

# Task Force *Times*

February, 2007



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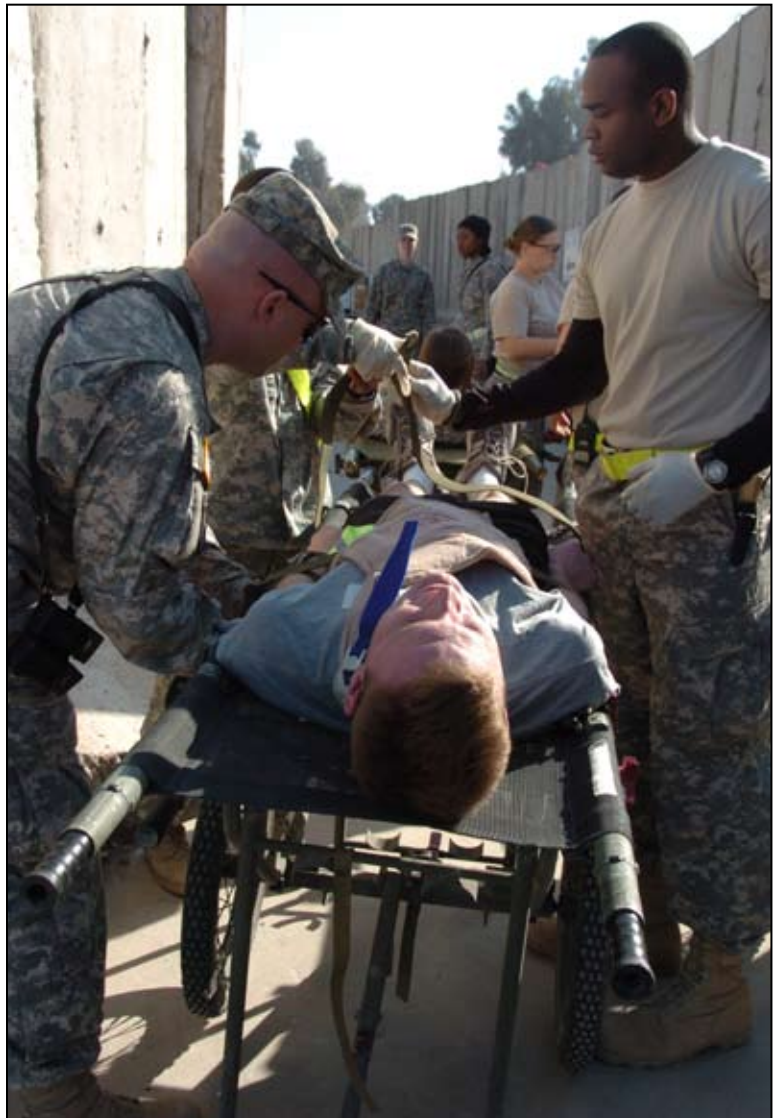
*Boxing champ takes on  
anyone in Mosul*

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## **MASCAL at Mosul**

28th and 399th practice saving lives at Diamondback

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Soldiers at the Mosul hospital secure a patient to a gurney during a Mass Casualty exercise Jan. 25, 2007. Personnel participating in the MASCAL exercise came from 28th CSH, 399th CSH and 8th Forward Surgical Team assigned to the Mosul hospital. (Photo by Sgt. 1st Class Samuel McLarty)



## COMMANDER'S CORNER

# Stay alert - stay alive

*As Taskforce 3 begins to close in on the halfway point of our deployment, we must not let our guard down - mentally or physically. The mission at hand is challenging and we must continue to use the same energy and intensity we had when we first arrived. As the best medical professionals and support staff in the U.S. Army, we must continue to engage our mission with the best of our abilities. For some, that may mean refocusing our sights on the goals that we brought to theater with us. For others, that may mean looking forward to a well-deserved break within the confines of the R & R program then returning with a renewed energy to carry us through completion.*



Major General  
Ronald D. Silverman  
Commander  
Task Force 3

*There is a lot of transition happening around us. While some of our hospitals are moving into new territory, other units are preparing to transition back to their home station. They have served this command and our nation well. As time gets closer, we will give them a well deserved send off and congratulate them in the highest manner.*

*I expect each leader, from commanders down to the junior enlisted, to continue to do your very best during the mission. We have a long way to go and I do not want - we cannot afford - a let down now. Leaders, continue to reach out to your Soldiers and ensure that they are doing well in their daily lives. Know how they are living and the state of their personal well being. Our Soldiers are our most precious resource. We cannot do our jobs without them.*

*We are doing a great job, and must continue in our mission using the best of our abilities. Our success so far is the foundation for the rest of the deployment.*



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

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## CHAPLAIN'S VIEW

# The sum of the whole and the sum of the parts

*As we enter the New Year 2007 let us continue to be thankful for all the blessings that really mattered in 2006. Most of all we thank God for family, friends and our nation. Reflect, if you will, for just a few minutes on the gifts that God has given you as an individual and the blessing God grants through family.*

*The condition of our Army and our success as a team is directly dependant on the condition of its individual members. With that in mind, in June 2006, the US Army initiated a new Army well-being program.*

*Before this new initiative, most of the Army's 'people' programs focused on the 'quality of life' issues separately. The new Army well-being brings them together and integrates these quality of life programs into a well-being framework, which provides a way to measure success and to address emerging needs of our transforming Army. Army well-being is the "bridge" that connects Army needs with individual needs.*

*AR 600-20 defines Army well-being as the personal, material, mental and spiritual-state of the Army family, which includes Soldiers (active, reserve and national guard), retirees, other veterans, DA civilians and all their family members. The focus quoting from the regulation again is to "take care of the Army family before, during, and after deployments."*

### **Physical:**

*The physical state centers on one's health and sense of wellness or satisfying physical needs through a healthy lifestyle – eating correctly, physical exercise, rest/relaxation and enjoying good wholesome company (family or group picnic).*

### **Material:**

*The material state centers on essential needs: food, clothing and shelter. In order to obtain this goal or peace, one should maintain a sound financial reality. Do not spend to show the Joneses and the Smiths you can have more than them and go into debit.*

### **Mental:**

*The mental state involves our desire to learn, achieve, be appreciated and recognized for our accomplishments.*

### **Spiritual:**

*The spiritual state involves one's personal relationship with a faith statement, our philosophical desires, morals, values and the ability to adjust and survive in difficult situations/environments.*

*For the Army's take on my interpretation of Army well-being, read AR 600-20, chapter 3. The commander of each unit has ownership of the Army well-being program and is responsible for the successful deployment of the same. The Religious Support Team (Unit Ministry Team) is a great section to aid a commander in the initiation of this program. The company commander and the first sergeant are an equally talented team for the Army Well Being program.*

*Here in theater, Maj. Gen. Ronald D. Silverman has instructed all the commanders in the taskforce to engage in this worthwhile venture. I will do all I can with the aid of the chaplains and chaplain assistants of Taskforce 3 to strengthen our resolve in being a healthy family.*

*May God bless each of us and have a wonderful New Year.*



Lt. Col. Irvin Bryer  
Command Chaplain  
Task Force 3



*The six-member mental health team at Camp Cropper cuts a cake during a ribbon cutting ceremony at the new combat counseling center. The new center will be open seven days a week from 8 a.m. to 8 p.m. with additional on-call support 24 hours a day. (Photo by 1st Lt. Jose SanFeliz)*

## Combat counseling center opens at Camp Cropper

By 1st Lt. Lea Ann Fracasso

TF 134 Public Affairs

CAMP CROPPER, Iraq – Service-members escaping the cold weather outside crowded into a double wide trailer dedicated to providing not only an escape from the weather, but also an escape from the stress associated with serving in Iraq.

“Camp Cropper is a unique community with unique stressors,” said Col. David Sproat, Camp Cropper hospital OIC, in opening remarks at the ribbon cutting for the Camp Cropper Combat Counseling Center Jan. 5. “We are not immune to that stress. The foundation of this community is Soldiers taking care of each other.”

The counseling center is a sign of that foundation. A spacious double-wide trailer is equipped with amenities to help service-members relax – such as a TV, stereo, books, magazines and games. It also provides private counseling space for Soldiers looking for help in dealing with stress.

The new facility offers many advantages over the previous space allocated for the 21st Combat Support Hospital’s six-person mental

health team, said Lt. Col. Marta Vives, chief of mental health. “Before we had one office for six providers and we had to take turns,” she said.

The new facility also takes away the stigma of visiting the hospital for help. It is located in the service-members’ “back yard” – right behind their dormitories. “Combat stress and operational stress are normal,” Vives said. “We hope to normalize the reaction to stress and minimize it.”

The space is a good way for the mental health team to interact with Soldiers socially and more casually than in a hospital setting. It also provides space for group therapy so Soldiers can support each other in a group setting, Vives said.

The facility is a “great milestone for the [Forward Operating Base] Cropper community to have this new facility,” said Col. Martin Breaker, FOB commander.

The team is also charged with the treatment of detainees in Multi-National Force custody at the Theater Internment facility here. In addition to Vives, a nurse practitioner, the mental health team

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## *The new Camp Cropper Combat Counseling Center*



*The new Camp Cropper Combat Counseling Center opened Jan. 5th, 2007. The new center is equipped with amenities to help service-members relax – such as a TV, stereo, books, magazines and games. It also provides private counseling space for Soldiers looking for help in dealing with stress. (Photo by 1st Lt. Jose SanFeliz)*

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consists of Maj. Ana Ramirez, psychiatric nurse, Capt. Derek Oliver, OIC of psychology, Capt. Alex Mangindin, clinical social worker, Sgt. Wynn Hoke, NCOIC of mental health, and Private 1st Class Wesley Manzano, behavioral health specialist.

The six-member team is not alone in their mission to care for the Soldier's mental health at Camp Cropper, said Vives. The team also works closely with the chaplain's office as well as the occupational therapy office.

"This facility does what we always say we want to do, that is taking care of Soldiers," said Col. Leroy Winfield, 3d MEDCOM deputy commander.

Future plans for the center include outdoor covered and

uncovered deck areas, a barbecue pit, and computer support. The counseling center will also host classes in combat stress training, smoking cessation, anger management and interpersonal skills. The mental health team also plans to host weekly movie nights. Materials relating to dealing with stress will also be available at the center for service-members.

The center will be open seven days a week from 8 a.m. to 8 p.m. with additional on-call support 24 hours a day. Additional evening hours may be added to the schedule as service-members get used to visiting the center. The mental health office in the hospital building will remain open to take care of hospital walk-ins. A special mailbox will also be available for service-members to leave their contact information for the mental health team.

# Optical fabrication in the Iraqi theater of operations

By Capt. Joy Schmalzle

32nd MMB Battalion Surgeon/FHP

Have you ever wondered how a Soldier gets a new pair of glasses if his become scratched, broken or lost during a deployment? Well, wonder no more! Soldiers are able to order glasses in theater and on some occasions have them fabricated within 24 hours.

Making glasses is one of the many missions of the 32nd Medical Logistics Battalion, an active duty unit from Fort Bragg, North Carolina, and currently deployed in support of OIF 06-08 as part of Taskforce 3.

The optical fabrication mission in Iraq is to maintain the optical readiness of all supported units by providing efficient and timely optical fabrication services, to assist commanders in the ordering and procurement of all required spectacle devices, including ballistic eyewear and to sustain vision readiness and unit mission capability.

In order for a Soldier to have a pair of glasses fabricated, they need a copy of their spectacle prescription. The prescription should have the pupillary distance (PD), which is the distance between the eyes at distance and/or near. Next, the Soldier next needs to select a frame. Within theater, the optical laboratories are limited to the following frames: the Frame of Choice (FOC) model number 350 LO (Land Operations) in black or silver, the 801 LO in silver and copper and the Flight Goggle LO in black and silver. These frames were selected specifically because they fit underneath the Land Operations Goggles, thus allowing those with prescriptions to successfully wear their combat eye protection. Also available are the standard MS-9 and FS-9 military spectacles (otherwise known as Birth Control Glasses or BCGs due to their high durability yet non-existent aesthetic value), the MCU-2 or MAG-1 (Ranger glasses), the BLPS (M-40 pro-mask insert) and a prescription lens carrier (PLC) for the UVEX-XC, ESS ICE II, Revision Sawfly or Body Specs Pistol combat eye protection.

## Ordering Process

The ideal format for ordering spectacles from the lab is the Spectacle Request Transmittal System. This method is possible only if units are co-located with or have access to optometry assets within theater. For units without access to SRTS, we have established an online account to receive orders electronically. Orders can be in the form of scanned prescriptions, DD 771s or an email with the pertinent information.

The following items are the minimum information required to process an order:

- The patient's name, rank and social security number
- The patient's address, to include unit and APO
- A current spectacle prescription
- The patient's pupillary distance
- The frame type and quantity

The following information is not required, but is helpful in ensuring the Soldier receives properly-fitting spectacles.

This information can be found on a previous DD 771.

If not supplied, the lab will substitute information as needed:

- The frame model number
- The frame eye and bridge size
- The frame color
- The frame temple length and type
- The segment height (for multifocal prescriptions only)

## The Fabrication Process

For those prescriptions that are transmitted through SRTS, the optical lab prints out a DD 771 which lists all the information necessary for fabrication. The technician looks at the prescription, makes sure it falls within the lab's capabilities, edits the prescription and then pulls the lens blanks that will be used to fabricate the lenses and places them in a tray. The lenses are then taken to the lensometer and the optical centers are dotted for proper placement of the "block." The lenses are then "edged" and safety-beveled to prevent flaking and sharp edges.

If the lenses will be used as sunlenses, then they are placed into the tint bath until they reach the desired darkness, then cleaned, placed into the frame and inspected. The finished eyewear is then wrapped and packaged for shipping via the Military Postal Service (MPS).

The optical fabrication lab is also outfitted with an OptiCast System, which allows the fabrication of bifocal lenses. A liquid monomer is injected between two molds and a specially designed gasket. The mold assembly is then placed in a light-curing chamber and allowed to harden overnight. The next day the lenses are ready to be edged and inserted into the frame.



Spec. Garcia pulling lens blanks. (Photo by Capt. Joy Schmalzle)

## Turn-around Time

The estimated period for completion of orders is workload dependent, though most glasses are generally shipped within 48 hours of receipt. Emergency orders can be processed in as little as one hour for single vision and 24 hours for bifocals if the lenses are in stock. If the lenses are out of stock or out of our range of capability, the orders are forwarded to the labs at USAMMCE (United States Army Medical Materiel Center-Europe) in Pirmasens, Germany or the Naval Ophthalmic Support and Training Activity (NOSTRA) in Yorktown, Virginia. Turn-around time for orders sent to Germany or Virginia may vary between two and six weeks.

## Delivery

Once the glasses are made, they are packaged for shipment and dropped off at the post office and shipped via MPS. Orders are sent directly to the address provided by the unit, clinic or individual member. The Class VIII supply system is also utilized to deliver to locations with our Forward Distribution Teams (FDTs).

Optical Fabrication is an asset that is a force multiplier. It allows for quick, efficient delivery of eye wear that keeps our troops vision ready and mission ready. Support for Life!

## FIRST PERSON ACCOUNT

### **Detainees get good care**

**By Maj. Alea Morningstar**

Camp Bucca, Iraq

As a reservist doctor on my third tour in Iraq, I have often seen reports in the media headlining "yet another detainee dies of 'natural causes.'"

As a doctor involved in detainee operations at Abu Ghraib and also at Camp Bucca, I can attest to the excellent medical cares all detainees receive in Iraq.

I have seen detainees thank us for rescuing them from beatings (saving their lives) and older detainees without family who actually want to stay where they have three square meals. I have seen chronically ill detainees cared for by wire medics, providers, hospital doctors and nurses. In other words, they receive excellent medical care.

It is obvious that some will die of natural causes: heart attacks, kidney failure, diabetes and other chronic illnesses that plague so many in the older age group and even some of the younger detainees. Those who have severe medical problems are often released on medically compassionate releases.

These detainees are there for serious reasons and serious actions against the U.S. Out of thousands, some of them will die. It is just the way of life. We take care of murderers, insurgent recruiters, and generally really bad people. Would they do the same for us? No.

When every death is investigated it is because of protocol, political pressures and everything else that makes this war so difficult for the USA. We fight by the Geneva Conventions. They do not.

So think hard on that, be proud we do not stoop to the tactics of our enemy. Hope the Iraqi people stand up on their own against our enemy as a country so we can all go home soon.

In the meantime, when some detainees die of old age, heart problems and the like, know that it is not because of a lack of medical care. We kept them alive as long as medically possible.



**Maj. Alea Morningstar**

## **TROOP TALK**

*Is there anything you've started while you've been over there that you didn't do at home?*

*I started taking SCUBA classes. I hope to go on a four-day pass to Qatar at the end of class.*

**Sgt. Christine Kmiecik**  
561st Med. Co. (DS), Balad



*I started a Gotham mystery writing course.*

**CPT Matthew Savage**  
399th CSH/Tikrit

*Studying correspondence courses!*

*I hate it. But I need the points to go before the board.*

**Sgt. Delia Bryant**  
Taskforce 3, Camp Victory



*There's about six of us who started taking boxing lessons.*

**Spec. Daniel Waggoner**  
257th Med. Co. (DS), Balad

*I started keeping a diary to document my experiences here in Iraq.*

**Col. Richard Gullickson**  
Taskforce 3, Camp Victory





# Practice makes perfect

Soldiers at the Mosul hospital conducted a practice Mass Casualty exercise Jan. 25, 2007.

The timing of the practice MASCAL was to coincide with the official transition of authority for the hospital, scheduled for the following day. The Mosul hospital has been operated by personnel of the 399th CSH since October, 2006. Following the official TOA, the 28th CSH will have responsibility for the hospital as well as maintaining an existing hospital in the International Zone.

"It was a great learning experience that simulated real world situations," said Lt. Col. LeeAnn Cebula, 28th CSH head nurse, "and an excellent tool for us to assess our healthcare team's effectiveness."

The Mosul MASCAL exercise was staffed with a collection of personnel from several different areas - 28th CSH personnel taken from both the Tallil and IZ hospitals, 399th personnel who haven't transitioned to Al Asad yet, and members of the 8th Forward Surgical Team assigned to the Mosul hospital.

After the transition, the 399th CSH personnel will be assigned to set up a new 32 bed hospital in Al Asad.

"It was important for us to do [a MASCAL] now to see our strengths and to see what we might need to build on," said Cebula. "It was interesting to see how we came together to work under one umbrella."

Emergency room communication is always a challenge for battlefield hospitals, and the MASCAL showed that Mosul is not immune. "We need to work on our control," said Spc. Craig Miller, 28th CSH medic. "We needed a common voice. It's good to see where you're at."



Soldiers from three units come together to develop lifesaving skills



*TOP: Patients are evaluated in motion as they come into the Mosul hospital during a Mass Casualty exercise Jan. 25, 2007. ABOVE: Gurneys like these stand ready for patients every day outside the Mosul hospital. LEFT: A patient is quickly scanned for metallic objects on her way to the emergency room during the exercise. Security is an area of special concern at Mosul since many of the patients there are non-Americans, including coalition forces and civilians. FAR LEFT: Soldiers at the Mosul hospital prepare a patient for X-Ray. Personnel participating in the MASCAL exercise came from 28th CSH, 399th CSH and 8th Forward Surgical Team assigned to the Mosul hospital.*

(Story and photos by Sgt. 1st Class Sam McLarty Taskforce 3 Public Affairs)



# 28th, 399th celebrate TOA in Mosul

## Combat Support Hospital at FOB Diamondback prepares to change hands

"I'm honored to have my general here today, but he's not my boss," Col. Fredrick Palmquist said. "My boss is the kid that comes in on a stretcher, or hobbles in. That's my boss."

The well-being of U.S. and Iraqi Soldiers in and around Mosul was put into a new set of hands recently as the 399th Combat Support Hospital turned authority of its hospital over to the 28th CSH at a ceremony, Jan. 26, held in the Forward Operating Base Diamondback post theater.

The transition comes just four months into the deployments of both units. The 399th CSH is currently preparing to open a new 32-bed hospital in the Al Asad area and will continue to maintain its hospital in Tikrit. The 28th CSH is also running split-based operations and will continue to maintain its hospital in the International Zone.

During the ceremony, Maj. Gen. Ronald Silverman, commander of Taskforce 3, addressed the importance of the move.

"Many of you have heard me use the same mantra over and over again, 'be firm, fair and flexible,'" said Silverman. "Well, we are in a fluid battle and today your flexibility is required. I know when the 399th came here you said, 'we're going to be here in Mosul for a year.' The 28th said, 'were going to be down in Tallil.' You set up your hooches. You got everything working well. Now you're saying 'why are we moving?'"

"Because things happen. In the area of Al Asad, we're building a new hospital – a 32-bed hospital. And we needed to put a unit capable of building and running a 32-bed hospital. The 399th – you are that unit. I and my command are proud of the work you have done in Mosul, and we know you will do an excellent job in Al Asad.

"To the 28th moving up from the south, you may be wondering, 'Why are we having to move? Did we do anything wrong?' The answer is no, you did something right. You are an outstanding unit, and coming to this area you will become the sole provider for the 25th Infantry Division – an awesome responsibility. You will run not only a 16 bed hospital, but an outpatient clinic. I don't have to remind you that this area is still very active.

"You have the support of my command. You will succeed. You will do well," Silverman said.

The 399th CSH, a reserve unit based in Taunton, Mass., began its deployment in October 2006, simultaneously taking over the

reigns for the Mosul and Tikrit hospitals. The Al Asad hospital is the first new military facility offering Level 3 care to be opened in Iraq since 2004.

"It is with great anticipation that Taskforce 399 takes on a new mission for MNF-West after only four months into this deployment," said Col. Brian Kelly, commander of the 399th. The Soldiers of the 399th have developed a fondness for the units and war fighters here during their short stay. And on behalf of the Soldiers of the 399th I'd like to wish you all the best for the duration of your mission here."

The 28th CSH is an active duty unit based in Fort Bragg, N.C. that began its current deployment just days before the 399th, also in October. Taskforce Bravo 28th CSH, is commanded by Col. Fredrick Palmquist.

"We have been sent here to assume a great mission," said Palmquist. "Over the past three weeks I have worked with the 399th. They have mentored me, watched over me, cared for me, provided information that I need to carry out my mission. I understand your capabilities, your challenges and your needs. Most importantly, I understand the needs of the Soldiers who come to you for help.

"If you know my boss," said Palmquist, "you tell him or her that we're here to do the mission. The 399th and the 3d MEDCOM have provided me the pieces of this puzzle. As I stand here today before you I tell you we will do this job. We will not fail. If you meet my boss out there, you tell my boss, 'we're ready.'"



Col. Brian Kelly



Col. Fredrick Palmquist



Maj. Gen. Silverman, Taskforce 3 commander, addresses the gathered Soldiers during the turn-over of authority ceremony for the Mosul hospital, Jan. 26, 2007, in the Forward Operating Base Diamondback theater. (Story and photos by Sgt. 1st Class Sam McLarty)



Sgt. Maninzo Byse, Sgt. Natasha Johnston and Sgt. Thawng Lian prepare to sign the NCO Charge before Sgt. Maj. Jose Torres, Taskforce 3 G-3 Sergeant Major, Command Sgt. Maj. Roger Schulz, Taskforce 3 Command Sergeant Major, and Command Sgt. Maj. Jeffrey Mellinger, MNF-I Command Sergeant Major, during the Taskforce 3 NCO induction ceremony, Dec. 21, 2006, at the Al Faw palace, Baghdad, Iraq. (Photo by Master Sgt. Gary Canter)

## Taskforce 3 welcomes 50 into NCO corps

Ceremony challenges new NCOs to reach higher standard of leadership

The backbone of the Army got a lot stronger recently when more than 50 NCOs participated in the Task Force 3 Noncommissioned Officer induction ceremony.

The Task Force 3 NCO induction ceremony was held Dec. 21, 2006 at the Al Faw palace, in Baghdad, Iraq. Commanders from five separate units sent their newest NCOs to pass through an arch of swords and rifles in a symbolic journey from the ranks of Soldier to NCO.

In his speech to the newly inducted NCOs, Command Sgt. Maj. Roger Schulz, command sergeant major for Task Force 3 and host of the ceremony, challenged the new NCOs to hold on to Army tradition. "To our newly inducted NCOs, you have passed through the arch tonight - an arch that represents the history and meaning of the NCO corps. I want you to take that meaning and hold it close to your heart."

The NCO induction ceremony is an old tradition that signifies an enlisted Soldier's passing into a new level of leadership – the level of the Noncommissioned Officer.

January's induction ceremony included several elements not often included in NCO induction ceremonies such as the sword and rifle arch, and a color guard dressed in historical uniforms. The uniforms, representing the Soldiers of the Revolutionary War, the Civil War, WWI, WWII, Vietnam, and the modern

Continued on next page



Members of the Color Guard for the Taskforce 3 NCO induction ceremony wear costumes representing various periods in U.S. military history. From left to right: Spc. Darius Law represents Soldiers of the Vietnam era, Spc. Travis Herndon represents Soldiers of the World War I era, Spc. Patrick Chung (not in costume) speaker for the ceremony, and Spc. Thanakone Sayavong represents Soldiers of the World War II era. (Photo by Master Sgt. Norah Rentillo)



## Taskforce 3 NCO induction ceremony

Continued from last page

Soldier, were on loan from the Regimental Office at Fort Sam Houston.

"Having uniforms from different eras reminds us of all the people who have worn the uniform before us," said Sgt. Maj. Jose Torres, Task Force 3, G-3 Sergeant Major, the main organizer for the ceremony. "[In this ceremony] the eyes of all NCOs, past present and future, are on you. You represent all the NCOs that have ever been and will ever be."

Another feature unique to this ceremony was the time and location.

"Because we are in a war zone, everyone is looking at their career, and their role as a Soldier a little harder than they would back stateside. They have a focus here that they wouldn't have anywhere else," said Schulz.

"This ceremony is also unique because of the place we had it" said Schulz. "The Al Faw palace was one of Saddam's old palaces. And the fact that we hold a very traditional U.S. Army ceremony in what was one of his old sanctuaries is pretty significant. These soldiers will look back and be able to say they were inducted in a palace, in Iraq, formerly owned by Saddam.

"You only get inducted once," Schulz said.

"I've always been passionate about being an NCO," said Torres. "There needs to be a line – a symbolic line – that when Soldier's cross it, they say, 'Hey, I'm not just a Soldier, I'm an NCO now.'"



*The Color Guard for the Taskforce 3 NCO induction ceremony presents the colors Dec. 21, 2006 at the Al Faw palace, Baghdad, Iraq. Members of the Color Guard wore costumes representing various periods in U.S. military history. From left to right: Spc. Darius Law represents Soldiers of the Vietnam era, Spc. Travis Herndon represents Soldiers of the World War I era, Spc. Thanakone Sayavong represents Soldiers of the World War II era, Sgt. Ivan Richards represents Soldiers of the Revolutionary War era and Spc. Desmond Porter represents Soldiers of the modern era. (Photo by Master Sgt. Gary Canter)*



*More than 50 sergeants participated in the Taskforce 3 NCO induction ceremony. The ceremony commemorates a Soldier's promotion from junior enlisted into the ranks of the Noncommissioned Officers corps and celebrates the new level of responsibility that comes with being an NCO. (Photo by Master Sgt. Norah Rentillo)*

# Robinson doesn't 'cut nobody no slack'

## Boxing champion 399th Soldier takes on anyone in hard-core class

**By Sgt. Christopher Rodwell**

399th Combat Support Hospital

Enter the aerobics room of the Diamondback gym any given evening around 6 p.m. and you're likely to see a sizable group of Soldiers screaming, sweating, and thrusting fists into the air.

Despite appearances, this is neither a unit physical training session nor combative training. Rather, it's the boxing instruction class offered by Sgt. 1st Class John Robinson. Formal classes are offered every Sunday and Wednesday evenings 6 p.m. to 7 p.m. at the Mosul gym. Coaching of boxing training and technique is open to males and females from any unit, from the amateur trainer to those who only know boxing from watching Sylvester Stallone.

Robinson, an experienced boxing trainer, began posting flyers announcing the start of his class less than two weeks after arriving in country. The first night included half-dozen members of the 399th Combat Support Hospital who ended up getting a workout they would feel the next day. That class has since grown to nearly 30 people who return to the gym every week for an exercise described as, "like getting smoked in Basic."

"Usually when you're done with the class you're dripping wet," said regular attendee Sgt. Chadbourne. At first, nearly every muscle group of your body will be sore following the intense hour of training that focuses on coordination, balance, and muscle memory, said Robinson.

Robinson works during the day in the S-6 section of the 399th CSH, but says he makes himself available any night for those who are serious about conditioning their body for competitive or sport boxing. Wearing punching gloves since he was fifteen, the relaxed instructor has accomplished an impressive 85-10-2 match record in his eighteen years of experience. His resume also includes winning various division-level championships throughout his military career, a six-time member of the All-Army boxing team, and he was considered for the U.S. Olympic team.

With 56 career knock-outs, the short, stocky Robinson will "cut nobody no slack" while emphasizing body conditioning and fighting technique. Lessons are soon to involve full contact sparring, but it's not too late to start learning from the veteran coach who is enthusiastic about teaching his sport. Just bring your motivated self, Robinson provides all the gear and skills.

The students train with different goals in mind, whether it's for personal wellness, endurance, motivation, or physical training for the APFT.

Robinson sees competitive potential in a few of his students. "[They have] natural ability. [They] look like they've been fighting for a year."

Although boxing is considered a male dominated sport, nearly one-third of Robinson's class is female. When questioned about the apparent popularity of his class, and boxing in general, for females, Robinson doubtfully concluded, "I can't answer that question... a lot of aggression I guess."



*Sgt. 1st Class John Robinson (right) instructs one of his students in punching techniques. Robinson has been a member of the All-Army boxing team six times and now conducts a class at FOB Diamondback two nights a week. (Photo by Sgt. Christopher Rodwell)*



## DESERT DIARY

# Hope and helplessness

**By Maj. Bobby Hart**

Taskforce 3 Public Affairs Officer

Camp Victory, Iraq—We got confirmation this week of what we had feared for some time—our interpreter, Sahar Al-Tae, who I wrote had been kidnapped earlier, was found.

She had been executed.

She is just one of thousands of Iraqis who have been killed in the sectarian violence where the Shiite kill the Sunni and the Sunni retaliate against the Shiite. But among the numbers that show up everyday in our briefs, this one had a face—and a family.

As someone who was working for the U.S., she could have accepted the relative safety of one of our bases, but she would not leave her children—the oldest who was also kidnapped and is feared dead. She would not leave them even though they were with her brother while she tried to arrange for them to go to another country.

Sahar was a Sunni, like Saddam Hussein—the people many blame for the ills of Iraq. To us, she was a friendly lady who always smiled and always talked about the dream she had for a better life for her children and all the children of Iraq.

No one—especially me—knows what the future holds for young people in Iraq. I see these precious children who are getting the best medical care they've ever had when they visit our clinics.

I see the care and concern our Soldiers and Airmen have as they treat these children. There is the care as they treat the scrapes, runny noses and other typical kid maladies that plague kids around the world and then the concern

as they watch them leave the clinic to return to the most dangerous streets in the world.

I also see the helplessness—on both the part of the children and the troops. Helplessness in that there are so many children who need the help and there is only so much we can do.

One of our hospitals has a girl who was shopping with her family when a car bomb exploded and blew off both of her legs. Our doctors saved her life and now our nurses paint her fingernails fancy colors and make sure she does not want for her favorite food—cheeseburgers.

And there is a six-year-old boy whose mother was killed when a roadside bomb exploded. He is horribly burned on one side of his body, while the other side is nearly unscarred. The only place on the burned side that is not devastated is a white strip from his back to his chest—the place where his mother's arm cradled him to her chest and provided what little protection she could as she died.

This is a land filled with the horrors of war, but yet one with glimpses of hope.

During my first deployment in 2003, we rebuilt a school in a community that had not had one for more than ten years. In another village we gave away soccer balls and helped to build a field to keep the kids away from the roadways.

But even where there are people to help the children, there is a limit to what can be done.

I visited orphanages



*Sahar Al-Tae*

where the kids are kept until they were old enough to fend for themselves and then are placed on the streets—because Muslim law prohibits the adoption of Muslim children by non-Muslims and because adoption just doesn't happen in Iraq—probably a good thing because I would have a houseful of Iraqi kids.

When I returned from my first deployment, one of my students asked me what the teenagers were like in Iraq. I really had to think for a while. Then it dawned on me... there are no teenagers in this country. You are either a kid or an adult. You go from ten to grown overnight.

That perhaps—with the exception of the number of innocent children who are killed or maimed daily—is the biggest tragedy of this country. With millions of children in Iraq, the thousands we hear about and the hundreds we see, it is hard to say what difference we're making for their future.

I don't know if we're making their lives better or not, but for one brief moment, if we can heal a wound, dry a tear and get a smile, that may in some small way help to fulfill the dream of a smiling woman we knew as Sahar—may she rest in peace.



*A smile can make a child's day.*

# Parting Shot



Sgt. Jason Roberts, a practical nurse with the 399th Combat Support Hospital in Tikrit, comforts a 2-year-old boy recovering from scrapnel wounds in the ICU. His civilian career is home health care nursing.

Roberts said he now finds himself with a wealth of knowledge regarding acute patients, and that this deployment has taught him about nursing and what he wants out of nursing school when he returns. Patients like this little boy remind him of why he is here and of his children at home.

(Photo by Cpt. Rebecca Scheible, 399th CSH UPAR-Tikrit)