

Task Force 3 *Times*

April 2007



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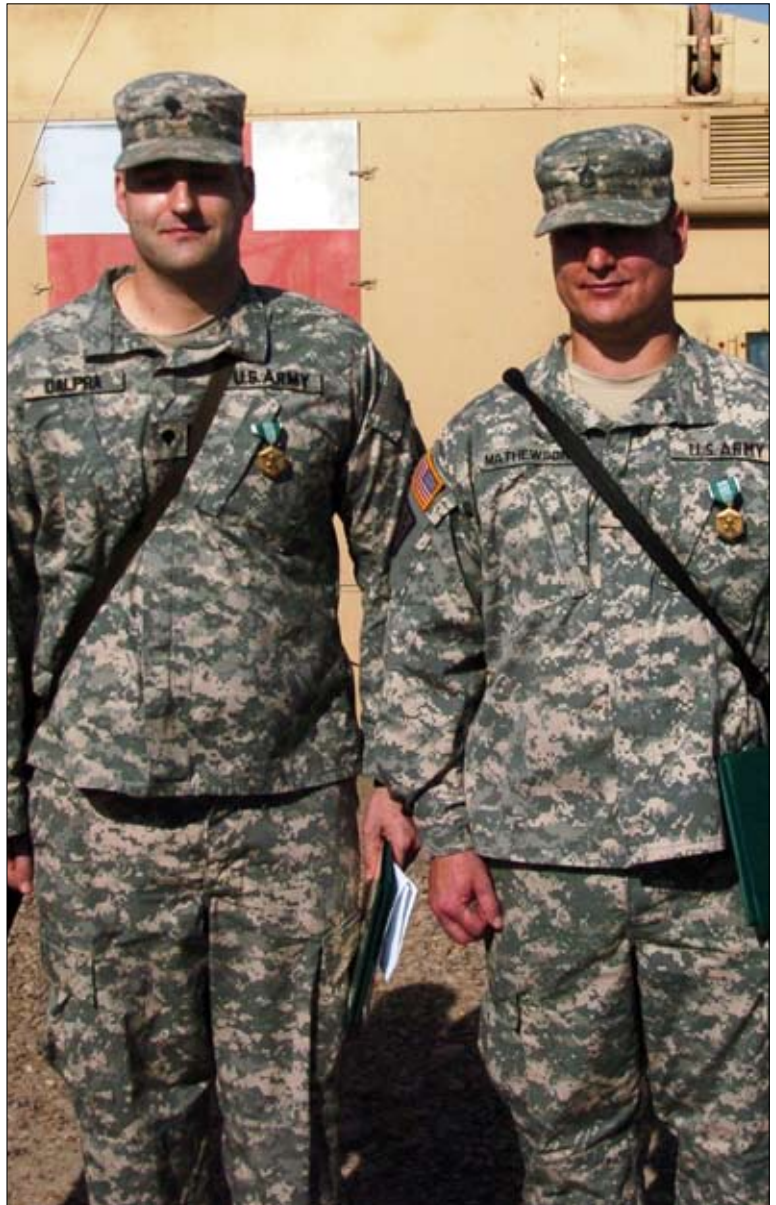
*Rebuilding Iraq:
One nurse at a time*

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Heroes among heroes

285th Soldiers receive commendation for rescue efforts

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Spc. Michael Dal Pra (center left) and Staff Sgt. Eric Mathewson

COMMANDER'S CORNER

Team work



Major General
Ronald D. Silverman
Commander
Task Force 3

I wanted to express congratulations to the 399th CSH for standing up the new hospital facility at Al Asad. This facility will bring faster care to our injured from the region and alleviate traveling further distance to gain access to level III care. They have integrated into the region with the Marines in an admirable fashion. Additionally, a hearty thank you is due to all of the units that provided expert technicians and guidance in order for the hospital to begin treating patients and the validation team for validating this facility in a timely manner to ensure quality healthcare is provided to those that are injured and need medical attention receive the best care they deserve.

Task Force 3 is made of the best medical professionals in the world. We have come from different backgrounds and multi-services, to provide the best possible care in the world. Working with our sister service ensures health care remains world class and efficient. This team work is how we continue to provide for the warrior that may require the use of the facility.

I continue to expect each one of us to represent this command and the medical department of which you are trained to do everything within your power to continue to provide the best for our wounded. They deserve that. With all that has happened over the past few months, I want our focus to remain on supporting those men and women on the front line in order to ensure they are secure in the knowledge that if something were to happen, they will be given the BEST healthcare we have to offer.

1-800-984-8523

Army Launches Wounded Soldier and Family Hotline By Army News Service

At the direction of the Acting Secretary of the Army and Chief of Staff, the Army opened its newly created Wounded Soldier and Family Hotline on March 19. The purpose of the hotline's call center is twofold: to offer wounded and injured Soldiers and family members a way to seek help to resolve medical issues and to provide an information channel of Soldier medically related issues directly to senior Army leadership so they can improve how Army serves the medical needs of our Soldiers and their families.

"We have designed this call center to be able to collectively hear what the Soldiers say about their health care issues, so as issues are raised, we can identify systemic faults or problematic areas and senior leaders can better allocate resources," said Maj. Gen. Sean J. Byrne, Commanding General, U.S. Army Human Resources Command. "It's all about serving our wounded and injured Soldiers and their families. If we can find a way to improve our system, we will. It's that simple."

Many wounded and injured Soldiers who have supported the Global War on Terror, as well as their families, are enduring hardships in navigating through our medical care system. The Army is committed to providing outstanding medical care for the

men and women who have volunteered to serve this great nation. Recent events made it clear the Army needs to revise how it meets the needs of our wounded and injured Soldiers and their families. In certain cases, the Soldiers' chain of command could have done a better job in helping to resolve medically related issues.

Leaders in Soldiers' chains of command also need to be aware that this call center exists and that it has not been created to circumvent the chain of command. In this particularly challenging time, as our senior Army leadership looks to ways to improve services to wounded and injured Soldiers and their families, this is another step in the direction of improvement. Wounded and injured Soldiers and their families expect and deserve the very best care and leadership from America's Army.

The Army's intent is to ensure wounded and injured Soldiers and their families that they receive the best medical care possible. The Army chain of command will ensure every Soldier is assisted in navigating the Military Health Care System.

The "Wounded Soldier and Family Hotline" can be reached from 7 a.m. to 7 p.m., Monday through Friday, at 1-800-984-8523. As additional personnel are trained to receive calls and refer them to the proper organization or agency for resolution, the hotline hours of operation will expand to 24 hours a day, 7 days a week.

Task Force 32 receives combat patch

The 24th of February was a memorable day for the Soldiers, Sailors and Airmen who make up Task Force 32d Multi-Functional Medical Battalion (MMB). Members of the task force gathered at LSA Anaconda's East MWR to participate in the unit's Patch Ceremony. The ceremony celebrated the service-members' earning the right to wear the 3rd Medical Command's Shoulder Sleeve Insignia, for Former Wartime Service, also known as the combat patch.

The commander of the 32d MMB, Lt. Col. William Stubbs, spoke to the assembled service-members about the significance of the combat patch.

"To me, wearing the combat patch or 'right shoulder patch' is done with pride and honor. It is seen as a badge of courage and accomplishment toward a high and noble calling. It sets you apart and above all the rest – it distinguishes you as a combat veteran," said Stubbs.



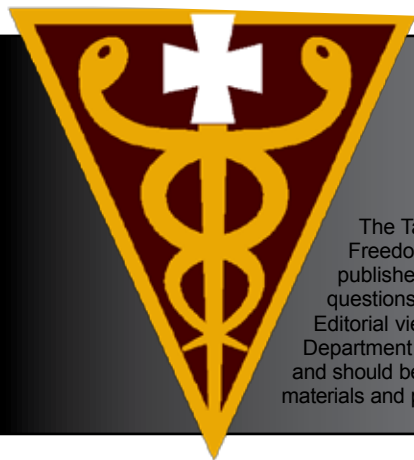
Executive Officer Maj. William Strider receives his combat patch from TF Commander Lt. Col. William Stubbs

MAJ. Scott Newkirk, Commander 133rd MD (PM), receives his combat patch from Lt. Col. William Stubbs



Stubbs also went on to recognize the many sacrifices service-members in today's armed forces are making. "For many of you, this is not your first combat patch. For some of you, it is your third or fourth combat patch. And the truth is for the vast majority of you standing here today, it will not be your last combat patch."

The 32d MMB is comprised of 10 different companies and detachments, totaling about 400 Soldiers, Airmen, and Sailors spread over nearly 30 forward operating bases that provide medical logistics, preventive medicine, combat stress control and veterinary support throughout the Iraqi theater of operation.



Commander: Maj. Gen. Ronald D. Silverman
Public Affairs Officer: Maj. John Heil
Editor: Sgt. 1st Class Sam McLarty
Administrative NCO: Sgt. Thawng Lian

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Heroes among heroes

285th Soldiers receive commendation medal for rescue efforts

By Sgt. Andrew Brace

285th ASMC UPAR

Anyone who puts on a Military uniform to defend their country's rights and freedoms typifies the epitome of heroism. Occasionally, within the ranks of America's Military heroes, certain individuals will act in such a noble and self-sacrificing way that they themselves stand out as heroes among heroes. The 285th Soldiers involved in the rescue effort of two other Soldiers on Feb. 1st, 2007 exemplify heroism.

On a chilly February evening, about 8:40 p.m., an individual burst through the door at Witmer TMC to notify the staff that a vehicle had rolled off of the road into a deep canal nearby. Two Soldiers were trapped inside.

Medics LT Timmons, SSG Eric Mathewson, SPC Michael Dal Pra, SGT Culp and SGT Lewis were on duty. Dal Pra, Mathewson and Culp piled inside an ambulance while Timmons and Lewis loaded into a HMMWV (Hum-Vee). Both vehicles rushed to the site of the accident. As they arrived on location the crew of rescuers was greeted with a scene that none will soon forget.

An up-armored HMMWV had rolled off of the road down a steep embankment into a water-filled canal. Only the rear wheels were

visible above the water.

Without regard for their own safety Dal Pra and Mathewson immediately descended the steep bank and entered the cold water to assist two civilian contractors already on the scene frantically trying to open the heavy armored doors of the vehicle. The doors of a HMMWV do not open as easily as a civilian vehicle. The improved armored doors require a special tool to unlock from the outside and are difficult to open even under normal circumstances.

Dal Pra, Mathewson and the contractors struggled for about 10 minutes in the frigid murky water before a wrecker arrived. Using the wrecker's winch, the rescuers were able to separate one of the doors from the body of the vehicle. With the door finally open, Mathewson and one of the civilian contractors dove beneath the surface and into the submerged vehicle to extract the two Soldiers trapped inside.

Continued on next page



Spc. Michael Dal Pra (center left) and Staff Sgt. Eric Mathewson (center right) pose for photos after receiving Army Commendation Medals from Maj. Gen. Ronald Silverman (far left), Task Force 3 Commander, and Task Force 3 Command Sgt. Maj. Roger Schulz (far right) for their exceptionally heroic acts on the night of Feb. 1 2007.

The faint indentation of tire tracks can still be seen on the far side of the canal where the vehicle rolled into the water from the street above.



Bucca NCOs ensure Soldiers training

By Staff Sgt. Stephen Dohn
21st Combat Support Hospital

NCO business is training Soldiers.

The Non-Commissioned Officers here at Camp Bucca, Iraq are deeply involved in that responsibility. We are always looking to improve ourselves and our Soldiers.

For our Junior Enlisted Soldiers looking for advancement, Sgt. 1st Class Kent Sullivan developed a pre-Warrior Leadership Course (WLC). Many NCOs contributed personal time to help prepare and mentor the next batch of NCOs. The first class was a resounding success and another one is scheduled for March.

Since we are a Combat Support Hospital, medical training is always being conducted. It is vital to stay proficient and current on all licensures and qualifications. Staff Sgt. Stephen Dohn headed the Hospital Training Section and developed a Healthcare Provider CPR course, EMT-B refresher course, and the ACMS-VT testing. These classes maintained the medical readiness of the unit. Sgt. 1st Class Omar Mascarenas and Sullivan put together an EFMB train-up course for individuals interested in attending EFMB upon redeployment.

Combat skills were also enhanced throughout the deployment. 1st Sgt. Mia Barnes created a Warrior Tasks and Battle Drills course. NCOs throughout the task force came together and ensured that the Soldier remained focused on combat skills. Sgt. 1st Class Rodney Kaser developed and headed a Driver's Training program. He ensured that



Soldiers from the 21st CSH-Bucca practice life saving techniques including the "fireman's carry".

the unit remained mission ready by licensing Soldiers on the different vehicles that are assigned to the Task Force. Further development of NCOs and Soldiers continued throughout the deployment through NCODP and JEPD monthly. Subjects covered areas such as leadership styles, counselings, awards, and financial benefits.

As NCOs, nothing is more important than accomplishing the mission and maintaining the welfare of the Soldier. By continuously training to maintain and improve our mission readiness, we set the bar high for mission success.

Heroes among heroes

Continued from previous page

After retrieving the unconscious Soldiers Mathewson swam them one at a time to the edge of the canal where Lewis and Culp used the winch to pull them to the top of the embankment. There, Dal Pra and Timmons were diligently working to obtain the equipment necessary to try and revive the lifeless Soldiers.

The rescuers worked arduously to try and resuscitate the Soldiers. After about 10 minutes of CPR the decision was made to transport the Soldiers back to Witmer TMC where doctors and medics on had prepared the trauma room in

anticipation of receiving them.

The medics involved in the rescue effort that cold February night executed their techniques flawlessly and performed above and beyond the call of duty. Dal Pra and Mathewson received an Army Commendation Medal from MG Ronald Silverman, Task Force 3 Commander, and CSM Shultz, Task Force 3 CSM, to acknowledge their heroism.

Their citation reads:

For exceptionally heroic acts demonstrated on 1 February 2007 while serving as a Medic in support of Operation Iraqi Freedom 06-08. SPC Dal Pra and SSG Mathewson

displayed courage and selflessness during emergency medical response to the scene of a Military vehicle accident. They assisted in the extraction and medical treatment of two Soldiers from a submerged vehicle under the risk of their own personal safety. Their actions are in keeping with the finest traditions of the Army Medical Department and Reflect great credit upon themselves, the 285th Area Support Medical Company, TF 146 MMB and the United States Army.

The Command here at the 285th could not be more proud of their Soldiers efforts on the night of February 1st 2007, and the Desert Eagles could not be happier to have such skilled medics on their team.

Their actions are in keeping with the 285th Company Motto Every Life Counts!

Fighting the 3 killers

Soldiers receive realistic medical training at Beuhring course

By Maj. John Heil
Task Force 3 PAO

Camp Beuhring, Kuwait – “First, you have to save his life, then wait for the bird. I never had a patient lose a limb because I put a tourniquet on.”

Brent Cloud is the senior training facilitator at the Medical Simulation Training Course at camp Beuhring, Kuwait. He teaches the advanced medical course to servicemen and women who initially in-process in Kuwait, to prepare them for trauma injuries they may encounter in Iraq.

“There are three battlefield killers,” said Cloud, “They are hemorrhage, airway compromise, and tension pneumothorax. If you can take care of those three things you will save lives.”

Cloud, a former Army Special Forces medic and 18 Delta course instructor said he teaches a lot of the class from his own experience. “I have been there and done that,” he said. “I am very familiar with handling trauma on the battlefield.”

Mannequins with realistic bleeding wounds lined the floor of the class, connected by hoses and hooked to a computer. One mannequin had a severed leg and one had a severe facial wound. When Soldiers came upon it during the exercise simulation, blood substance actually squirted into the air



Brent Cloud, senior instructor at the Medical Simulation Training Course uses a life-like mannequin as he demonstrates to students what they should do when coming on a casualty with severe wounds. (Photo by Maj. John Heil, Task Force 3)

across onto the floor as it would if it were a live body being treated on the battlefield.

“Down and dirty or I should say bloody in this case,” said Adam Milton, Private 1st Class, who works as a mental health specialist.

Security is another issue Cloud stresses to his students. Soldiers under fire can’t treat their wounded. Equally important were patient assessment near and far term, gathering data, management of patients through manual pressure and manipulation, treatment of patients with the right devices, and packaging the patient by treating for shock, calling in the nine-line MEDEVAC message and treating for hypothermia.

“This was probably the most realistic first aid training I have seen, said Staff Sgt. Jack Green, who works with the 85th Medical Detachment in combat stress.

Sergeant Maj. Donald Martin, NCOIC of RSO&I operations for Task Force 3d MEDCOM in Kuwait, explained that a need for this type training was recognized by Task Force 3 and acted quickly upon to ensure everyone passing through Kuwait into Iraq receives the training.



Private 1st Class Adam Milton, Sgt. Thomas Fuller, Staff Sgt. Jack Green and Private 1st Class Heston Gilbert work as a team to assess, treat and prepare a casualty (mannequin in the picture) for MEDEVAC during a simulated advanced medical exercise at Camp Beuhring, Kuwait. (Photo by Maj. John Heil, Task Force 3 PAO)



Brigadier Gen. James Kessler, commander of the 2nd Marine Logistics Group; Brigadier Gen. Timothy Hanifen, Asst. Wing Commander 2nd Marine Airwing Forward; Col. Bryan Kelly, commander of the 399th Combat Support Hospital; Brigadier Gen. John Allen, 2nd Marine Expeditionary Forces; Maj. Gen. Ronald Silverman, commander of Task Force 3rd Medical Command; Command Sgt. Maj. Roger Schulz, Task Force 3rd Medical Command; Maj. Gen. Walter Gaskin, Sr., commander 2nd Marine Division; Command Sgt. Maj. Mitchael P. D. Delvalle, 399th CSH; Command Sgt. Maj. Neil Ciotola, MNC-I.

New level III hospital opens at Al Asad

By Maj. John Heil

Task Force 3 Public Affairs Officer

The quality of medical care available to service-members in the Al Anbar province of Iraq, rose up to a new level recently, thanks to a new level III hospital operated by the 399th CSH.

Maj. Gen. Ronald D. Silverman, commander Task Force 3rd Medical Command, higher headquarters to the 399th Combat Support Hospital, welcomed Soldiers, Marines and distinguished visitors to a ribbon cutting ceremony, March 19, 2007, for the Multi-national Hospital Al Asad, held at the Al Asad air base.

"This effort germinated with the MNF-I surgeon in 2005 and many hands have contributed to create the vision that is now a reality before us," said Col. Bryan R. Kelly, commander of the 399th CSH, during the ceremony. "The Soldiers of the 399th CSH are eager and ready to begin this mission."

The new Level III hospital will be the primary healthcare facility for all U.S. service-members in the Al Anbar province – an area that has produced nearly 40 percent of all U.S. casualties in the Iraq war. Before the opening of the Al Asad hospital, casualties requiring level III surgical care in the province had to be evacuated to hospitals in Baghdad or Balad. The location of the new hospital will significantly decrease the amount of time it takes to get battlefield casualties to advanced surgical and stabilization care.

"This is a big day for Multi-National Forces-West, and the Al Anbar province," said Marine Brigadier Gen. James A. Kessler, commander of the 2nd Marine Logistics Group. "We now have a level III medical facility in our area of operations adding significant health service support capability to our overall force. The [new hospital] will provide comprehensive level III combat health service support to coalition and Iraqi forces. It will also provide state of the art medical care in an effort to return forces to duty as quickly as possible. Most importantly, I'm convinced the addition of the hospital here at al Asad is going to save lives."

The first pieces of the 32 bed hospital arrived at the Al Asad site January 5, 2007. The modular structure of the hospital allowed a rapid construction and the facility was finished in just more than two months. This is the first U.S. medical facility to be built in Iraq from the ground up. All others have been in temporary structures or preexisting buildings refit for medical treatment.

"When I came to visit this facility a couple of months ago, it was just dirt," said Silverman. "When we started this we had consultants

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Al Asad Multinational

Continued from previous page

and experts from the Army and the Navy. Every one was telling us 'we have to do this' or 'we can't do that.' Well, I'll tell you, if it wasn't for the people on the ground - the Soldiers, Sailors and Marines - this never would have happened. It's because of them we're here today. We built this under budget and on time. It's to your credit that this has gone so well."

Of the 32 beds in the hospital, 12 are in the intensive care unit, 20 are in the intermediate care unit and four are operating tables. The hospital has the capacity for other services including emergency medicine, critical nursing care, internal medicine, OB/GYN, radiology, pulmonary medicine, anesthesia, nutrition, community health and mental health.

Before the opening of the Al Asad hospital, the U.S. Navy operated a level II surgical stabilization facility where casualties would arrive, be stabilized and then sent to either Balad or Baghdad for surgery. The Navy facility had been the primary source of medical treatment for the Al Anbar Province since January 2004. Thousands of U.S. and coalition personnel have come through the facility for treatment since it was stood up during the first rotation of Operation Iraqi Freedom.

One of the things Silverman mentioned during his speech was a flag draped inside the hospital's triage tent. The day before the ribbon cutting ceremony, 399th Command Sgt. Maj. Mitchael P.D. Delvalle, gathered Soldiers for a very special flag dedication ceremony. Soldiers lined in front of the triage tent at attention as a folded American flag - strapped to a gurney much the same as a newly arrived casualty would be - was rolled by them. Inside the tent the flag was raised up and draped to fit inside the roof.

"When they [casualties] come out of the bird they may be all wrapped up, they may have tubes in their throat. They don't know where they are," said Delvalle. "When they look up and see this, they know they're safe."

The 399th CSH was selected to staff the hospital in December 2006 by Task Force 3d MEDCOM. Most of the staff of the new hospital had previously been assigned to a hospital in Mosul. The 399th still maintains operational control of a level III hospital in Tikrit.

Task Force 3d MEDCOM has oversight of more than 30 medical units in Iraq and around 3,000 service-members from all four branches and is responsible for all medical and health care in the country.

As commander of Taskforce 3d MEDCOM, Silverman is the highest ranking medical person in Iraq. He is also the first dental officer ever to hold command and control over the entire spectrum of medical services in a combat zone.



Maj. Gen. Ronald Silverman, commander of Task Force 3rd Medical Command



Brigadier Gen. James Kessler, commander of the 2nd Marine Logistics Group



Col. Bryan Kelly, commander of the 399th Combat Support Hospital

*399th
Command
Sgt. Maj.
Mitchael
Delvalle
directs
activities for
the Al Asad
hospital
opening
ceremony.*



Doctors receive mTBI training

Mild traumatic brain injury instruction may save lives

By Maj. John Heil

Task Force 3 Public Affairs Officer

Military medical care providers in the Iraqi theater are focused on providing the best medical care to American, coalition forces, and for that matter any person brought in their medical facility to receive care. One of the more common injuries is mild traumatic brain injury (mTBI).

Lt. Col. John Gardiner, physician assistant with Multi-National Corps - Kuwait, said "the medical command in the field requested that all medical providers coming into Iraq receive instruction on mild traumatic brain injury mainly because there are concerns with Soldiers coming back with concussions."

Gardiner said that the field has received reports from some military spouses are acting kind of weird. Gardiner accounted that he met a Soldier once and asked how he was doing and the Soldier said "just fine sir, other than being blown up four times, I'm fine." Gardiner said "this is the kind of guy who needs accurate medical records so their medical providers will know what to treat, how to treat and so the VA will know the medical history of Soldiers returning home."

Col. William Tozier, senior physician assistant with Task Force 3 has composed an instruction package on mTBI designed to complement a screening tool known as Military Acute Concussion Evaluation (MACE), developed by the Defense and Veterans Brain Injury Center at Walter Reed Army Medical Center. Tozier felt that medical professionals should receive instruction on mTBI prior to deploying into Iraq.

"I added some materials to guide providers, such as a head injury information sheet to give Soldiers and their commanders a template that speeds the entry of MACE into the Military Communications for Combat Casualty Care (MC4) electronic health record," said Tozier. "Identifying service members with mTBI protects them, by allowing healing and avoids sending injured service members back on a mission where their reaction time and memory may be acutely impaired."

Tozier also created a video, produced by Task Force 3 Public Affairs with the assistance of Lt. Col. Michael Jaffe, Air Force Neurologist at Balad Air Base, Iraq, and one of the DVBIC members. "The video demonstrates how to perform MACE," said Tozier, and copies of it have been requested by the Office of the Surgeon General.

"Together this packet was given to Lt. Col. John Gardiner, who volunteered to teach the material to all medical personnel crossing the berm at Camp Buehring," said Tozier.

Tozier feels that teaching medical professionals at Camp Buehring about mild traumatic injuries is critical until it becomes standard training for units deploying into theater. Tozier said that "Gardiner's energy in voluntarily taking on this task has been fantastic." He also said that "Lt. Col. Phillip Good has also been instrumental in getting our Taskforce 3 members to the course."

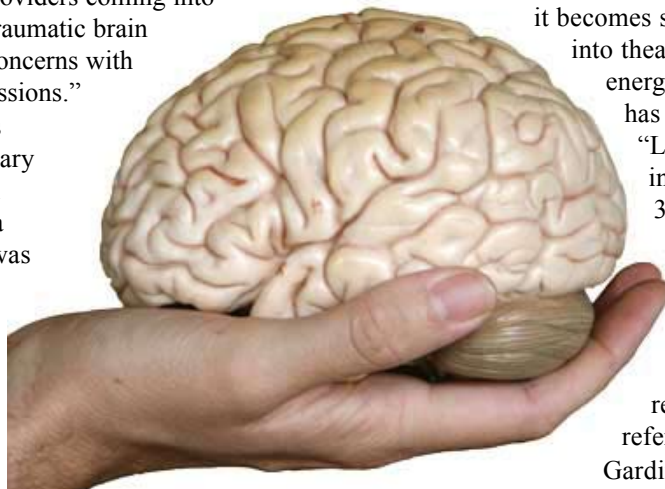
MACE teaches medical personnel how to screen for and identify those who have suffered mTBI. Tozier said that cases range from very mild, which only require observation to those needing referral to higher levels of medical care. Gardiner said that MACE was originally

developed for athletic trainers to use as an evaluation tool. During the evaluation patients are scored based on responses to examination questions. Periodically patients are retested to see if their situation is improving or declining. "The score can also tell you whether the patient needs higher care," said Gardiner.

A panel of experts developed this screening tool and published it December 22, 2006. It was adopted by Central Command as part of the Joint Theater Trauma System and posted on line for providers to use in theater.

Material on mTBI is also being taught to physicians and physician assistants at the Army Medical Department Center and School as part of the Tactical Combat Medical Care course.

"[The subject] is also being taught at medical conferences" said Tozier. "The materials, to include the video, have been distributed throughout the divisions and Area Support Medical Companies. We aim to get materials to all medical providers in theater."



100% Fad Free

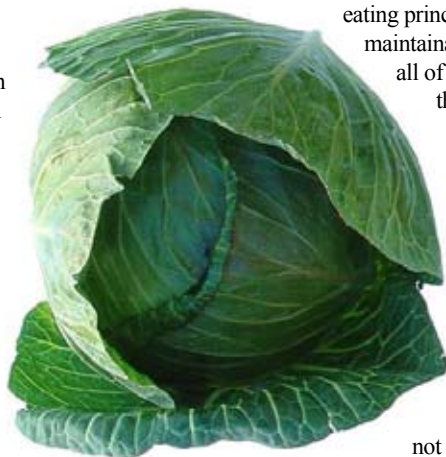
1st Lt. Susan Stankorb RD, LD

March is the American Dietetic Association's National Nutrition Month®, a month long health promotion effort to educate the American Public on health and nutrition. National Nutrition Month® started in 1973 as a week long event and has steadily grown ever since. Now the month long campaign picks a theme and five key educational messages each year. The theme for 2007 is 100% fad free, with an aim to sharpen consumers to recognize the difference between valid nutritional science and the creative marketing in the food and diet industry. The five themes are:

1. Develop an eating plan for lifelong health.
2. Choose foods sensibly by looking at the big pictures
3. Find your balance between food and physical activity.
4. Learn to spot food fads.
5. Food and nutrition misinformation can have harmful effects on your health and well-being.

Food fads are an ever present part of the American culture, we all look to the next big quick fix with hope of preventing the diseases that plague our family medical history, or the next way to get slim quick. There were over 200 new diet books published last year, and Americans are currently spending \$43 billion on weight-loss products, yet the obesity rate is steadily rising. According to publications from the American Dietetic Association there are documented fad diets throughout history, in fact the "Atkin's Diet" as we know it today originated in 1863 by William Banting. Other popular fads that seem to continually re-circulate include the vinegar and water diet (1820) and The Cabbage Soup Diet (1950). The truth about all of these diets is that though they may help you lose weight in the short term,

they do not contribute to long term health, nor do they teach overall healthful eating principals that are maintainable. With all of these diets



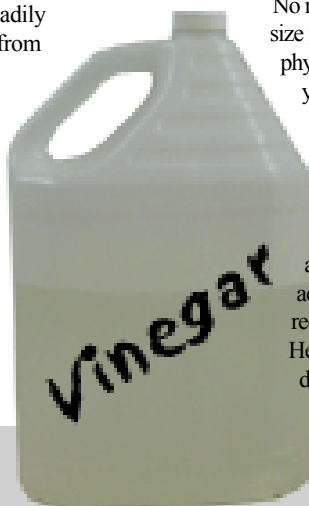
the fact is you eat fewer calories; and fewer calories result in weight loss.

Though fad diets offer a quick fix; they are not maintainable, therefore it is better

to find a sensible balanced diet. One of the best diets can be found for free on the website www.mypyramid.gov, which is home of the new food guide pyramid published in 2004. One trap most people get into is forbidding foods or categorizing them into good foods and bad foods. The food guide pyramid teaches that with moderation and balance all foods fit into a healthy diet including the occasional cheeseburger or scoop of ice cream. Especially if you balance your food intake with physical activity which is truly a cornerstone to life long good health.

No matter your size if you are physically active you can reduce

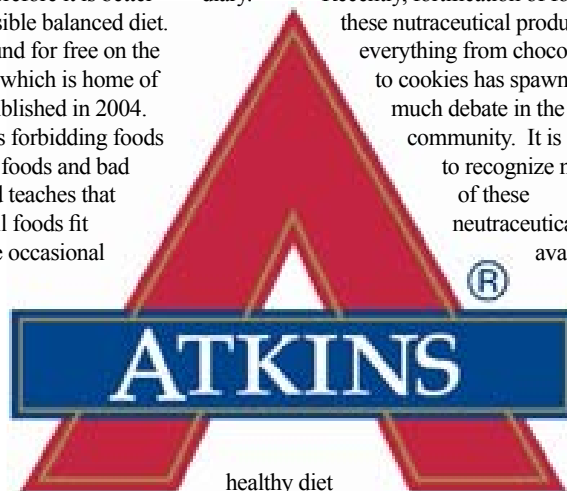
your risk of chronic diseases. A physically active overweight individual is actually at lower risk than a thin person who is a couch potato. The recommendation is to achieve 30-60 minutes of physical activity most days of the week. This recommendation from the American Heart Association may be increasing due to the reduction in daily activity in the American lifestyle. Modern advances in technology such as



the remote control, garage door opener, and email greatly reduce the number of calories we burn each day, so it is even more important to make a conscious effort to incorporate exercise into the day. Exercise does not have to be painful, pick activities you enjoy such as competitive sports to stay motivated.

The last message for the public from the American Dietetic Association this year is to recognize nutrition misinformation whether that is in the form of diet books, infomercials or food fads. The food industry is aware of the large amount of information available to consumers and markets products with claims to reduce cholesterol, prevent colon cancer. These foods deemed nutraceuticals often have high price tags. Examples of nutraceuticals include antioxidants, EGCG found in green tea, lycopene found in tomato products and probiotics in yogurt and dairy.

Recently, fortification of foods with these nutraceutical products in everything from chocolate to cookies has spawned much debate in the dietetic community. It is important to recognize most of these nutraceuticals are available in a



healthy diet and there is limited to no

need to purchase high priced specialty foods. Recognize that words such as revitalize, detoxify are not likely to come from a scientific community and they are buzz words used by product marketers. Products that claim to treat, cure or prevent are also marketing terms. If you are interested in good health consult with a nutrition professional, such as a registered dietitian or look for reputable information from sites like www.eatright.org.

National Nutrition Month is a great way to re-motivate and jump back on those nearly forgotten New Year Resolutions. We can all take this month long opportunity to find ways to improve our health by being smart consumers.

Iraqi Air Force performs first all Iraqi MEDEVAC

By Cpl. Jess Kent

MNC-I Public Affairs Office

The Iraqi Air Force conducted its first intratheater air medical evacuation when a wounded policeman was transported to an Iraqi care facility March 4.

Iraqi crew members piloted a C-130 cargo and transport aircraft, proudly flying the Iraqi colors, while an Iraqi flight surgeon tended to the wounded.

The injured Iraqi policeman, who suffered a gunshot wound to the back, was transferred from 28th Combat Support Hospital to an Iraqi facility. In a display of the growing capabilities of the Iraqi Air Force, the movement was performed solely by Iraqi personnel.

“From a joint movement request with the Joint Headquarters Operations Center to the ambulance driver for the flight-line transfer, Iraqis are exercising the processes they built for approving and executing a mission,” said Maj. Mark Morris, chief of medical operations, plans and effects,

Multi-National Corps-Iraq Surgeon’s Office.

The Iraqi flight crew and medical personnel received extensive training at Al Muthanna Air Base, Baghdad International Airport, prior to the mission.

“The Iraqi Air Force has been flying with the Coalition Air Force Transition Team for about two years,” Morris said. “They have several thousand hours of experience in various aircraft and they’ve been training specifically in flying the C-130. The Iraqi Air Force is developing the concept as part of a transportation and budgeting strategy to use three C-130s for evacuation.”

While Iraqi air crews are experienced, Morris said this is the first time all of the Iraqi assets for intratheater medical evacuation have been tied together.

The entire mission was conducted with Iraqis in the lead, ranging from air crew members, loadmasters and medical personnel in the air to ambulance attendants and hospital staff members on the ground.

This capability of the Iraqi Air Force could eliminate the dilemma of many recovering Iraqis who are medically evacuated from combat zones by coalition forces.

“They’re usually picked up by U.S. helicopters and taken to



An Iraqi policeman tends to a wounded Iraqi policeman inside an Iraqi C-130 aircraft. The exercise was the first successful MEDEVAC for the Iraqi Air Force. (Photo by Maj. Mark Morris)

U.S. hospitals,” Morris said. “Once they have recovered, there’s no way to get back to the area of operations because

they’re no longer patients. Typically, they have to be regulated through Iraqi transportation to get back out there.”

Instead of waiting during this delay, in the future wounded Iraqi security forces may have a faster and more care-specific ride home.

“The Iraqi Air Force may help with the distribution of medical logistics and the ability to repatriate Iraqi civilians to their homes,” Morris said. “They will be able to return soldiers to duty — from injury to care and then back home.”

Iraqi healthcare system serves its people

By Spc. L. B. Edgar

7th Mobile Public Affairs Detachment

Feed a man a fish and he will eat for a day. Teach a man to fish and he will eat for a lifetime. In Iraq's capital this proverb rings truer with each passing day as Coalition Forces work to empower local nationals in reconstructing their country.

The healthcare system of Iraq is one type of "fishing" Iraqis are already practicing on a daily basis, said Col. Mark P. McGuire, chief of civil military operations, 3rd Medical Command, Multi National Corps – Iraq.

However, medical care is not new to Iraq.

"Physicians were being licensed in this country around 900 AD. They do have a long history of dedication to the arts and sciences of healing and did not lose their knowledge (and) skills on March 20, 2003 (following the United States invasion)," said the native of Brevard, N.C. "It was a center of excellence for health care in the Middle East through the 80s and into the early 90s."

The Iraqi healthcare system is not perfect. There are supply issues and corruption, but people do receive medical treatment, McGuire said. McGuire who currently resides in Auburn, Ala. works as an optometrist with the VA Medical Center, Tuskegee, Ala.

"They have a functioning medical system to care for the Iraqi people," he said. If an Iraqi citizen is injured in Iraq, they are going to at least receive the Iraqi standard of healthcare. The Iraqi level of care is what they had in 2003. We want to make sure we maintain that level and if we get it better, (than) great. But it's not our call. It's their call," McGuire said.

The Iraqi decision on the appropriate level of healthcare for their people is an Iraqi question, which needs an Iraq answer, McGuire explained.

"Each time we broadcast that the medical facilities are not 'capable' we reiterate the thought of the arrogant American. Our western standard (and) expectations can not be the template for medical care in this (area of operations)," he said. "They have a functioning medical system. Is it perfect? No. There are definitely shortfalls in some areas. However, you can't come out here and say they have no capabilities."

Building the capacities of the Iraqi healthcare system to meet the Iraqi people's standards is now the goal. Toward this goal, Cooperative Medical Engagements, which provide planning, guidance and training to Iraqi healthcare professionals who in turn treat Iraqis, is replacing Medical Civic Action Plans and Medical Operations in which Coalition Forces treat local

nationals, McGuire explained.

Cooperation is also being practiced in the upper echelons of government as Coalition Forces constantly work with the Ministries of Iraq to improve infrastructure, including the healthcare system, McGuire said.

According to Maj. John Heil, deputy public affairs officer of Task Force 3rd Medical Command, some cultural sensitivity is in order when dealing with the Iraqi healthcare system.

"We have to be careful of what we say about their healthcare system because if we're going to make progress in this country. I've read some comments about the capabilities of the Iraqi healthcare system, which are not necessarily true. It's not just in security and their armed forces. It's also within their infrastructure, which includes healthcare," said the native of Nashville, Tenn. "Look at the big picture. What are we trying to do here? We're trying to make progress in this country, build them up and get them to a place where they can take care of themselves, so we can leave."

Mahde visits 32nd MMB



32nd Multi Functional Medical Battalion had a visit recently from the Surgeon General of the Iraqi ground forces, Brigadier Gen. Mahde. Above Mahde exchanges ideas with 2LT Strohl at the Class VIII Supply Support Activity at LSA Anaconda.

Medics go where the mission is

By Maj. John Heil
Task Force 3 PAO

Al Asad, Iraq – Medics from the 329th Medical Company (Ground Ambulance) hit the ground running, picking up patients within hours after the opening of the new Multi-National Forces hospital in Al Asad on March 19th.

Sgt. Christiane Swartwood and Spc. Kayla Schulz arrived the day of the hospital opening from Camp Liberty. “The main contingent of 329th personnel work on Camp Liberty and Victory,” said Swartwood.

The Multi-National Forces hospital is operated by the 399th Combat Support Hospital, headquartered in Taunton, Mass. with

medics attached from the 329th Medical Company, Ground Ambulance, headquartered in Erie, Pa.

Swartwood works as a security guard for a retirement community as a civilian, while Schulz works as a nursing assistant near Erie, Pa.

Staff Sgt. Darryl Hack and Spc. Kevin Leszyk, also medics with the 329th, worked as combat lifesaver instructors prior to being attached to the 399th CSH. Both trained soldiers and medics at battalion aid stations at the Victory Base Complex and helped schedule and move medics where the mission required.

“I enjoy working with the 399th, they are good people,” said Hack. Hack works as a licensed practical nurse at a correction facility in Richmond, Va. was cross-leveled into the unit. “I am also working on becoming a registered nurse. I am in an LPN to RN program at John Taylor Community College in Richmond, Va.”

Leszyk is from Rochester, Ny, attends Gannon University and is working on a software engineering degree.

The medics agreed that the worst type wounds they have seen were shrapnel wounds from IED blasts and gunshot wounds.

“We have a deep commitment to take care of people, if not by hands-on, then it’s through education like the combat lifesaver course. Taking care of people is very personal to us,” said Hack.

“We arrived in Iraq in September 2006 and the unit split where the mission called us,” said Hack. “About nine medics came to Al Asad, while the remainder of the medics stayed in Baghdad.”

Hack, 42, said “I am extremely proud of the young medics and very impressed with their professionalism.”

“We just arrived from Camp Liberty and go where the mission takes us,” said Schulz.

The 399th CSH and 329th Medical Company fall under command and control of Task Force 3rd Medical Command, commanded by Maj. General Ronald D. Silverman. The task force consists of more than 30 units, including three combat support hospitals and one Air Force theater hospital.

The new hospital in Al Asad provides critical medical support for the Marine expeditionary force, coalition forces and also supports the Iraqi armed forces when necessary.



Medics from the 329th Medical Company (Ground Ambulance), headquartered in Erie, Pa. pose briefly in their ambulance as they await patients to arrive at the Multi-National Forces Hospital in Iraq, operated by the 399th Combat Support Hospital. The medics from left to right are Staff Sgt. Darryl Hack, Spc. Kevin Leszyk, Sgt. Christiane Swartwood, and Spc. Kayla Schulz. (Photo by Maj. John Heil, Task Force 3 PAO)

Rebuilding Iraq: *One nurse at a time*

By 1st Lt. Andrea Nolan
21st Combat Support Hospital

Iraqi women from Baghdad finally have the opportunity to participate toward a new self sufficient Iraq. It begins with 15 Iraqi women being a part of a nursing program started by the 358th Civil Affairs Brigade Public Health Team. The women have been invited to participate in an organized course designed to teach basic preliminary nursing skills. The program is called the Preparatory Iraqi Nursing Course (PINC). The PINC course is taught by volunteer Army Nurse instructors from the 21st CSH out of Ft. Hood, Texas and Iraqi interpreters. The class is designed for women to learn nursing skills that can be applied at home, in their community, and/or to advance towards attending nursing school. Some of the skills students learn include wound care, physical assessments, basic CPR, infection control and so on. Many women stated that they wanted to be care providers in their villages and some want to continue their education and go on to nursing school. During Saddam's regime, nursing schools were closed down and women were unable to participate in medical roles. At present, one of the main goals for rebuilding the country includes improving medical facilities. However, there are few projects that include improving medical nursing skills among their populations. This program is the first one started to get the communities involved. Capt. Samantha Smith, a public health officer with the 358th Civil Affairs unit, stated the goal for PINC is to become a nationwide program. The intent is to have 10 vocational schools throughout Iraq. The PINC program is a great opportunity to introduce nursing to these women and give them a feeling of empowerment in the rebuilding of Iraq. In order to participate in the program, the women have to embark on a dangerous journey. This is a risk they are willing to take to help their communities toward the future of Iraq.



1st Lt. Tina Wanamaker, from the 21st CSH, volunteers as PINC students practice their nursing skills lab during the class.



PINC students learn how to take their pulse in the nursing skills lab.

Parting Shot



Sgt. Jason Harris, Task Force 3 G-6 Help Desk NCOIC, was one of several Task Force 3 Soldiers to participate in the Camp Victory Mayor's Cup competition, 27 March, 2007. Harris lifted 325 lbs. during the bench press event. (Photo by Sgt. Thawng Lian, Task Force 3 Public Affairs)