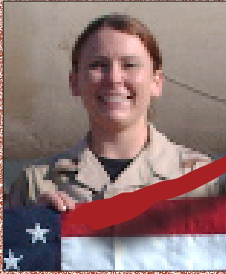


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Sgt Darius Law, Spc. Patrick Chung and Spc. Marquis Jones were part of the Task Force 3 Memorial Day Color Guard, May 27, 2007.

COMMANDER'S CORNER

Welcome to the heat of summer



Major General
Ronald D. Silverman
Commander
Task Force 3

Is Summer here? Wow, what a way to start off the month of May with temperatures consistently in the 100's. For those of you that haven't experienced an environment as this are in for a unique surprise. Those of you that have...here we go again. I wanted to get your attention by reiterating some basic facts on heat injuries. If you have further questions or concerns, please contact LTC (Dr. Eric Shuping, Chief, Preventive Medicine) TF 3 for further guidance.

Let's talk about the types of heat injuries that we could experience here in theater:

Heat Cramps: Mildest form of heat injury, can occur during or after event/exercise, can affect only certain muscles that have been exercised.

Symptoms: thirst, clamminess, muscle spasms, chills, nausea, and muscle cramping

Heat Exhaustion: More serious than heat cramps, may require medical attention

Symptoms: Nausea, reduced sweating, headache, shortness of breath, weak rapid pulse, dry mouth

Heat Stroke: Life threatening, will require medical attention

Symptoms: Dry, hot skin, swollen tongue, visual disturbances, fainting, unsteady gait, rapid pulse, vomiting, shock, loss of consciousness

There are certain things that we can do to prevent heat injuries. The most important thing is to make sure we are well hydrated. The amount of water that you need to drink depends on the person. Some people require more water than others. The more activity that you engage in, the more water you will need. A great guideline on your hydration is the amount and color of your urine. If it is dark yellow, you are dehydrated and need more fluids. Never push fluids to the point that you are bloated and nauseated. Drinking too much water can lead to a dangerous condition called hyponatremia.

Heat injuries are on a continuum from mild to severe. In other words, you may go quickly from heat exhaustion to heat stroke quickly if the activity is continued. Therefore, if you feel like you are developing a heat injury while exercising, it is better to stop and get hydrated instead of driving on and risking serious injury.

It is also best to try and exercise in the morning or evening when the weather is cooler. Please learn to recognize the signs and symptoms of these important health issues.

The life you save may be you or your buddy.



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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CHAPLAIN'S VIEW

Memorial Day celebration and remembrance



Lt. Col. Irvin Bryer
Command Chaplain
Task Force 3

On May 28 we honored our nation's fallen heroes. On May 1966 former President Lyndon B. Johnson declared Waterloo, New York the official birthplace of Memorial Day (it has been difficult to conclusively declare any one place or time). Many towns make claim to the birth of Memorial Day. We do know that on May 5, 1868 General John A. Logan gave his official proclamation as commander of the Grand Army of the Republic in his General Order No. 11 that both Union and Confederate soldiers were to be remembered at Arlington National Cemetery.

President George W. Bush addressed the nation on Memorial Day 2004 saying, "today, as we reflect on the men and women who have died in the defense of America, all of us count it a privilege to be citizens of the country they served." He had some choice words to say in memory of our fellow countrymen in arms who gave their lives defending our great country:

"Although the burden of grief can become easier to bear, always there is the memory of another time and the feeling of sadness over an unfinished life. Yet, the completeness of a life is not measured in length only. It is measured in the deeds and commitments that give a life its purpose. And the commitment of these lives was clear to all: They defended our nation, they liberated the oppressed, they served the cause of peace. And all Americans who have known the loss and sadness of war, whether recently or long ago, can know this: The person they love and missed is honored and remembered by the United States of America."

This Memorial Day we will again plant flags at grave side around the world recognizing American service members who made the ultimate sacrifice. To those lost at sea and those who are still missing in action we remember you also.

The American Battlement Monuments Commission administers, operates, and maintains 24 permanent American burial grounds on foreign soil. Presently there are 124,913 U.S. war dead interred at these cemeteries, 30,921 of World War I, 93,242 of World War II and 750 of the Mexican War. Additionally 6,149 American veterans and others are interred in the Mexico City and Corozal American Cemeteries, (Panama City, Panama).

From the Revolutionary War to the present Global War on Terrorism, we will give honor and remembrance to our fallen heroes. To their families we can only say thank you and we shall never forget their sacrifice and service.

God bless the United States of America

A handwritten signature in black ink, appearing to be 'IB', written in a cursive, stylized manner.

Summer safety message

By James Jeffares
Task Force 3 Safety NCO

With spring time rolling along and summer quickly approaching us the temperature is steadily rising. This is the time we should be getting our bodies acclimated to the high temperatures. The Iraqi climate is similar to that of the extreme southwestern United States with hot, dry summers and temperatures averaging above 120 degrees Fahrenheit during the months of June and July. Since the war in Iraq began, five Coalition Members have lost their lives due to heat injuries. While these temperatures seem to be very high, there are things we can do to mitigate these risks, and prevent loss of any Soldiers life.

The first step to beating the extreme temperatures is to drink plenty of water. Since the body cannot tolerate a large deficit or excess in total body water, consumption of water should be roughly concurrent with the loss. In other words, if one is perspiring, one should also be drinking water frequently.

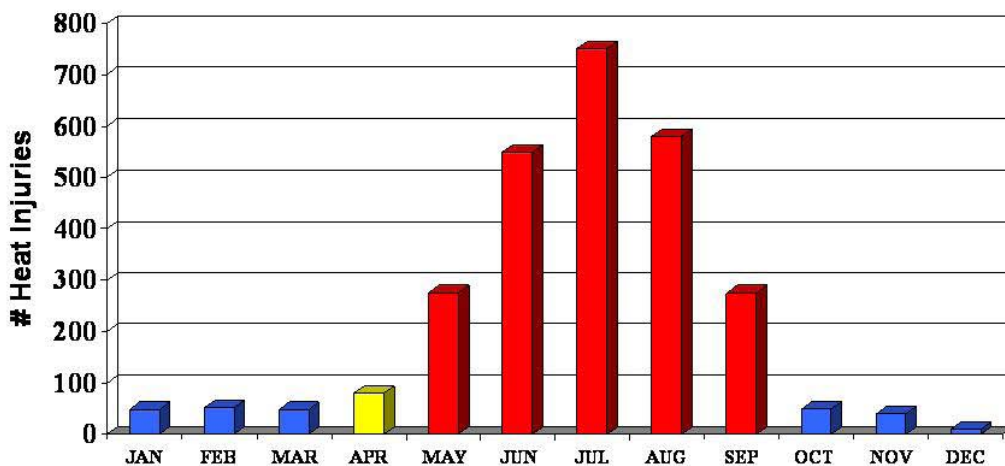
Other things you can do are to wear light loose-fitting clothing, avoid supplements and caffeine products, improve your physical conditioning and take frequent breaks while engaged in physical activities.

Water loss is not the only battle to be fought. While working outdoors you need to take the proper measures to protect your skin from sunburn. Sunburn is a visible reaction of the skin's exposure to ultraviolet radiation. UV rays are strongest during summer months when the sun is directly overhead normally between 10:00 a.m. and 3:00 p.m. To reduce the risks for sunburn use a

sunscreen with SPF 30 or higher. It will offer substantial protection from sunburn by absorbing the UV rays from the sun. Avoid unnecessary sun exposure and exercise in the cooler parts of the day to reduce your exposure to UV rays.

One of our biggest problems within the theater is personnel injury. Many personnel injuries are sports related. Sport activities are a good moral booster and stress reliever, but it can also be detrimental to our mission. Each year there are 3.5 million sports related injuries in the United States. Although rare, the leading cause of death from sports injuries involves a brain injury. Leaders need to ensure that your soldiers are doing PT. A well balanced PT program will supplement a sports program. Always have the proper equipment for your sport and remove all jewelry. Many sports related injuries do not occur during competition but rather during practice. We can mitigate many of the risk by supervising your sports program. Research studies indicate that 31 percent of sports accidents could be eliminated through effective leadership.

Highest Risk Months



- Greatest risk factor is a high Heat Category.
- Risk starts at 75 degrees Fahrenheit
- Most heat injuries occur between April and September

Data Source: Army Medical Surveillance Activity (AMSA) from Defense Medical Surveillance System (vol. 07/No. 03).

Memorial Day 2007

Task Force 3d MEDCOM honors fallen heroes

By Maj. John Heil

Task Force 3d
MEDCOM PAO

Task Force 3rd Medical Command honored America's fallen heroes by paying tribute to them on Memorial Day. It's our servicemen and women in battle that have fallen who paid the ultimate price to keep this nation free.

The battle for freedom in Iraq and Afghanistan is a complex battle that continues in Iraq and Afghanistan today.

Task Force 3d MEDCOM remembered all servicemen and women who have fallen in the fights for freedom and against terrorism.

Maj. Gen. Ronald Silverman talked about his youth and remembering Memorial Day as a time for cookouts and eating hotdogs and hamburgers with the family. Silverman said he matured and understood that Memorial Day symbolized much more. Silverman said he understood that Memorial Day was about remembering and honoring those men and women in the Armed forces who have died in battle for their country, but that his understanding really came to light when he came to Iraq.

Silverman honored Col. Brian Allgood, MNC-I Surgeon, who died in January 2007 when the Blackhawk helicopter he was flying in was shot down by enemy fire. Silverman praised Allgood and other servicemen and women who have fallen and he thanked them and their families for the sacrifices they have made to keep our Nation free.

Task Force 3d MEDCOM has been deployed since August 2006 and is scheduled to redeploy in August 2007. Since deployment, the task force has not lost any of its more than 3,000 Soldiers and Airmen.

Maj. Gen. Ronald Silverman is the highest ranking medical person in Iraq and has command and control of six Army hospitals, one Air Force Theater Hospital, and multi-functional medical



Soldiers of Task Force 3rd Medical Command bow their heads in prayer on Memorial Day in honor and remembrance to servicemen and women who have paid the ultimate sacrifice in battle. (Photo by Sgt. 1st Class Sam McLarty, Task Force 3d MEDCOM public affairs)

battalions. Task Force 3d MEDCOM hospitals have the same capabilities that are expected at trauma hospitals in the states.

Other task force capabilities include optical, dental, blood components, pathology, combat stress control, veterinary, preventive medicine, medical maintenance, medical communication and medical logistics.



Maj. Gen. Ronald Silverman, commander of Task Force 3rd Medical Command, and Command Sgt. Maj. Roger Schulz pay tribute on Memorial Day to those who have died battle by rendering a salute to boots, a weapon and helmet display representing our nation's fallen heroes. (Photo by Sgt. 1st Class Sam McLarty, Task Force 3d MEDCOM Public Affairs)

Looking out for your buddy

A Task Force 3 Soldier helps other Soldiers maintain their dignity

By Task Force 3d MEDCOM PAO

“Any opportunity to help a wounded comrade is a privilege and part of the NCO Creed,” said Sgt. 1st Class Robert Siemion.

In Iraq, most of the patients that come into one of the seven hospitals offering level III treatment come in with only the clothes on their backs. And for some of the more urgent cases, the cloths are in pretty bad shape. What rags that are left are usually cut off to allow the medical providers to do their work. This leaves a lot of patients with little more than a hospital gown to wear when recuperating or transferring.

When, Siemion, an RSO&I liaison officer for Task Force 3rd Medical Command in Kuwait, heard about Soldiers in need he set about to find a way to help. News of the need came from Capt. William McMillin, Task Force 3d MEDCOM G-9 officer, who had gotten a request from the G-1 section in one of the hospitals.

“He had asked me if I had any ideas of how we could support this request. After a little investigation I found that DRMO had a fairly large supply of new DCUs and used ACUs scheduled to be shredded. A little further investigation reviled that there also were boots, underwear and field jacket liners also scheduled for shredding.”

After some coordination and a lot of help from another LNO, Sgt. 1st Class Russell Crawford, 875th Engineer Battalion,

a National Guard unit from Arkansas, serving as an LNO under the 411th Engineer Brigade, Siemion was able to get approximately 2,500 items delivered in 21 tractor trailers north “to help our Soldiers maintain dignity after being released or

moved on to another treatment facility,” said Siemion.

Siemion said that this type of support is common with the LNOs in Kuwait.

“We are a very close knit group due to our limited size – nine personal supporting approximately 6,100 soldiers from the Med Command, Engineer’s, MPs, and 13th Sustainment Command,” said Siemion. “In every conflict I have been in since Viet Nam, soldiers have shared and supported each other. From sharing care packages from home to watching your back on a combat patrol.”

Siemion said he wasn’t able to find every size of uniform to send north, but he was able to find a wide enough selection that most Soldiers should be able to find something they can use. “Well ship what ever sizes that are available, but I personally believe that a poorly fitting uniform would be more appropriate that a hospital gown in many circumstances.”

“In a combat environment

you count on your fellow soldiers moral, physical and mental support, what I have done is only one small thread in the fabric of what our Army is made of,” said Siemion. “If only one Soldier benefited from my small contribution then it was completely successful.”



Sgt. 1st Class Robert Siemion, RSO&I liaison officer for Task Force 3rd Medical Command in Kuwait

FIRST PERSON ACCOUNT

That small town feel... in Iraq

By Col. Stephen Ulrich
285th Area Support Medical Company

Thirty-seven years ago, I was a pre-med student and drafted into the military. Myself and others like me from small rural towns stepped onto busses in many small towns across America on the way to basic training. Some, like me, were drafted and others had joined. Shortly after basic, many were on their way to fight in Vietnam.

It's been said that Soldiers from small communities represent the military in higher numbers than the population at large. I chose to practice medicine in rural county America because that's where I was raised. Fate brought my family to Perry County, Ohio in 1981, and a patient named Roger Burnett, guided me to join the Ohio National Guard who I serve with today.

Staff Sgt. Tiffany Watkins, the second child I delivered in my Perry county practice, convinced me to write a column on Perry county Soldiers serving in Iraq. Besides myself and Watkins, there are three other Perry county soldiers that I know of, who serve in Iraq. They are Sergeant Ty Henery, Specialist Matthew Phillips and Sergeant Ralph Rehart.

Sgt. Ty Henery, son of Marc and Jan, of New Lexington Ohio, graduated from New Lexington High School in 2000. By coincidence he and Watkins were classmates at New Lexington.

Marc works for the school system in Perry County and in his earlier days was a deputy sheriff. Jan works at Newton Tires and Ty's grandmother, Geraldine, has been one of my patients for many years.

There is a special bond in the National Guard community and when Ty's parents came to my going away reception in November 2006, I couldn't help but promise them that I would keep an eye on their son in Iraq.

Henery mentioned that he may apply to become an Army physician assistant. The Army has a two-year program, which leads to becoming a certified physician assistant. The program is highly competitive, but we have been fortunate enough in Ohio to have a number of Soldiers accepted.



A sherpa pilot, Staff Sgt. Tiffany Watkins and Col. Stephen Ulrich stand in front of an old Iraqi Air Force Fighter plane. (Photo by 285th ASMC Public Affairs)

Spec. Matthew Phillips is an X-ray technician with the unit. He lived in New Lexington for sixteen years until his parents, Rick and Jody moved to Millersport. His grandparents, Richard and Virginia, continue to live in New Lexington on Palmer Road

Phillips graduated from Millersport High school in 1999 and joined the army in 2001. He graduated from combat medic school in May 2001, followed by radiology technician school.

Phillips went into the Army reserve and spent four years there with a couple of different units. He mobilized in 2003 with the 452nd Combat Support Hospital and sent home four months later. He said that he joined the National Guard in 2005 to get into more of a combat role.

Phillip's wife Heather is completing her Bachelor's in nursing degree next month.

Matthew and Heather have an 11-month-old son. Like all soldiers, Phillip misses his family.

Family and soldiers have important milestones in their lives, for example, birthdays and graduations, that do not stop just because

Continued on next page

That small town feel... in Iraq

Continued from last page

the other is deployed and away from home.

Phillips told me to thank the people who have sent him care packages, in particular Bill and Debbie Padgett, who have been particularly supportive during his deployment.

Sgt. Ralph Rehart has been in the Ohio National Guardsman since 1994. He graduated from New Lexington High School in 1983 and joined the army. He trained as a cook and spent a year in Korea while on active duty.

Since being in the National Guard, he has deployed to help with Hurricane Rita.

Rehart married to his wife Brandy from McConnellsville, while home on leave in December. Although he missed his son Thomas' birthday that turned 13 on March 8, he said he always thinks of him.

Rehart's brother Jerry served in Vietnam and his father Ralph served in the Marines. His former father-in-law was instrumental in getting Rehart to join the Ohio National Guard. In the Ohio National Guard, family connections are not uncommon.

Recently, Rehart received a letter of appreciation for his work at the post office. Though he is a cook and works primarily in the dining facility, he was assigned to work in the post office from mid-February to mid-March. During his post office tenure, operations were very busy and he received a letter of appreciation from the postal company. Capt. Sy Gladden, Commander 285th ASMC, presented the letter of appreciation.

Spec. John Stevens from Thornville, Ohio serves as a mechanic, with a parachute infantry regiment. He graduated from Sheridan High school



Right to left Spec. Matthew Phillips, Sgt. Ty Henery, Col. Stephen Ulrich and Spec. John Stevens holding the Perry County flag in front of the ambulance line at the Witmer clinic, Camp Liberty. (Photo by 285th ASMC Public Affairs)

and an ambulance behind us.

As I write this, Henery has made an ambulance run to pick up a soldier with a possible seizure; Phillips has taken some difficult x-rays and given a lecture on radiation safety to the medics; Rehart spent the night working in the dining facility so that we could all eat; Stevens is in Fallujah directly involved in fighting and Watkins is still on the job in Kirkuk.



Sgt. Rehart with a letter of appreciation from base post office and Capt. Sy Gladden, Commander 285th ASMC. (Photo by 285th ASMC Public Affairs)

in 2003, joining the Army shortly after high school. His current duty station in the states is in Fort Richardson, Alaska where he serves with the 4th Brigade, 25th Infantry Division. Currently, Stevens is serving at Camp Fallujah, Iraq.

Stevens and Henery, coincidentally came home on leave at the same time and met while returning to the United States. Stevens recognized the Ohio shoulder Patch that Henery was wearing and starting talking to Ty. The long flight home gave them time to catch up on things back home and plan a subsequent meeting in Iraq.

In March, Stevens visited Camp Liberty for some training. He was able to join myself, Henry and Phillips for lunch. Unfortunately, Rehart was unable to join us.

After lunch, we returned to the clinic and Henery provided us with a Perry County flag. We took a photograph of us four standing with the flag in front

A small rural county in Ohio, has indeed, made its fair contribution to the war effort. I think back those 37 years, to that morning when I stepped on that bus and I know in my heart that rural America is about community. Rural America has a sense of service that grows out of close connections with our families, friends and neighbors. It keeps us strong and is worth celebrating.

Acute care clinic sees more than 7,500 patients

By Maj. John Heil

Task Force 3d MEDCOM PAO

The acute care clinic of the 399th Combat Support Hospital at COB Speicher is one of the busiest US clinics in country.

“We have seen more than 7,500 patients since [October 2006],” said Maj. Eleanor Washington, officer in charge of the acute care clinic. “On an average day we see between 30-40 patients. But we have had up to 80 patients walk through our doors in a day.”

Contributing to the high number of patients is a high number of referrals from other medical facilities.

“The ACC is one step above what you would see in a battalion aid station or troop medical clinic,” said Spec. Clinton Kibbin, medic for the 399th CSH. “We provide minor surgical procedures, physicals, sprain and infection treatments. Anything you can do in a doctor office plus a little more.”

The Speicher ACC has its own lab for blood and urine work, intravenous therapy and wound care capabilities that include dressing and basic wound care. Washington said her entire staff is trained to do lab draws, administer IV’s and clean and treat basic wounds.

In addition to the ACC, Washington is in charge of several other clinics at the hospital.



Maj. Eleanor Washington, officer-in-charge of the acute care clinic, looks at medical supplies in preparation to take care of a patient at the 399th Combat Support Hospital, COB Speicher. (Photo by Maj. John Heil, Task Force 3rd Medical Command Public Affairs)



Sgt. Edward Quinby, Spec. Clinton Kibbin, Spec. William Mann, medics in the acute care clinic relax after hours prior to before cleaning and setting up the clinic up for the next day. (Photo by Maj. John Heil, Task Force 3rd Medical Command Public Affairs)

“I also run the occupation, physical, orthopedic, community health, gynecological, surgical, mental health, cardiology and internal medicine clinics,” she said.

Washington’s staff includes medics, occupational and physical therapists and technicians, a licensed practical nurse, two orthopedic technicians, a community health nurse, a surgeon, a mental health nurse, cardiologist, an internal medicine specialist and a gynecologist.

Women make up about 20 percent of the U.S. Army and so the clinics are fully prepared to meet their health requirements.

“We are capable of handling all female complications, including doing general practice,” said Maj. Jorge Sfier, medical doctor and gynecologist.

Sfier said about six female patients come through gynecology and 1-2 female patients are admitted to the hospital per week for gynecological issues.

Col. Greg Quick, deputy chief of clinical services, 399th CSH, said “We have all the basic services someone would want from any hospital, anywhere in the US. Maybe not as robust, but complete.”

Dual effort helps keep mosquitoes and flies down

By Spec. Charles Bateman
61st Medical Detachment (PM)

Rising temperatures on Victory Base Camp are annoying, but it becomes more annoying when insect populations rise. The 61st Medical Detachment (PM) handles preventive medicine issues in Iraq. One preventive medicine task is to monitor the vector populations and initiate control measures.

The *Anopheles* mosquito, which can transmit malaria, concerns the 61st PM. “Another is sand flies, which can transmit leishmaniasis,” said Spec. Tamaryn Swickheimer, 61st PM. The 61st accomplishes this mission by setting out forty mosquito light traps at different sites throughout Victory Base Camp twice a week.

Kellogg Brown and Root vector control operate traps called ‘Mosquito Magnets’ placed throughout VBC. Traps run continuously throughout VBC and captured insects are collected weekly for identification by the 61st Medical Detachment.



Spec. Charles Bateman sorts the catch from the night prior. (Photo by 61st Medical Detachment Public Affairs)



Spec. Tamaryn Swickheimer hangs the CDC light trap for the night. (Photo by 61st Medical Detachment Public Affairs)

Population data from the previous year suggests that mosquito levels on VBC will peak between the April and June, while sand fly population levels will peak between June and October.

The 61st PM has received numerous complaints from soldiers and civilians about these blood sucking insects. Personnel can protect themselves from mosquitoes and sand flies by using the DoD arthropod repellant system.

The 61st PM suggests three things for protection. First, uniforms should be worn with sleeves down and pant legs bloused into the boots. Second, uniforms and bed nets should be treated with permethrin. Lastly, the insect repellant DEET should be applied to

all exposed skin, including hands, neck and face. The DEET should be applied more if a person sweats a lot.

The 61st PM also suggests that by picking up trash, eliminating stagnant water, cutting down excessive brush and removing old sandbags to help remove breeding habitats and significantly reduce the chance of contracting diseases, such as malaria and leishmaniasis.

The vector surveillance program is a large part of the preventive medicine mission during summer months. Working with KBR, the 61st PM will monitor and control mosquito and sand fly populations based on DoD approved methods.

Medical commander and Central South commander present awards

By Maj. John Heil

Task Force 3d MEDCOM PAO

Two purple hearts, nine combat action badges, 12 Task Force 3rd Medical Command commander coins, six Multi-National Division Central South medals, one Multi-National Division Central South commemorative plaque, and seven Multi-National Division Central South commander coins were presented during a Purple Heart and Combat Action Badge ceremony on May 29 at Camp Echo, Iraq.

Soldiers from Task Force 3d MEDCOM and Soldiers and civilians of the Polish Field Hospital received awards from Maj. Gen. Ronald Silverman, Task Force 3d MEDCOM commander, and Maj. Gen. Pawel Lamla, Multi-National Division Central South commander.

The Purple Heart was presented by Maj. Gen. Ronald Silverman to Lt. Col. Arthur Davis, commander, and Lt. Col. John McConnell, executive officer, 790th Medical Detachment (Preventive Medicine) for wounds received in action April 8.

Following the purple heart presentation, Silverman presented nine combat action badges to Soldiers from the 790th Medical Detachment (PM) and 248th Medical Detachment (Veterinary Services) for meritorious conduct in performance of duty during mortar attacks at Camp Echo and Mosul, Iraq.

In recognition of their service in support of Coalition forces, Silverman presented Task Force 3d MEDCOM commander coins to Soldiers and civilians of the Polish Field Hospital.

Maj. Gen. Pawel Lamla, commander MND-CS, presented three awards which included the MND-CS medal, the MND-CS plaque, the MND-CS commander coin to American Soldiers in recognition of contributions to preserving the peace and for sacrifices made to make life better for the Iraqi people.



Soldiers part of Task Force 3rd Medical Command stand for a photo with Maj. Gen. Ronald Silverman, commander of Task Force 3rd Medical Command after an awards presentation on May 29. (Photo by Sgt. Thawng Lian, Task Force 3rd Medical Command Public Affairs)



Polish field hospital personnel take time for a photo opportunity with Maj. Gen. Ronald Silverman, commander of Task Force 3rd Medical Command, after an awards presentation on May 29. (Photo by Sgt. Thawng Lian, Task Force 3rd Medical Command public affairs)

Iraqi Air Force performs double transfer

Total of patient transfers by all Iraqi team grows to 4

By Task Force 3d MEDCOM PAO

The Iraqi Air Force continues to display its growing capabilities by performing another first – a double patient transfer.

Not two months after the Iraqi Air Force conducted its first aeromedical transfer, a policeman transported from the 28th Combat Support Hospital to an Iraqi treatment facility, two patients were transported together from the 28th CSH to an Iraqi medical facility in Erbil, May 8.

This is the second all Iraqi aeromedical transfer to move patients from the 28th CSH to Erbil, and the fourth successful all Iraqi transfer to take patients to an Iraqi medical treatment facility for follow-on care.

Both of the evacuees were Iraqi soldiers from northern Iraq, stationed in Baghdad, who had suffered abdominal wounds and had undergone abdominal surgery in the US hospital.

“The Iraqi’s ability to ‘care for their own’ is much greater than is typically reported,” said Maj. Timothy Doherty, Task Force 3rd Medical Command Aeromedical Advisor. “The doctors and pilots that conducted these missions are very experienced.”

The mission was flown by Iraqi Col. Samir, 23rd Squadron Commander, and the patients were attended by 1st Lt. Muntadhr and 2nd Lt. Amar.

The transport craft was an Iraqi C-130, which for this flight had been specially fitted for the patient transfers. The pilots are experienced members of the Iraqi Air Force, who have been flying with the Coalition Air Force Transition Team for about two years, developing processes for approving and executing aeromedical transfer missions.

Transporting Iraqi patients from the 28th CSH to remote northern locations for follow on care can be a difficult process, due to the lack of regular MEDEVAC mission routes from the 28th CSH to go beyond Balad, said Col. John J. Lammie, MD, the Deputy Commander for Clinical Services of the 28th.

“We at the CSH have been aware of the Iraqi Air Force’s

interest in flying these sorts of missions for some time,” said Lammie. “As soon as we identified that these two soldiers would need to get back to the north, we contacted [Task Force 3d MEDCOM and the MNF-I surgeon office].”



2nd Lt. Amar checks on his patient on board the Iraqi C-130, May 8.

The process began with a joint movement request submitted by Doherty. Once the medical liaisons coordinated the acceptance of the soldiers into a hospital near their home in Erbil, the Kurdish Liaison coordinated for the ambulances to transport the soldiers from the aircraft to the hospital. A 1st Calvary MEDEVAC helicopter transported them from the 28th CSH to BIAP, where an Iraqi ambulance team took them to the airport at New Al Muthana, the Iraqi operated portion of BIAP. The patients were then loaded into the Iraqi

C-130 and flown to Erbil Airport where they were then transferred to two Iraqi ambulances and taken to the Erbil Emergency Hospital.

“This is an important step because it demonstrates the use of Iraqi military assets in casualty evacuation, and paves the way for more robust casualty and medical evacuation systems in the future,” said Lammie. “These are crucial steps to identify and improve processes that can endure after the departure of Coalition Forces.”

Doherty said the Iraqis are in the process of developing their first group of flight medics. These medics will be from the Iraqi 4th Squadron, which uses Huey IIs, and will be trained to perform medical evacuation and casualty evacuation for all Iraqi forces. Once these medics are trained, the Iraqi Air Force will be able to manage the patient transfer process from beginning to end. Training for the flight medics is expected to be complete before the end of the year.

Trained flight medics will also be a key part of Iraqi forces ability to pick up wounded soldiers from the battlefield in the same way coalition forces do now, said Doherty. Training for battlefield missions is should take 6 to 12 months after the successful completion of flight medic training.

TF3 Marches DANCON

By Maj. John Blackstone

Task Force 3d MEDCOM
Public Affairs

More than 40 participants from Task Force 3rd Medical Command participated in the Danish contingency road march. The DANCON consisted of more than 2,000 Coalition forces, including some civilian participants.

The DANCON started just after 5 a.m. and most participants finished the march within four hours. Participants who marched the 20 kilometers within six-hours received a certificate of completion and a Danish contingent march medal, which is authorized to wear as a foreign medal on U.S. Armed Forces uniforms.

Task Force 3d MEDCOM has command and control of more than 30 medical units, including six Army combat support hospitals, an Air Force Theater Hospital, and multi-functional medical battalions. Some of Task Force 3d MEDCOM units provided medical support for the march.

The march started when the military band started to play the Danish contingency march began. "The DANCON is considered by the Danes to be a good trial of strength over light terrain, primary and secondary roads," said Maj. John Heil, Task Force 3rd Medical Command. Participants paid a registration fee, part of which was donated to charity.

Participants were required to wear their uniforms and carried their weapon and basic load of ammunition during the DANCON.



Sgt 1st Class Chad Wilson, Capt. Maggie Sidley and Col. Mark McGuire, Task Force 3rd Medical Command have fun during the Danish contingency road march. (Photo by Maj. John Heil, Task Force 3rd Medical Command Public Affairs)

Maj. John Heil accepts his Danish Contingency March Medal and certificate after a successful completion of the DANCON. (Photo by Col. Mark McGuire, Task Force 3rd Medical Command public affairs)



DANCON started as a tradition in 1972 with the Danish contribution to the mission in Cyprus.

Water points and medical support were scattered along the route and medics provided blister treatments, intravenous hydration therapy and other minor medical support to participants in need.