



Fighting Combat Stress

467th monitors, treats Soldiers' mental health

Spc. Jon Soles
210th MPAD

A Soldier's mental well-being is as important, or more important, as the Soldier's physical health. That's why a combat stress team at Global Medic is taking a leading role in raising awareness and training for identifying combat stress. Maj. L. Eduardo Caraveo, a clinical psychologist with the 467th Medical Detachment, from Madison, Wis., is a part of the team whose job is to monitor and treat Soldiers for combat stress, and make recommendations to commands about ways to improve morale.

At Global Medic, Caraveo is providing training to help physicians, nurses and physician's assistants identify the symptoms of combat stress.

"The mission is to reduce stress-related casualties through several avenues, which include topical briefings," Caraveo said. "We provide commands with kind of a general description of things we see and things that might improve morale."

Caraveo, who was the officer in charge of a combat stress team at the U.S. Naval Station Guantanamo Bay, Cuba during 2004-2005, said implementing preventive measures to deal with combat stress helps Soldiers stay healthy and motivated.

"Obviously, we know that if morale is high, mission accomplishment is more effectively done," Caraveo said.

He said he likes to describe

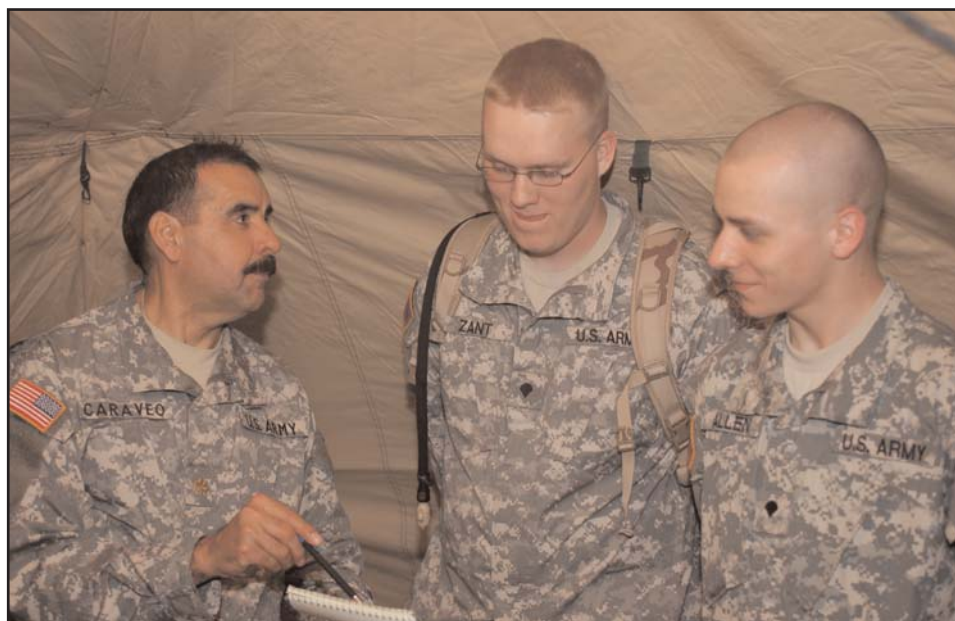


Photo 1 Spc. Jonathan Lessen

Maj. L. Eduardo Caraveo, a clinical psychologist with the 467th Medical Detachment from Madison, Wis., gives a briefing to mental health Spc. Jason Zant and Spc. Spencer Allen during Global Medic at Fort McCoy, Wis. The Soldiers are providing training for treating combat stress.

combat stress in concrete terms. Some of the symptoms of combat stress include irritability, inability to concentrate, eating too much or too little, sleeping too much or too little and changes in personal hygiene. Decreases in motor skills or motivation are also indicators of combat stress.

Knowing the symptoms of combat stress is easy enough for a Soldier to learn, but that's only the first step in preventing more problems. Caraveo said it's usually up to the individual Soldier to seek help. Often, Soldiers don't seek help because of a longtime stigma attached to seeking help for combat stress. That's something the combat

stress teams are trying to change, Caraveo said.

"We know there was once a culture when, if you put on the uniform, you cease to be a human," Caraveo said. "What we do in the field is try to make ourselves available without the stigma attached to mental health."

When a Soldier seeks relief from stress by talking to members of the combat stress team, the visit is confidential, unless the Soldier is considered a danger to himself or others.

"We say 'When you come see us, you are showing great strength,'" Caraveo added.

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233 years

Two hundred and thirty-three years ago, the United States Army was established to defend our Nation. From the Revolutionary War to the Global War on Terror, our Soldiers remain Army Strong with a deep commitment to our core values and beliefs. This 233rd birthday commemorates America's Army – Soldiers, Families and Civilians – who are achieving a level of excellence that is truly Army Strong both here and abroad. Their willingness to sacrifice to build a better future for others and to preserve our way of life is without a doubt, the Strength of our Nation.

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British Soldier embeds with 322nd MEDCOM

Sgt. KaRonda Fleming
210th MPAD

A British Army soldier joined the ranks of the 322nd Medical Company during the Global Medic training exercise here at Fort McCoy June 8 through 20.

"I am here to come and observe and work with the 322nd and look at the similarities and gauge their working practices," said 1st Lt. Mark J. Smith, an emergency room nurse from the United Kingdom.

Smith, who is currently stationed at a British field hospital, said he has previously been deployed to Germany, Holland and Iraq. This is his first time visiting the United States and having the ability to work hand in hand with U.S. servicemembers.

"That's where his experiences are going to shine," said Capt. Shawn M. Gauvin, a medic trainer with the 322nd MEDCOM. "We have already utilized his expertise in the training of our medics, and when this exercise takes forth, he'll see more and more of our practices."

Smith said he hopes to get to work with other nations around the world that his country is allied with after he com-

pletes the mission here at Global Medic.

One of the overall objectives of the Global Medic exercise is to integrate joint and coalition medical forces, to include the Air Force, Army, Navy, British and German Soldiers. This allows servicemembers of other branches and other countries to visually see and work alongside each other.

"I wanted to see what the structure of the U.S. Army was and how the military worked," Smith said, "especially if I were to deploy again for future operations."

So far, Smith said he has noticed people have similar setups but different ways of working. "Procedurally they are similar but people do things in a different way."

He also noted that his experience of being in Iraq, as well as all the other deployed veterans, will be very valuable to the training exercises.

Gauvin said, this is all a mutual sharing experience. Therefore, Smith will mutually experience techniques and tasks he can take back to Britain to include the good things he liked about the way the Americans work.

Gauvin said, "It's an honor and a pleasure to be working with the lieutenant and it's a valuable experience."

We have already utilized his expertise in the training of our medics, and when this exercise takes forth, he'll see more of our practices.

Capt. Shawn M. Gauvin

Stress

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The preventive treatment for combat stress is simple—rest and relaxation, a cup of coffee and the venting of frustrations.

"We assess what's going on, we allow them a few hours to stay, have some water, rest a little bit, and send them back to the front," Caraveo said. "We teach them coping strategies to include basic venting, just talking to help them restructure thinking, relaxation techniques and work in combination with a primary care person."

Visits are usually brief, but Soldiers sometimes require a day or more to achieve some elimination of stress. If a Soldier stays 72 hours or more, they may be sent to

a rear echelon for more extensive treatment.

"If all that fails, we send them back to the rear to get more treatment, depending on the theater," Caraveo said. "The worst thing is to have someone stressed out with you in the foxhole, with a weapon."

Dealing with combat stress from a preventive standpoint helps the Soldiers and helps the mission, Caraveo said.

"It has become very clear that when we provide those services, we are an asset to the mission," he said.

Combat stress team officers are assisted by mental health specialists, who are usually the first person that a Soldier seeking help will meet.

These soldiers, who have graduated from five months of advanced individual training at Fort Sam Houston in San Antonio,

Texas, are trained to identify combat stress and the negative physical effects it can cause.

"It doesn't take depression to have combat stress related symptoms. It's the symptoms that lead to depression," said Spc. Spencer Allen, a mental health specialist with the 467th from Adams, Wis.

The physical effects of combat stress include high blood pressure and headaches. A more serious effect is depression. Caraveo said the risk of suicide increases by 500 percent when a person is depressed.

Spc. Jason Zant, from Friendship, Wis., also a mental health specialist with the 467th, said the combat stress team has a goal of keeping "Soldiers in fighting shape."

A Soldier's mental health is as important as their physical health.

General challenges medical units to train harder

Brig. Gen. Stone visits servicemembers at Fort McCoy.

Sgt. KaRonda Fleming
210th MPAD

Airmen, Sailors and Soldiers work together June 8 – 20 during the Global Medic annual training exercise to prepare for possibilities of future wartime operations.

"We are exercising them (joint services) in their medical task skills, in which, we are creating casualties that are challenging the system," said Brig. Gen. Richard A. Stone, the commander of the Medical Readiness Training Command, out of San Antonio, Texas. He is dual assigned as the deputy commander of the 3rd Medical Command

out of Fort Gillem in Atlanta, Ga.

He said "It challenges each of these units to do their job, sustain their job, and to command and control the entire medical task force. So, we have all levels of Army medicine at the exercise here at Fort McCoy, Wis., at Fort Gordon, Ga., and also at Camp Parks, Calif."

The exercises are made more realistic through moulage artists who create real-life blood, bruises and other injury related appearances through mannequins and actual people who participate as role players.

"The more realistic we are in providing this training, the more that the casualty support hospitals are going to get out of it," said Staff Sgt. Robert



Photo 1 Sgt. KaRonda Fleming

Brig. Gen. Richard A. Stone, the commander of the Medical Readiness Training Command, speaks with Soldiers of the 429th Multi-Functional Medical Battalion on the grounds of Forward Operating Base Starling at Fort McCoy, Wis. Wednesday.

N. Mossbrooks, the training noncommissioned officer of the 3rd Medical Training Brigade out of San Antonio, Texas. "The harder you train the better you fight."

Stone said everything is able to come together in this type of annual training exercise with joint and international services working to provide the best health care.

Through our eyes ... the vision of Global Medic

Spc. Andrea Brailsford
210th MPAD

The overseer of Fort McCoy's Global Medic 3rd Medical Training Brigade shares the importance of the training held here with real-life scenario simulations.

Col. Jerrell J. Cockrell, the 3rd Med Trng Bde commander said the overall vision of the training aspects of Global Medic is to ensure each unit receives quality training throughout the exercise events for all the servicemembers and their perspective medical units.

This program gives everyone an opportunity to receive functional training in the areas of their specialty.

He said joint forces of the Army, Navy and Air Force work together, side-by-side during this large field training exercise as well as with the British and German Army.

"As we look in the future, that's where we always continue to grow as joint training. Joint training is where we will always continue to go. How can we partner with our sister services to be able to move forward into the future?" he said.

He relates this training to the benefits of service-

members working together now, with all branches of the military as opposed to waiting to be put in this situation under real life circumstances during times of war.

These servicemembers prepare themselves to perform various patient care administrations in simulated war zone environments.

The whole idea is to throw out scenarios to the servicemembers clinically, Cockrell said. A lot of medic are good at that because that's what they do on the civilian side. Now, we have to take the hospital staff to see if they are functioning enough to be able to do what they need to do.

"Hopefully, we can stress them out to make them work through these issues." He said, "The worst place to be is in theater and then you find out that, 'I don't know how to figure out how to make my mission work when I am short three people because I had to send those three people back home.'"

The biggest challenge in running a casualty support hospital is support. It takes a lot to run a CSH, he said. Things as simple as water, heat, air, and fuel are needed. The servicemembers who are being treated at the hospital want and need those types of necessities.



Photo 1 Sgt. KaRonda Fleming

Staff Sgt. Thomas E. Gildow, a 396th Casualty Support Hospital X-ray technician from Portland, Ore., prepares to help raise a tent with Command Sgt. Maj. Kenneth L. McGowan, the 3rd Medical Training Brigade command sergeant major Monday.

Sailors, Soldiers rush to the rescue as ambulance drivers

Staff Sgt. Marcos Alices-Kinch

210th MPAD

First on the scene, ambulance drivers are expected to carry, stabilize and transport a patient safely to a hospital. The military expects the same standards; except, they will have to transport a patient from the battlefield to a field hospital. Servicemembers participating in Global Medic here have learned basic ambulance operations in an extensive course during June 8 – 10.

Sailors from the Operation Health Support Unit Great Lakes and Soldiers from the 4224th U.S. Army Hospital familiarize themselves with the equipment as they prepare to fill the role as an ambulance driver during the duration of the medical exercise.

"We want to make sure they are performing to Army standards," Sgt. 1st Class Gregory Davis said, a 4224th combat medical specialist and instructor for the course. "We repeat the same sequences so that everybody feels confident and comfortable with how it is done."

During the three-day course, participants learn how to work as a team and through repetition they learn the daily duties of a ground ambulance crew, which is divided into three sections.

The first section is the instructional stage. It is during this stage that they learn basic ambulance operations. In the second section, the participants practice what they learned in the instructional stage. They will continue to practice basic ambulance operations until it becomes second nature, Davis said.

The final stage takes place during the exercise. At this time, they have the opportunity to apply everything they have learned.

"We want to make sure everybody is on the same sheet of music," Spc. Carlos Patino said, a 4224th combat medical specialist, another instructor for the course.

Each crew has two medical specialists, a driver and assistant driver. Participants train to perform both functions because their duties are interchangeable. It will be the



Photo 1 Staff Sgt. Marcos Alices-Kinch

Petty Officer 2nd Class Jolanta Jewula, a Operation Health Support Unit Great Lakes personnel specialist, and Petty Officer 3rd Class, a OHSU Great Lakes yeoman, practices loading casualties into an ambulance during their training June 9.

responsibility of the driver to ensure the vehicle is prepared for daily assignments.

He will conduct preventive maintenance and report any deficiencies to the proper personnel. He also prepares the vehicle for loading and unloading casualties. As the assistant driver, it will be their responsibility to provide emergency medical treatment en route to the medical treatment facility.

The primary responsibility of the ground ambulance crew is to safely transport casualties to a medical treatment facility. Members of the crew learn how to properly load and unload casualties into an ambulance. By the completion of the course, they will know proper body mechanics for lifting a litter properly. Along with the proper commands used by litter teams.

"Basically, when they have training exercise such as these, we want to make sure everybody is prepared for the unexpected," Davis said.

During the exercise, ambulance ground crews run 12-hour shifts and

will encounter several different situations. Servicemembers will be prepared to conduct their duties in various environments to include a chemical environment. They practice evacuating a casualty while wearing a gas mask. They also learn how to setup security perimeters and landing zones for air evacuation in a combat zone.

"It is a great opportunity to work as a team with different branches of the services," Petty Officer 2nd Class Jolanta Jewula, an OHSU Great Lakes personnel specialist. "We learn from a different perspective on how to achieve the goal."

Sailors with OHSU Great Lakes and Soldiers from the 4224th work side by side as they gain valuable knowledge and experience during Global Medic as ambulance drivers. They also have the opportunity to exchange ideas and expand on what they have learned. Davis said, the participants will be able to take the knowledge and experience they learn here back to their units. This is the whole purpose of the medical exercise.



Photo 1 Spc. Jon Soles

From left, Lt. Col. Dennis Malloy, 1st Lt. Doug Olson and Capt. David Miller help move a patient from a stretcher to a bed in the intensive care unit at the 322nd Combat Support Hospital at Forward Operating Base Starling. The mannequin patient is an assimilation exercise in which it suffered from a nearly amputated lower left leg that was shredded by the blast of an improvised explosive device. This is one of the early casualties during the Global Medic exercise. The 322nd will see a variety of injuries in the coming days. The Medical Readiness and Training Command, along with all subordinate units will implement a scenario-based, multi-echelon Mission Essential Task List focused Command Post and Field Training Exercise. The mission is to have efficient organized Combat Service Support units to deploy in established operational areas.