THE OFFICIAL MAGAZINE OF THE ARMY RESERVE MEDICAL COMMAND

WARRIOR MEDICS

IRT Special Edition Vol. 6 No. 2



Innovative Readiness Training

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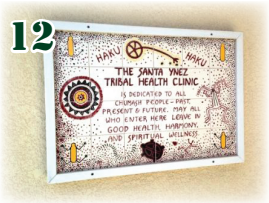
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Maj. Michael W. Choe of the 3274th U.S. Army Hospital services a patient at the free clinic in Brinkley, Arkansas July 25, 2014, during 'Arkansas Care'.

















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Warrior Medics,

One of the most rewarding missions in which a Warrior Medic participates in is an Innovative Readiness Training exercise.

The IRT program improves military readiness while simultaneously providing quality medical service communities throughout America. These programs are in keeping with the long traditions, leveraging training to benefit both units and local communities, while strengthening Soldiers' medical and specialty skills during a real-world mission.

In this special edition of the "Warrior Medics" magazine our focus is IRT, where you will read about the phenomenal impact our Warrior Medics are making on the American people and their local communities.

Our command spearheaded the largest IRT mission in 2013, called Four States, also known as Operation Healthy Delta, featured on page 10. Operation Healthy Delta spanned the Delta Region providing free health and medical care throughout the communities. Staff Sgt. Marnie Jacobowitz captures the heart and soul of an IRT mission in the article Giving back to the Mississippi Delta Region, on page 8, and Staff Sgt. Neil McCabe, cuts to the core writing four articles on 'Arkansas Care,' on page 14 highlighting the unprecedented level of success our Warrior Medics can achieve by employing civilian professionals with specialty medical skills and partnering with sister services.

Many of our IRT missions take us to remote Native American Villages, throughout California, Montana and North Dakota, to the uninsured and underserved rustic populations. Read about meeting the needs of the underserved, at the Indian Reservations at Fort Belknap, on page 6, and Santa Ynez, on page 12. These articles explain how we bring unique capabilities and the ability to augment Soldier skills with civilian-acquired experience.

Today, in the Army Reserve, it is an amazing opportunity to train in a relevant environment that uses unscripted real-time situations. This is becoming more important for our Soldiers as the opportunities for overseas deployments are winding down, leaving our personnel with fewer chances to keep their skills fresh and sharp.

As beneficial as these exercises are for the professionals of the Army Reserve Medical Command, their true reward is the gratitude of the people they are helping. Imagine the impact to a grandmother receiving her first pair of glasses in 15 years, so that she can read to her grandchildren. Consider too, the relief to the thousands of individuals who lived with decaying teeth they had ignored for years.

Warrior Medics continue to support major collective training exercises in a real-world capacity, like our Smooth Operators found on page 26. Warrior Medics supporting major collective training events, Warrior Exercises, Combat Support Training Exercises, and Global Medic joint exercises, are an important way Soldiers "train as you fight" and serve as a force multiplier delivering vital medical skills, specialty capabilities and equipment. Read about the Gold Standard and Beyond: Cut Suit Training found on page 28, and Staff Sgt. Carrie Castillo's A Cut Above, on page 30 which describes or outlines or explains a new approach to the concept "train as you fight".

Along with articles of our IRT exercises, and major collective training events, be sure to check out the other pieces featuring exciting new programs that help Soldiers improve their individual health and fitness, and the end of mission for the command's 10 years supporting Task Force Shelby, troop clinic and pre-deployment operations at Camp Shelby, Mississippi.

I hope you enjoy these stories and photographs as much as my team and I enjoy bringing them to you, and be sure to contact me and tell me your most rewarding and/or memorable training event.



Michele R. Sutak

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

"Your Friendly PAO - Keep smiling!"

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Honorable mention of the 2011
LTC Wetzel "Scoop" Brumfield
Public Affairs Excellence Award
(category N)

Ready 6 Sends:



Maj. Gen. Bryan R. Kelly

Warrior Medics,

We have had a very successful combat training season, and now we must capitalize on our momentum throughout the rest of the year.

Leaders, keep your Soldiers fully engaged and focused.

Soldiers, look to your leaders as they implement my top five priorities:

- Manning and Care for the Force, including Suicide Prevention, Suicide Sexual Harrasment/Assault Response Prevention (SHARP), Mentorship, Sponsorship, Medical Readiness
- Lead and Grow Leaders (Leadership Development)
- Training the Force (operationally ready medical force)
- Equipping and Accounting for Equipment
- Accountability and Discipline in all that we do

You are all familiar with Operation Full Court Press (OFCP) from reading my monthly letters. OFCP is a program the Army Reserve implements to establish and secure the manning of our formations at full strength. You may have heard the term: troop-to-task mentioned around your unit. This is not a random cliché …'Troop-to-Task' means that our personnel are aligned with their unit's mission. In the context of OFCP, the 'Troop-to-Task' means that our people are in the right place to receive the training they need.

The Army's active and reserve components are vital to fulfilling national military needs. The Total Force Policy and implementation of the Army Total Force Partnership Program will help ensure the Nation benefits from the vital experiences gained by the Army Reserve over 13 years of war. The Army and Army Reserve took steps to deliberately and purposefully integrate training among and between components -- including major collective training events at Combat and Regional Training Centers, as well as Warrior Exercises, Combat Support Training Exercises, and Mission Command exercises.

We are entering a period where our missions and mobilizations will emerge with a shorter preparation window. This is especially true for our Soldiers and our missions related to combat medical care. We must be on guard against skill atrophy, stay mission focused and sustain the specialized skills our unique medical providers bring to the fight.

The Army is in the spotlight as Congress and the American people watch how we handle the challenges of sexual harassment and assault. Both are inconsistent with Army Values and will not be tolerated at any level. One of the hallmarks of being a professional is the trust and autonomy our society affords their professionals to practice his or her art. The topic of national conversation that presents the highest threat to our professional autonomy and the trust Americans place in the Army is the presence of sexual harassment and assault in our organization.

My highest priority to meet the challenge of cultural change and expel the internal threat of sexual harassment and assault from our formation, speaks to our need for recommitment to The Army Ethic, as we reassert our status as professional leaders in this national effort. Army leaders at every level must establish a climate of trust and accountability. We are actively engaged in reducing the stigma of reporting, caring for those who are victimized, and strengthening the ability to track, investigate and prosecute offenders. The key to establishing trust is enhancing transparent lines of communication with equal expectations for all concerned.

I encourage all leaders and Soldiers to fully implement our Sexual Harassment/Assault Response Prevention (SHARP) Program bearing in mind that – PREVENTION IS BETTER THAN REACTION! We must be mindful; raise awareness through training efforts and promote prevention of sexual violence by empowering Soldiers to intervene, call-out demeaning behavior and prevent sexual assault.

The Army provides multiple resources to increase individual resiliency and prevent suicide. We must continue to attack the stigma associated with using the resources available through leadership and education. It remains important to communicate that, "seeking assistance is not a sign of weakness, but one of self-awareness, strength and maturity." We are not immune to depression, financial hardship, illness or other issues that affect the general population. However, we are well-equipped to help our Soldiers and their Families overcome them.

In the Army, our business is deploying, engaging and destroying the enemies of the United States of America in close combat. In the Army Reserve Medical Command, our business is to complement the active-duty component's mission -- caring for sick and injured Warriors. Lace up your boots, as we continue to execute Operation Full Court Press aggressively, to ensure our ranks and billets are filled and fully prepared to answer the call to duty for Combatant Commanders.



COMBAT READY!
BRK

Ready 7 Sends:



Command Sgt. Maj. Harold P. Estabrooks

Warrior Medics,

The commanding general and I were privileged to join more than 150 of the Army's top commanders, command chief warrant officers, and command sergeants major July 30-31 at the United States Military Academy at West Point, New York.

The occasion was a symposium hosted by Army Chief of Staff Raymond T. Odierno and the focus was "Living the Army Ethic: Why and How We Serve."

As a Profession we have not organized our Ethic into an easily understood code, simple to train and internalize throughout the ranks.

As Soldiers we all know too well the human cost and cost to our mission effectiveness from human casualties. Risk is always with us, some casualties are avoidable, some are not.

Now, consider the cost to our mission effectiveness from what I would call "moral casualties." Broken missions, broken careers, broken units and broken promises to the American people.

I'll go you one better: All moral casualties are avoidable, if Soldiers live The Army Ethic.

It is not good enough to be a superior Warrior. We are called upon to be superior and moral Warriors worthy of the flag we wear on our right shoulder.

Think about what professionals do. What makes them different from amateurs and from other members of their communities?

To get you started, here are some general concepts:

* Professionals provide a vital service to the community that its regular members cannot provide for themselves.
* Professionals have unique and abstract knowledge developed through experience and the schoolhouse.
* Professionals earn and maintain the trust of their community because they can be relied on to be honest, efficient and competent.
* Professionals, if the first three items are true, you are granted autonomy from the community that allows them to practice and improve their arts.

Our Soldiers understand that their actions and behaviors are governed by our professional ethic, but our ethic is not well defined.

Every Soldier knows that different branches and communities inside the Army have worked to establish and sustain their own Ethic, which is why we are have so many oaths, creeds and mottos.

In addition to those oaths, creeds and mottos, the Army derives its Ethic from the Declaration of Independence, the Constitution, our common understanding of basic human rights, the laws, treaties, rules and standards and finally, the Army Values.

Now, as the Army makes its transition back to garrison systems and becomes a garrisoned Army prepared for combat, part of that process needs to be the discernment of that unified Ethic.

An Army Professional is expected to live and uphold the Army Ethic from the moment they take their oath. We also expect that over time, with training, education, and experience, which promotes the Army Ethic, will strengthens an Army Professional's personal values and align them with the Army Ethic.

As I circulate throughout the command, I will be asking you for your stories and your insights to further develop the Army Ethic. Don't pass up this opportunity to have a voice.

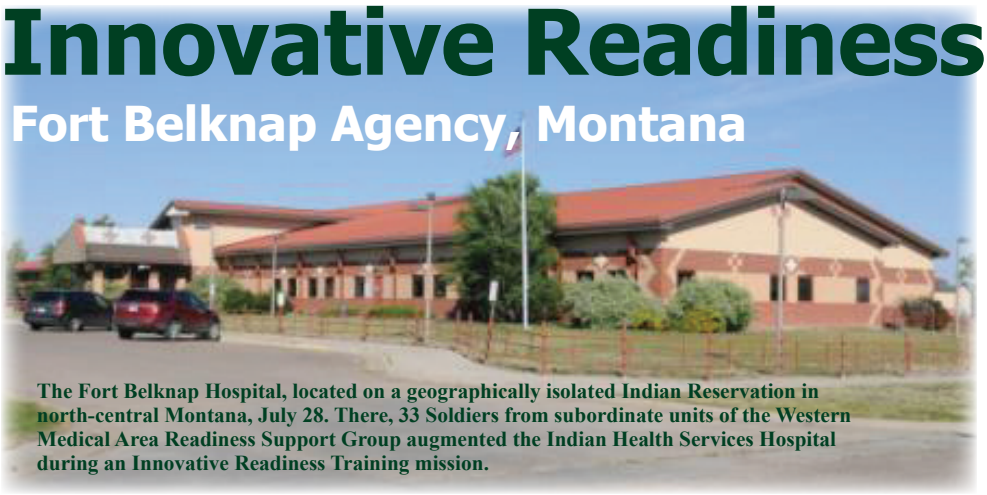


COMBAT READY!
HPE



Innovative Readiness Training

Fort Belknap Agency, Montana



The Fort Belknap Hospital, located on a geographically isolated Indian Reservation in north-central Montana, July 28. There, 33 Soldiers from subordinate units of the Western Medical Area Readiness Support Group augmented the Indian Health Services Hospital during an Innovative Readiness Training mission.

Story and photos by Sgt. 1st Class Corey Beal
88th Regional Support Command, Public Affairs

After more than a decade of conducting operations overseas, the Army Reserve is bringing its unique capabilities home to benefit communities across America.

Localities across the nation are tapping into these skills through the DoD Innovative Readiness Training program. First authorized in 1993, IRT allows reserve component units to hone their wartime readiness through hands-on training while simultaneously providing quality services to communities throughout the United States.

As the military's premier force provider of organized capabilities, the Army Reserve is ideally suited to conduct these missions, empasized Col. Rhonda Smillie, the 88th Regional Support Command legislative liaison.

"The Army Reserve is composed almost entirely of combat support and combat service support units," said Smillie. "Those same enabling capabilities used in operations overseas are exactly what many communities within our own country could greatly benefit from."

Those activities include providing support such as medical and dental care, water purification, veterinary services and engineering projects.

The Army Reserve supported the IRT mission at Fort Belknap, a geographically isolated Indian Reservation in north-central Montana. There, 33 Soldiers from subordinate units of the Western Medical Area Readiness Support Group, Army Reserve Medical Command augmented the Indian Health Services Hospital.

Named Operation Walking Shield, the mission began July 21 and concluded Aug. 1. The Army Reserve staff consisted of eight different medical specialties to include lab technicians, dentists, physicians, critical care nurses, behavioral health specialists, optometry technicians and podiatrists.

The augmentation of these Army Reserve medical personnel greatly enhanced the Fort Belknap Hospital's own medical staff of seven, enabling the clinic to nearly double the care it provides to the more than 5,000 members of the surrounding Tribes. By conclusion of the exercise, the Army Reserve Soldiers treated more than 900 patients.

Nona Longknife, credentialing coordinator for the Fort Belknap Hospital, said the addition of these medical practitioners enables the hospital staff to augment and enhance normal operations with much needed services. According to Longknife, the Army Reserve Soldiers bring specialized skills not available at the clinic. This affords some Tribal members their only opportunity to receive much needed expanded care.

"During this time of year we have more patients coming in for check-ups and physicals for stuff like sports, schools and Head Start," said Longknife. "We also don't have some medical specialists here like podiatrists, so many of our patients, especially our elderly, are able to get much needed care that would otherwise be unavailable."

Capt. Mathew Plouffe, commander of the 4225th U.S. Army Hospital, said this was their third year conducting this mission and the benefits for everyone have been undeniable.

"Our Soldiers get real-world training," said Plouffe. "Our EMTs are going on EMT runs, they're driving the ambulance, they are picking up patients and bringing them back to the emergency room – our nurses are getting real-world nursing experience, our podiatrists are treating feet – our dental techs are doing cleanings and assisting dentists who are treating real dental issues – our behavioral health specialists are working out in the field and in the clinic. This is real-world training!"



Nona Longknife (center), credentialing coordinator for the Fort Belknap Montana Hospital, greets Montana Senator John Walsh during a facility tour and overview of Innovative Readiness Training being conducted by Army Reserve Soldiers of the Western Medical Area Readiness Support Group, July 27

In addition, Plouffe said being able to help an underserved community has been great for moral.

"Everybody is working as a team," said Plouffe. "It certainly builds moral and cohesion being able to have an impact on a community. We are taking care of Americans. Missions like these are our only opportunity to really do that."

Montana Senator John Walsh visited the training at Fort Belknap for himself July 27.

According to Walsh, the unique skills the Army Reserve brings are invaluable in addressing serious community needs within our own country.

"Innovative Readiness Training missions are a win-win for the community and for the military," said Walsh. "Operation Walking Shield at Fort Belknap is a great example of the program's success because personnel are able to hone medical skills while helping a community in need of those services."

Missions like these are also a great way to build relationships between communities and the Soldiers who want to make a difference, noted Walsh.

"Service members are especially important in helping communities because they are exceptionally motivated to make a difference," said Walsh.

Smillie, who facilitated Walsh's visit and invited all members of the Senate Committee on Indian Affairs, said it is vital that the public and elected officials understand how Army Reserve IRT missions can benefit our communities.

"The Army Reserve is all about specialized capabilities. In addition to doctors and medical professionals, we have engineers, attorneys, transportation specialists," said Smillie. "All these skills that enable our forces can also easily be transferred to the civilian sector and benefit our communities."

This may be best illustrated by the example of Pfc. Johnna Snell who has paired her military occupation with her civilian career while simultaneously bettering her own community.

A member of the Crow Nation of Montana, Snell is an automated logistical technician assigned to the 4225th U.S. Army Hospital. She used her military training to qualify for her current civilian position as a supply technician for the Crow Agency Indian Health Services Hospital.

Snell said the combination of her background, military occupation, civilian occupation and current mission have all complimented each other greatly.

"I am proud to be a part of a unit that can actually help a Native American community through this program," said Snell. "I'm also proud that I can do this for the Native people and bring this knowledge to other reservations."

Snell has participated in Operation Walking Shield for the past three years. This year Snell served as the mission's cultural liaison, charged with coordinating between the Tribes and the unit. According to Snell, the need for assistance is vast and the people greatly appreciate it.

"There is a need here and they struggle to find the services," said Snell. "Every year we come back and they are excited to see us. The most rewarding thing is helping people in need."

The value added to the Fort Belknap community is considerable in many aspects, said Longknife.

"Everybody understands that we get cut back, so we try to use everything the best we can," said Longknife. "The services they provide let us save for other things and prevents us from having to send an elder 200 miles away for the right care. Elders can't travel like that all the time - it's too hard on them."

"80,000 dollars is what I would have to pay for just three doctors to work two weeks," continued Longknife. "With 80,000 dollars we could send one of our elders to a really good heart doctor, or have a child's cleft pallet fixed, or have a child's teeth fixed."

"Beyond benefitting from services the Army Reserve provides, knowing that someone cares and will help them impacts the community deeply," said Longknife.

"Our people, have great appreciation for what is done here," said Longknife. "Appreciation that the Army Reserve thinks that much of our people to take that two weeks that they could spend anywhere in the United States to do their Reserve time, and they choose to come here – and it fills the hearts of the people to think and know that somebody does care."





Col. Rhonda Smillie, the legislative liaison for the 88th Regional Support Command, discusses aspects of the Army Reserve and the Innovative Readiness Training Program with Cheryl Ulmer, the representative for Montana Senator Jon Tester, at the Fort Belknap, Montana, medical facility, July 29



Lt. Col. Janice Van Alstine (left), of the 4225th U.S. Army Hospital, and Army Reserve Soldiers of the Western Medical Area Readiness Support Group discuss their Innovative Readiness Training at the medical facility in Fort Belknap, Montana, with Montana Senator John Walsh, July 27.



Col. Rhonda Smillie, the legislative liaison for 88th Regional Support Command discusses aspects of the Army Reserve and the Innovative Readiness Training Program with Cari Kent, the representative for Montana Congressman Steve Daines, at the medical facility in Fort Belknap, Montana, July 29.



Spc. Jessika Roney, an animal care specialist attached to the 4224th U.S. Army Hospital, in Des Moines, Iowa, preps a canine July 21, 2013, for surgery at the veterinary care site set-up at the St. John Episcopal Church in Helena, Arkansas.

Clarksdale, Mississippi

Giving back to the Delta Region

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

The Mississippi Delta Region is the home of the blues, legendary blues clubs and charming southern hospitality, which attracts tourists and celebrities from all over the country.

Over the summer, the Delta Region attracted the Bulldog Soldiers of 4224th United States Army Hospital, Des Moines, Iowa, joined by airmen and sailors, to bring its residents medical and dental care.

Service members of the Army Reserve, Air Force Reserve and active Army and Navy organized as Task Force Bulldog, established the Mississippi Medical Project as five temporary clinics in eastern Arkansas and northwestern Mississippi.

The task force's project is part of the Department of Defense Innovative Readiness Training Program, which combines military training with civilian social service needs, so that service members, in primarily the medical, engineering and transportation specialties,



Sgt. Donad Larr, a health care specialist assigned to the 7203rd Medical Support Unit in Hobart, Indiana, wraps gauze around the toe of Roger Vallard, a patient with a dog bite, at the Madison S. Palmer High School during the Mississippi Medical Project in Marks, Mississippi.



Spc. Carissa Luck, a licensed practical nurse assigned to the 4224th U.S. Army Hospital, Des Moines, Iowa, conducts a blood pressure check on Iris Lester, at the Madison S. Palmer High School in Marks, Mississippi July 22, 2013.

have the opportunity to refine their skills, while providing services to local communities.

Col. Rhonda Moore, the task force's exercise director and the commander of the 4224th USAH, said she thinks the MMP is a great opportunity for service members to experience hands-on, real-world training.

"If I were to talk to a Soldier about joining an Innovative Readiness Training next year, I would tell them it's unlike any training you are have ever had before," said the colonel, who is a native of Holloman Air Force Base, New Mexico.

Soldiers get up close and personal with the local civilian population, said Moore. It is also an chance to see different areas of the country and get immersed in different cultures. "It's training they won't get at a reserve center."

Command Sgt. Maj. Jennifer Burton, the command sergeant major of the 4224th USAH, stated that the Delta Regional Authority, the federal agency created to organize federal services and projects in the region, selected the area within the Delta Region for the MMP to include Mississippi towns of Clarksdale, Marks, Tunica and Rosedale and Helena, Arkansas.



Lt. Col. James Hammond, an optometrist with the 452nd Aeromedical Staging Squadron at Robin Air Force Base, Georgia, conducts an eye-exam on a patient at the Madison S. Palmer High School in Marks, Mississippi.

Burton said, the residents received medical services ranging from free eye exams and, glasses, dental exams and minor oral surgery, in addition to screening for hypertension and diabetes. In addition personnel provided veterinary services.

At the end of the exercise, the more than 220 personnel treated more than 5,000 patients and more that 150 animals, said Burton, a native of Peoria, Illinois. The Command Sergeant Major said she heard many touching stories,

"I had spoken to a lady that was waiting to get her eyes checked," she said. "She stated she hasn't had new eye glasses made for herself in at least 15 years because she couldn't afford it."

The woman said with the new glasses, she can now read to her grandchildren and was excited about that fact she can spend more quality time with them.

"The people have been very welcoming and grateful of what we are doing down here," she said.

James Brown Jr., a mechanic at Stringer International in Clarksdale, said he is just one of those people who are truly people truly grateful for the medical service provided during MMP.

Brown, a native of Shelby, Mississippi, said he heard about MMP from a friend and decided to check it out, because he needed some teeth pulled and his eyes checked.

"People around here don't have money and can't get their medication, Brown said. "I'm glad the military is here because it helps me out a whole lot!"

Brown, a 61-year-old retired farmer, said he has never been to the eye doctor.

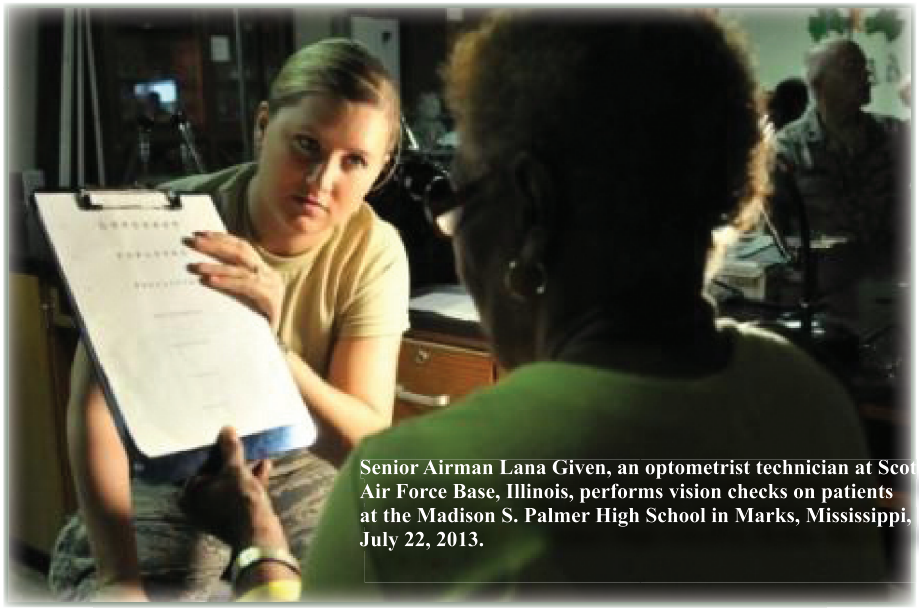
"We don't get this every day, said Brown. "This is going to be the talk of the town. Everybody is glad."

Spc. Taylor Coons, a medical supply specialist assigned to the 4224th USAH, a Detachment 1, Cedar Rapids, Iowa, said it was the first time he participated in this type of mission and he felt great about it.

It was definitely an eye-opening experience, said Coons. "I learned I take a lot of things for granted."

Coons, a native of Anamosa, Iowa, said he was surprised that so many Delta residents have never seen a doctor before.

"Just being down here for a couple of weeks, you can change someone's life."



Senior Airman Lana Given, an optometrist technician at Scot Air Force Base, Illinois, performs vision checks on patients at the Madison S. Palmer High School in Marks, Mississippi, July 22, 2013.



Operation Healthy Delta

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



Locals wait patiently for hours to be seen for free medical care during the four-state medical project Operation Healthy Delta in Dyersburg, Tennessee, Aug. 8, 2013.

HAYTI, Mo. -- Before the doors open a line has already formed outside a local junior high school here. Some Delta locals wait patiently for hours for the opportunity to receive free medical care, part of the 2013 Four State Innovative Readiness Training mission known as Operation Healthy Delta.

The IRT program has two purposes. First, to improve and develop military readiness and specialty skills of the Soldiers of the Western Medical Area Readiness Support Group. Second, to provide free medical screening, dental, optical and wellness services for local residents, according to Col. Roberto Reid, commander of the 6252nd United States Army Hospital in San Diego.

The federal government's Delta Regional Authority, headquartered in Clarksdale, Mississippi, identified four sites in four states for this exercise to include Blytheville, Arkansas, Dyersburg, Tennessee, Hayti, Missouri, and Mayfield, Kentucky, added Reid.

Reid, a native of Ancon Canal, Panama, said approximately 120 troops were on ground for Operation Healthy Delta. "It's a temporary service to help those who are not able to see doctor on regular basis."

Raven Grant, a resident specialist for Guardian Community Living in Jackson, Tennessee, stated that she has not seen a dentist in two years.

"Even though my job offers dental insurance it's really expensive and I cannot afford it," said Grant, a mother of four.

Raven, had two of her wisdom teeth extracted, which normally costs about $300-$400, said the Nashville native.

Spc. Gina Love, a dental assistant with the 7214th Medical Support Unit in Garden Grove, California,thought the patients were very grateful.

There was a patient here who was so happy after she received her dental procedure that she hugged three of the Soldiers and thanked them for being here, said Love, a native San Lenadro.

"This has been a humbling experience," she said. "When you think that you have it bad, you realize that others have it worse."

Soldiers at the dental clinic located at the Dyersburg Mall, saw about 200 patients daily, she said. By the end of the mission they served more than 1,700 patients.

These Soldiers worked up to 12 hours-a-day, 7 days a week to ensure Operation Healthy Delta was a success, said the dental assistant.

Sgt. David Parylak, an optical lab specialist with the 179th Medical Detachment from Fort Campbell, Kentucky, said he worked with two Soldiers around the clock, producing up two 300 eye-glasses in a three-day period.

Maj. Derek Melton, chief aerospace optometrist with 185th Medical Group in Terre Haute, Indiana, said he had never been to an exercise quite like this before.

Melton said he did not know what type of supplies or equipment was going to be available, so he brought his own personal optometry equipment.

Sgt. Jackson Sauthoff, a behavior health technician with 7214th MSU, said his role as a mental health specialist was to provide wellness screening, grief counseling and referral services to anybody who



A combat medic takes the blood pressure of a little boy during Operation Healthy Delta. in Blytheville, Arkansas.



A Soldier of the 179th Medical Detachment in Fort Campbell, Kentucky, uses optometry equipment to read lenses for glasses during Operation Healthy Delta in Hayti, Missouri, Aug. 9, 2013.

helps those in need

needs it.

Sauthoff, a native of Oxnard, acted as a sounding board for local residents who have personal struggles, he said. "Being compassionate and confidential means a lot to these people, who believed they could not trust anyone, until the Warrior Medics arrived.



Capt. Michelle Maddin, a surgical nurse assigned to the 7243rd Medical Support Unit in Las Vegas, Nevada, assists 4-year old Alexander Klar in listening to her little sister's heartbeat during Operation Healthy Delta in Mayfield, Kentucky, Aug. 8, 2013.



Lt. Col. Chris Chung, a dentist with the 7214th Medical Support Unit in Garden Gove, California, extracts Raven Grant's wisdom teeth while Spc. Carolyn Garcia, a dental technician assigned to the 7214th MSU, assists during Operation Healthy Delta in Dyersburg, Tennessee, Aug. 8, 2013.



Sgt. David Parylak, an optical lab specialist assigned to the 179th Medical Detachment in Fort Campbell, Kentucky, part of the optical team during Operation Healthy Delta in Dyersburg, Tennessee, Aug. 8, 2013.



Soldiers of the 179th Medical Detachment in Fort Campbell, Kentucky, prepare to send out prescription eyeglasses made at no cost to the patient during Operation Healthy Delta in Dyersburg, Tennessee, Aug. 8, 2013.



Pfc. Dallas Castro, a health care specialist assigned to the 6252nd U.S. Army Hospital in San Diego, California, checks the blood sugar on a patient during Operation Healthy Delta in Dyersburg, Tennessee, Aug. 8, 2013.



The Santa Ynez band of Chumash Indians once covered a huge swath of central California with a population of more than 100,000. Today, the band lives on a 137-acre Indian reservation in Santa Barbara County.



Hygienests of the 7202nd Medical Support Unit prepared to examine a patient at the Santa Ynez Tribal Health Clinic.

'Haku haku' to Army Reserve Warrior Medics

Story and photos by Staff Sgt. Neil W. McCabe, Army Reserve Medical Command, Public Affairs

Army Reserve Medical Command Soldiers began a series of two-week rotations here supporting the health clinic operated by the Santa Ynez band of the Chumash Indian Tribe that continues through the summer of 2014.

The Soldiers are assigned to the 4215th U.S. Army Hospital, and two of its subordinate units, the 7202nd Medical Support Unit and the 2290th USAH, said Lt. Col. Jack F. Thompson, an Army and civilian dentist, who led the Soldiers on the first rotation. Both the 4215th USAH and the 7202nd MSU are based in Richmond, Virginia. The 2290th USAH is based in Alexandria, Virginia.

Thompson said the Soldiers included other dentists, a doctor, nurses, medics and dental assistants, all contributing to the clinic's mission of providing healthcare members of the Chumash tribe and local residents.

The partnership with the clinic is part of the Pentagon's Innovative Readiness Training program that pairs reserve military personnel with communities in need, he said. The nonprofit Walking Shield coordinates with the Department of Defense its IRT missions involving Native American communities.

"There is a local population here, uninsured and underserved," he said.

"We are providing medical and dental treatment, including screenings and some lab work," he said. "On the dental side, we are providing both emergency and sustaining care—extractions, periodontal work and identifying further needs for further treatment."

The Army Reserve Soldiers examined and treated patients with medical concerns inside the clinic's COW, or Clinic On Wheels, a truck with an examination room and medical equipment that the clinic supports as part of its community outreach, he said. During the Walking Shield missions, the COW is parked in front of the clinic.

"The humanitarian missions are my favorite part of being in the Army," the Iraqi War veteran dentist said. "I've done it all over the world."

Ron G. Sisson, the clinic's executive director, said clinic staff, and the tribe's health board joined him in gratitude for the work of the Soldiers.

"It is an honor having the troops at our clinic, continuing our commitment to providing high quality health and dental care services to our native community and the under-served general public," Sisson said. "We hope to continue working together for many years to come."

Spc. Malikah Y. Byrd, an Army dental hygienist with the 7202nd MSU, said she was glad she was selected for the IRT assignment.

"I graduated from my dental training in October, and this is my first chance to use my training in my specialty with live patients," said the native of Newport News, Virginia.

Tonia Archuleta, the clinic's administration manager, said the band of Chumash, established in 1901, is one of 522 federally-recognized tribes.

The Chumash nation once had a population of more than 100,000 American Indians and a 7,000 square mile-territory that covered a huge swath of central California, she said. Today, the 137-acre Indian reservation is the home to 2,500 tribe members.

Traditionally, the Chumash lived in domed homes, built with branches, reeds and with whalebone reinforcements, she said. The largest of the homes housed 50 people.

Archuleta said the tribe was renowned for its "tomol" canoes. Long boats made of planks and pine tar that the Chumash would use for war and commerce—and for religious journeys around the islands off the Santa Barbara, California coast.

Alexandra James, a Chumash tribe member and an outreach worker at the clinic, said the tribe is working to revive its culture, including the rediscovering of S(h)amala, the traditional dialect of the Santa Ynez band of Chumash.

James said words and phrases from S(h)amala are now incorporated into clinic programs, such as the "Ma sumawts a



Spc. Malikah Y. Byrd, a dental hygienist with the 7202nd Medical Support Unit, Richmond, Virginia, prepares to examine a patient at the Santa Ynez Tribal Health Clinic, Santa Ynez, California.

aqniwilas" program. The phrase means: healthy mindset, and the program uses Chumash religion and cultural lessons to help tribe members work together to live the "Good Road of Life."

A more basic return of the language is in the "Haku, haku," a welcoming hello, greetings used by clinic staff and patients and included in the clinic's signage.

Archuleta said the clinic was founded by Rosa Pace, a registered nurse and member of the tribe.

It started in a single room, and then moved to a double-wide mobile home, she added.

William R. Wyatt, the tribe's executive director, said although Pace is retired, her example and legacy are still part of the clinic.

"Rosa Pace is a very quiet and warm person with a welcoming smile," he said.

"Her passion was tribal government and the expanding programs on the reservation," said Wyatt. "It was through her devotion to her tribe that she single-handedly built this clinic program into what it is today."

The tribal executive director said in the beginning, the clinic was exclusive to Chumush tribe members, but now it is open to the public.

Wyatt said opening up the clinic is more than a public service, but also a way to integrate the Chumash with members of the communities outside the reservation. "It has become one of the more respected public health clinics in the county.



Army Reserve and civilian dentist Lt. Col. Jack F. Thompson, was the officer-in-charge for the May rotation of Soldiers from the Northeast Medical Area Readiness Support Group, Fort Wadsworth, New York. Thompson said humanitarian missions are the highlights of his Army career.



Dental hygienist of the 7202nd Medical Support Unit prepares to examine a patient at the Santa Ynez Tribal Health Clinic.



Army Reserve officer and OBGYN doctor updates medical files after completing an examination in the C.O.W., which provides more privacy to women.



The C.O.W., or Clinic on Wheels, is a well-equipped mobile medical facility with an examination and treatment room operated by the Santa Ynez Tribal Health Clinic, Santa Ynez, California. When the C.O.W. is not on the road, it is stationed in front of the clinic and used as an annex.

Getting well through

Forrest City, Arkansas



Pfc. Juan C. Rodriguez, a combat medic with the 4204th U.S. Army Hospital, Topeka, Kansas, gives an eye exam Aug. 1, 2014, to Josh, 4, at the free clinic in Earle, Arkansas.

Story and photos by Staff Sgt. Neil W. McCabe, Army Reserve Medical Command, Public Affairs

Soldiers of the Army Reserve Medical Command's 3274th U.S. Army Hospital, Southeast Medical Area Readiness Support Group, based at Fort Bragg, North Carolina, manned six free in eastern Arkansas clinics July 25 to August 2, part of the command's support of 'Arkansas Care.'

The 3274th USAH Soldiers partnered with the Delta Regional Authority through the Pentagon's Innovative Readiness Training program that pairs Army Reserve medical, engineering and other units with disadvantaged communities, said Col. Andrew T. Bryan, the 3274th USAH commander.

The Arkansas Care IRT provides medical, dental, and optometry mission essential training for the 3274th USAH as well as augmenting personnel from other U.S. Army Reserve commands in addition to Air Force Reserve personnel, Marine Corps Reserve personnel, and a Naval Ophthalmic Support and Training Activity (NOSTRA) while providing medical care to underserved residents throughout six communities in Arkansas.

Bryan said of the six sites in Forrest City, McCrory, Brinkley, Wynne, Newport and Earle, his Soldiers totaled more than 5,000 individual patient interactions, including subtotals in excess of 1,500 medical screenings, 250 small group nutrition classes, 2,000 dental exams and procedures, and 2,800 eye exams to include new pairs of glasses.

John E. Brown, a retired factory worker, said he drove 17 miles from his Marianna, Arkansas home to visit the Forrest City clinic. "I am a deacon at my church and Sunday my wife's sister told me about it."

Brown came for an eye exam and a new pair of glasses, said the father of 10. "My eyes been getting down on me."

Bryan said the IRT mission was a success and that observers from First Army West visited some of the clinics and will recommend that their command use the IRT program as part of First Army's mission to prepare Soldiers for deployment.

"The months of planning and training really paid off," he said.

"It has paid off for our Citizen-Soldiers by providing them with real world, real-time experience in their military specialties," said Bryan.

"It has paid off for the Delta Regional Authority, whose mission is to improve the lives of the residents of the Mississippi River Delta, and who has become a great partner with the Army Reserve Medical Command and the Army Reserve," the colonel said.

"Most importantly, the 3274th's support of Arkansas Care has paid off for the people living here, some of whom were unaware of serious medical issues," said Bryan. "We were not able to address [the medical issues] given the nature of this mission, but certainly because of our screenings, they now know what they have to follow-up on with local providers."

Soldiers of SEMARSG, spearheaded this Arkansas Care IRT, augmented by Charlie Company, 431st Civil Affairs Bat-

'Arkansas Care'

talion from Millington, Tennessee, whose CA teams conducted key leader engagements, and provided statics for the daily economic impact for each site. The Delta Regional Authority hosts six sites in the communities of East Arkansas.

Christopher A. Masingill, the federal co-chairman of the Delta Regional Authority, toured some of the sites with Bryan and said he was very happy with the teamwork between the authority and ARMEDCOM.

"It is a great partnership," he said. "Having the Army Reserve Medical Command come down here is a real shot in the arm for the health of the people of the Delta Region and Arkansas."

Masingill said he was happy to see Soldiers in the communities. "It is a wonderful thing to see our men and women in uniform happy people right here at home—it's a win-win for the Army and Delta Region."

Sergeant 1st Class Peyton C. Graham, the noncommissioned officer-in-charge of the Brinkley clinic, which was set up at the town's high school, said the response from the people coming to the clinic impressed him. "They are overwhelmingly appreciative of us being here."

Peyton, a native of Graham, North Carolina assigned to the 3274th USAH, said his Soldiers fed off of the appreciation and excitement from the people they were serving. "They are excited to be here and they see the difference they are making in the community."

The sergeant said one man's conversation with him really struck him. "There was one gentleman, who said he was trying to get dental care for five to six years, and because of our services, we were able to help him out.



Army Veteran Tommy Shelton from Brinkley, Arkansas, has his eyes examined by Capt. Yolanda Arce, a doctor of optometry with the 3274th U.S. Army Hospital. The 3274th supported the 2014 'Arkansas Care' project as a partner with the Delta Regional Authority through the Pentagon's Innovative Readiness Training program.



Thomas C. Brannon, a welder living in Newport, Arkansas, visited the 'Arkansas Care' clinic set-up by the 3274th U.S. Army Hospital from Fort Bragg, North Carolina for a free eye exam and pair of glasses. Air Force Senior Airman Sandra M. Montes who fitted Brannon for his new frames, joined other Air Force, Navy and Marine personnel to support the 3274th USAH from July 25 to August 2, 2014.



A Navy Reserve corpsman measures the nose bridge of Michael Stuckley, 13, a McCrory, Arkansas resident who was taking advantage of the free eye exams and frames at the free clinic established by Soldiers of the 3274th U.S. Army Hospital, Fort Bragg, North Carolina.

Pryor, Masingill Praise Army Reserve effort to provide No-cost medical care to Arkansans

Story by Spencer Lucker, the Delta Regional Authority, July 19. 2014

LITTLE ROCK, Ark. - U.S. Senator Mark Pryor and Delta Regional Authority Chairman Chris Masingill praised the U.S. Army Reserve troops and their efforts to provide medical, dental, and optical care at no cost to residents across eastern Arkansas. The U.S. Military is providing the care to residents through its Arkansas Delta Care Innovative Readiness Training mission.

Senator Pryor and Chairman Masingill announced the locations of the six sites for the upcoming medical clinics to be in Brinkley, Earle, Forrest City, McCrory, Newport, and Wynne. During the July 25-August 2 clinics, officials expect to serve between 8,000 and 10,000 residents from the six host counties as well as from communities in five additional counties of the Arkansas Delta.

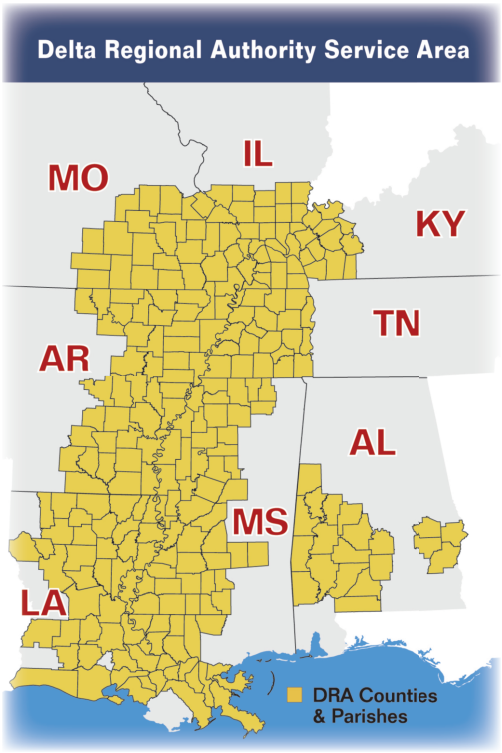
"This program honors the daily sacrifice of our men and women in uniform and hard-working people of the Delta region," said Chris Masingill, Federal Co-Chairman of the Delta Regional Authority. "In our sixth year of partnership with military reserve forces, we are proud to be able to provide much-needed medical care to Arkansas residents as well as support the training of our troops."

U.S. Senator Mark Pryor added, "This is another great example of how the Delta Regional Authority creates innovative partnerships to improve the quality of life in our state. I am grateful to the U.S. Army Reserve Command and the DRA for improving access to life-saving medical checks for thousands of Arkansans in underserved areas through these free clinics. This is a prime example of how we can work together to get things done for Arkansas and why I continue to fight for DRA funding for programs like this that change lives and strengthen our state."

Medical personnel will provide multiple on-site services during the Eastern Arkansas mission, including nursing evaluations, blood pressure screenings and diet and health consultations, dental services including assessments and extractions, and eye exams and spectacle manufacturing. While providing desperately needed care to medically underserved areas of the Delta region, this IRT mission will allow medical professionals in the U.S. military to continue to maintain invaluable training in their field.



DRA–U.S. Department of Defense partnership brings medical, dental, and optical care to residents of Eastern Arkansas. Officials expect to serve more than 8,000 with health services in Delta. (Photo courtesy of Delta Regional Authority)



Arkansas Care: Delta Regional Authority partners with Army Reserve

Story and photos by Staff Sgt. Neil W. McCabe, Army Reserve Medical Command, Public Affairs

The federal Co-Chairman of the Delta Regional Authority Christopher A. Masingill visited free health clinic set-up by the 3274th U.S. Army Hospital in Forrest City, Arkansas, July 28, 2014.

"It was good to see our work here being recognized at the highest level," said Col. James R. Bruce, the officer-in-charge of the Forrest City site. The clinic is one of six health clinics operated by the 3274th USAH in support of 'Arkansas Care,' a program hosted by the Delta Regional Authority to improve the health of residents in its eastern Arkansas footprint.

Soldiers of the 3274th USAH established six clinics that were free and open to the public, in addition to Forrest City site in the towns of Brinkley, Wynne, Earle, Newport and McCrory. The health clinics in support of Arkansas Care were part of the Pentagon's Innovative Readiness Training program.

Masingill toured the Forrest City clinic that provided medical screenings and tests, and dental and vision services, spearheaded by the 3274th USAH Soldiers, as well as the reserve personnel from the Air Force, who ran the optometric shop and Navy, who manned the dental trailer with four patient bays.

By the end of the IRT exercise, the six health clinics had more than 4,000 individual patient interactions, issued more than 1,200 pairs of new glasses and pulled more than 500 teeth. In addition to the medical, dental and vision services, the clinic offered nutrition classes to individuals waiting to been seen.

The chairman said he was keying in on the teamwork between the DRA and ARMEDCOM and the level of care given to the local residents.

"It is a great partnership," he said. "Having the Army Reserve Medical Command come down here is a real shot in the arm for the health of the people of the Delta Region and East Arkansas."

Masingill said he was happy to see Soldiers in the communities. "It is a wonderful thing to see our men and women in uniform happy people right here at home—

it's a win-win for the Army Reserve and Delta Region." The Delta Regional Authority is an eight-state federal agency created by Congress to foster economic growth in the Mississippi River Delta.

The Arkansas Care project is part of the DRA's mission because businesses looking to move to the region or expand want to have a healthy workforce, he said.

The IRT program pairs reserve military units, specifically with medical and engineering specialties, with American communities with disadvantaged populations during the units extended combat training, what was also known as the summer annual training.

More than 50,000 individuals have been helped through the IRT military medical missions partnered with the Delta Regional Authority.



Lt. Col. Robert Snuffer, an optometrist supporting the free clinic in Earle, Arkansas leads the children in push-ups during the 2014 Arkansas Care project.



Delta Regional Authority Chairman Christopher A. Masingill speaks with Col. James A. Bruce, the officer-in-charge of the Forrest City, Arkansas, free health clinic, operated by Soldiers of the 3274th U.S. Army Hospital based in Fort Bragg, North Carolina.



Maj. Michael W. Choe of the 3274th U.S. Army Hospital examines a patient during 'Arkansas Care' at the free health clinic in Brinkley, Arkansas.



1st Lt. Holly E. Rodriguez, with the 3274th U.S. Army Hospital, checks the blood pressure of a local resident at the free clinic in McCrory, Arkansas.



Les, 13, and Destiny, 14, sport brand new glasses from the Forrest City 'Arkansas Care' site

Stolte, Rocca tour civil-military

Story and photos by Staff Sgt. Neil W. McCabe, Army Reserve Medical Command, Public Affairs



Charlie Company's Sgt. 1st Class Mike Galaway, the noncommissioned officer-in-charge of the Civil-Military Operations Cell at the Forrest City, Arkansas, free health clinic met with the city's Police Chief E. Page Reynolds July 28th, 2014.

The command team of the 352nd Civil Affairs Command, Fort Meade, Maryland , Brig. Gen. Alan L. Stolte and Command Sgt. Maj. Earl G. Rocca, visited the Soldiers of Charlie Company, 431st Civil Affairs Battalion, Millington, Tennessee, who were supporting the Arkansas Care Innovative Readiness Training mission in eastern Arkansas July 25 through August 2, 2014.

Arkansas Care is serving the residents of Newport, Earle, Brinkley, McCrory, Wynne and Forrest City in East Arkansas, with military personnel providing a variety of key leader community engagements, and medical, optical and dental services to the residents in the economically depressed region.

The civil affairs Soldiers received civil-military essential training during the Arkansas Care mission. The CA teams operated a Civil-Military Operations Cell that monitored and tracked the daily economical impact of the free medical services provided to the residents. The Soldiers also ventured out into the communities, where they conducted key leader engagements with mayors, religious figures and leaders of state and local public safety and assistance agencies.

"These civil affairs Soldiers have done a great job getting the word out to the locals and they have brought energy and professionalism to their mission," said Stolte. "Training opportunities, such as this one, are critical to keep civil affairs skills honed as there are fewer overseas deployments."

On the walls at each CMO cells, civil affairs Soldiers posted the names and faces of key leaders and important facts about each community in the mission footprint.

Charlie Company's Sgt. 1st Class Mike Galaway, a native of Millington, Tennessee, said he was the noncommissioned officer-in-charge at the Forrest City free clinic.

"The local leaders want us to be here and they have been very supportive," he said.

Galaway met with the Forrest City Police Chief E. Page Reynolds July 28 in his office. At the key leader engagement meeting, Galaway said he reviewed with the chief way to get the word out about the free services at the clinic and how the police could be helpful.

In their meeting, Galaway asked the chief if the influx of residents from Forrest City and the surrounding areas was disruptive, either to the community or his department.

The chief said to the civil affairs NCO that the opposite was true.

"I know there are crowds, but they are not trouble. If I needed to dedicate an officer on overtime to keep things calm, I would. But, it is not necessary," he said.

There have been additional patrols in the area of the clinic, and officers were told to stop by the clinic and speak casually with residents taking advantage of the free medical care, he said.

"Having the clinic here is in synch with the police department's vision—I wish we could call it the 'Page Reynolds—DoD Collaboration,'" he said.

Each clinic site was staffed primarily by Soldiers of the Army Reserve Medical Command's 3274th U.S. Army Hospital, Fort Bragg, North Carolina, joined by medical Air Force, Navy and Marine Corps reserve and active-duty personnel who provided much needed health care to the underserved residents throughout the eastern Arkansas Region.

The Arkansas Care IRT provided medical, dental, and optometry mission essential training for the supporting service members. The 3274th USAH was augmented by the 431st CA BN, as well as service members from the Air Force, Marine Corps, and a team from Naval Ophthalmic Support and Training Activity (NOSTRA). The Delta Regional Authority hosted six sites throughout East Arkansas.

The free clinics provided medical, dental and vision screenings and exams to local residents. By the end of the mission, there had been more than 4,000 individual patient interactions with more than 500 teeth pulled and more than 1,200 pairs of free glasses crafted and distributed.

Typical of the local residents, who would come in, was Heather A. Lingle, Fort Smith, Arkansas. Lingle said she was babysitting her sister's two daughters when one of them took of her glasses and broke them.

Lingle said she was glad an employee at the town's snack food company Medallion Foods, told her about the two Newport clinics set-up at the Community College and High School, both were free and open to the public.

Most glasses were completed in 48 hours at the East Arkansas Community College campus.

At the EACC campus, civil affairs

training in East Arkansas

officers briefed Stolte about the success of the mission.

The civil affairs Soldiers played an integral part of the Innovative Readiness Training exercise. The IRT exercises are part of a Pentagon program that pairs military reserve units during their extended combat training, with disadvantaged American communities. In this case, the exercise was a partnership between the Army Reserve and the Delta Regional Authority's 'Arkansas Care' program.

The authority, tasked by Congress with fostering economic growth in the eight states of the Mississippi River Delta, uses projects such as Arkansas Care to improving the health of the state's workforce.

Rocca said he liked the quality of the training his civil affairs Soldiers received as a part of the IRT program.

"It is a real-world, real time and unscripted environment," he said.

Unlike other training exercises, where there is a set timeline with established outcomes and observers to guide the training, Rocca said at "Arkansas Care", his Soldiers were forced to react and think on their feet without the safety net of an observer stopping the scenario and having the Soldiers start again.

It is also a good thing, that at the same time, his Soldiers were keeping their skills sharp, while they were helping fellow Americans in need.

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Brig. Gen. Alan L. Stolte, the commanding general of the 352nd Civil Affairs Command, Fort Meade, Maryland, and Command Sgt. Maj. Earl G. Rocca, discussed the Pentagon's Innovative Readiness Training program July 30, 2014, with Col. Andrew T. Bryan, the commander of the 3274th U.S. Army Hospital, Fort Bragg, North Carolina.



Brig. Gen. Alan L. Stolte, the commanding general of the 352nd Civil Affairs Command, Fort Meade, Maryland, poses for a photo with Maj. Michael W. Choe, a dentist with the 3274th U.S. Army Hospital from Fort Bragg, North Carolina, during his tour of the dental facility at Brinkley, Arkansas. The free clinic was one of six the 3274th USAH established and operated in eastern Arkansas.



Civil Affairs Soldiers of Charlie Company, 431st Civil Affairs Battalion used colored tacks to mark the six eastern Arkansas locations of the free health clinics operated from July 25 through August 2, 2014, by the Army Reserve Medical Command's 3274th U.S. Army Hospital and the Delta Regional Authority.




HEALTH
FAIR


Our Troops
Home!

Army Nurses: UK - US Exchange

Story and photos by Staff Sgt. Neil W. McCabe, Army Reserve Medical Command, Public Affairs

FORREST CITY, Ark. - Two British Army Reserve nurses joined the Army Reserve Medical Command's 3274th U.S. Army Hospital supporting 'Arkansas Care' as part of an Innovative Readiness Training partnership with the Delta Regional Authority providing medical, dental and vision services July 25 to August 2 to residents of eastern Arkansas.

British Army Reserve nurse Capt. Lorna McIntosh, 225th Field Ambulance Medical Unit, Dundee, Scotland, said she ended up in Arkansas with the 3274th USAH after she attended a meeting for volunteers for the UK-US exchange. Once known as the Territorial Army, the United Kingdom now uses the title British Army Reserve.

McIntosh, assigned to the free clinic in Earle, Arkansas, said she helps out where she can, principally in the clinic's triage section taking vital signs and helping the patients get the help they need.

"The people who come in for services are so grateful," she said. "They always thank us for coming.

Working with the 3274th USAH Soldiers has been an excellent experience but there have been some hurdles, the captain said.

"I have to speak slowly and they always think I am from England or Ireland," she said. "But, we seem to manage quite well. I understand their accent —they don't speak quickly here—but, they speak kind of low, so you are leaning in to hear what they are saying."

Her hometown of Aberdeen, Scotland, is quite different from East Arkansas, she said.

"Aberdeen is a city, it is the center of the Britain oil industry," she said. "It is quite a bit colder and busier and built up, whereas here is all agriculture."

Maj. Wilma King, the officer-in-charge of the clinic set-up in Earle, said having McIntosh on her team is a good experience for her Soldiers an interesting twist to their mission. "She is really great, she really fits in here with us—and we only pretend not to understand her accent."

At the Brinkley clinic, another British Army Reserve nurse Maj. Susan E. Garland, 335th Medical Evacuation Regiment, said she is also a participate in the UK-US exchange program.

"My duties are in the triage area," she said. "I look after people after they come in the front door, assessing where they need to been seen and who they need to be seen by."

Garland said she has been to the United States before, but this is her first trip to Arkansas.

"It's big," she said. "It's very sprawled out—in England everything is very built up with lots of houses and lots of flats."

England has fewer green areas, she said. "Everything here is beautifully open with lots of fresh air."

The major said the patients have all been friendly. "They all seem very happy and keen to be here—they are very chirpy people."

This is not the first time the major has worked with the Americans.

"I worked with the Americans in 2003 in Kosovo—Camp Bondsteel—and I did notice quite a few differences in the way the Americans looked after their medical patients and how we looked after our medical patients. I am very curious to see if that gap has narrowed."



British Army Reserve nurse Capt. Lorna McIntosh, 225th Field Ambulance Medical Unit, Dundee, Scotland, worked with the Soldiers of the 3274th U.S. Army Hospital, Fort Bragg, North Carolina, at the free health clinic opened to the public in Earle, Arkansas, from July 25 to August 2, 2014.

program

Brig. Gen. Mary E. Link, the deputy commanding general of the Army Reserve Medical Command, visits the Arkansas Care clinics throughout the eastern Arkansas Region, spearheaded by the Soldiers of the 3274th USAH, Southeast Medical Area Readiness Support Group, augmented by Army, Navy, Air Force and Marine Corps Reserve unit, as well as a team of medical officers from the UK.

Link had the opportunity to speak to British nurse Garland about her experiences while supporting Arkansas Care mission.

"Maj. Garland has great enthusiasm and experience that she brings to us," she said. "She deployed to Iraq and Kosovo and it was refreshing to hear her speak as a nurse with that experience about the work we are doing here."

The general said when she met with McIntosh at the Earle health clinic, the two women talked about the advantages of pairing exchange nurses, so that they each have someone to reach out to.

Link said the exchange program between the United States and the United Kingdom is a program she looks for the Army Reserve Medical Command to expand.



Maj. Susan E. Garland, a British Army Reserve nurse from the 335th Medical Evacuation Regiment, works patient triage at the Brinkley Arkansas free health clinic.



Above: Brig. Gen. Mary E. Link, the deputy commanding general of the Army Reserve Medical Command, met British Army Reserve nurse, Maj. Susan E. Garland from the 335th Medical Evacuation Regiment, who worked triage at the free health clinic in Earle, Arkansas, operated by the Soldiers of the 3274th U.S. Army Hospital, Fort Bragg, North Carolina, July 25 to August 2, 2014.



The Deputy Commanding General of the Army Reserve Medical Command Brig. Gen. Mary E. Link speaks with British Army Reserve nurse Capt. Lorna McIntosh, 225th Field Ambulance Medical Unit, Dundee, Scotland at the Earle, Arkansas, free health clinic as part of the 3274th U.S. Army Hospital's support of 'Arkansas Care' from July 25 to August 2, 2014.





Forgotten

Story and photos by Staff Sgt. Eric W. Jones, Army Reserv



Left, Jennifer Platt, veterinary medical doctor of the Mobile health checks and administer medication to horses, while Ca nary Services), Rockville, Maryland, at the Forgotten Angel

MEDFORD, N.J. - Veterinarians, animal care and nutrition specialists from the 422nd Medical Detachment (Veterinary Services) from Rockville, Maryland, assisted the managers of the Forgotten Angels Equine Rescue with veterinary and preventive medicine wellness to the rescue horses during the Combat Support Training Exercise 78 here in late February.

"The owners of the farm are helping out with the training of our Soldiers," said Capt. John Polk, commander of the 422nd MDVS. "Training is going very well … there's a lot of interest in this and the training has been fruitful."

For many Soldiers, this is the first time they are around horses said Polk, a career veterinarian, who works as an Associate Veterinarian at the VCA MacArthur Animal Hospital in Washington, D.C.

"They are learning to handle the horses and handle them safely," said Polk, a native of Henderson, Kentucky "If we were to be deployed they would be able to handle the horse in the field."

"This type of realistic training prepares veterinary units for their stability operations support role in any region of the world, now and in the future," said Lt. Col. James Riche, a veterinarian with the

Angels not forgotten

e Medical Command, Public Affairs



Equine Medicine Surgery of Delran, New Jersey, perform
apt. Jonathan Rosero, 422nd Medical Detachment (Veteri-
s Equine Rescue of Medford, New Jersey, Feb. 27, 2014.

7301st Medical Training Support Battalion from Joint Base McGuire-Dix-Lakehurst, New Jersey, who served as an Observer-Controller/Trainer for the CSTX 78, and currently practices and resides in Whiting, New Jersey.

The 7301st MTSB's higher headquarters is the 1st Medical Training Brigade from Fort Gordon, Georgia, and falls under the Medical Readiness and Training Command, Army Reserve Medical Command, San Antonio, Texas.

"Coming out here with these animals is outstanding … often we have Soldiers that don't lay a hand on an animal after they leave the training," said Capt. Clair Lowery, a veterinarian with the 422 MDVS.

"I think this has been educational and enriching, and overall a good experience as well as morale building for the Soldiers."

The Forgotten Angels Equine Rescue, a nonprofit organization founded by Darlene Supnick in Medford, partners with friend and neighbor, Lisa Drahorad to facilitate the rescue. The more than 30 animals rescued and awaiting placement ranges from miniature ponies and donkeys to thoroughbreds, that were abused and bound for slaughter throughout their community, said Polk.

The FAER partnered with the Army Reserve to provide a realistic training experience to Army Veterinarians and Preventive Medicine Specialist during the CSTX.

"We were contacted by the Army Reserve and they explained the mission," said Drahorad. "They asked if we would like to participate in the exercise by giving Soldiers a chance to practice on the horses and any other types of animals that may be here."

During the site survey, the [Army Reserve unit] asked about our needs and made sure this worked for everyone, said Drahorad.

Twenty-four year veterinary veteran, Jennifer Platt, with the Mobile Equine Medicine Surgery in Delran, New Jersey, volunteered her time on-site during the exercise. Platt stated that she was pleased to be part of this training exercise and help animals who need care.

This exercise provided Soldiers with pre-deployment realistic training and an opportunity to engage the local community.

"The benefit for me was we get to help the military," said Supnick the owner of the FAER facility. "We help the Soldiers that are going over to assist other people who have farm animals in other countries."

More than 10 horses, three ponies and two donkeys received routine care, preventative maintenance vaccinations, de-worming and physical exams from Platt and the Army Reserve Soldiers, said Supnick.

"The training is tremendous, nothing beats hands-on training, large animals is part of their job, but not one that we get to do very often," said Polk. "It is a rare opportunity and a great opportunity for my Soldiers."



Staff Sgt. Thomas Arvey, a food inspection specialist, 422nd Medical Detachment (Veterinary Services) in Rockville, Maryland, calms a miniature donkey while undergoing a routine health check from Jennifer Platt, a veterinary medical doctor, with the Mobile Equine Medicine Surgery in Delran, New Jersey, at the Forgotten Angels Equine Rescue of Medford, New Jersey, Feb. 27, 2014.



Left, Jennifer Platt, veterinary medical doctor of the Mobile Equine Medicine Surgery of Delran, New Jersey, perform health checks and administer medication to horses, while Capt. Jonathan Rosero, 422nd Medical Detachment (Veterinary Services), Rockville, Maryland, at the Forgotten Angels Equine Rescue of Medford, New Jersey, Feb. 27, 2014.





The 422nd Medical Detachment (Veterinary Services) from Rockville, Maryland pose with the the managers of the Forgotten Angels Equine Rescue which they assisted during Combat Support Training Exercise/Global Medic 78-14-01.

Smooth Operators of 5501st

Story and photos by Staff Sgt. Carrie A. Castillo, Army Reserve Medical Command, Public Affairs

FORT MCCOY, Wis. – The Army Reserve traces its beginnings to the Medical Reserve Corps founded in 1908. The Medical Reserve Corps was the backbone of the now Army Reserve, and the Army Reserve Medical Command is still a major player in the game today.

During the Combat Support Training Exercise here, the Soldiers of ARMEDCOM participated simultaneously in the Global Medic exercise.

Many different scenarios were played for every medically trained Soldier out at the Tactical Training Bases. However, while playing in the "war games" many Soldiers can become injured themselves.

When a Soldier in an exercise gets injured, the real-world support medical unit comes into play.

The mission of the 5501st U.S. Army Hospital from San Antonio, Texas, rolls into motion, preserving the fighting strength and providing "real world" medical care since the exercising units cannot break contact from the TTB.

Maj. James Potter, physician assistant, 7212th Medical Support Unit, Rochester, Minnesota, was attached to the 5501st as an augmented provider and assistant to the officer-in-charge.

"We're here to support the real world medical needs at the exercise [Global Medic]," said Potter. "We have many Soldiers at all the TTBs to support the injured or ill Soldiers at Level 1 care before sending them to the Troop Medical Center."

Maj. Jamie Bouchard, medical surgical nurse and officer-in-charge of the real-world medical support, 5501st USAH, explained that there are at least 2 providers at each of the 7 TTBs. They conduct rounds every day to check on their troops and ensure to follow-up with any Soldiers that were injured or ill.

Level 1 care can be provided where needed by the 5501st USAH, stated Bouchard. It all starts with the providers at the TTBs and the Level 1 care; they [providers] are the ones that determine if the patient needs to be moved on to the TMC for further evaluation, or even on to a local hospital.

One of the furthest TTBs that providers were stationed at was TTB Justice located in the far Northeast training area of Fort McCoy. The travel time is 21 minutes from Justice to the TMC, which supports that the first responder care is heavily needed.



Combat Medics of the 5501st U.S. Army Hospital, San Antonio, Texas, provided real-world care to an injured Soldier during the Combat Support Training Exercise/Global Medic at Tactical Training Base Justice, Fort McCoy, Wisconsin, May 12, 2014.

First Lt. Dawn Coudron, a native of White Bear Lake, Minnesota, and a physician assistant, was augmented from the National Guard to complete her required extended combat training serving at TTB Justice as a Level 1 provider.

"This is a good experience for me working with the Reserve Soldiers," said Coudron, a Minnesota National Guard Soldier assigned to the 204th Area Support Medical Company. "There are different terminologies that are used, and hearing what different resources are available is something I can take back to the Guard to assist us in the future."

Capt. Chris Feldman, a native of Kingsbury, Texas, assigned to the 4005th USAH from Lubbock, Texas, also completed his Extended Combat Training at Global Medic.

"I was originally tasked to go to Utah, and there was a last minute change to come to the CSTX because they needed more providers," said Feldman, a registered nurse. "It's great meeting new people from different units and observe how they operate, I can take that back to my home unit and work more efficiently."

The combat medics stationed at TTB Justice were put to work as well. Instead of staying stagnant, they were sent back to the main training support area and conducted training tables among themselves. The medics were able to teach each other different medical tasks that they were later able to put to use when the sick and injured started coming into the medic tent during the CSTX.

It was when the sick and injured started coming in for aide Coudron and Feldman started noticing a trend of respiratory issues.

We started noticing that everyone was coming in with the same runny nose and cough. I had the idea to then post signs up for the troops to wash their hands before going into the dining facility. It worked, we could actually see the preventative measures working by them washing their hands when they walked by the sign.

Unfortunately, some did have to go into the TMC and get further treatment, recalled Coudron.

First Lt. Natalie Castano, medical surgical nurse, 5501st, was stationed at the TMC for her duration of Global Medic.

"We saw a couple of urgent cases, mostly lacerations that required stitches, but only one that had to be transported on to the local hospital," said Castano, a San Antonio native. "I'm working with a good team, and I think because I didn't know what would happen while I was here made it more interesting."

Many of the 5501st Soldiers all had the same assumptions of being "in the field" during Global Medic. They all showed up from Texas with their tactical



Spc. Philip Nduagubu, a combat medic with the 5501st U.S. Army Hospital, San Antonio, Texas, triages a patient at the medical tent at Tactical Training Base Justice, Fort McCoy, Wisconsin, May 12, 2014. The combat medics are the first line defense in real world Level 1 care during Global Medic 2014.

gear, but half remained at the TMC which is the equivalent of working in a doctor's office. This office is even equipped with its own pharmacy.

The newest Soldier of the 5501st USAH is Spc. Marlaina Whitworth, a pharmacy technician, participates in her first ECT as an Army Reserve Soldier, she was previously stationed at Fort Bliss, Texas, and worked at William Beaumont Hospital.

"This is really different than being active duty," said Whitworth, an El Paso native. "Being here has a lot more to do with the Army tasks than my MOS (military occupational specialty). When I was active duty it was always doing my job and Soldier tasks were second."

This unit is prepared to work in any location, whether in the TMC, or one of the TTB's. Level 1 care can be provided where needed by the 5501st, stated Bouchard.

It would be more difficult to do my job in the field, but it's still my job, concluded Whitworth.



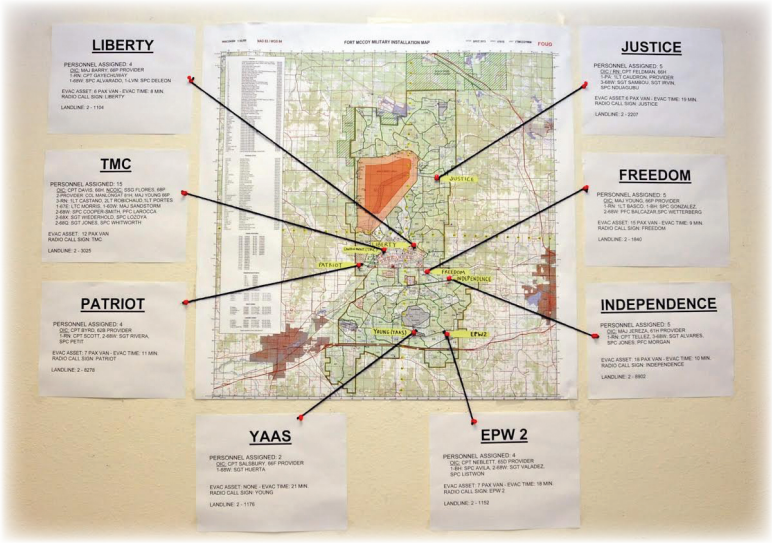
Spc. Marlaina Whitworth, an El Paso, Texas native and pharmacy technician, 5501st U.S. Army Hospital, San Antonio, Texas, was participating in her first extended combat training both as a Reserve Component Soldier and a new Soldier to the unit at Global Medic 2014. Whitworth was previously an active duty Soldier stationed at William Beaumont Hospital at Fort Bliss, Texas.

"This is a good experience for me working with the Reserve Soldiers."

First Lt. Dawn Coudron
National Guard, Physicans Assistant



1st Lt. Dawn Coudron, a native of White Bear Lake, Minnesota, and a physician assistant, 204th Area Support Medical Company, Minnesota National Guard and Capt. Chris Feldman, a Kingsbury, Texas native and a registered nurse, 4005th U.S. Army Hospital, Lubbock, Texas, were both augmentee Soldiers to the 5501st USAH during Global Medic 2014. While they were not providing real-world care to the Soldiers at Tactical Training Base Justice, Fort McCoy, Wisconsin, they kept up their medical skills by administering IV's on each other.



Soldiers of the 5501st U.S. Army Hospital, San Antonio, Texas, provided real-world care while on extended combat training during the Combat Support Training Exercise/ Global Medic at Fort McCoy, Wisconsin, from April 28 through May 16, 2014. This map represents the 7 locations the medical providers were stationed at during their portion of the exercise.



GOLD STANDARD AND CUT SUIT TRAINING

Story by Sgt. 1st Class Clinton Wood, 84th Training Command, Public Affairs

JOINT BASE MCGUIRE-DIX-LAKEHURST, N.J. – Maj. Gen. David Puster, commanding general of the 84th Training Command, Fort Knox, Kentucky, told his subordinate training division leaders at the Command's Senior Leaders Workshop at Fort Knox Feb. 7-9, 2014, that the 84th TC or "Railsplitters" should take the training of units to the "Gold Standard and Beyond." The Railsplitters are the Gold Standard for training because units training at their exercises undergo very realistic training as if they were deployed.

Coincidentally, at the command's second exercise of Fiscal Year 2014 at Joint Base McGuire-Dix-Lakehurst, the 78th Training Division's Combat Support Training Exercise/Global Medic 78-14-01 from Feb. 14 until March 6, Army Reserve Medical Command Soldiers, U.S. Navy Assets and Canadian forces trained on something for the first time.

It was the Human-Worn Partial-Task Surgical Simulator dubbed the "cut suit." This 35-pound upper body suit made of silicone and nylon fiber worn by a role player allows realistic treatment from the point of injury to the Operating Room. The user repairable suit can be cut or sliced and has the look, feel and smell of traumatic battlefield injuries. Medical personnel can perform numerous applications, including suturing, stapling, applying tourniquets, inserting chest tubes, performing a tracheotomy and removing the fake organs. X-rays can also be taken.

The suits were provided by the Medical Readiness and Training Command, San Antonio, Texas. The command purchased three complete sets from Strategic Operations, San Diego, California (each suit cost an estimated $60,000). Each set contains four skins, one chest plate vest with breakable and repairable ribs and sternum and numerous body parts.

Master Sgt. Tinamarie Reese, operations noncommissioned officer in charge of the MRTC, said her command's intent in buying these suits was to implement them into all the collective exercises to better enhance the medical training environment and make the training more realistic. "So now, when they go into an OR instead of saying I am going to do A, B and C, they actually do full surgery on these suits," she said of a physician's role.

Maj. James Compliment, an observer/controller for the 7301st Medical Training Support Battalion, JB MDL and a nurse practitioner in Pittsburgh, Pennsylvania, said what impressed him most about this suit was the multiple use capability (from the field to the OR).

Sgt. Maj. Birgit James, the MRTC Operations sergeant major, added that these suits are important to Army Reserve Soldiers because it will assist them in being as well trained as Active Duty Soldiers because the latter are able to train in their medical Military Occupational Specialty daily.

"So in having this realistic training, it is paramount for our (Reserve) Soldiers and for our command," said James, an emergency medical technician in San Antonio, and a former 68W (Health Care Specialist) instructor.

Reese, who has been in the Army Reserve for more than 19 years, noted that creating Global Medic Exercises and providing OCs are among MRTC's missions. "Our whole mission in the MRTC is exercise driven for the Army Reserve's medical units," she said.

This was the first Global Medic Exercise overseen by the 84th TC this fiscal year. The 84th TC, which is recognized as the premiere organization for training and assessment of units, will oversee two more of these Global Medic Exercises in FY 2014.

Reese pointed out that there are a lot of Reserve Soldiers in the



Two Canadian soldiers of 1 Field Ambulance, Edmonton, Alberta, watch doctors suture the chest of a Human-Worn Partial-Task Surgical Simulator, dubbed the "cut suit," worn by a Soldier during the 78th Training Division's Combat Support Training Exercise/Global Medic 78-14-01 Feb. 22, 2014, at Joint Base McGuire-Dix-Lakehurst, New Jersey (Photo courtesy of MRTC)



Spc. Nina Ingersoll, left, 865th Combat Support Hospital, Utica, New York, watches as Spc. Olympia Badwan stitches up a Human-Worn Partial-Task Surgical Simulator, dubbed the "cut suit," worn by a Soldier during the 78th Training Division's Combat Support Training Exercise/Global Medic 78-14-01 Feb. 22, 2014, at Joint Base McGuire-Dix-Lakehurst, New Jersey. (Photo courtesy of MRTC)

BEYOND



Master Sgt. Tinamarie Reese, left, operations noncommissioned officer in charge for the Medical Readiness and Training Command, San Antonio, Texas, and Sgt. Maj. Birgit James, operations sergeant major for the command, assist an Army Reserve Soldier in putting on a Human-Worn Partial-Task Surgical Simulator dubbed the "cut suit during the 78th Training Division's Combat Support Training Exercise/Global Medic 78-14-01 Feb. 22, 2014, at Joint Base McGuire-Dix-Lakehurst, New Jersey. (Photo courtesy of MRTC)

medical field that only do this type of work while they are at their monthly battle assemblies or undergoing annual training. "This helps them actually get hands on training in their MOS training that they may not do on the civilian side," she said.

Reese also pointed out that realistic training like this will assist in retaining Soldiers. "If a Soldier goes to AT and actually enjoys it, then they are going to want to go back again," she said.

How realistic is this suit? Try this on for size. OCs use a wireless fob to control the simulated blood flow from an unattached large camelback-like pack, the body organs look real and a few are custom made to have wounds like a bullet hole in the spleen.

As far as smell, let's just say whoever is treating a "victim" will know if his bowel was severed during the simulated injury.

James said this teaches Soldiers that they will need to use more than sight when treating patients. "We use all our senses," she said.

Having a Soldier wear the suit is beneficial in many ways. The Soldier can scream in simulated pain to increase the first responder's stress levels. The Navy went so far as to hire a professional actor to wear a cut suit during its Collective Protection Exercise last year in Cheatham Annex, Williamsburg, Virginia.

Whoever wears the suit also is able to learn surgical procedures by listening to the conversations.

Compliment added that having input from a live patient also is a great teaching tool.

There are guidelines to who can wear a suit. First, only male gender Soldiers at the present time. Second, the minimum height is 5-foot-7 inches with the maximum height being 6-foot-2 inches and a role player should weigh at least 140 pounds. Four hours is the maximum time to wear the suit.

The role players' safety also is taken in account. He wears a Kevlar neck piece. Underneath the "cut suit" skin is the chest plate vest with a Kevlar plate to protect the role player.

James said with a chuckle that Soldiers were excited to wear the suit and some were even making bets of who would get chosen.

It is a good bet that this innovative suit will only get more real.

"I see this as the way of the future and more modern suits coming out," said Reese

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A doctor pries back the outer layer of a Human-Worn Partial-Task Surgical Simulator, dubbed the "cut suit," in order to perform "surgery" during the 78th Training Division's Combat Support Training Exercise/Global Medic 78-14-01 Feb. 22, 2014, at Joint Base McGuire-Dix-Lakehurst, New Jersey. (Photo courtesy of MRTC)



Sgt. Maj. Birgit James, operations sergeant major for the Medical Readiness and Training Command, San Antonio, Texas, cuts the "skin" of a Human-Worn Partial-Task Surgical Simulator, dubbed the "cut suit," worn by a role player during the 78th Training Division's Combat Support Training Exercise/Global Medic 78-14-01 Feb. 22, 2014, at Joint Base McGuire-Dix-Lakehurst, New Jersey (Photo courtesy of MRTC)

A cut above

Story and photos by Staff Sgt. Carrie A. Castillo, Army Reserve Medical Command, Public Affairs



From the right, Maj. Sina Haeri, medical surgeon, San Antonio, and Lt. Col. Raymond Frost, Columbia, Missouri, 320th Medical Company, 324th Combat Support Hospital, San Antonio, inspect the patient (wearing a femoral sleeve) to conduct emergency vascular surgery. Acting patient Spc. Kevin Stebler, 912th Dental Company, was brought into the operating room after his arrival for injuries due to an improvised explosive device.

FORT MCCOY, Wis. - Medical Readiness and Training Command, San Antonio, Texas, participated in the 86th Training Division's Combat Support Training Exercise/Global Medic between April 26 through May 16, 2014, it was one of the largest Army Reserve joint training exercises to date.

During the CSTX/GMJE the Medical Readiness and Training Command introduced a new approach to the concept "train as you fight". The Human Worn Partial Task Surgical Simulator, or Cut Suit for common terms, was introduced to all of the medical personnel participating in the exercise here.

Master Sgt. Tinamarie Reese, combat medic, and Sgt. 1st Class Kristina Boettcher, licensed practical nurse, both of MRTC, San Antonio, Texas are only two of the 6 personnel that were trained and certified to work with the cut suits of Strategic Operations from start to finish during the exercise.

"The neat thing about these cut suits is we can "heal" them," said Reese. "This gives us the opportunity to have a 24 hour turnaround time on any one of the suits we have here. We prepare one to be worn on a live person with any type of wounds we choose, to create different scenarios for the folks out on the base camps. When they have completed the scenario, we bring the cut suit back and begin the healing process by cleaning it and then closing the cuts with clear silicone."

"The cut suit allows them to be able to provide invaluable training to go beyond notional training and be able to actually go through the process of real surgery," stated Boettcher.

The whole process with the cut suit is to plan out the scenarios to be given to the personnel at either the Expeditionary Medical Facility (EMF) that is being operated by the Navy, or the Combat Support Hospital (CSH) that is operated by the Army.

Once the scenarios and wounds are planned, then the Soldiers such as Reese and Boettcher get to work choosing which organs will be damaged by an Improvised Explosive Device (IED), a gunshot wound, or even adding live parasites (earthworms) to the intestines.

"We try to make everything as real as possible, yesterday we added live earthworms to the intestines to act as parasites," stated Reese. "A Soldier, Sailor or Airman could very easily drink parasitic water while deployed, so this just makes it more real. I like to see the reactions of the docs when they cut into the organs and there are different materials and smells in there."

Specialist Devonne Woodruff, dental assistant, 912th Dental Company, Twinsburg, Ohio, was one of 3 Soldiers that volunteered to wear the cut suit. Woodruff met the physical profiles needed to wear the suit. "It was something different to do besides the other training we are getting while we're here," stated Woodruff.

Reese and her team are required to go along with the patient in the cut suit, since the combat medics, nurses, surgeons and other medical personnel haven't been certifiable trained on the suits. Reese and Boettcher act as Observer Controller/Trainer's to guide the surgeon where it is safe to cut, and to also make sure the person inside the suit remains safe.

"There was one Soldier I had to get out of the suit half way through the scenario. He got claustrophobic. This suit weighs about 35 pounds, and it's worn just like a backward flight suit because it zips up the back. His blood pressure increased and he started breathing heavily, we knew we had to get him out of the suit," explained Reese.

The cut suit weighs approximately 35 pounds, and is desighned for a male, 5 feet 10 inches tall weighing approximately 150 – 200 pounds. These are requirements due to the length and girth of the suit. It needs to be form fitting to the body, with no loose material. The volunteer is only allowed to be in the suit no longer than 4 hours because the weight and material constricts the user.

Along with the cut suit being fully operational for surgery, the OC/T carries along with them a blood pumping system that is attached to the patient.

"Our patient today for the CSH will have an extremity injury on his leg from an IED, as well as eviscerated organs from the blast," said Boettcher. "We will add

the BPS for the wound on his leg, so that the first responders will have to apply a tourniquet before he can even go into the emergency room. I have a remote that is linked to the BPS and I can let more blood flow until I believe they have the tourniquet on correctly."

Spc. Kevin Strebler, an Akron, Ohio native, combat medic, 912th Dental Company, Twinsburg, Ohio, was the volunteer for one of the cut suits. Strebler at this point was on his third iteration of wearing the cut suit and seemed like a pro at what he was needed to do.

"I've done this two times before, this is my third time," said Strebler. "It's fun, I get to yell and scream about my injuries to play along. The mannequins don't yell and scream, so they (the doctors) have to pretend more. When I'm in the operating room I don't have to do anything the doctors do it all and I can take a nap.

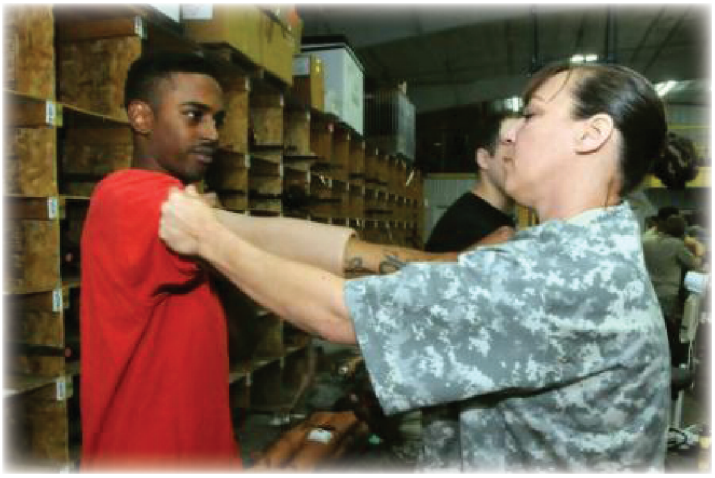


From left to right, Maj. Sina Haeri, medical surgeon, San Antonio, and Lt. Col. Raymond Frost, Columbia, Mo., 320th Medical Company, 324th Combat Support Hospital, San Antonio, cut into the patient (wearing a "cut suit") to conduct an emergency laparotomy. Acting patient Spc. Kevin Stebler, 912th Dental Company, was brought into the operating room after his arrival for injuries due to an improvised explosive device.

> "The neat thing about these cut suits is we can 'heal' them."
>
> Master Sgt. Tinamarie Reese
> MRTC, Combat Medic



Spc. Kevin Stebler, an Akron, Ohio, native and a combat medic with 912th Dental Company of Twinsburg, Ohio, wears an IV suture sleeve along with the "cut suit" for the medical personnel with the 324th Combat Support Hospital, Miami, conducts realistic training here at Forward Operating Base Freedom, Fort McCoy, Wisconsin. The suture sleeve allows for the medical personnel to actually stick the "patient" with a needle for and IV instead of saying they are "notionally sticking the arm."



Sgt. 1st Class Kristina Boettcher, licensed practical nurse, Medical Readiness and Training Command, San Antonio, fits an IV suture sleeve from Strategic Operations on Spc. Devonne Woodruff, dental assistant, 912th Dental Company, Twinsburg, Ohio, at Fort McCoy, Wisconsin, during the 2014 Combat Support Training Exercise and Global Medic Joint Exercise here from April 28 through May 16, 2014. Boettcher is one of six Soldiers from the MRTC that was trained and certified to conduct operations with the Human Worn Partial Task Surgical Simulator, aka "cut suit."



Groundbreaking AC and

Story and photos by Staff Sgt. Neil W. McCabe, Army Reserve Medical Command, Public Affairs

FORT HUNTER LIGGETT, Calif.-- The new commanding general of the Army Reserve Medical Command's Medical Readiness and Training Command toured the facilities and met with Soldiers here June 16, 2014 during the Combat Support Training Exercise.

"What I expected to see was multi-echelon, active and reserve component medical integration on the battlefield," said Brig. Gen. Michael C. O'Guinn, who was on his first visit to the Army Reserve's central California training installation.

The exercise, CSTX 91 14-03, was coordinated by the Army Reserve' 91st Training Division and marked the first time an active-duty Army unit, in this case the 10th Combat Support Hospital, Fort Carson, Colorado, participated in the training.

Other units at the exercise were: 2nd Medical Brigade command group and its 352nd Combat Support Hospital, Dublin, California, as well as civil affairs and psychological operations units, logistics units, in addition to combat arms "Go for broke!" Soldiers from the 100th Battalion of the 442th Infantry Regiment, Fort Shafter, Hawaii. The 442th Infantry became famous as one of the units comprised of Japanese-American Soldiers in the Second War World.

The exercise, which took place in the notional country of Atropia, included stability operations scenarios for the Soldiers, who lived on forward operating bases, or FOB's, and who maneuvered in tactical vehicles throughout the Army's sixth largest military reservation.

The FOB's were complete with wired perimeters, security gates, shower trailers and other effects to recreate the deployed environment. Hot meals were served from mobile food service trailers equipped with ovens, grills and coolers.

O'Guinn, who assumed command of MRTC at a May 10 ceremony, said, "This is how we want to train in the future."

All the reports have been that the components are working well together, he said.

"The active-duty Soldiers love it and are happy to be here," he said. "We need to train together because we are going to fight together."

O'Guinn said as Soldiers deployed to different missions, they pick up different practices along the way.



Commanding General of the Medical Readiness and Training Command, Fort Sam Houston, Texas, Brig. Gen. Michael C. O'Guinn visited Fort Hunter Liggett, California June 16, 2014, to observe the 2014 Combat Support Training Exercise held there. This year's iteration marks the first time an active-duty unit, 10th Combat Support Hospital, Fort Carson, Colorado, participated in the Army Reserve annual exercise. mock injuries.

The Army Medical Department Center and School, Fort Sam Houston, Texas, establishes doctrine and standards, he said. "We want to engage them to make sure everything we do is doctrinally-correct, top-to-bottom and left-to-right."

The general said, "In that way, our Soldiers, instead of knowing what they knew downrange, they are going to understand our doctrine."

Ultimately, O'Guinn said his goal was to secure the MRTC as a go-to resource for the Army to field test new doctrine and establish proofs of concepts for doctrine.

Command Sgt. Maj. David M. Rogers, the senior NCO of the 62th Medical Brigade, an active-duty unit based at Joint

RC medical training

Base Lewis-McChord, Washington said, "What we are interested in is the collaboration of the joint forces."

The command sergeant major was observing both the exercise as a test for future training and his own Soldiers of the 62nd Medical Brigade's 520th Area Support Medical Company. The "Witch Doctors" are also based at Lewis-McChord.

Rogers, a native of Seattle, said his recent deployment to Afghanistan highlighted the challenges in mixing different military services, and active-duty, reserve and civilian components.

"The purpose of the exercise is to see if we can all work together," he said.

"On our last deployment, the brigade had mission-control of not only three services, but also all three compo's," Rogers said

Juggling the variables from mixing components and services made mission-control more difficult, he said. Making things more complicated, the brigade's task force was stationed at a German camp.

"The biggest problem was the different standards," he said. "Everyone was doing their own thing, following their own standards."

Most of the medical standards and procedures are the same, he said.

"It was how the Soldiers act, it was discipline," he said. "There is only one standard, so we say, but when you take different components, and you take different services, and the lines get a little blurring."

An example is that in the Air Force, all senior personnel, even enlisted, are addressed as "sir" or "ma'am" and equals often use first names, he said. The practice in the Army is to only address officers with sir or ma'am and to use last names, not first names.

"You have to learn to work around it," said the native of Newark, Ohio.

More practice working together is vital, he said. "What they are doing here has huge value-added."

The command sergeant major said, "Training out here with all the different components, gives us a chance to learn the single standard and see of each of us work, so what happens is when we deploy we actually have the plug-and-play concept that the Army been going to."

Lt. Col. Gerald N. Chester, the clinical coordinator of Regional Training Site-Medical, Camp Parks, California, said the 2014 exercise as an important step in sustaining the integration of active-duty and reserve component forces that was fostered during 12 years of deploying overseas together.

The colonel said the RTS-Med provides equipment support for deploying and training medical units.

Having active-duty train at an Army Reserve exercise with Army Reserve equipment is more natural now, he said.

"We're looking to expand that and have more active-duty component units in the future, so we can better work side-by-side in a training environment, instead of side-by-side in a deployed environment, which is winding down," he said.

"This is the first time we have had and active component, in this case the 10th CSH," he said.

Chester said inviting an active-duty unit to an Army Reserve exercise is an important step towards the Army's goal of Total Force Integration.

Another factor in this year's exercise is that by doctrine a combat support hospital is tasked with securing a position and establishing itself, he said. "For 14 years between both Iraq and Afghanistan, it's all been fixed facilities—relief in place, transfer of authority—we have a generation of A-Med Soldiers, who have not actually put hands-on some of that equipment and setting up shelters, such as TEMPER tents, Alaska shelters or what have you."

TEMPER stands for "Tent, Extendable, Modular, Personnel," and those tents are the traditional green shelters that connect to create a maze interior space for deployed units. The Alaska shelters are the tents, similar to Quonset huts, with a canvas or another fabric stretched over a ribbed frame.

Chester said the biggest hurdle for medical troops setting up their facilities is their learning to work as a team.

"Like anything else, these are perishable skills, and if they don't do it on a regular basis, they don't build up any rhythm or momentum," he said. "The first couple tents are slow-going, but after they crack that, then we go to the next tent and the next tent and the next tent—and it gets faster and faster."



Brig. Gen. Michael C. O'Guinn, the commanding general of the Medical Readiness and Training Command, Fort Sam Houston, Texas, discussing the importance of realistic training for Soldiers June 16, 2014, at the 2014 Combat Support Training Exercise held at Fort Hunter Liggett, California, with Staff Sgt. Kwsind Lucio, an NCO assigned to the MRTC and a student at the University of Wisconsin. Lucio, a personnel specialist, received special training to work in the moulage tent, where he and other artists created mock injuries.



Medical training at its best

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



Soldiers of the 7217th Medical Support Unit practice counter IED scenarios, part of the 5010th U.S. Army Hospital field exercise at Camp Blanding, Florida, Feb. 21 – 22, 2014

Soldiers of the 5010th U.S. Army Hospital hosted Brig. Gen. Mary E. Link, the deputy commanding general of the Army Reserve Medical Command here during their field exercise Feb. 21, 2014.

"This is required training," said Link. "We have this great location; we have everybody out here … its team building."

The 5010th USAH is a battalion-echelon unit based at Fort Gordon, Georgia, with Medical Support Units elements located throughout Florida with the 7201st MSU located in Gainesville, the 7217th MSU in Perrine, the 7222nd MSU in Tampa and the 7235th MSU out of Orlando.

Link said she was impressed by the hard work and planning that made the exercise a success.

Col. Murray Kramer, the 5010th USAH commander said he was proud of the good showing his Soldiers made for the general and through the exercise.

Kramer said, "We brought the four MSU's here that fall under the battalion for many reasons when we go to war we go to war together, and a lot of the staffs have never met."

Range safety officer Sgt. Miguel Larrea, 7201st MSU, and the 2013 Soldier of the Year, said the main focus of the training for the long weekend was weapons qualification and learn tactics to counter improvised explosive devices.

The 4-day training exercise from 20 – 23 Feb. 2014 consisted of classroom instruction with hands-on training, qualification ranges, and field training which started on Day 2 of the exercise.

After the counter IED training, the Soldiers went to the firing ranges, said Larrea, a native of Slidell, Louisiana, native. There were two ranges running through the weekend, the M-9 pistol and M-16 rifle, both meet the annual weapons qualification for Army Reserve Soldiers.

"It's good training, logistically this is looking awesome we are getting a lot of the Soldiers through and a lot are qualifying," Larrea said.

Some that are having trouble qualifying, we take them to the side and conduct preliminary marksmanship instruction, then get them back out on the firing range to insure they qualify, said the range safety officer.

Col. Michael Rowley, the 7201st MSU commander, said his unit was responsible for the M-16 range.

"We have ran the range in the past and have subject matter experts within our unit to get people qualified," said Rowley, a family medicine physician from Ocala, Florida. "They teach basic rifle marksmanship and help Soldiers get qualified."

Maj. Robert Kirk, assigned to the 7235th MSU, said his unit ran the counter IED range, which was operated simultaneously on another range, so that the Soldiers experienced both classrooms and live scenarios with role player enemy personnel.

The Soldiers walked through several scenarios in a mock village testing their knowledge and training, he said.

"The goal behind our training was the recognition of the IED, how to react to the IED's, calling in an UXO report," said Kirk, a physician's assistant from Orlando, Florida.

In one of the scenarios, in addition to dealing with unexploded ordinance, the Soldiers went in to engaging the local population trying to determine whether there are friendly forces in the area or potential terrorist threats and how to respond to those threats, he said.

"I definitely think we got as much out of the training as can be done in a simulated environment," Kirk said.

"Soldiers don't like to sit in the Reserve Centers," said Kramer. "Soldiers like to train."

Kramer also explained what Soldiers like to see while engaging in field training and ranges.

"The troops like to see the leadership out here," said Kramer. "Not just in the office they want to see us down in the field training with them … so this training has been good."

It is all about 'Train as you Fight', he said, adding that the exercise is designed to prepare the battalion for their Extended Combat Training later in the year.

"Our ECT is coming up in June, the entire battalion will be going to that exercise," he said.

"The MSU staffs know the battalion staff by phone but have never met them," said Kramer.

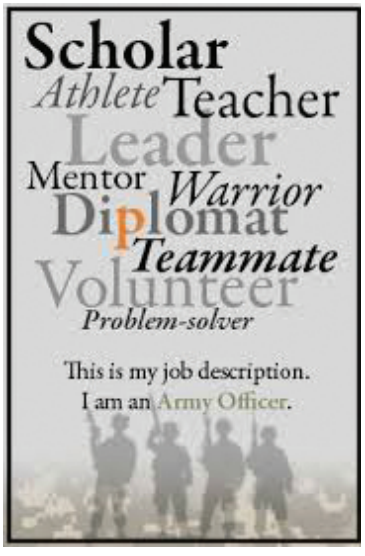
"Here, you have NCO's talking to NCO's so they are networking, you have commanders talking to commanders, and so we have been able to plan for additional missions."



Brig. Gen. Mary E. Link (center), the deputy commanding general, Army Reserve Medical Command observes the units after action review of the 7217th Medical Support Unit's Soldiers finishing counter IED training scenarios at Camp Blanding, Florida, Feb. 22, 2014, as part of the 5010th U.S. Army Hospital's field training exercise.



The command team of the 5010th U.S. Army Hospital poses for a photo with Brig. Gen. Mary E. Link, the deputy commanding general, Army Reserve Medical Command following their Yearly Training Briefing at Camp Blanding, Florida, Feb. 21 – 22, 2014. Left to right, Col. Michael A. Rowley, commander 7201st Medical Support Unit, Col. Murray R. Kramer, commander 5010th USAH, Lt. Col. James L. Haley, commander 7222nd MSU, Brig. Gen Mary E. Link, deputy commanding general, Army Reserve Medical Command, Lt. Col. Robert L. Groff, commander 7217th MSU, Lt. Col. Elizabeth A. English, commander 7235th MSU, and Col. Paul F. Malinda, commander, Southeast Medical Area Readiness Support Group.



Leadership visits Cadet Summer Training

Photos by Staff Sgt. Shejal Pulivarti



U.S. Army Reserve Brig. Gen. Mary E. Link, deputy commanding general, Army Reserve Medical Command, interacts with the health care specialist team during Cadet Summer Training on Fort Knox, Kentucky, June 13.



U.S. Army Reserve Maj. Gen. Leslie Purser, commanding general, 108th Training Command (Initial Entry Training), speaks to 1st Lt. Hyung Chang, officer-in-charge of the Land Navigation Committee, supporting Cadet Summer Training (CST), about the training process for the Land Navigation Course on Fort Knox, Kentucky, June 15.



U.S. Army Reserve Capt. Patricia Cruz, officer-in-charge of the medical operations of the Cadet Summer Training, Fort Knox, Kentucky briefs U.S. Army Reserve Brig. Gen. Mary E. Link, deputy commanding general, Army Reserve Medical Command, about the training and the integration of the health care specialist team during Cadet Summer Training on Fort Knox, Kentucky, June 13.

7221st MSU first to join Army

Story and photos by Staff Sgt. Neil W. McCabe, Army Reserve Medical Command, Public Affairs

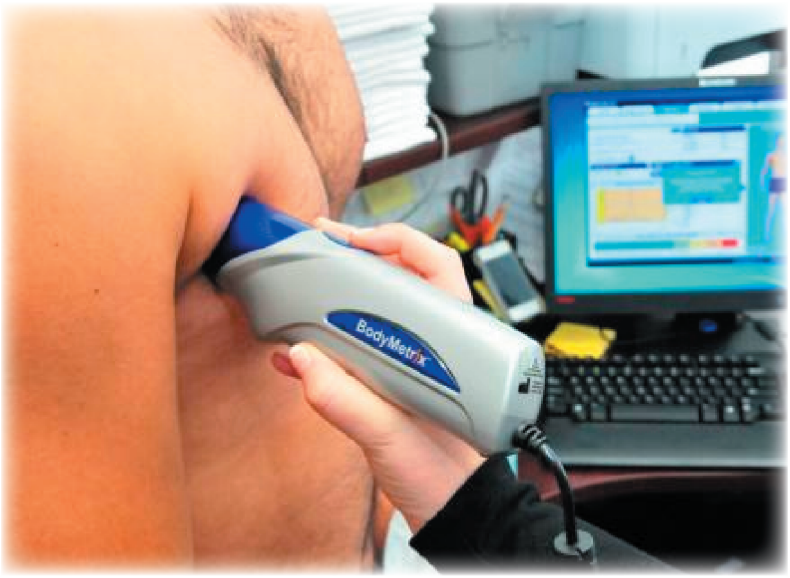
ABERDEEN PROVINGGROUND, Md. -- Soldiers of the 7221st Medical Support Unit, Newark, Delaware, were the first Army Reserve Soldiers to undergo the battery of metabolic and fitness tests associated with the Army Wellness Center Program during an event held here at Kirk Army Medical Center, Feb. 8, 2014.

Lt. Col. Bradley Nindl, the 7221st MSU commander, said the unit is the first Army Reserve unit to participate here in the active-duty program that began in Germany and now expanding in the continental United States.

Nindl, a resident of Abingdon, Maryland, said the idea is to leverage the Army's existing wellness infrastructure to improve the health and fitness for the Army Reserve Soldiers.

Staff Sgt. Juan R. Sertima, acting first sergeant for 7221st MSU, said it was a great idea. "I did this in Germany."

Sertima, a resident of South Orange, New Jersey, said at first he referred his Soldiers here for help quitting tobacco use, but then he started going for himself.



A clinician at the Army Wellness Center, Aberdeen Proving Ground, Maryland, uses an ultrasound wand to measure body fat on an Army Reserve Soldier of the 7221st Medical Support Unit, Newark, Delaware, Feb. 9, 2014. The 7221st MSU is the first Army Reserve unit to have its personnel assessed at a wellness center, part of pilot program by U.S. Army Public Health Command to leverage its infrastructure and resources to support the reserve component.

Maj. Zach T. Solomon, a project officer for Army Wellness Centers at Army Public Health Command here, said he volunteered to help with the metabolic assessments for the day.

"This today is a demonstration of capabilities," he said.

Solomon said the Army Wellness Centers are currently an active-duty program.

"As the Army Public Health Command sets up new wellness centers, one piece that was missing was the Army Reserve," said Solomon. "It is a real challenge to affect the lifestyles of our Reserve Soldiers because of being all spread out, so this is a great opportunity for them."

Spc. Michael M. Gavin, resident of Fleetwood, Pennsylvania, and a combat medic with the 7221st MSU, said he volunteered for the testing because he wanted an accurate reading of his fitness level.

After Gavin, who is a native of West Chester, Pennsylvania, was given his results, he said he will use the information to better his physiology and overall well-being.

Solomon said the Soldiers don a mask connected to a machine that measures the oxygen inhaled and exhaled at rest and during the exertion on a treadmill to determine the rate at which the body burns calories.

The test would cost $1,200 to $1,500 within the civilian medical market, he said. "Of all the programs offered at wellness centers, it is our most popular one because most people come here to help [them] lose weight."

Laura Mitvalsky, the portfolio director for health promotion and wellness at the Army Public Health Command, said when Nindl approached her about assessing Army Reserve Soldiers for the first time she agreed immediately.

"We are looking for three [Army Reserve] units that we can track," she said. "You don't know how it is going to work until you try something and find out where the kinks are."

Mitvalsky said the Army is looking for ways to help Soldiers in the reserve components, but it is difficult because they do not live and work in a centralized area like active-duty personnel.

One of the reasons she agreed was that because of the Army Reserve Soldiers living and working in both the civilian and military world, the Reserve Soldiers can take what they learn at the wellness centers back to the rest of the population, she said. "I really see the Army Reserve leading the way, leading the nation."

Todd A. Hoover of the Army Public Health Command said he was instrumental in establishing the first wellness centers in Europe; and in 2011, retired Lt. Gen. Frank Helmick, then the commanding general of XVIII Airborne Corps, Fort Bragg, North Carolina, called him and invited him to his installation to build a wellness center there.

> "I really see the Army Reserve leading the way, leading the nation."
>
> Laura Mitvalsky
> Army Public Health Command

Hoover said Helmick Army Public Health Command told him that he was willing to delay a number of other construction projects at Fort Bragg, just to get the wellness center up and running as soon as possible.

There are now 19 Army Wellness Centers in the United States, and there will be 23 by the end of the year, said Hoover.

According to the phc.amedd.army.mil/, the U.S. Army Public Health Command website, the AWC's provide standardized pri-

Wellness Center Program

mary prevention programs designed to promote and sustain healthy lifestyles and improve the overall well-being of Soldiers, Family Members, Retirees, and DA Civilians.

The primary goal of the AWC program is to enhance the self-efficacy of individuals to maintain lifelong healthy behaviors. There is currently an initiative underway to develop 38 AWCs worldwide, according to the site.

Staff Sgt. Joseph C. Hill, the noncommissioned officer in-charge of the Aberdeen Proving Ground Army Wellness Center, stated that including the behavior health and occupational health clinics, 25 percent of the center's clients are military and 5 percent of them are in the Army Reserve.

The program with the 7221st MSU is an outreach to increase the number of Army Reserve Soldiers taking advantage of the program, he said.

"The mission of the Army Wellness Center is exceptional," said Hill. "In the military we focus on fitness, body composition and the basics that you need, but before the AWCs, I don't think we had a legitimate program to assist Soldiers to accomplishing that portion of our mission."

Hill said the AWCs use the metabolic and fitness tests to develop plans for the Soldiers to meet their fitness goals.

Through the program, Soldiers take the accurate counts of metabolic rate, body fat and caloric intake and go online at Army-Fit.mil to record, track and evaluate their progress, he said.

"Our basic mission as a Soldier is fitness," he said. "It is something the Army stresses as soon as you enter basic training, through your AIT and then your duty station, now that Public Health Command has put together this program to assist a Soldier and meeting those demands, I can't see why a commander would not want to be a part of that." The Army's Advanced Individual Training program is where Soldiers learn their specific job skills.

The center's director, Christina Sorrells, said it is up to client to take advantage of what it has to offer, but in its first full year of operation, it already has significant success stories. "It is all about how you use us."

One client came to us six months ago weighing 300 pounds, she said. Now, after using the wellness center, he lost 30 pounds, lowered his blood pressure and feels better about himself.

Another client is a Soldier, who needed to gain 24 pounds, she said.

"Sometimes, it is harder to gain weight, she said. "Now he is competing in weight-lifting competitions and bringing us new clients all the time — we are very proud of him."

"I hope the Soldiers find out things about themselves here," said Mitvalsky. "And those things they need to do to be who they want to be."



Above: A digital monitor prints out its report after measuring how a Soldier processes oxygen for 15 minutes at rest. Combined with a report from 15 minutes on the treadmill (right photo), clinicians at the Army Wellness Center, Aberdeen Proving Ground, Maryland, then determine the Soldier's metabolism.



Spc. Michael M. Gavin, a resident of Fleetwood, Pennsylvania., and a combat medic with the 7221st Medical Support Unit, Newark, Delaware, breathes through a mask connected to a monitor that tracks how well he processes oxygen, Feb. 9, 2014, so clinicians at the Army Wellness Center, Aberdeen Proving Ground, Maryland, can determine his metabolism.



"Love for Soldiers"

By Chaplain (Lt. Col.) Ira S. Ehrenpreis, Army Reserve Medical Command, Deputy Command Chaplain

As I approach my 55th birthday, with over 19 years of service, I started to look for words of inspiration to keep myself "mission focused" and "combat ready."

I made my rounds, talking to Soldiers and Civilian employees here in ARMEDCOM, and asked, "What is a driving force behind your work? What keeps you motivated?"

The unanimous answer was, "I love Soldiers! That's why I love my job."

I knew that I had found a valuable answer. But, like a diamond found in a coal mine, it needed cleaning, cutting polishing and setting into a ring. So, I pondered this answer, and present the following to you.

What is "love" from the biblical perspective?

In Deuteronomy we find a well known quote and commandment, "Love your God with all your heart, soul and might."



The original, Hebrew word for "love" is "ahava." That word, "ahava" is related to the phrase "burn with fire," as found in "ahavas aish" (Leviticus).

Remember, the Bible was written in an agricultural society. In every biblical story you will find donkeys, sheep, oil, goats, wine, etc.

What was important about "fire" for that society 3,500 years ago?

Fire transformed things. They, and even today, took a raw piece of cow, and through fire, got a delicious roast; took berries and cooked them for dyes; found nuggets of raw ore and melted them into bars to be beaten into swords and spears.

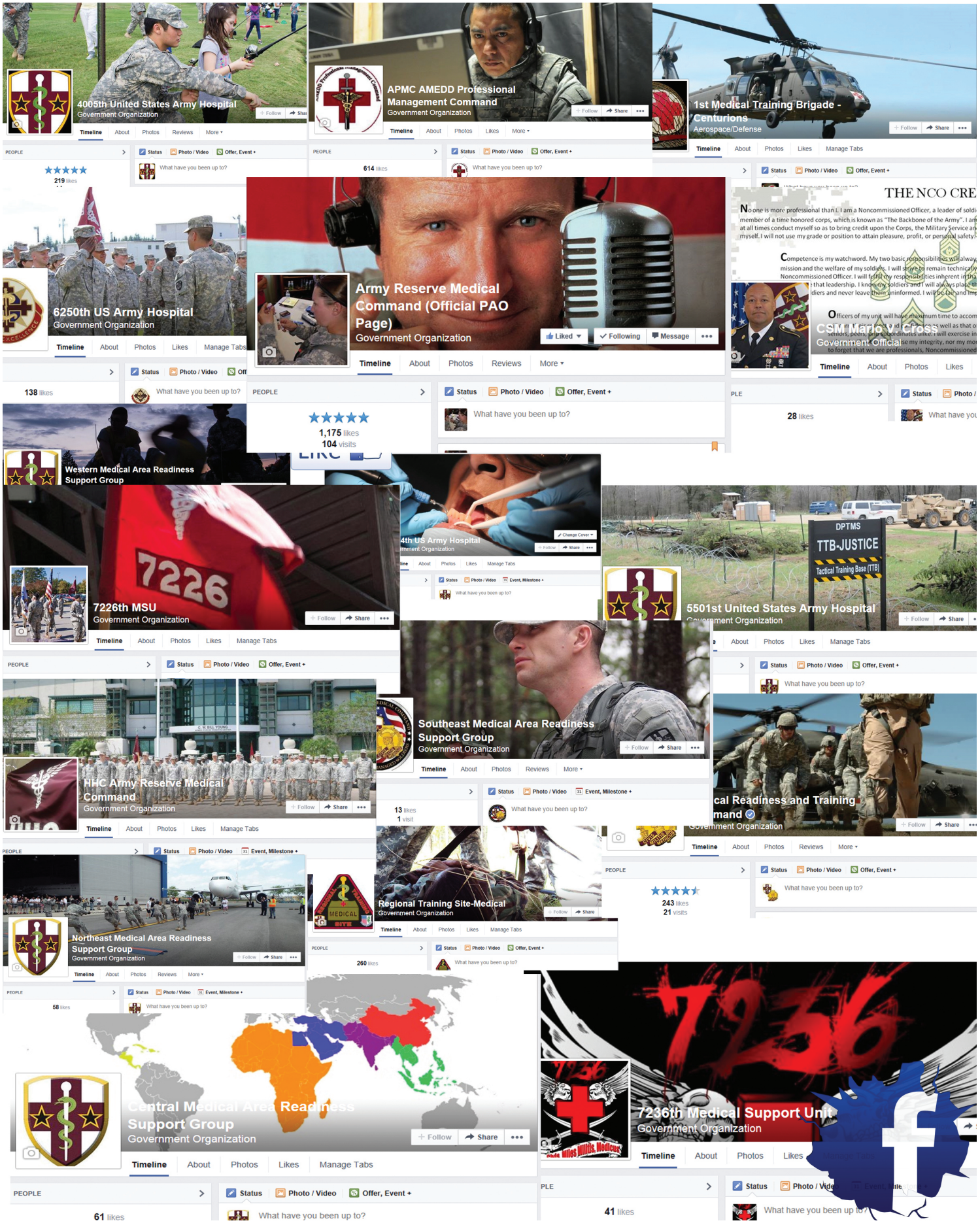
Isaiah, in his prophet vision looked forward to the future time when those very same swords would be beaten into "plowshares and pruning hooks."

An Alter sacrifice totally consumed by fire became a "sweet offering to God."

Like Fire "transforms," your love of God must transform you, into a person of integrity, kindness, humility, and compassion. If your love is not transformative, then it, just is not love.

Here at ARMEDCOM, the love we have for Soldiers transforms us. We take care of Soldiers and their Families because we all are the Guardians of our Nation. When people greet us and say, "We appreciate your service," it means they realize that our "profession" is deeply bound to the freedoms that we all enjoy, and often forget to fully appreciate.

In the end, it all boils down to the first cadence I learned in Basic Training 19 years ago: "Get fired up, Now! We're fired up, Now!"



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