in the circumstances can have a dramatic influence in developing a leader."*

Fifth Sergeant Major of the Army William G. Bainbridge

military, following in the footsteps of three generations and was honored to be recognized.

"This is a very important day for me," said Collins, a native of Yarmouth, Nova Scotia. "Not only do I join my peers and supervisors among the ranks ... I continue my family's legacy as leaders in the military."

Capt. Kay Wilkinson, the mother of Collins, is stationed at Wright-Patterson Air Force Base, Ohio and could not make the ceremony due to mission requirements. His grandfather, Army Sgt. Stan Wood, served in Vietnam, and later went from Green [Army] to Blue [Air Force] retiring as a Tech. Sgt. in the Air Force.

Wood stated that he was very proud of his grandson and wished that he could be present for this important day but could not due to his health. Also, his late great-uncle, Sgt. Kenneth Veniot, served

in Vietnam. Collins was named after Veniot.

Collins, a resident of Tampa, serves as the medical readiness assistant NCO for his higher command, appreciates the support and assistance from ARMEDCOM.

"I have seen all the hard work my command has put forth for this day," said Collins, "... One day I aspire to provide this day to another newly inducted NCO."

Sgt. Joshua McDowell, a training NCO with the combat medic sustainment team with AR-MEDCOM, said that the NCO Induction ceremony really impresses the gravity and responsibility of becoming an NCO.

"It is a tradition that encourages and strengthens the bonds between new and experienced NCOs alike," said McDowell, a

native of Omaha, Neb., and a resident of Saint Petersburg, Florida. "It makes me want to work hard to live up to the standard of the non-commissioned officer, putting the needs of the mission and my Soldiers above myself."

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Sgt. Kenneth Collins signs the gateway used in the NCO induction ceremony.



PINELLAS PARK, Fla.- Three Soldiers of the Army Reserve Medical Command participated in the 'Great American Teach-in' in Pinellas County, educating students about their jobs in the Army Reserve, military benefits and how education played a big part in their success.

## SOLDIERS GO 'BACK TO THE BASICS'

Story and photo by Staff Sgt. Isaac Khan, Army Reserve Medical Command, Public Affairs

Staff Sgt. Jonathan Brown, a medical maintenance specialist, Sgt. Bryan Williams a family readiness specialist and Staff Sgt. Candace Zayas a paralegal participated in the 'Great American Teach-in' at John M. Sexton Elementary School in St. Petersburg and Pinellas Park Elementary School.

Soldiers discussed many things during the visit, to include resources and programs the military offers, how to tell military time, calling cadence, shared their story of joining the military, and how many Soldiers continue to enhance their education through school.

Zayas had the opportunity to talk about the two jobs in the military. As an Army Reserve Soldier she works as a paralegal in the Staff Judge Advocate Office, and as a civilian an Alcohol and Drug Control Officer for the unit.

She raised awareness about drug and alcohol misuse, and the resources available in the military.

"It seems that in our culture today there is a problem, and it is important to let the younger generation know that there is a substance abuse program available," said Zayas.

Linda Knapp, a special education teacher of John M. Sexton Elementary School said, "I think it is won-

derful, because they are not able to see Soldiers this close." Knapp stated that children hear about the military in the news, but now they get to have interaction with them, which is really positive. "They enjoy it when Soldiers enter a room."

Teri Trudell, a language arts teacher for the fifth grade at the Sexton Elementary said, "A lot of students in my class are very interested in the military." She went on to explain that students think the military is all about weapons.

"They need to know there is more to the military life than just guns."

Brown brought back the basics of the Army to the classroom, teaching the students how to march and call cadence.

"It is important for children to see that we live a normal life just like everyone else," said Brown. "This is good for the military to engage our community and support the programs here at home."

Great American Teach-in is one of the platforms where the military can support the local community.

This program is supported and participated in by thousands of organizations. The Army Reserve Medical Command continues to be an active supporter within each of their communities.



Staff Sgt. Jonathan Brown, a medical maintenance specialist for Army Reserve Medical Command teaches students how to call cadence during the Great American Teach-in to the students of Pinellas Park Elementary School, Pinellas Park, Fla.



# Army Reserve 'IRONWOMAN'

Story by Lt. Col. Scott L. Borchardt, 7243rd Medical Support Unit, Army Reserve Medical Command

**PINELLAS PARK, Fla.**-- One Soldier has taken the challenge of motivation one-step further, striving to improve her units Army Physical Fitness Training program at the 7243rd Medical Support Unit, Las Vegas.

The command recognized her motivation and her advanced physical fitness training and selected her as the officer-in-charge of the Army Physical Fitness Training program.

This "Iron Woman" is 1st Lt. Morgan Jarred the executive officer for the unit has dedicated her passion for fitness to her Soldiers by not only encouraging them, but setting the example, motivating and improving the physically fitness readiness of her unit.

She integrated interval training with muscle confusion drills, focusing to increase the units APFT pass rate and incorporated exercises for Soldiers so they can do them at home.

"It's such a motivation to see someone who has overcome huge obstacles both mentally and physically," expressed Jarred. "To see them stand up on stage in a bikini or cross the finish line for their first full marathon, was inspiring."

"Her command said she has been an inspiration and source of pride to the 7243rd MSU."

Jarred set the example by training and participating in more than 25 combined marathons and triathlons, to include the completion of an Ironman Triathlon in just 13.5 hours.

Jarred, competed in two body building and figure competitions under the guidance of the International Federation of Body Building and she placed in the top 5 both times, recommends to those who want to compete, to find a good trainer.

A daily routine for Jarred begins at 3 a.m. working cardio and weight training with an additional cardio session in the afternoon. Her six to eight meals a day consist of poultry, fish, vegetables and oatmeal that she prepares in advance. She also treats herself to a "cheat meal" as she calls it, once a week, but in moderation.

"My primary inspiration comes from my close friends," said Jarred. "We all work out together and motivate one another to achieve our goals in fitness ...showing our results in competitions."

Jarred, who is a licensed personal trainer through the American Fitness Athletic Association, enjoys training hard, seeing the results whether from bodybuilding, running a race or beating her own personal record.

What she loves and inspires her most of all is sharing her experience with friends who are doing this for the first time. Jarred hopes to transfer her ability to set fitness goals on to the 7243rd MSU, along with some good old fashioned Army Motivation.

Jarred enlisted in the Army in 1991 and after serving six years active duty, she transitioned to the reserve component and moved to Las Vegas hoping to get into law enforcement.

Jarred said she gave law enforcement a good try, but



Jarred competing in a triathlon (courtesy photo)

decided in the end it was not the career for her.

"I then decided to get into nursing care and realized that I really enjoyed caring and helping others that cannot care for themselves," said Jarred.

Realizing her passion for helping others, she began obtaining her college degree as a Registered Nurse and returned in 2007 to the Army serving as an officer in the Nurse Corps.

"I've obtained my Bachelor of Science in Nursing and enjoying my nursing career."



1st Lt. Morgan Jarred, executive officer, with the 7243rd Medical Support Unit, Las Vegas competes in Ironman Triathlon as an "IronWoman." (Courtesy photo)



# 'AG Guy' in Iraq: Goats, Widows, Farms

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



Lt. Col. Jeffrey Hafner a.k.a. 'AG Guy' (U.S. Army courtesy photo).

**PINELLAS PARK, Fla.—** A Soldier from the 4224th U.S. Army Hospital, Central Medical Area Readiness Support Group from Des Moines, Iowa become known as the 'Ag Guy' during his deployment to Camp Victory, Iraq.

After cross-leveling as a medical training and plans officer he deployed with the 364th Civil Affairs Battalion from Portland, Ore., it did not take long for the Soldiers to figure out he was a farmer, said Lt. Col. Jeffrey Earl Hafner. Cross-leveling is the Army's program for filling vacant position.

Hafner, who was then a Major, holds a degree in agricultural education. Once the Soldiers became aware he owned and managed an Iowa farm, he was sought out for his expertise, which in turn earned him the nickname 'AG Guy.'

Hafner, the farmer, raises cattle, hogs, and chickens; grows soybeans, corn, alfalfa, and small grains, such as wheat, rye, oats, barley and buckwheat.

Iraq is known as an oil-producing country, and for their agricultural land that was devastated by a dictator that destroyed thousands of date palm trees, when he drained thou-

sands of acres of swamps crippling the agricultural life in southern Iraq.

In the last years of American military support in Iraq, the Army worked to take advantage of reduced violence and political stability to reconnect the Iraqi people with farming as a business and culture.

The AG Guy was soon in the middle of the multi-

agency American effort to help Iraqi farmers.

"The mission seemed impossible in such a short time; however, I made myself available as a subject matter expert and facilitated communication between USDA, State Department, military and non-government organizations, such as Doctors without Borders and the U. S. Agency for International Development," he recalled.

The Iowa farmer said his responsibilities included reviewing potential projects, such as; going to help at a soil research station, suggesting and assisting the CA team on selecting the proper farm equipment; and develop contracts for maintenance and other services.

"I did a lot of networking—doing studies on a variety of wheat," he stated.

Another mission included drilling down on the economics of corn from its price when it left the ship in Jordan, to the price it sold in Baghdad. What he found was that because the price doubled from Jordan to Baghdad, the price was destroying the livestock industry by making it unsustainable.

He traveled throughout Iraq to

Basra, western Ninewa Province and to the Department-led Provincial Reconstruction Teams assigned to the metropolitan Baghdad.

"I spent three weeks in June and another six weeks in December in Basra ... it was unique because the British had just moved out, and the Americans were determining what had been done previously in the area of agriculture," said Hafner.

Basra was another unique challenge, he faced.

"We had to develop a plan to move forward," said Hafner. "Basra had date palms and many 'scars' still present from the Iran-Iraq war."

The colonel said he helped develop and organize a 'Goats for Widows' program in Basra to give the women a way to live independently.

"It was an Iraqi idea and it grew on itself," he said. "We taught widows basic herdsman skills, along with ability to process the milk."

"We provided them 10 goats, and 30 days of feed to get started," remarked Hafner. "The kids from those goat were then taken to conduct the project again, so it has sustainability."

On another mission, he was with a Marine unit for thirty days in the western Ninewa Province where the landscape reminded him of Kansas and Nebraska with irrigation systems, miles of wheat and other areas had nothing but sand, reminisced Hafner.

When the 'AG Guy' worked with the PRT around Baghdad, it was between two days to a week.

Baghdad included an area that was developed with a long-term agribusiness park, similar to an industrial park in a city, only it would focus on agriculture and food processing plants, where Hafner spent an additional two weeks working with the USDA along the Syrian



and Jordanian borders.

"I learned that every area was different, and it is important to understand the history of the area where you are going into," he elaborated, "Agriculture is not a quick fix, most of the time only one gets a couple of crops a year."

If a farmer installs an irrigation system too late, it will not get used until next season.

"You must believe you've helped, that one Iraqi family, giving them hope to try again."

Looking back, Hafner said all of this work was done in a combat zone while battling insurgents, roadside bombs and attacks by mortars and rockets.

Hafner stated, "Every time I went out it seemed like it was with a different platoon, or a different security detail," adding, "standard operating procedures may differ slightly, so you listened closely and trusted your fellow service members."

"It was very simple, you tried to be safe, follow procedures – then did your job," said Hafner. "You couldn't let fear paralyze you."



Below: The U.S. Department of Agriculture representatives and the head instructor of the Al Raaid Soil Lab discussed potential ideas to make the research facility a valuable educational asset again. (U.S. Army courtesy photo)



Iraq has been in a six year drought, below was one of the few working irrigation systems in western Ninewa Province. (U.S. Army courtesy photo)



Above: Members of the farmers union south of Baghdad show a U.S. Department of Agriculture representative and his interpreter show tractors loaned out to union members to help them be more efficient. (U.S. Army courtesy photo)

*"We had to develop a plan to move forward," said Hafner. "Barsa had date palms and many 'scars' still present from the Iran-Iraq war."*

Background: Iraqis utilized the Sinjar mountains in western Iraq for terrace farming. Tobacco was one of the crops grown in this area. Fig trees use to line the ridge tops, however, the drought and unrepaired irrigation systems decimated the area. (U.S. Army courtesy photo)



# A Citizen - Soldier

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

“I fell in love and dr  
so crazy until he got  
three yearling Appal

Young poses with two c  
named Mean Girl and P





# Idier's Love Story

...e and drove my father  
...il he got me not one but,  
...ng Appaloosas.”

...with two of her young fillies  
...Girl and Paprika.





A father never realized that his little girl would fall in love at such a young age. She was 4 years young when she developed the kind of love that everyone dreams about and lasts forever. What did her father do to affect such a young child like this?

Captain Justine A. Young, a registered nurse from the 7202nd Medical Support Unit out of Richmond, Va., was that little girl. She recalls falling in love on her fourth Christmas with a surprise gift from her father that unbeknownst to him would affect the rest of her life.

Who would have known, a horse, of course!

She remembers constantly repeating the word "horse" making sure her daddy knew how much she loved her Palomino pony gift that instilled in her this affection for horses.

When Young was eight her father took her to the Loretta Lynn Rodeo; there was an Appaloosa trick horse named Chief Bear Paws. "I fell in love and drove my father so crazy until he got me not one but, three yearling Appaloosas," Young expressed with excitement. It was as if time stood still, her face just glowed placing her back to that moment in time as she continued to talk about her love for these horses.

Her love for these horses was so great that it rode her to learn more about them. "I did a great deal of research and found that the Appaloosa was developed by the Nez Perce Indians on the Palouse River. The horse was famous for endurance, agility, and incredibly tough hooves," she explained.

When her dad bought the Appaloosa foals, he didn't know anything about taking care of them and they were too young to ride. "Through trial and error and lots of accidents I broke and trained all three horses," she said proudly. It took her 3 long years; she was only 9 years young when she started.

"I grew up with them, and they grew up with me," she said.

Young remarked that her Appaloosa stallion, who produced 14 foals, taught her much. Horses reach full adult growth development at age 5 and then typically live another 20-25 years.

Young had 27 horses at one point while she was raising Appaloosas' and selling the offspring. "I have been breeding Appaloosas since I was 15 years old," she stated.

"Once upon a time I participated in a few shows, but for years I have only been trail riding. I go off for weekend rides all spring and summer in Virginia and North Carolina," said Young. She also goes camping with a few friends whom enjoy doing the same

thing on weekends. She expressed how riding the horses through the beautiful parks and farms and being able to enjoy wildlife in a natural way brings so much calmness and joy to her life.

"The breed came close to dying out," sadly she said. Around 1945 a man named George Hatley became instrumental in trying to save the breed. Hence, the Appaloosa Horse Club developed an official breed registry to keep track of their extinction. The Nez Perce Indians were the only Indians to line breed their horses and were highly successful.

A few of the original Appaloosas remain today and therefore crossed with other breeds such as the Quarter Horses and Thoroughbreds. Color is the outstanding trait that makes them so easy to recognize but it is not the only breed specific trait. They are beautiful, colorful horses that are wonderful to watch.

Young is a nurse in the Intensive Care Unit at Central Southside, Community Hospital in Farmville, Va., and has served in the military for four years.

"Due to an ankle injury 10 years prior to my actual enlistment; I was unable to join the Army," said Young. After

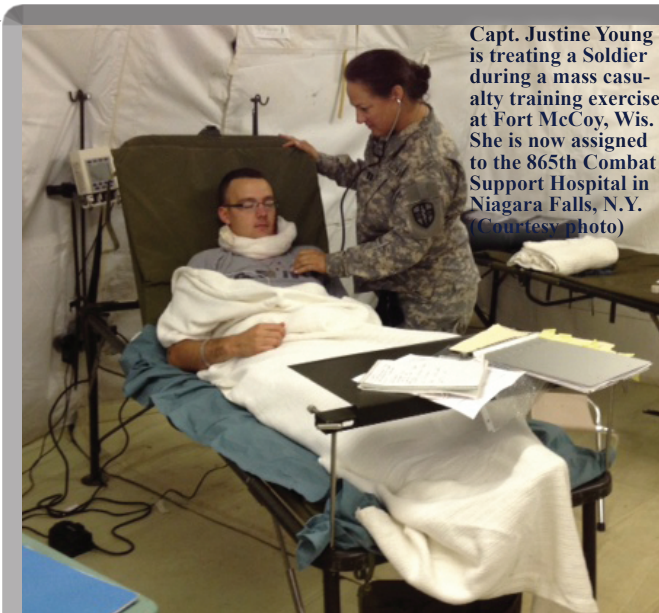
the attacks of September 11th, her determination was so strong, that she worked very hard to heal the injury resulting in her acceptance into the Army Reserve where she developed her second love. "I was thrilled to be accepted and remain very excited about my service career," she said.

Young has 9 horses and 11 llamas at the farm. She has trained three young horses to be ridden and hopes to continue to ride for many more years as well as to serve in the Army Reserve.

When she decided to join the Army Reserve, she sadly had to reduce the herd, as no one else would be able to take care of all those horses. Her father has been wonderful about helping her when military duties call upon her; but of course, he was instrumental in her love of horses. She also has some great friends who help check on them while she is away serving her country on assignment in the Army.

This Citizen-Soldier's devotion to her horses is so great that she is now planning to host a big weekend ride at the family farm and hopes to attract over a hundred riders for this first ride.

Who knows, maybe another young child will be inspired and fall in love with horses just as she did.



Capt. Justine Young is treating a Soldier during a mass casualty training exercise at Fort McCoy, Wis. She is now assigned to the 865th Combat Support Hospital in Niagara Falls, N.Y. (Courtesy photo)



“I grew up with  
them,  
and  
they  
grew up with  
me”

A love is shared between  
Young and Commanche that  
only horse owners understand.





Army Reserve Medical Command  
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