

Silver Knights

الفرسان الفضية



OUR HISTORY IS OUR STRENGTH

Serving Task Force 1st Medical Brigade

Vol. 1, No. 1, August 2009

SilverKnights

KNIGHTS IN ACTION

1st Medical Brigade Takes the Helm, Page 4 *Capt. George Mallory, TF 1 MED PAO*

Austin Peay State University Nurses serve together in 47th CSH, Page 15 *by Capt. George Mallory*

Year of the NCO, Page 31, *by Cpl. Aaron Scheer, TF 1 MED PAO*

Knights on the Street, Page 34 *by Cpl. Aaron Scheer*

FEATURED STORIES



14th Combat Support Hospital Assumes Responsibility from 115th Combat Support Hospital. Page 25 *by Capt. George Mallory*



EMT and CLS Courses help save Soldier's life Page 21 *by 1st Lt. Stephen Robitaille, 421st Multifunctional Medical Battalion,*



Operation Proper Exit- Wounded warriors sticking together through their pain. Soldiers who were injured came back to visit current wounded warriors at 10th Combat Support Hospital in the IZ. Page 11 *by Maj. Metzger of 10th Casualty Support Hospital*



Why are platelets so important? Learn how to donate and why it is important to the Army Page 19. *by Maj. Angel Colon, 10th CSH*



The Giving Children Hope Foundation gives Iraqis much needed medical resources and supplies. Page 10 *by Capt. Geroge Mallory*



502nd Dental Company Transfer of Authority at Joint Base Balad, Iraq Page 23 *by Cpl. Aaron Scheer*



Naturalization Ceremony at the Al-Faw Palace, Camp Victory, Iraq Page 9 *by Cpl. Aaron Scheer*

ACTION AROUND THE TASK FORCE

Chaplains Corner, Page 5 by Maj. Michael Allen

SAFETY section, Page 6 by Mr. Robles

Inspector General, Page 7 by Lt. Col. Charles Hahn

Equal Opportunity, Page 8 by Master Sgt. Dawn Abeyta

Health and Fitness Section, Page 13 by Lt. Col. Sara Spielmann

Iraq: Ottoman Empire to Desert Storm, Page 17 by Staff Sgt. Luke Koladish

Sergeant Major of the Army visit to JVB, Page 27 by Cpl. Aaron Scheer

55th Re-opening of Combat Stress Clinic. Page 29 by Cpl. Aaron Scheer

Deployed Combat Casualty Research Team Changes Location, Page 30, by Cpl. Aaron Scheer

Your Education, Page 33 by Cpl. Aaron Scheer

Command Sergeant Major Kevin Stuart Interview, Page 37 by Cpl. Aaron Scheer

Col. Tenhet, TF 1 MED Commander Interview, Page 41 by Capt. George Mallory

Morale, Welfare, and Recreation, Page 42 by Cpl. Aaron Scheer

Photo Round Table, Page 43 by Capt. George Mallory



This Months Cover Page

You see the 1st Medical Brigade's unit patch in the center of the cover. It is surrounded by the American Flag representing what we fight for everyday. The silhouettes represent the Soldiers who have gone before. The Silver Knight title is translated into Arabic. The photos represent our future here in Iraq. The upper left photo is of 10th CSH Surgeons working to save the leg of a wounded Soldier. The second photo is of the Iraqi Ground Forces Command giving a local Iraqi a wheelchair and distributing medical supplies.

Col. Robert D. Tenhet
Commander

Command Sgt. Maj. Kevin B. Stuart
Command Sergeant Major

Capt. George Mallory
Public Affairs Officer/ Editor
Cpl. Aaron Scheer
Public Affairs NCOIC/ Editor

Unit Public Affairs Representatives

Lt. Col. Julia Dallman 502nd DCAS
Maj. Kelli Metzger TF 10 CSH
Maj. Robert Tiedemann TF 14th CSH
1st Lt. Angelica Mata TF 47 CSH
1st Lt. Michelle McCrary, TF 111 MMB
1st Lt. Stephen Robitaille, TF 421 MMB

Silver Knights is an authorized publication for members of Task Force 1 MED in accordance with Army Regulation 360-1. Contents of Silver Knights are not necessarily official views of, or endorsed by, the U.S. Government, Department of Defense, or the Department of the Army. All editorial content of Silver Knights is prepared, edited, provided and approved from the Task Force 1st Medical Brigade Public Affairs Office

To contact TF 1 MED PAO please email:
george.mallory@iraq.centcom.mil
aaron.scheer@iraq.centcom.mil
DSN: 318-485-2412



Task Force 1st Medical Brigade

“SETS THE TONE”

by Col. Robert D Tehnet

As the 1st Medical Brigade completes its first 30 days on the ground, I'd like to take this opportunity to say thank you to everyone for doing the job you do, as CSM Stuart and I both appreciate your service to your country. There is no greater challenge facing our forces than service in wartime...and you've stepped up to the plate; be proud of yourselves and continue to perform the mission in such a quality manner. As we endeavor to serve our fighting forces, I want to reiterate some of my command philosophies to ensure everyone understands our foundation of "Fortitude in Service, Compassion for All". Four principles that we will follow are Mission, Soldier, Family, Team.

We will stand ready to deliver the highest quality medical support, anytime, anywhere. Our mission is to provide quality Health Service Support to all Coalition Forces including detainee medical care. We must have a daily "patient centered" focus and conduct ourselves in the utmost exemplary manner. In a joint effort, we must instill confidence and self reliance in the Iraqi Healthcare system. Attitude determines outcome and as a team we must work together. We must remain positive in spite of the difficulties that lie ahead.

We must honor our traditions by respecting our fellow Soldiers and treating each other the way we would want to be treated. Excellence is not a destination, it is a journey. Enjoy the ride and strive to do a little better each day. It has been said that excellence is the unlimited ability to improve the quality of what you have to offer. As Soldiers, we bear a great burden in the defense of our great country and must perform our mission in the most ethical, legal and moral manner. If you have concerns about your unit's mission, your Soldiers' welfare, or your personal welfare, allow me and my CSM to address your concerns. Risk is inherent in everything we do, and we must be prudent in preserving a Safe & Secure environment for all.

We must not forget our responsibilities on the home front and recognize the increasing sacrifices and commitments that our families make every day. We must remind ourselves that the strength of the individual Soldier is derived from the strength of their families. Though we are deployed forward, we must maintain adequate communications with our rear chain, Family Readiness Group, our families and our Soldier's families to sustain optimal morale and welfare.

TF 1st Med will function as a team. We must continue to be a symbol of strength to the warriors, a symbol of hope to those in need of care, and a symbol of comfort to the wounded and dying. We represent the brave Soldiers, Sailors, Airmen and Marines who face danger and defend our national interests in the Iraqi Theater of Operations. I challenge you to have your first and last thought of the day be, "are we doing the right things and are we doing those things right?"

I am honored to be a part of this team and look forward to serving with you. I have a profound gratitude for the job you collectively perform and look forward to actively engaging future challenges.

Silver Knights!



Col. Robert D. Tehnet
TF 1 MED Commander

Command Sgt. Maj.
Kevin B. Stuart
TF 1 MED Command Sgt. Maj.

1ST MEDICAL BRIGADE TAKES THE HELM



By Capt. George Mallory, TF 1 MED PAO

The 1st Medical Brigade from Fort Hood, Texas unfurled their colors during a Transfer of Authority ceremony held at the Al Faw Palace, Camp Victory, Iraq on 29 June 2009.

Col. Ron Maul, Cdr, 44th MEDCOM, from Fort Bragg, North Carolina, transferred authority to Col. Robert Tenhet, 1st Medical Brigade, who is now in charge of Task Force 1st Medical Brigade (TF1MED). During their one year deployment, the unit will provide world-class medical, surgical, inpatient care, evacuation, preventive medical, dental, veterinary, optical, blood and medical logistics support to all coalition forces. In addition, the unit will continue to enhance partnerships with Iraqi health-care professionals throughout the Iraq Theatre of Operations, in order to facilitate long-term sustainable Iraqi medical care delivery.

Col. Tenhet addressed the audience that filled the rotunda of Al Faw Palace on Camp Victory, “Rest assured that the 1st Medical Brigade understands the mission,”. Said Tenhet, “we accept the mission, and we will perform nothing short of one hundred percent mission accomplishment. We understand that we serve the most lethal, deployable weapon in the world; the United States Soldiers, Sailors, Airmen, and Marines. We extend this service to both the Iraqi Security Forces and our coalition family as well.”

He emphasized the symbolism that the medic conveys on the battlefield; noting the Combat Medic is a symbol of strength to the warriors, a symbol of hope to those in need of care and, a symbol of comfort to the wounded and dying.



Sgt. Maharaj, Ian, TF 1 MED, holding the cased colors on 29 June 2009, at Al Faw Palace, Camp Victory, Iraq.



Col. Robert D. Tenhet and Command Sgt. Maj. Kevin B. Stuart uncase the 1st Medical Brigade colors on 29 June 2009, at Al Faw Palace, Camp Victory, Iraq.

CHAPLAIN'S CORNER



Chaplain Maj. Allen Task
Force 1st Medical Brigade
Chaplain

Greetings from Camp Victory, Iraq and TF 1st Medical Brigade! As we were making our way from BIAP to our new home for the next year, I was listening to the comments from some of our Soldiers. One of them was amazed at the beauty of our location. We had just crossed from Camp Liberty to Camp Victory and were driving past Victory Lake as Al Faw Palace came into view. One Soldier remarked "I can't believe it. This is awesome!! I'm going to reenlist so that I can serve here for the next 10 years." I couldn't help but laugh to myself.

During our time here, there will be times when the year here will feel like ten. Some days will go by quickly while others will seem to never end. As those days occur, many of them include "bull sessions" when small groups of Soldiers of all ranks sit around and solve all of the problems of the world. Some of these "bull sessions" include religious discussions.

The Apostle Paul wrote these words ". . .continue to work out your faith with fear and trembling." These words indicate that our faith journey is a continuous process. I look forward to sharing in some of those "bull sessions." I see my job as a chaplain as aiding people in their faith journey. Each one of us is at some point on a faith journey. Some may need to discover their faith; others may need to explore their faith; others are looking for opportunities to live out their faith.

I am most familiar with the Christian faith; and one of the great things about being here is that it has its roots in Iraq. The Creation story and the Garden of Eden took place in the land between the Tigris and Euphrates Rivers.

Abraham discovered his faith when he left the city of Ur near Talil and used the first GPS (God Positioning System) to travel to Canaan. During the Babylonian Captivity the Israelites explored their faith to a deeper level. Jonah lived out his faith after an encounter with a whale in the area near Mosul and the province of Nineveh. I hope that knowing that you are in the same area where these great faith events occurred will encourage you to do some "faith work." If you have been a participant in one of the "bull sessions" mentioned above you may be looking for answers and looking to discover your faith. I encourage you to seek out your chaplain to discuss it.

Those "bull sessions" may direct you to explore your faith. There are numerous opportunities at various locations to engage in Bible Studies, fellowships, support groups and worship services of various faith groups.

Some may be looking for opportunities to live out your faith by leading Bible studies; being part of a worship team by singing or playing an instrument, or by supporting other ways.

I encourage you to use your year (or ten years) in Iraq as an opportunity to "work out your faith with fear and trembling."

Upcoming Islamic Holiday: From August 22 through September 20th of this year, the Muslim world will observe Ramadan. It is an Islamic religious observance that takes place during the ninth month of the Islamic calendar; the month in which the Qur'an, according to tradition, was revealed to the Prophet Muhammad. In

the western calendar, the dates of Ramadan vary, moving forward about ten days each year. It is the Islamic month of fasting, in which participating Muslims refrain from eating, drinking, sex, smoking, and anything that is not of a good nature or in excess from sunrise until sunset. Fasting is meant to teach the Muslim patience, modesty and spirituality. Ramadan is a time to fast for the sake of Allah, and to offer more prayer than usual. Muslims also believed through good actions, they get rewarded twice as much as they normally can achieve. During Ramadan, Muslims ask forgiveness for past sins, pray for guidance and help in refraining from everyday evils, and try to purify themselves through self-restraint and good deeds.



Source: en.wikipedia.org/wiki/Ramadan - Aug 2009

SAFETY



Mr. Robles, Task Force 1st Medical Brigade Safety Officer

The Silver Knights' deployment has begun and we find ourselves in an environment that is new to many of us and familiar to those who have deployed before. This transition demands a need for continuous disciplined situational awareness. Each month, TF 1 MED will send out posters which focus on awareness of different Safety Themes which keep our troops safe.

This month's safety theme is "Join the Silver Knights Fire Safety Campaign". The focus is on the prevention of electrical, combustible, and flammable fires, which has been a major focal point of every leader in theater.

During our short time here, the Silver Knights have made great strides in improving our working and living environments. Some of our improvements include repair of 22 hazardous light fixtures, removal of 26 unauthorized surge protectors, and overall housekeeping. As safety challenges continue to present themselves, you can bet the Silver Knights will meet them head on. - Mr. Robles, TF 1 MED Safety Officer

SAFETY ALERT



HEADQUARTERS, TASK FORCE 1st MEDICAL BRIGADE
CAMP VICTORY BASE
BAGHDAD, IRAQ
APO AE 09342



FICI-MB

2 August 2009

MEMORANDUM FOR SEE DISTRIBUTION

SUBJECT: Smoke Detector

1. During recent visits to TF 1 MED units it was discovered that several units had identified problems with dust in smoke detectors. Alarms were continuously going off, resulting in removal of back up and primary batteries.
2. As in all operations the serviceability of all safety equipment is essential to mission success. Ensure Fire Marshals/Wardens understand their responsibilities and have the resources available to conduct proper PMCS of safety equipment. Listed below are some tips on smoke detectors:
 - Smoke detectors need to be cleaned regularly. In the case of a photoelectric detector, the photo chamber must be removed and/or vacuum cleaned to restore the detector to normal operation. The sensors in ionization sensors must also be vacuumed as well.
 - Replace the batteries according to the manufacturer's recommendations or at least once a year.
 - Smoke detectors should be checked weekly by unit NCOs and monthly by unit fire marshals.
 - Replace smoke detectors immediately when they fail to operate properly.
3. Then U.S. Fire Administration (USFA) recommends the installation of both ionization and photoelectric or dual sensor smoke alarms (hard wire item).



Ionization Smoke Detector



Photoelectric Smoke Detector

**ENSURE WIDEST DISSEMINATION AND POST ON BULLETIN BOARD
TF 1 MED**

SAFETY ALERT

Three Best Safety Practices

1. Unplugged appliances when not in use.
2. Conduct fire safety inspection weekly
3. Leave CHU lights on during period of darkness and limited visibility

The Office of the Inspector General



By: Lt. Col. Charles Hahn, TF 1 MED IG

Evaluation Counseling is a Requirement through which the TF 1 Med IG Office often receives complaints from Soldiers about their evaluations; often at the end of the rating period or when he/she is receiving an adverse or referred evaluation report. After speaking with the Officer/NCO and conducting an initial inquiry into the situation, the IG often learns that the evaluation issue could have been prevented if the Officer/NCO was properly counseled IAW AR 623-3, The Evaluation Reporting System.

Evaluation Problem Areas: Initial counseling is received after 30 days or not at all; dates of counseling is provided without documentation; no follow-up after initial counseling; Soldier does not know rating scheme (not properly published or changed several times); counseling is conducted retroactively (Back-dated); counseling is used as a form of retaliation or reprisal or leaders conduct verbal counseling only.

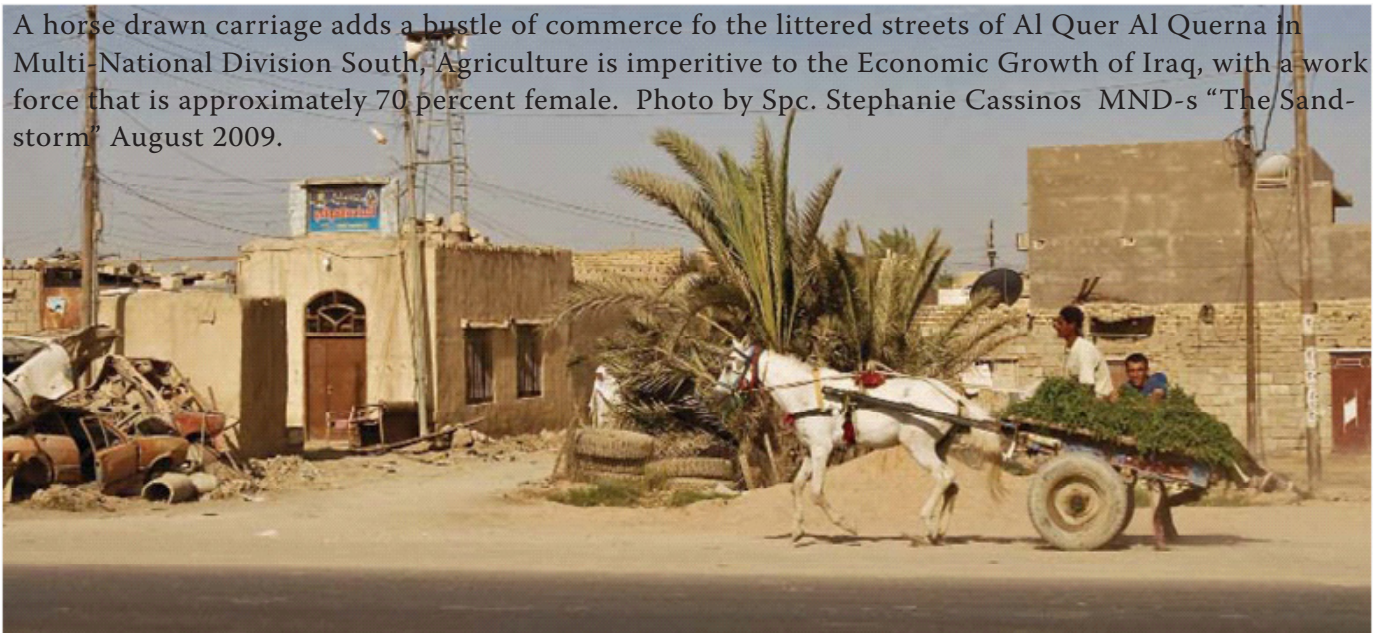
Army Standard: AR 623-3, paragraph 1-8.e: Counseling will be conducted: “Within 30 days after the beginning of the rating period” and “Quarterly thereafter for NCOs, WO1s, Chief WO2s, Lieutenants and Captains.” Use of DA Form 2166–8–1 is mandatory for counseling all NCOs, Cpl. through Command Sgt. Maj. Quarterly counseling for all other ranks will be on an as-needed basis.

FM 7-22.7, The Army Noncommissioned Officer Guide: Professional growth counseling begins with an initial counseling within 30 days of arrival. Additional counseling occurs quarterly thereafter with an assessment at a minimum of once a month. Counseling is a continuous process. Reception/Integration/Initial counseling must include goals/expectations for most current quarter along with long term goals and expectations.

AR 600-100, Army Leadership: All leaders have a responsibility to develop those junior to them to the fullest extent possible. In addition to institutional training and education, leaders can facilitate development through the knowledge and feedback they provide through counseling, coaching, and mentoring.

Please contact the TF 1 Med IG Office if you have any questions for concerns at DSN: 485-5173 or e-mail: charles.hahn@ignet.army.mil. ***Leaders must inspect what they expect.***

A horse drawn carriage adds a bustle of commerce fo the littered streets of Al Quer Al Querna in Multi-National Division South, Agriculture is imperative to the Economic Growth of Iraq, with a work force that is approximately 70 percent female. Photo by Spc. Stephanie Cassinos MND-s “The Sand-storm” August 2009.



EQUAL OPPORTUNITY



Master Sgt. Dawn Abeyta
TF 1 MED Equal Opportunity Advisor

For those of you who do not know me or have met me, I am Master Sgt. Dawn Abeyta and have served as TF 1st Medical Brigade Equal Opportunity Advisor since January 2009. As you all well know TF 44th Med and TF 1st Med recently conducted their TOA ceremony here at Camp Victory, and I have assumed the role of the Brigade EOA from Sgt. 1st. Class Francis. If you have any need related to Equal Opportunity (EO), please let me know, also

available are the battalion and unit level Equal Opportunity Leader (EOL) at your FOBs. Everyone in the EO community exists for the purpose of creating and maintaining an environment where all people are treated with dignity and

respect. That is not just a good idea, it is the law.

Did you know that the Commander is the person in each unit that the Army holds responsible for Equal Opportunity? That makes EO very important. Each Commander is responsible to have an Equal Opportunity Leader (EOL) that has received 60 hours of training. Commands in the rank of O6 are required by regulation to have a formally trained Equal Opportunity Advisor (EOA) that has been trained at a course conducted by the Defense Equal Opportunity Institute (DEOMI). If your unit lacks a trained EO resource, let's talk so we can implement a plan to get the right people in place and get them fully trained.

Women's Equality Day 26 August 2009 What is Women's National Equality Day?

August 26 of each year is designated in the United States as Women's Equality Day. Instituted by Rep. Bella

Abzug and first established in 1971, the date commemorates the passage of the 19th Amendment, the Woman Suffrage Amendment to the U.S. Constitution, which gave U.S. women full voting rights in 1920. This was the culmination of a massive, peaceful civil rights movement by women that had its formal beginnings in 1848 at the world's first women's rights convention, in Seneca Falls, New York. The observance of Women's Equality Day not only commemorates the passage of the 19th Amendment, but also calls attention to women's continuing efforts toward full equality.

Quote of the Month:

When women thrive, all of society benefits, and succeeding generations are given a better start in life. -- Kofi Annan, Ghanaian Diplomat, 7th UN Secretary-General, 2001 Nobel Peace Prize Winner.



NATURALIZATION CEREMONY

4th of July, 2009, Multi-National Force Iraq Naturalization Ceremony Al-Faw Palace Baghdad, Iraq
by: Cpl. Scheer TF 1 MED PAO

This 4th of July at Camp Victory Base was truly a day of celebration as distinguished visitors and guests congratulated America's newest naturalized citizens. The opening given by General Raymond T. Odierno, Commander, Multi-National Force, Iraq was followed by the presentation of candidates, and the administering of the Oath of Citizenship. The Oath of Allegiance or Citizenship has been a time honored tradition rooted in the origins of the United States. The first officially recorded Oath of Citizenship was made on May 30th, 1778 at Valley Forge, during the Revolutionary War. Today, the Oath must be taken by all immigrants wishing to become naturalized citizens. Each year thousands of people become citizens of the United States, many after spending years awaiting the opportunity. For a Soldier, this a particularly emotional event usually well attended by many dignitaries. The ceremony was christened with special remarks from Vice President of the United States Joe Biden. Among the new citizens were a few soldiers of Task Force 1st Medical Brigade.

Spc. Ever Mulatoirias, TF 115th CSH
He is a 68G, Patient Administration Specialist, with four years of musical studies. He holds a Black belt in Tae Kwon Do and was selected to compete in the All Army Tae Kwon Do try-outs. He aspires to resume college to pursue a degree in musical studies.

Spc. Richard Catabay 432nd MED DET, 111MMB
He is a 68J, Medical Logistics Specialist, from Virginia Beach Virginia, currently taking classes through Central Texas College, pursuing a Bachelors degree in Computer Engineering.

Pfc. Sahara Cabanlit, 582nd MED LOG, 111MMB
She is a 68Q, Pharmacy Technician, from the Philippines. After recently becoming a Certified Pharmacy Technician, she is seeking her Bacheloreate degree in Nursing.

Spc. Yun Chang Sung, 8th MED LOG, 111MMB
He is a 68A, Bio Medical Equipment Technician, originally from the Republic of Korea. He is intent on getting promoted to E5 and finishing his Bachelors in Bio-Medical Engineering.

Spc. Khalid Kalaf, TF 115th CSH
He is a 09L/Translator and has completed a Bachelors Degree in Translation. He is married and has a residence in San Francisco. Currently, he is working towards his Masters Degree and his promotion to Sergeant. Long term he is considering Officer Candidate School.

Spc. Aarnel Castillowert, TF 115th CSH
He is a 52C, Utilities Equipment Repairer, with an Associates Degree in Graphics Design. He has the support at home from his wife and three young children. His goals include becoming a Sergeant and finishing his Bachelors in Civil Engineering.



America's Newest Citizens seated during the speech by Vice President Joe Biden. Photo by Capt. George Mallory

Giving Children Hope Foundation Allows IGFC to Help Fellow Iraqis

By: Capt. George Mallory, TF 1 MED PAO

Photos supplied by IGFC Public Affairs

One of many Nongovernmental Organizations offering assistance to the people of Iraq is the Giving Children Hope Foundation based in Buena Park, California. This organization was founded in 1993 as a faith-based non-profit organization dedicated to alleviating poverty (domestically and abroad) through disaster relief, health and community development, vocational training and advocacy.

This organization shipped a 40 foot container full of medical supplies (worth an estimated \$300K) to Kuwait to be distributed to people in need within Iraq. Once in Kuwait this container was shipped to Task Force Med in Baghdad by the 1st Theater Sustainment Command (TSC) Civil Military Operations Center (CMOC). Once the supplies arrived they were taken to the Iraqi Ground Forces Command (IGFC) Compound where the supplies were broken down into push packages by IGFC Soldiers. These push packages were then delivered via IGFC Combat Logistic Patrols (CLP) to needy clinics in seven cities spanning six different provinces throughout Iraq.

Once the supplies were delivered to the IGFC



A local Iraqi man receives a wheelchair

compound this was an entirely Iraqi run mission. We only asked that the IGFC take photos in order to send feedback to the Giving Children Hope Foundation. This was a task they willingly accepted and completed.

The purpose of this operation was to help build trust and confidence in and between the IGFC and the local

populace. Our goal as Coalition Partners is to eventually have the IGFC establish relationships with organizations (like the Giving Children Hope Foundation) and for them to be able to initiate and continue such missions without assistance from Coalition Forces in the future. This is just one of many examples of an outstanding organization helping those in need in Iraq as well as around the world. The IGFC played a vital role in making this happen, thus making this mission a huge success.



IGFC Soldiers unload medical supplies at a local Iraqi Clinic.

OPERATION 10th Combat Support Hospital

*Photos and Story by: Maj. Kelli Metzger, 10th CSH
PAO*

On 26 June, a group of six Wounded Warriors visited Medical Task Force 10 at the Ibn Sina Hospital location. This was just one stop near the end of a week-long tour of the Iraqi Theater of Operations designed to allow closure for the Wounded Warriors. The Warriors sustained injuries between September 2006 and December 2007 and most received stabilization and initial care at Ibn Sina Hospital by either the 28th Combat Support Hospital or the 86th CSH and then were evacuated back to Walter Reed Army Medical Center where they received definitive care and rehabilitation. Staff Sgt. (Retired) Bradley Gruetzner, who sustained a hand amputation and burns, is the only one of the six who followed a different route. "I was in a coma for six weeks following the incident. I was sent to Balad initially and then back to Brooke Army Medical Center where I spent two years and

tor for Troops First, said "the Multi-National Forces – Iraq Commanding General and Command Sergeant Major, Gen. Ray Odierno and Command Sgt. Maj. Lawrence Wilson, believe in and support the mission. Command Sgt. Maj. Wilson and his team made this trip possible by arranging the logistical support." Operation Proper Exit included stops in Ramadi, Balad, Forward Operating Base Loyalty, FOB Warhorse, Victory Base and Liberty. Kell said, "We tried to get the troops back to where they were stationed and have even flown over a couple of sites where the traumatic injuries occurred." At Ibn Sina Hospital, TF 10's Command Sgt. Maj. David Litteral led the Warriors on a facility tour following the path of a trauma patient. Most of the Warriors had little memory of actually being in the facility and appreciated getting to see the various areas and talking to staff about the type of care provided there. The areas included in the tour included the Emergency Medical Treatment area, Lab, Operating Room, Intensive Care Unit, and Intermediate Care Ward. As the tour reached each area, the medical staff applauded the Warriors.

Many TF 10 staff feel the visit helped bring closure for the Warriors as well as themselves. MAJ Adam Vanek, Head Nurse of the EMT, worked at WRAMC prior to deployment and was able to see the progression made by the Warriors through multiple surgeries and rehabilitation. Not all of the health care providers have gotten to see that progression though.

1st. Lt. Marissa Brower, an EMT nurse, said, "We are one of the first lines of care for the wounded; we see them come in broken and send them out once stable. It's good to see them in the recovery phase." 1st Lt. Hilary Miller, an ICW nurse, agreed, "It's nice to see the Wounded Warriors who made it home and were supported by their families through rehab." Capt. John Hernandez, an ICU nurse, feels "Operation Proper Exit offers closure to the Warriors. It also offers closure to the care providers, who get to see how their care can make a difference. It is good healing for everyone. "Several new Wounded Warriors were recovering in the ICU and teh ICW on the day



Staff Sgt. Kenneth Butler talks with Spc. (P) Monte Lass who was wounded in action the day before

five days." SSG Gruetzner was medically retired on 27 December 2008.

Troops First Foundation, a not-for-profit organization based in Laurel, MD, arranged for the trip. Troops First has programs at both WRAMC and BAMC, where many of the Wounded Warriors recover, and that coordinate meals out or field trips for the Warrors. Ms. Lindsey Kell, the Program Direc-

PROPER EXIT

Welcomes Back Healed Soldiers

Operation Proper Exit visited Ibn Sina, allowing the six visiting Wounded Warriors to talk to and encourage them in their recovery. Kell noted the close-knit bond between military members wherever they visited. Those still recovering at WRAMC were familiar with a Wounded Warrior who sustained amputations to both his right arm and leg earlier this year; they reported on the excellent progress he has made, probably in part due to the bond between the Wounded Warriors. They will also be looking for two more Wounded Warriors who sustained amputations and were recently evacuated back to WRAMC.

Prior to sustaining their injuries, which resulted in the amputation of at least one limb, the Warriors were dedicated to the Army in their specialties, training, and deployments. Their commitment to the Army now includes encouraging Soldiers in their careers and other Wounded Warriors in their recovery process. Before being injured in May 2007, Staff Sgt. Kenneth Butler, who sustained an arm amputation, had completed one tour in Afghanistan and was on his third tour in Iraq. Staff Sgt. Gruetzner was on his second tour in Iraq. He says, "In 45 days, I had been on 64 missions. I was going to be in the Army until somebody said I was too old...being a scout was my life."

With medical retirements completed for two and pending for others, the Warriors are now moving on to other goals. Staff Sgt. Gruetzner bowhunts professionally, has done several television hunting shows, has been featured in magazines, and has some movie opportunities this fall. He also plans to begin training for the US Archery Team for the Paralympics. Sgt. Robert Brown, a leg amputee, is training to compete in the Paralympics in track and field. He is also "working to compete in the London Summer games in 2012 as a member of the US Team under the Army banner."

While some have athletic goals, others have goals to further their education. Staff Sgt. Butler's plans include beginning to pursue a Bachelor's degree in Edu-

cation from Norwich University in Vermont this fall. Sgt. Christopher Burrell, who is waiting for his retirement rating for his leg amputation, plans to return to his home state of North Carolina and complete his college degree. Sgt. Brandon Deaton, whose left leg was amputated, and Sgt. (Retired) Marco Robledo, whose left arm and leg were amputated, talk about moving to San Antonio together and pursuing their degrees there. Sgt. Robledo plans to study psychology.

With new plans for the future, why come back to Iraq? Ms. Kell says, "One of the hardest things for the Warriors to deal with is the fact that they aren't with their unit. They want to finish what they started."

She continues, "Though they aren't able to be back in Iraq with their units, they are able to see some of the changes that have resulted from the work their units did. They are also able to leave on their own terms, to walk onto the C-130 rather than being medically evacuated from the theater." Sgt. Robledo says, "Many people don't understand why we go over there or ask me if I would go back. I could honestly tell them that



Sgt. Robert Brown, Sgt. (Retired) Marco Robledo, and Sgt. Brandon Deaton talk with Sgt. Kenneth Duncan who sustained injuries in an IED blast the day before

I would go back and now I can say that I have."

Health and Fitness Corner

35 Ways to Eat Better While Deployed

So you came to Iraq with a personal goal to eat healthy and get fit? Perhaps even to gain more muscle mass or lose weight? Use these guidelines below to help direct you to “ways to eat better” so you can take control of your food choices early in your deployment and meet the goals you have set to accomplish.

General Guidelines:

1. Look at the menu and plan what you are going to eat before getting in the serving line.
2. Choose food from a variety of food groups that include vegetables, fruits, grains, milk and meat and beans.
3. Avoid skipping meals, even if you are trying to lose weight. You need a regular supply of fuel to recharge your energy.
4. Eat slowly, and stop eating before you feel too full.
5. Include a large glass of water with your meal. Water is always the “best choice” for hydration.

Breakfast:

6. Eat complex carbohydrates-carbohydrate is your premium energy fuel. Look for whole grain hot or cold cereal, whole wheat toast, English muffin, bagel, fresh fruit, grits without butter, skim or low fat milk and yogurt.
7. Look for fiber-whole wheat, grains and fresh fruit.
8. Go easy on: biscuits, Danish pastry, sweet rolls, doughnuts, cheese, hash browns and gravy.

9. Limit eggs to three or four a week- the yolks are high in cholesterol and fat.
10. Try vegetable juices like tomato juice or V-8. These juices are high in vitamins A and C and important phytonutrients.

Beverages:

11. Go low-fat or fat free when you choose milk and other milk products.
12. Try to drink plain beverages. The calories from sugar and cream add up quickly.
13. Limit beverages containing a lot of sugar: regular soft-drinks, sweet tea, and fruit drinks-these empty calories add up fast!

Salad Bar:

14. Start with the salad items first. Load up on raw vegetables.
15. Include some type of green salad/vegetables with your meal everyday.
16. Go easy on creamy pasta, potato salad, and coleslaw. They are usually high in fat and calories.
17. Go light on higher-fat additions, such as bacon bits, croutons, olives, hard cooked eggs, and cheese.
18. Add a small amount of nuts or seeds to your salad for added crunch. They provide protein and healthy fat.

Short Order:

19. Best- roasted/grilled chicken or turkey breast.
20. Good- lean roast beef, lean ham, and lowfat processed meats.
21. Choose a plain burger instead of the deluxe version. Keep in mind that cheese and other toppings can add calories and fat.
22. Boost the nutrients in your sandwich by adding low-fat sandwich fillers, such as lettuce, tomato, cucumbers, peppers and onion.

GRAINS

VEGETABLES

FRUITS

MILK

MEAT & BEANS

Hot Entrees:

23. Look for posted nutrition information to help you make wise food choices.
24. Choose more fish, beans, peas, nuts and seeds.
25. Look for menu items that are: boiled, roasted, steamed, baked, grilled, braised, or boiled.
26. Watch out for foods described as buttery, fried, deep-fried, pan fried, basted, creamed, scalloped, or au gratin; these terms mean the food item is high in fat and calories.
27. Trim fat off meat and remove skin from chicken and turkey to reduce fat.

Vegetables:

28. Add flavor to vegetables with spices, reduced-fat dressings, vinegar, cocktail sauce or salsa instead of salt.
29. Choose a dark green or orange vegetable instead of potatoes, corn, or green peas more often.
30. Vary your vegetable choices to keep meals interesting. Select from all five vegetable subgroups (dark green, orange, legumes- dry beans and peas, starchy vegetables, and other vegetables) several times a week.
31. Get a variety of nutrients needed for good health by eating the colors of the rainbow: blue/purple, green white, yellow/orange and red.

Extras & Sweet Treats:

32. Add taste without adding a lot of calories by choosing: ketchup, mustard, vinegar, salsa, spices (except salt), and fat-free or reduced-fat mayonnaise and salad dressings.
33. Have dessert less frequently. Have dessert at lunch or dinner instead of both or on Sunday only.

34. Choose fruit as a substitute for your dessert. Fruits are important sources of many nutrients, including potassium, dietary fiber, vitamin C, and folate (folic acid).
35. Follow the 80/20 rule- choose 80% of your food for health reasons (high fiber, vitamins, minerals, or phytonutrients) and 20% for fun.

Future issue: How to maximize your time at the gym and increase muscle mass

Lt. Col. Sara Spielmann, RD

TF 1 MED Dietician

Take a proactive role in your health and utilize the free resources available to you. These free resources can be found at <http://www.mypyramid.gov>. Click on “free” interactive tools.

These tools allow you to:

- *Customize your daily nutritional intake
- *Plan your menu choices
- *Track your food intake
- *Assess your physical activity



SERVING ON FREEDOMS EDGE: MEET WHILE DEPLOYED WITH THE

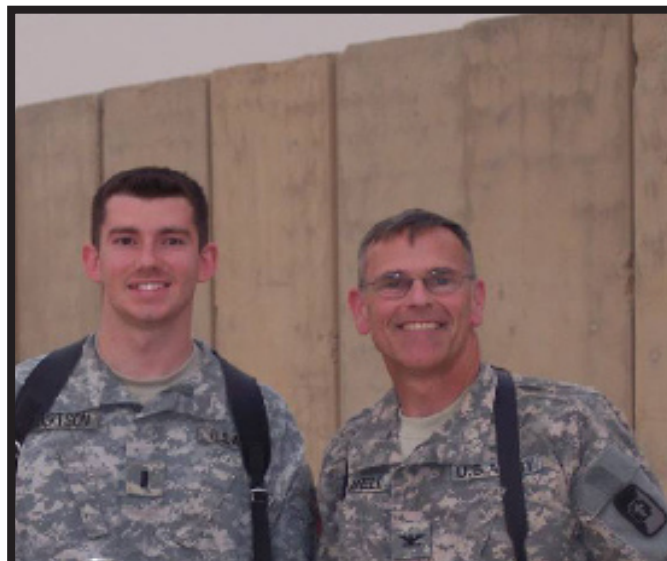
By: Capt. George Mallory, TF 1 MED, Public Affairs Officer

How do four different nurses from three different places around the United States meet in Iraq? Well the Army Medical Department (AMEDD) system called the Professional Officer Filler System (PRO-FIS), which is able to track Army medical personnel requirements as they relate to the readiness for deploying Army units. This system chooses personnel based on skill sets and prior deployments and places them into a unit who are supporting missions around the World. This very complex system is what makes this story so unique.

Four Army Nurse Corps Officers are currently deployed to Iraq with the 47th Combat Support Hospital (CSH), Fort Lewis Washington - Col. Greg Kidwell (Ft Lewis, WA), Maj. John Taylor (Ft Sill, OK) Maj. Kevin Snyder (Ft Knox, KY), and 1st Lt. Michael Robertson (Ft Lewis, WA). These Army Nurses' mutual bond was discovered through conversations about attending Austin Peay State University (APSU), Clarksville, TN.

The 47th CSH (pronounced "cash") is a Level III Hospital which has medical & surgical capability similar to any hospital in the U.S. serving a medium sized city. Their most basic mission is to stop the bleeding and pain, and then evacuate the wounded soldier from theater. The 47th CSH is currently deployed in support of Operation Iraqi Freedom. We took time to talk to with these outstanding Americans about their experiences as Army Nurse Corps Officers and their experiences while attending APSU.

Col. Kidwell (APSU, 1978), the Deputy Commander for Nursing with the 47th CSH, let us know his most cherished and honorable duty is to provide life saving nursing care to the wounded and sometimes dying Soldiers. When asked "How well did your nursing program prepare you to become an Army nurse?" Col. Kidwell's thoughts were "nursing training was great, but school did not prepare me for my current job. Only experience and



Right: Col. Greg Kidwell, RN, MSN
Left: 1st Lt. Michael Robertson, RN, BSN

some Army training prepared me. When I was in the Baghdad ER, I thought I was prepared, but I was not prepared for the psychological and emotional stress of having all of these casualties". Maj. Snyder and Maj. Taylor said "APSU gave them a good foundation in nursing."

Both Col. Kidwell and 1st Lt. Robertson are married to Army Nurse Corps Officers. 1st Lt. Robertson (APSU, 2006) is currently deployed with his wife who is also deployed with the 47th CSH. Col Kidwell has been apart from his wife four of the last eight years due to their military service. Col. Kidwell stated "My wife has deployed twice and I am currently on my second deployment to Iraq; this is not an easy life and demands a lot of family commitments". Maj. Taylor (APSU, 1993), Nurse Anesthetist for 47th CSH says it best; "Teamwork helps you get through".

"As a nurse in the United States Army, it is fundamentally important to stay clinically competent. Clinical competency and thinking outside the box are pivotal to patient success.....seconds count in the life of hero's" says Maj. Snyder (APSU, 1997),



AUSTIN PEAY STATE UNIVERSITY GRADS 47TH COMBAT SUPPORT HOSPITAL



Maj. John Taylor, RN, MSN



Maj. Kevin Snyder, RN

Emergency Room Head Nurse, 47th CSH. The most compelling thought came from Col. Kidwell who said "...after 28 years in the Army I have not ever been assigned with any of my APSU friends - now here, in a combat zone, on another continent, I find that there are four of us in the same outfit". These nurses have had an outstanding foundation and are a great reflection of our countries current education system.



Austin Peay
State University

*LET'S GO
PEAY!*

Iraq: Ottoman Empire

Original Story by Staff Sgt. Luke Koladish, 114th Public Affairs Detachment.

This is the first in a series of Iraqi History Articles to be featured in each magazine issue. This first history begins in the 16th Century and covers a broad history up to the early 1990's.

In the 16th century present day Iraq was divided into three provinces under the rule of the Ottoman Empire. The mountainous region to the north, home of the Kurds, was referred to as Mosul the land facing the desert to Syria and Persia was called Baghdad and what lay at the head of the Persian gulf was Basra. The land was an area of conflict between the Ottoman Turks and Safavid Empire in Iraq, the first to declare Shia Islam the official religion of Iran.

The Ottoman Turks sought to maintain Iraq as a Sunni controlled buffer state and the Safavids were determined to secure the Shia holy places. Hence Baghdad continued to be a site for battle and control, shifting back and forth from 1509 until 1638 when Safavids were expelled by the Ottoman Sultan, Murad IV.

The conflict deepened the Shia-Sunni rift. From 1638 until 1916 the Sunni population gained administrative experience, some economic growth and educational opportunities while the Shias remained poor and politically impotent.

By 1914, the British had taken an interest in Iraq because of the oil from Iran supplied their navy. They began exploring, surveying and trading in the regions along the Tigris and Euphrates Rivers.

When the Ottoman Empire entered WW1 on the side of the Central Powers, Germany and Austria-Hungary, the British seized the opportunity to target Iraq. The initial British force landed in Basra and pushed toward Baghdad.

The first onslaughts of British forces were forced to surrender and it wasn't until a much larger army was able to capture Baghdad in April 1917. The British drew up the borders of what we know as Iraq today and the Administration held a shaking control of the princes under the League of Nations Supervision.

During the war, Kuwait had been separated from Basra and identified as an independent nation under British protection. The claim that Kuwait had once belonged to Iraq has been stated as one of Saddam's reason for invading in 1991.

The mandated British administration

was seen as another form of British imperialism by the Iraqi people and in 1920, a revolt ensued. The British imported a man named Faisal, formerly a king of Syria until exiled by the French, to serve as the Iraq Monarch.

In 1932, the British mandate in Iraq had ended and they became legally independent. Shortly thereafter, Faisal died of a heart attack and was succeeded by his popular son Ghazi. He used radio to reach the largely illiterate public and began to favor using the army in civil affairs.

In 1936 military coups became the arbiter of politics. Three years later Ghazi was killed in a suspected automobile crash. By WWII, a group of senior Iraqi officers staged a coup against the British supported monarchy with some logistical support from the Germans. The British quelled the uprising on May 29, 1941 and put in place a new prime minister, Nuri Said. The British stayed in support of the monarch and Nuri until a national revolt led by Baathists in 1958.

The Baath party began in Syria in 1950 as a political group, vaguely socialist, embracing pan-Arab ideology, the unification of all Arabs. In 1958, members of the Baath Party included a small group of Iraqi army officers.

The group seized control of a radio station and announced the end of the monarchy. The soldiers stormed the royal palace and killed the king, his uncle, and his son. Nuri was gunned down in a street.

Brigadier General Abdul Karim Qasim assumed the position of prime minister. The current government referred to Kurdistan as one of two nations of Iraq. And by 1961 the Iraqi Army was embroiled in a war again, Mustafa Barazani's peshmerga forces.

Qasim further weakened his position by claiming adjacent provinces of Iraq and resurrecting the Iraqi claim to Kuwait. Massing his troops along the Kuwaiti border while continuing the war in the north, left Qasim vulnerable and unpopular among his former supporters.

On Feb 8, 1963, a group of military officers broke into the ministry of defense, captured Qasim, held a court martial and executed him.



Fire to Desert Storm

The members of the coup called themselves the National Council of the Revolutionary Command and released Qasim's former ally, Col. Abdus-Salam Arif, from prison and appointed him as president. Hasa al-Bakar, a prominent Baathist, became the prime minister.

The members of the coup soon became divided over the future of Iraq. Some wanted to merge Iraq into a pan-Arab state and some wanted to remain separate. On November 18, Arif took control by forming a republican guard of close kinsman from his home district. In 1966, he died in a helicopter crash and was replaced by his brother, Abdur-Rahma Arif.

The Baathists by this time were no longer seen as a serious contender for power. Reenacting the revolt in 1958, they waited until Arif was abroad and seized control of a radio station, the ministry of defense and the headquarters of the republican guard in 1968. Arif agreed to resign and departed for London resulting in a bloodless coup. General Hassan Al-Bakr assumed the role of president, prime minister, and secretary-general of the Baath Party. It was under Bakr that Saddam Hussein began his rise to power. Hussein grew the Baathist into a mass political party. He fostered feelings of mistrust among the Sunni for the Shia and in 1969, the Iraqi government drove 20,000 of its Shia citizens across the border into Iraq. The Kurds in the north he determined to be an even more dangerous threat to the state.

In the 1970's, the Baathist drove tens of thousands of Kurds from their homeland into Iraq. In 1975, when the military was no longer pre-occupied with Iraq they destroyed thousands of villages along the Iranian frontier.

Hussein used a cycle of discovery, trial, and execution of enemies of the state to eliminate potential and actual rivals and intimidate those who would be tempted.

To ensure the survival of his regime he also attempted to win favor by releasing prisoners of former regimes, restoring jobs, and developed a middle class with an increase in schools, medical capability and distributing tribal lands to small farmers.

By 1979, Hussein had become the face of the

government and it was merely a formality when Bakr stepped down and Hussein moved up from vice-president to President.

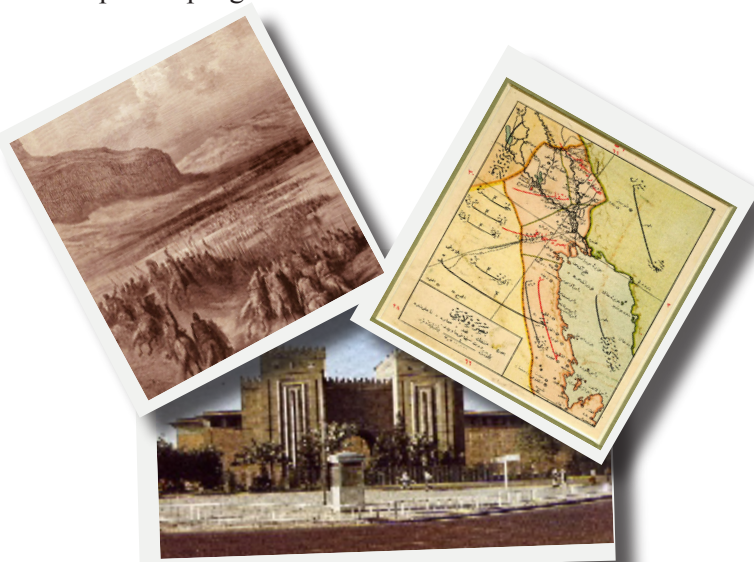
Oil revenues for Iraq had increased from 1 billion in 1973 to 26 billion in 1980. Along with his military, Hussein developed the infrastructure for Iraq. The army received the latest weapons and the people saw factories, hospitals, and universities being built.

Then in September of 1980, Saddam made his first mistake. With a newly equipped army and an apparently subdued Kurdish population he attempted to take back the land that had been ceded to Iraq in 1975.

What he anticipated as a three-month war dragged on for eight years, costing billions of dollars and killing tens of thousands of people.

Finally, July 1988, the UN Security Council, sponsored a cease fire. Iraq had borrowed nearly \$100 billion from Saudi Arabia, Kuwait and the Gulf states. Around the same time, the Kurdish Democratic Party and Patriotic Union of Kurdistan had a loose alliance that threatened the Baathist Regime.

The revitalized attacks on Kurdistan reached their worst in March 1988. Hussein's forces gassed the town of Halabja killing approximately four thousand men, women, and children. The cost of his campaigns against the Iranians and Kurds was great. An estimated 1 million professional men and women fled Iraq and promising development programs came to a halt.



Above: Photos provided by TF 1 MED PAO
Left: Courtesy Photo



WHY ARE PLATELETS

Story and Photos by: Maj. Angel Colon, 10th CSH



The 10th CSH at Ibn Sina, Baghdad is one of two sites in the Iraqi theater that collects Apheresis Platelet donations on site. This is a significant advantage in blood component therapy support to the trauma care operations of the CSH, as platelets are a rare shipment commodity due to their 5-day shelf life. Packed Red Blood Cells (PRBC) usually have a shelf life of 35-42 days after collection, depending on the anticoagulant and additives added to the collection bag. Fresh Frozen Plasma (FFP) and Cryoprecipitate have a 1-year expiration date while frozen. As a consequence, these latter components can be shipped with relatively small loss of shelf life by the time they reach their destination.

Up until the latter part of 2005, platelets were very hard to come by. If a patient needed platelets, one of two options presented to the blood bank personnel in theater: Collect Whole Blood (WB) and process it to get Platelet Rich Plasma from these units. However, this would require at least 6 donors to get the amount of platelets needed for one good dosage. We can set up a WB drive in the case of actively bleeding trauma patients requiring quick volume replenishment in order to prevent hemorrhagic shock. (In this case, the platelets are provided as well as all the other blood components, all in one WB donation.)

The first option was dependent on the presence of equipment needed to process platelets from WB, and this equipment was not found in all MTFs. The second option required that the donors would be type-specific (i.e. A to A, B to B, O to O, etc.), because with WB there is NO UNIVERSAL DONOR as there is in the administration of PRBC and FFP. This would seriously limit the amount of donors found if the patient typed as something other than an A or O (the two most common types). So.....What makes us so fortunate to have the ability to collect Apheresis Platelets? What are the advantages of having this rarely available blood component in theater here at Ibn Sina? Unfortunately, our theater-collected Apheresis Platelets, as in the case of Whole Blood-collected, are considered a Non-FDA product, because we are not able to get the Viral Marker Testing results back prior to the transfusion into the trauma patient.

Viral Marker Testing includes testing for hepatitis B surface antigen (HBsAg), antibody to hepatitis B core antigen (anti-HBc), antibody to hepatitis C virus (anti-HCV), antibody to HIV types 1 and 2 (anti-HIV 1/2), antibody to human T-cell lymphotropic virus, types I and II (anti-HTLV-I/II), serologic test for Syphilis, and nucleic acid testing (NAT) for HCV, HIV and West Nile Virus (WNV). Although we do send specimens back to CONUS for these Viral Marker tests, it may take up to 2 weeks before we receive these results in theater. Therefore, in practice, these two products are usually given under emergency (life or death) situations.



Sgt. Ashley Mattson preparing Master Sgt. John Beall for platelet donation.

SO IMPORTANT?



Currently we do screen each unit for HIV, HCV, and HBsAg using our Rapid Test kits, but these are not definitive tests and are used for “screening” purposes (i.e. if a unit is found positive with any of these Rapid Tests, it is immediately destroyed).

Here at Ibn Sina the Blood Bank has a quota of 5 platelet units daily on the shelf. Due to the short platelet shelf life, this means we are dependent on our faithful donors to donate regularly. We collect 35-40 platelets per month on average, thanks to those eligible donors that continue to give of themselves in order to support the 10th CSH’s ever demanding trauma care operations.

Sgt. Nicholas Canale donates platelets in the blood donor center at Ibn Sina Hospital

“Five reasons why your platelets are so important”

- 1) One collection from a single donor yields a concentration of platelets equal to the 5-6 different donors drawn via WB collection.
- 2) The patient is subjected to the donation of ONE rather than SIX OR MORE donors and this reduces the exposure to possible transfusion transmitted diseases.
- 3) The donor only donates his/her platelets and some plasma with very minimal loss of red blood cells. This allows for more frequent intervals of donation. A WB donor would have to wait 8 weeks before donating again, while a platelet donor can have a 72 hour donation interval, although most sites require at least 2 weeks in between donations.
- 4) Having platelets, PRBC, FFP, and Cryoprecipitate on the shelf at all times, allows for the HCP to have a readily available stock of life saving products for use in component therapy and therefore reduces the frequency of the need for the very critical and sensitive operation of a Whole Blood drive.
- 5) And finally....the donor gets to lay back, relax and watch a movie while being waited on with refreshments and “other snacks”! A little time away from the work area AND save a life at the same time...doesn’t get any better than that!!!

EMT AND CLS COURSES

By: 1st Lt. Stephen Robitaille, 421st Multifunctional Medical Battalion, TF 1 MED

Only a week from redeploying, it was just one day closer from being home for three Soldiers from task force 1-161st Infantry. Two of them were at the outdoor pool relaxing; another was at the Army gym working out, when suddenly, their routine day came to an abrupt end. Sgt. Jason Allaway, Sgt. Timothy Braaten, and SPC Jeremy Carter, all of whom redeploy by the end of July, found themselves in one last mission, a mission to save a Soldiers' life.

Nearby at the small Army gym, a Soldier suddenly passed out and was lifeless. Local bystanders ran out to different locations in frantic search for a medic. That is when Sgt. Allaway heard the call for a medic; he asked where one was needed and the person simply said, "Follow me."

Sgt. Allaway and Sgt. Braaten were led to the spot where the Soldier had passed out. Arriving at the scene, they saw numerous people gathered around the Soldier, but nobody was working on him. Sgt. Allaway and Sgt. Braaten quickly took control of the situation, pushing everyone back and began life-saving measures.

Meanwhile, at the large Army gym, Spc. Carter heard the same calls for a medic; having taken the EMT course offered at the Jameson Combat Medic Training Center (JCMTC) on JBB in April, dropped what he was doing and ran to the scene.

As Spc. Carter arrived, Sgt. Braaten, after establishing that the Soldier had no pulse and was not breathing; began CPR with the help of a KBR lifeguard that came from the pool. After two rounds of CPR, Spc. Carter ran and got the Automatic External Defibrillator (AED) and began prepping the Soldier for a shock.

Shortly after the shock, the Soldier began attempts to breath and started to puke. Sgt. Allaway began performing finger sweeps to maintain a clear airway and rolled the Soldier over to his side. Ambulances soon arrived and the medics loaded the Soldier into the ambulance where he was rushed to the Air Force Theater Hospital. The Soldier is now in Germany where he is expected to make a full recovery, thanks in large part to the actions of these Soldiers.

None of these Soldiers were medics; however, they had all either passed Combat Life Saving Course or an EMT course. It is courses like these that allowed the Soldiers to have the confidence and knowledge to perform under pressure, when it counted the most. When ask how he knew what to do in the situation, Spc. Carter responded, "Without a doubt, I knew what to do because of the EMT class."

Sgt. Allaway, who had taken several CLS courses throughout his career, noted how the repetitive training

helped him perform under the circumstances. "The repetitive training allowed me to be more confident," said SGT Allaway.

The JCMTC is located on Joint Base Balad and falls underneath the command of the 1st Medical Brigade. Sgt. Maj. Kellyanna Oneil, Clinical Operations Command Sgt. Maj. for TF 1st MED, oversees the operations at the JCMTC. "Our goal [at the JCMTC] is to enable non-medical Coalition Forces to provide far forward life saving measures." A major factor in making that goal is the Combat Life Saving Course (CLS) and Emergency Medical Technician (EMT) courses.

The CLS course is a 3 day course offered almost weekly at JCMTC and is open for all Soldiers, regardless of rank or MOS. A fourth day is available for Soldiers to learn CPR and AED training. Despite the short timeframe of the course, the training encompasses numerous hands on training and gives Soldiers the tools they need to help save lives.

"CLS certified Soldiers can save lives when needed and are a tremendous help when other medical personnel are overwhelmed," said Sgt. Donita Green, CLS instructor at JCMTC. "When we certify a Combat Lifesaver, we are confident that student will be able to save a life."

That EMT Class Spc. Carter took is also offered by the JCMTC on JBB. According to one of the EMT instructors, SGT Clifton Caldwell, the EMT course is a month long offered on a bi-monthly basis and consists of a class size of 25-30 students; medical or non-medical personnel can attend.

"By allowing non-medical personnel to attend the course, Combat Readiness is enhanced by increasing the number of medical professionals in theater," said Sgt. Caldwell. That proved true as Infantry Soldiers were the first responders to the scene.

To pass the EMT course, Soldiers have to learn various skills, to include pre-hospital emergency care, the use of AED's and airway adjuncts, among others. Students also get hands on training at the Air Force Theater Hospital on a variety of skills. Throughout the month-long course, students must pass six written exams plus and a final exam in conjunction with 13 hands on testing of critical skills. After this, they must pass the National Registry of Emergency Medical

Technicians (NREMT) test, which has a national passing average of 70%. JCTMC surpasses those

HELP SAVE SOLDIER'S LIFE



Command Sgt. Maj. Frank Grippe, MNC-I Command Sgt. Maj. pins Sgt. Jason Allaway, and Spc. Carter from TF 1-161 ST Infantry with an Army Commendation Medal. Photo taken by Spc. Brian Barbour, 3rd ESC Photo Journalist.

standards; it not only requires 10 more additional hours than the NREMT, it also has an 80% passing rate. The instructors work diligently and take their job very seriously knowing what they teach can save lives. "There is no better feeling than knowing a Soldier we trained was capable of saving a life," said Sgt. Caldwell, even if it is only 1 out of a thousand.



502nd Dental Company

by Cpl Aaron Scheer, TF 1 MED PAO

From the moment the 502nd Dental Company set foot in theater, they have remained unified despite their dispersion throughout theatre. The 502nd is spread from the North to the South of Iraq, treating both Soldiers and Iraqis. The Dentists of the 502nd encompass all Dental Specialties to include oral surgery, endodontistry, prosthodontistry, and orthodontistry. Having all of these Dental specialties in theater serve as a benefit to all Soldiers. In multiple clinics on different Forward Operating Bases throughout Iraq, the Doctors and the Soldiers make a unique team as they spend 6 days a week treating patients for Sick Call and Regular Appointments. A typical Dental Clinic in theater includes the Clinic NCOIC, Clinic OIC, a few 68EX2 Dental Hygienists, the 68E Dental Assistants, and of course the Dentists. Overseeing all of these clinics, is the Command Staff at the 502nd Dental Company Headquarters at Balad AB. Col. Steven Eikenberg, Commander, Lt. Col. Julia Dallman, XO, and 2nd Lt. Matthew Krein, Operations OIC, lead the team to ensure quality care everywhere. They just completed their Transfer of Authority on 17 July 09. The indoor ceremony at the Joint Base Balad MWR center was hosted by the 421st Multifunctional Medical Brigade with guest Col. Tehnet. The departing 464th was here on a 15 month deployment from Germany, while the 360th, a reserve unit out of Ohio, was here for 6 months. Task Force 502nd Dental Company provides dental support for the entire Iraq theater and now manage 12 dental clinics with 26 PROFIS dentists. Eager to take the reins as the only Deployed Dental Unit in Theater, they are an elite group, the largest Deployable Dental Unit in the Army. They hold on their shoulders a mantle of responsibility, which they are able to assume without question. They will complete their mission and provide care beyond measure, rising above to meet every and all challenges.

RISE ABOVE!



Col. Eikenberg and Sgt. 1st Class Elliot unfurling the Colors at Joint Base Balad during the Transfer of Authority Ceremony.



The 502nd Dental Company in front of their Mural at Joint Base Balad, Iraq

Assumes Authority

The mission of the 502nd Dental Company, Area Support, the largest worldwide deployable Dental Company in the United States Army, is to provide world class general and emergency dental care in support to participating units in theater, and home-station support of administrative, technical, and mission readiness functions for assigned and attached personnel. The success of its many vital roles is directly proportional to its unit cohesiveness as it successfully endeavors to RISE ABOVE meeting all present as well as future challenges.



502nd Transfer of Authority on 17 July 2009 - Col. Steven Eikenberg, Commander 502nd Dental Company



Base Balad,



The proud members of the 464th standing with their cased colors at the Transfer of Authority at Joint Base Balad.



14th Combat Support Hospital Assumes Mission From 115th “ *After a 15th Month Long Deployment* ”

Story and photos by Capt. George Mallory TF 1 MED PAO

The 14th Combat Support Hospital (CSH) from Fort Bragg, North Carolina, uncased their colors during a Transfer of Authority ceremony held at Camp Cropper, Iraq, 01 August 2009. Col. John M. McGrath, Commander of 115th CSH from Fort Polk, Louisiana, transferred authority to Col. Judith A. Lee, Commander of 14th CSH. The 115th CSH was the last unit to be deployed 15 months in support of Operation Iraqi Freedom. The 115th CSH had run 3 medical facilities with over 1100 Soldiers and Sailors from the National Guard, Reserves, and Active Component serve with the unit during its 15 month deployment to Iraq.

Col. Robert D. Tenhet, Task Force 1st Medical Brigade Commander, was the guest speaker for the transfer of authority ceremony. Col. Tenhet thanked 115th CSH for a job well done and said “This unit has played an integral role in improving the quality of medical care as well as marked

improvements in the detainee process, thank you for your unwavering dedication to bringing a sense of humanity to this conflict”. Col. Tenhet then welcomed the 14th CSH Command Team and noted that they come prepared with the necessary tools to be successful.

Col. McGrath spoke about his unit's many accomplishments during his speech. “...I believe a tribute to the trust the detainees have in the American Medic, is that over 90% of the detainees volunteered to receive the flu shot”



Col. McGrath and Command Sgt. Maj. Hunt case the 115th CSH colors on 01 August 2009, at Camp Cropper, Iraq.

es Authority of Detainee Healthcare

Combat Support Hospital

in Support of Operation Iraqi Freedom



said Col. McGrath. One major accomplishment by 115th CSH was a complete switch from paper medical records to 100% electronic documentation which allowed record sharing between the three hospitals and the International Committee of the Red Cross (ICRC). They also developed a standardized detainee hospital identification numbering system. Col. McGrath thanked all the units who helped support the unit during the long 15th month deployment by saying the following “They supported us, transported us, and brought us into the team concept”. He then finished his remarks by welcoming the 14th CSH and noted that they will do an outstanding job. Col. McGrath’s most noted com-

ments were “115th CSH treated every patient, detainee, coalition, Host National and Third Country National with respect, dignity and more importantly treated them how they would have wanted to be treated”. Col. Lee talked briefly about how prepared her Soldiers are to understanding this important mission and the road ahead for the 14th CSH. Col. Lee wanted to thank 115th CSH by saying “The 115th CSH legacy will be based on how successful TF 14th CSH is in assumption of this mission. I can tell you that your legacy will be great”.



Col. Lee and Command Sgt. Maj. Caver unfurl the colors at Camp Cropper, Iraq

A VISIT FROM THE SERGEANT

Photo and story by Cpl. Aaron Scheer, TF 1 MED PAO

It was an auspicious occasion at the JVB Hotel at Camp Victory as Sergeant Major of the Army Kenneth O. Preston paid a visit. The event included an ensemble of the

1st Cavalry Band and steaks cooked on the grill. It was coined with his speech and ended with each Soldier present receiving a coin of excellence. Each participant enjoyed the opportunity to have a photo taken and partake in the festivities with fellow soldiers. Among the members were Sgt. 1st Class Robert Rainbolt, 111th MMB, Sgt. Ian Maharaj, TF 1 MED, Spc. Yessinia Salazar, 502nd Dental Company, Spc. Adam Barrios, 421st MMB, Spc. Gerardo Eulalio, TF 1 MED HHC, and Spc. Kevin Adams, 14th CSH.

Sergeant 1st Class Robert Rainbolt said "It was quite an honor to meet an NCO of his caliber."

Sgt. Ian Maharaj said "It was awesome to get a coin from him."

Spc. Yessina Salazar said "I feel privileged to be selected to attend this event."

Spc. Kevin Adams said "Meeting him was cool. I like what he said about the Army giving younger NCO's more responsibility."

Spc. Adam Barrios said "It was a good time."

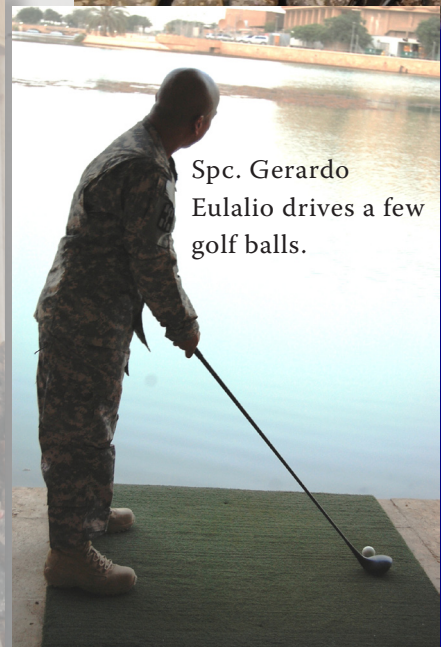
Spc. Gerardo Eulalio said "Indeed, it is a lasting impression when somebody, like the Sergeant Major of the Army, makes you think not "who" you really are – but "why" you really are.

And yes, "I don't let the young guys beat me up." I told the Sergeant Major of the Army. "Just making sure because I don't," he replied with a sincere tap on my shoulder.

Sgt. Maj. of the Army Kenneth Preston during his speech to the receptive audience. His key points included developing NCO's early in a Soldier's career, giving more responsibility to junior NCO's, and doing your best at all times.



Pictured from left to right: Spc. Yessinia Salazar, Spc. Kevin Adams, Sgt. Maj. of the Army Kenneth



Spc. Gerardo Eulalio drives a few golf balls.



ANT MAJOR OF THE ARMY



Sgt. 1st Class Robert Rainbolt, Spc. Adam Barrios, Preston, Command Sgt. Maj. Kevin Stuart, Sgt. Ian Maharaj,



Command Sgt. Maj. Frank Grippe and Command Sgt. Maj. Kevin Stuart talk with Spc. Yessinia Salazar



Sgt. Maj. of the Army Kenneth Preston and Spc. Kevin Adams



Left: Sgt. Maj. of the Army Kenneth Preston during an early visit taking a photo with Spc. Daniel Olszko, TF 1 MED Command Suite Driver.

"55th Combat Stress Control Re-opens Clinic at Camp Liberty, Iraq"

Photo and Article by: Cpl. Aaron Scheer, TF 1 MED PAO

The 55th Combat Stress Control Detachment conducted a grand opening gala for their new Stress Clinic located at Camp Liberty, Iraq. The clinic was re-opened following a recent tragedy which cost the lives of 5 service members. The new clinic represents the future of Combat Stress Management in the Iraq Theater. It is one of only three clinics located in Iraq, and is the largest of the three. It has a fully qualified staff of both soldiers and sailors who have training in Occupational Therapy, Stress Management Therapy, Psychiatry, and Sociology.

The opening was graced with the presence of Brig. Gen. Heidi Brown, Deputy Commanding General for Sustainment, Multi-National Corps Iraq, Col. Michael Eisenhauer Chief of Clinical Operations, MNC-I Surgeon's Office and Col. Robert Tenhet, Task Force 1st Medical Brigade Commander. The event was well attended and included many guests, both Soldiers and Sailors, from the 55th Combat Stress Control, and supporting units. The attendees paid their respects both to the previous clinic, its members and to the new clinic.

The Ribbon Cutting Ceremony is symbolic in that it represents the cord or bindings that must be cut in order for healing to begin. Soldiers visit the Stress Clinics to learn techniques to deal with daily emotional struggles. Successfully functioning in a combat environment requires positive mental discipline, and cool-headedness. Sometimes, reaching this point can be a gradual process which requires both a flexible and competent staff and more importantly, a willing patient. Brig. Gen. Brown spoke of the deep appreciation she had for the many Soldiers and Sailors saying "This Combat Stress Clinic is a key element to the success of Operation Iraqi Freedom." Col. Michael Eisenhauer followed with a few encouraging words to the Clinic staff and mentioned that we must never forget, but instead move on with a sense of hope as we learn new effective methods in dealing with combat stress related issues. The new clinic marks a new chapter, a new start, a place where healing can continue despite adversity.



The coin is significantly placed above the doorway to the clinic in memory of the fallen service members.

Col. Michael Eisenhauer said *"There are many angels walking the streets of heaven today. They are our angels." The lives that will be touched with this Combat Stress Clinic will honor them.*



He closed with a quote from a song by the Iron Maiden's Piece of Mind Album entitled "Revelations". The words to the song were originally written as a hymn by Gilbert Chesterton - one of the most influential writers of the 20th Century.

***O God of earth and alter
Bow down and hear our cry
Our earthly rulers falter
Our people drift and die***

From Left to Right: Brig. Gen. Heidi Brown, Deputy Commanding General for Sustainment, MNC-I, Maj. Christopher Rivera, 111th Multifunctional Medical Battalion, TF 1 MED and Lt. Col. Salisbury, 55th Combat Stress Control, Commander cut the ribbon at the Liberty Clinic Re-Opening Ceremony on 31JUL09.

“Deployed Combat Casualty Research Team Changes Their Location”

Photo and Article by: Lt. Col. Lori Trego, 10th CSH

Helicopter blades rumbling, dust in your face, tons of people come in and out of the room-the last thing you are probably thinking about is research-but why? Research in theatre has fundamentally changed the way in which we resuscitate trauma victims, and all of the doctors, nurses, medics, and techs who assist with research in theater have contributed to the greater than 90% survival rate we have today. From ensuring that injured soldiers are kept warm during transport, to decisions about what blood products to use and when; research is the key to making changes and improving the system of care.

In the era of modern medicine, many of the treatment protocols and clinical practice guidelines that we follow are a direct result of lessons learned from periods of armed conflict. Because of this, the military has placed significant emphasis on ensuring that we learn all that we can during the current operations. This ensures that we will continue to provide the best care to every soldier, sailor, airman, and marine put in harm's way.

If you have a research question you would like answered, or have an idea for improving a process, why not contact the Deployed Combat casualty Research Team (DC2RT)? We can help you design and implement a study that answers your question and will ultimately provide better care.

The DC2RT was initially deployed in September 2006 to the Ibn Sina hospital in Baghdad, Iraq, a second research site was initiated in September 2008 at the 332nd EMDG hospital, Joint Air Base Balad, Iraq and a third research site is in Bagram, Afghanistan. The DC2RT is now called the Joint Combat Casualty Research Team (JC2RT). The current team, with the Army and Air Force research staff, is charged with helping medical personnel design and conduct research across Iraq and Afghanistan.

All research that is done in MNF-I must come through the JC2RT for approval. Although the current DC2RT is moving out of Ibn Sina and the IZ, we will maintain JC2RT operations in Iraq at the 332nd EMDG on Joint Base Balad. Please contact the JC2RT at **DSN (318)-443-2545** for an Investigator Information Packet.





2009

The Year of the Noncommissioned Officer



Army NCO
No One is More Professional than I ...

Q&A with... *What does being an NCO mean to you?*

Beyond the HOOAHs... lead from the front; walk the talk; be the example (BE, KNOW, DO-- old school); Being an NCO has been rewarding, it is the longest single thing I have done in my entire adult life, since I was 21 I'm 42 now. Being an NCO means you are skilled at your craft, not just physically or technically and tactically proficient, but you understand your Soldiers. You're compassionate, a great listener, and you can empathize with our greatest commodity, the US Soldier. Being fair and firm, ethically, legally, and morally correct are what an NCO must be, will be. An NCO must be all to some and just some to all, balanced and direct always. One has to LOVE being an NCO --- or why do it.

- Master Sgt. Tracy O'Neil - Plans Sgt. Maj.



It means you take care of Soldiers and Officers by setting the example. It means everyday you learn something new from them to make you a better leader. The instant you loose that perspective or think you are above them, you need to find a new profession. - Sfc Angela Castro, TF 1 MED - Vet Services

To me being a NCO is pride and honor, a history of traditional. We're overall responsible for the training and leadership of the enlisted soldier, but also for the Officers we serve with. Safety is everyones responsibility, the Officer is suppose to be responsible, but when it comes down to it, if I don't give the proper leadership and training, then I'm responsible for that soldier. To me that's is why we're the "BACK BONE of The ARMY". - Staff Sgt. Joseph Lary- TF 1 MED S4



Being an NCO is more than being a leader, it is about training future leaders effectively because one day they will replace me. More than just leading, it involves training, helping, encouraging, and ensuring that they are successful in all of their military endeavors.

Sgt. Adam Streeper, S6 Operations NCO

Your Education

The SSG Russell J. Verdugo Camp Victory Education Center is just one of many education offices located throughout Iraq. From the small FOB's to the large posts, they are strategically located to serve the Soldier. Each office has a highly proficient and educated staff ready and willing to solve all education related needs. At the Camp Victory Education Center, there are three University Representatives - University of Maryland University College, Embry-Riddle Aeronautical University, and Central Texas College. This Education Center is open 12 hours a day from 0800-2000.

Inside the facility, they have SPAWAR computers. These computers allow access to Facebook Twitter, Youtube, and personal email accounts.

All education representatives can assist in:

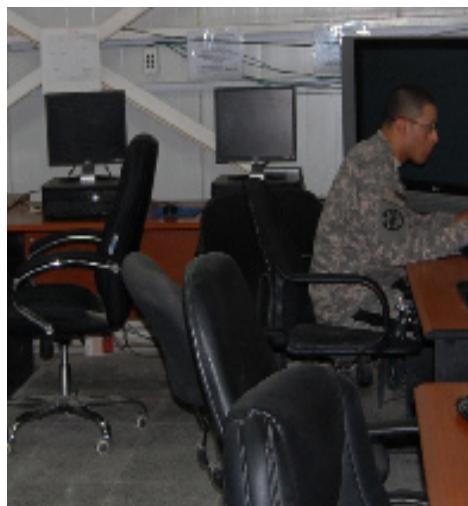
- GOARMYEd
- Tuition Assistance
- College Registration
- Scholarship Information
- GiBILL Information

A deployment is what you make it. It is a time when you find yourself in different surroundings working 6-7 days a week with little free time. Nevertheless, it is important to utilize the available time towards self-improvement. The Army offers many different types of education opportunities so take a class, work towards a degree, take some correspondence courses or just learn something new. There are opportunities for you, often free of charge. The Army Tuition Assistance Program through GoARMYEd offers each Active Duty Soldier \$4500.00 per fiscal year. In addition, many universities offer reduced fees for military personnel. A few of these military-friendly universities allow Soldiers to complete degrees 100% online. Many of these such schools include American Military University, Liberty University, North Central University, and Tarleton State University. All you need is a computer with internet access and more importantly - Motivation. Believe it or not, one year will pass quickly, and when you look back, what will your personal accomplishments be? The benefit of completing an Associates, Bachelors, Masters or Ph.D far outweigh the costs. It is something that will only make you more successful in life. No one can take these accomplish-

ments from you. You will carry it with you throughout your military career and beyond. Utilize your resources and stop by the Education office to see what education opportunities there are for you.



Currently, most education centers offer classroom instruction. Each semester, some of the basic college courses are offered. See your Education Center for information.



The SPAWAR computers available in Education Centers at Camp Buehring, Joint Base Balad, Camp Victory

by Cpl. Aaron Scheer, TF 1 MED PAO

Knights on the Street

What have you learned so far from your deployment?

Photos supplied by
TF 215th ASMC, TF
1 MED, 47th CSH



Spc. Gerardo Eulalio, TF 1 MED S1: These are the two indispensable processes I learned from this deployment: preparation and realization. I say “indispensable”, facing the fact that what is at hand (deployment) entails a lot of preparation and an enduring sense of realization.

Indeed, there can be no substitute for preparation. How I see myself right now is the amalgam I came up with from my limitless hours of preparation spiritually, emotionally, technically, physically and mentally. This is my first deployment and I had to make the most of my efforts in preparing. I might have out done myself, but, all is well. There is no such thing as “over preparation”. It’s better to have extra luggage. We’re not a sinking boat anyway.

The most exciting thing that I have learned from my deployment is the process of realization.

47th CSH S4 Sgt. Keith Stenerson: Personally, I have learned that my second deployment is both easier and more difficult. Easier because I know what to expect and have the experience to draw from; more difficult because my daughter is older and doesn’t understand why her Daddy has to be away. Professionally, I have learned more facets of my MOS due to the higher work load and being able to work with many different units, people and locations.



Spc. Jacqueline Gravitt, 215th ASMC – “The most important thing that I learned during this deployment is that if you don’t have teamwork, then you will never be successful at any task you are sent to do. The team or good team can either make or break any cohesion you have between your fellow Soldiers and could jeopardize the mission. Without teamwork, you don’t have anything.”

From that time we hit ground in Camp Buehring, the realization begins. Everything that I thought or conceived when I was still in garrison is becoming a reality – the heat, stress, subtle conflicts, and the culture. Nonetheless, realization, being a learning process, doesn’t stop here. I know I will have more than lots of it down range. There is more to discover from this deployment, from my own potential to other things...And I’m looking forward to facing it head on. Silver Knights!



Knights on

What have you learned



Capt. Frank Wanat, TF 421st S1 OIC: "Because of Christopher Bates, medium size PT shorts should be banned throughout the Army."



Spc. Vonda Jones, 215th ASMC – "That confidence is the most important skill you can have as a medic."



Capt. Harry Jackson, TF 1 MED, Clinical Operations
On a professional note, I've learned that in the TF 1 MED every member of the team brings a special skill set to the table to solve problems and accomplish the mission. None of us are as strong, intelligent or creative by ourselves as we are together. On a personal level, I've reinforced the feelings that nothing is more important to me than the health, welfare and immediate presence of my family in my life. A kiss and hug from my amazing wife who is expecting our third child and some time to play with my two energetic boys is all I need to keep me content.

the Street

so far from your deployment?



Sgt. Michael Barker, TF 421st: "The harder we work together, the easier it gets"

Spc. Clarence Simpson, TF 1 MED, HHC Orderly Room: I have learned that it's a team concept, you're only as good as the guys sitting next to you. A team can knock tasks out faster than an individual. Fortunately, we have a great group of Officers, NCO's, and Junior Soldiers who can work and play well together and accomplish any task.



Spc. Rella Huesman, 215th ASMC: "That you can't judge a book by its cover. People seem one way until you really get to know them. You have to be willing and able to give people a chance. They will surprise you. Hard work pays off even when no one is watching you. Smile, it really does spread. Have the ability to see humor in everything; it helps. The deployment is what you make it. It can be good or it can be hell. This is a great chance to better yourself, physically and mentally."



Spc. Shawanna Abercumbia, TF 1 MED Command Suite Secretary – "I have learned to be a better person and help my fellow comrades. It's not easy being away from family and friends but I have learned in order to make this deployment you have to keep the morale up even if it's just hanging out with some friends watching movies. I have also been helpful in giving some good advice to those that feel that they have no one to talk to or to listen and hear them when they have an issue; this has become the best part so far in this deployment me helping other soldiers."

Photos supplied by TF 215th ASMC, TF 1 MED,



TF 1 MED PAO: Can you tell us a little about yourself?

Command Sgt. Maj. Stuart:

I was born and raised in Washington DC and grew up with four brothers along with my Mom and Dad. I learned so much from my Dad about respect, courtesy and discipline. I serve in the Army for several reasons, one being the love of serving with troops and another reason for contributing to a country I love and respect. I enjoy exercising, walking, writing poetry and even playing ping-pong during my spare time.

TF 1 MED PAO: What foundations developed your leader attributes?

Command Sgt. Maj. Stuart:

I developed many of my leader attributes from my family (Mom & Dad) who instilled in me the virtues I hold most dear (respect, courtesy, discipline & hard work). My Dad always stressed to work hard in everything you do. These

same attributes were reinforced by my Drill Sergeant upon entry to the Army. My Drill Sergeant showed me also that respect, courtesy, discipline and hard work would make a good Sol-

dier. Throughout my career, I was positively influenced by several leaders such as Staff Sgt. Juan Zapata and Sgt. 1st Class Mageo, who were my two first platoon sergeants and always encouraged me to do well as young trooper. So from my parents to Drill Sergeant to Platoon Sergeant all contributed in developing my leadership attributes and helped in cultivating me into a decent Soldier.

TF 1 MED PAO: How many times have you deployed? And where?

Command Sgt. Maj. Stuart:

I have been deployed a couple times, but have been on several contingency missions. I have worked in several countries, such as Egypt, Saudi Arabia, Kuwait and Iraq. I have been amazed to see the positive influence the United States Military on many of these countries. I feel honored in serving my country and will go wherever the Army directs me to go. It's a proud feeling to serve the people of the United States with dis-

tingtion as Ambassadors of great nation.

TF 1 MED PAO: Why do you feel your unit is prepared enough to take over such an important mission here in Iraq?

Command Sgt. Maj. Stuart:

There are several reasons why I feel TF 1 MED is prepared for such a daunting mission and one is that we are technically and tactically proficient, highly motivated and secondly, we are just flat out hungry to perform this mission to the best of our ability for our country & Army.

TF 1 MED PAO: How did you prepare your unit to deploy?

Command Sgt. Maj. Stuart:

We prepared for this mission by participating in several training exercises, which allowed us to learn from one another and prepare us for tough and stressful situations. Lastly, our unit came together and performed exceptional well for nine months in support of the Chemical Biological Radiological, Nuclear, and Explosive (CBRNE) Consequence Management Response Force (a mission in which we provided to medical support to the state, local and federal agencies during disasters within the U.S.).

TF 1 MED PAO: What have you learned during the process of preparing TF 1 MED for its current Deployment? What advice could you give to future command teams?

Command Sgt. Maj. Stuart:

I have come to realize during our preparation, that we have many fine Soldiers in the Task Force. We have motivated, smart, and capable troopers who are capable and adamant about getting the job done. The important thing to remember is that everyone has an important role in completing the mission – everyone is a considered a link in the chain and essential to mission success. I would strongly advise future command teams to emphasize flexibility, safety and teamwork. This area (deployment) is an ever-changing environment and things change very rapidly from day to day or week to week. Troops will be better prepared if they know and understand this concept. Safety is certainly a priority over here and must be stressed at all times. Leaders must be engaged in safety everyday and impress upon their troops to do the same. This mission will not be accomplished by one person, it will take a team effort and it is crucially important that everyone put their own ambitions to the side for the good of the team and work together from day one to mission completion. Every troop on this mission must think, act and behave as a team.



TF 1 MED PAO: What are your goals for the Brigade HQ's and the Task Force?

Command Sgt. Maj. Stuart: My goals for the Brigade HQ's and Task Force are that we perform our mission to the best of our ability and come back home safely. Another goal for the Task Force is that we provide world class health care to our troops. The majority of the troops deployed on this mission will go full tilt knowing that we are there ready to provide the best medical care in the world. Lastly, my goal for this Task Force is that each trooper grows professionally and personally while contributing to the success on this mission.

TF 1 MED PAO: What have you noticed about the subordinate units since taking charge?

Command Sgt. Maj. Stuart: I have noticed several positive experiences from our subordinate units and it starts with the quality of Soldiers we have in the Task Force. We have outstanding troops from each unit in that they are professional, disciplined, highly motivated and committed to do their part on this mission. Each unit observed displayed a keen vigilance in taking care of one another while focusing on the missions. The Task Force Commander (COL Tenhet) and I both noticed that our troops have an exceptional work ethic and will do almost anything to get the job done

TF 1 MED PAO: How is TF 1 MED a force multiplier?

Command Sgt. Maj. Stuart: The TF 1st MED is a force multiplier because our troops are willing to go all out on every mission knowing that the best medical care in the world will be there for medical care if needed. TF 1st MED is a force multiplier because troops have full confidence and trust that if anything happens to them or their battle buddies during this deployment, they can rest assure that the best medical care and support will be available anytime of the day. We are a force multiplier because we truly conserve the fighting strength of our Nations troops.

TF 1 MED PAO: Do you see any areas or envision anything concerning CHS we need to improve?

Command Sgt. Maj. Stuart: We certainly have room to improve in all facets of our mission, because this is a constant changing environment. We always talk about improving our foxhole (work area) each day to make our job more efficient and effective. I have to talk a little about safety because there is no holiday for safety and we all must improve and stay vigilant on practicing safety all the time

TF 1 MED PAO: What makes this deployment different for you, since you last deployment to Iraq?

Command Sgt. Maj. Stuart: This mission is totally different from our last deployment and

again it is constantly changing even as I write this answer. The bottom-line is that as the mission transitions from phase to phase, we must continue to stand tall and be flexible, ready and prepared to act accordingly as the mission adjust.

TF 1 MED PAO: What is one of your personal goals and how do you hope to achieve it during this deployment?

Command Sgt. Maj. Stuart: My personal goal is to bring everyone home safely while successfully accomplishing our mission.

TF 1 MED PAO: What do you do to relax during your down time?

Command Sgt. Maj. Stuart: I enjoy walking, working out in the gym, writing stuff (poetry, essays, military articles, etc,) and playing ping pong and card games.

TF 1 MED PAO: If you got a chance to talk to all of the Soldier in the Command what would you like to say to them?

Command Sgt. Maj. Stuart: I would start of by saying "thank-you, thank-you, thank-you" for displaying the utmost in the Army Value of selfless service (willing to sacrifice family, friends, civilian career and life for serving the people of the United States and our way of life); there is nothing nobler than that. I would go on to say that we are Noble Ambassadors of the United States of

America and I am honored and privileged to serve as your Command Sergeant Major. I serve you with my blood, sweat, tears because I know you will do the same for our fellow comrades each day. Continue to serve with pride and distinction, while bringing honor to our country. Your work ethic is impeccable, so continue doing your very best in all that you do. Keep in mind that your contributions are crucially important and are instrumental in the success of our Task Force. I would conclude by saying, each and every one of you is truly worthy and has contributed significantly to the Task Force. Continue to stand up for your fellow comrade, stand up for our Army values, stand up for the principles in which we serve our nation (honor, duty, country, equality, freedom, peace, justice) and stand up for your family and self. Silver Knights lead the way....all day and all night!!!!

CSM Kevin Stuart
HQ, TF 1st MED BDE

COMPASSION

Do you know the Commander of Task Force 1st Medical Brigade? You will definitely get a better perspective after reading this interview. We thought we would interview the Brigade Commander first to give you a better understanding about where our Medical Task Force in the Iraq Theatre of Operations is going in the near future and give you a little insight.

TF 1 MED PAO: Can you tell us a little about yourself?

Col. Tenhet: I'm a proud North Carolinian and married to a wonderful lady, Mary (retired Army nurse) and we have two bird dogs, Tar Heel and Pepper. My hobbies are tinkering in my garage as I have too many "toys" that run on fuel, watching Carolina basketball and spending time with the love of my life, Mary. I also love being around Soldiers, serving my country and doing my part to protect our way of life.

TF 1 MED PAO: What foundations developed your leader attributes?

Col. Tenhet: I came from a low to middle income environment that, while we didn't have much in a tangible sense, love and discipline ruled in my house. The neighborhood where I was raised was very low income and quite violent at times (especially in the 60's).....most of my friends from my childhood are either dead or in prison. Two of us made something of ourselves, but it was through sports that we were able to escape our surroundings. Thus, I'm just happy to say I came out of there in one piece and carry these experiences in my approach to leadership today. The way my parents and grandmother raised me made me the man I am today. As such, I was pretty much raised to work hard, not take anything for granted, maintain humility and thank the good Lord for ANY blessings he's bestowed. Through this foundation, I'm the type that truly feels Command is a privilege, not a right. In God's eyes, we're all the same.....rank is just an opportunity to make things happen at one's present level on the hierarchical "ladder", nothing more.

I would be remissed if I didn't credit the officers and NCOs that developed me in my formative years in the 82nd and 44th Med Bde as I spent my first eight years in the service at Ft Bragg. Every LT should have the experience of working in a Division....it gives you perspective and focuses you on what's important in this Great Army; our fighting forces. While at Bragg, I had the distinct pleasure of working with CSMs (Ret) Richard Burnell, Mike Maywhort, Jim Roberts, Mike Munn and David C. "Lex" Luther, COLs (Ret) Tom Schofield, Dick Smears, Myung Kim, Ira Walton, Jay Harmon, Butch Murphy, BG (Ret) Jerry Foust, and MG Phil Volpe. During my most recent deployment, I served with MG(Ret) Elder Granger, CSM Willie Franklin, BGs Gallagher and Carvalho, COL(Ret) Don Jenkins (AF), CAPT John DeNobile (Navy), COL(Ret) Danny Jazarivic, and SGM Daryl Strange. All past and present had a great impact on me as it was "mission first" with this lot while their heart was always in the right place.

TF 1 MED PAO: How many times have you deployed? and where?

Col. Tenhet: Just Cause in Panama, Desert Shield/Storm in Saudi Arabia/Iraq, a couple of hurricanes (if those count) and back to Iraq a couple of times. Of note, my wife, Mary, mentioned in an email the other day that I've flown in and out of this region 17 times over the past 5 years.....guess I didn't realize how much I've traveled here, but it was yet another sober reminder of how much our families tolerate during one's service to country. I'm proud to mention she deployed here as well, so we've been separated close to 4 years in the last 7 by the time I complete this tour. Translation: I understand the pressure this multiple deployments can and WILL place on our Families.

TF 1 MED PAO: Why do you feel your unit is prepared enough to take over such an important mission here in Iraq?

Col. Tenhet: Because the whole team is the most committed, motivated and energetic group of Soldiers I've ever been affiliated with in my 25 years of active federal service....and, I've told them as much several times. Having the oldest Nurse in the army doesn't hurt (okay, maybe not the oldest, but he's up there....only adds to his venerable status). Not only does COL Mike Calder have several deployments under his belt, he's a Vietnam veteran to boot. I rely on his sage advice and that of my battle buddy, CSM Kevin Stuart, in every decision we make. We're also lucky to retain the services of SGM Joe Cecil, who we "by named" to return to us following SGM academy; MAJ(P) Tim Walsh, who we were able to keep on the team following two years as 1st Med XO; LTCs Ron Krogh and Scooter Drennon (both joining us following successful Battalion commands in our brigade), and LTC Kenny Lemons remaining with us as the "brain" to help with our planning efforts; we've retained the services of COL Craig Gorley as the AirForce liaison and SGM Kellyanne O'neil in Clinops as well....both wins for us; even the Soldiers in the HQ suite, whom were all hand-pickedall, very loyal Soldiers and leaders. I'd die for any of them.



Col. Tehnet with his boys (Tar Heel, left, and Pepper), the morning he deployed.

TF 1 MED PAO: What have you learned during the process of preparing TF 1 MED for its current Deployment? What advice could you give to future command teams?

Col. Tenhet: In the current operational environment living from one deployment to the next under ARFORGEN, it's imperative that Commander's assess what I feel is the hardest "button" to push: taking a knee. Units are worn out and, generally, all I see is new commanders showing up full of piss and vinegar ready to change the world; never taking into account the unit they inherited just returned from 12-15 months away from home, experienced the good Lord knows what and simply wants time to interact with their loved ones and get their feet planted firmly on the good ol' USA soil....not have to deal with the new guy with all his "good ideas" he or she brought in their kit bag. It's the quickest way to turn-off those you're trying to "turn-on". Future deployments will come and whether or not you are in charge when

the ramp goes up shouldn't matter to you. What should matter is that we assess the "mental, physical, & spiritual" of each and every Soldier and their Family and take the time to intervene where necessary, allow the unit time to get their wind and slowly grow the unit back into the stud it used to be (from both a individual and collective whole). I generally tell the Commanders when they come on board three things (since most of them assume command immediately following a re-deployment of their unit): (1) they didn't get better looking just because they are now a Commander (i.e., morals and ethics are imperative), (2) I stress loyalty & (3) to expect to work 1 to 1.5 years simply getting back to the basics, rebuilding their organization and spend the last 6 months in command preparing them to go out the door again. Until something changes within our country's political atmospherics, this model is about as realistic a model to follow.

Of note, I try not to verbalize what I don't practice myself - Audio should match the video. As Col. Eikenburg stated in his 502nd DCAS TOA speech, "talk is cheap."

TF 1 Med PAO: What have you noticed about the subordinate units since taking charge?

Col. Tenhet: What I can definitely say I've noticed is the sincere dedication to service and how motivated everyone seems to be to perform the mission; everyone is doing great work as a team supporting the warfighter!

Unfortunately, the severe drought (& subsequent harsh weather that precipitated) greatly diminished CSM Stuart's and my ability to travel and visit some of our units in a timely manner. Thus, we have to rely on the BREEZE and other venues to communicate on a regular basis. On the few trips we've made thus far, I noticed both big things and small: anything from how our units come from different parts of the world, quite literally, and what that brings to the fight; how well our PROFIS appear to integrate into field medicine.

I've also noticed little things like 332nd EMDG's mantra "Busting oursto save yours...." That's classic! I love it. I also like their simple goals stated (like "clearing the beds and taking care of each other"). Concise statements are what people remember.....it's living up to them which require engaged leadership.

TF 1 Med PAO: What have you noticed about the subordinate units since taking charge?

Col. Tenhet: What I can definitely say I've noticed is the sincere dedication to service and how motivated everyone seems to be to perform the mission; everyone is doing great work as a team supporting the warfighter!

Unfortunately, the severe drought (& subsequent harsh weather that precipitated) greatly diminished CSM Stuart's and my ability to travel and visit some of our units in a timely manner. Thus, we have to rely on the BREEZE and other venues to communicate on a regular basis. On the few trips we've made thus far, I noticed both big things and small: anything from how our units come from different parts of the world, quite literally, and what that brings to the fight; how well our PROFIS appear to integrate into field medicine. I've also noticed little things like 332nd EMDG's mantra "Busting oursto save yours...." That's classic! I love it. I also like their simple goals stated (like "clearing the beds and taking care of each other"). Concise statements are what people remember.....it's living up to them which require engaged leadership.

TF 1 MED PAO: What are your goals for the Brigade HQs and the task force?

Col. Tenhet: I've published those already. I'd rather address what is most important to me in our HQs...or, even better, what gets me frosted. Treatment of others.....how we treat others defines who we are. Now, I know I light-up the staff from time to time, but I make sure they still have at least a little padding left when they leave my foxhole. I hope they know I love them-- even Cleaton-- and that I'd do anything for them. If I didn't, I wouldn't have deployed them away from their families to work with me and my battle buddy on this mission. I tell the staff the word "NO" does not exist in their vocabulary. I give the intent, the THREE publishes the order and we, as a TEAM, attempt to assist the units to ensure they can accomplish the task at hand (be it resources, additional planning, shaping, whatever). We should assess each request for support as if it's the first and last we'll ever see. The units and their Soldiers deserve nothing less.

TF 1 MED PAO: What to you do to relax during down time?

Col. Tenhet: First, you have to create the opportunity for down time. In this role, everyone wants a piece of you, thus I have to personally control my calendar a bit. If I could maintain a strict schedule, everything would be centered around the UNC Tar Heel basketball schedule (of note, they are the defending national champions....which is what there were the last time I departed this AO) and my "one hour in Havana". I like a quality cigar (my favs are Padron 26 and Tatauje Brown Label)....even better, I like how I can escape for an hour and just reflect on the day's events, homefront, whatever.....it's my yoga.

TF 1 MED PAO: If you got a chance to talk to ALL the Soldiers in the Command what would like to say to them?

Col. Tenhet: Rather than say something, over time I'd like to instill in all our Soldiers the thought that this guy would not hesitate to take a bullet for them. We always talk about Mission, Soldier, Family, Team.....the four principles I hold dear. Thus, I'd like for them to know when I walk around units or talk to leaders, I'm sizing them up to see if they live-up to these four principles.....do they embody these principles so much that they'd also take a bullet for their "joes"? I want to surround myself with quality leaders who care more about others than themselves and their careers....while it's not a perfect system, it's a measure that I aspire.

Lastly, I would want everyone to know that I genuinely appreciate their sacrifice, am sympathetic to their being away from their normal routine and loved ones in service to their country. There is no better calling and less that 1% of America's population takes up the challenge. Whether one volunteers to serve for either patriotic reasons or some other reason, it doesn't matter to me. I appreciate that they are here, are part of the team and, more importantly, that they feel they are a valued member of the team. I also try to remind those serving under the medical task force that we as an Army (as well as Air Force and Navy) are the most respected organization in the US (as documented by national surveys) and, as medics, we are the most trusted profession in the US. These two premises those are not bad baselines to start from. So, why wouldn't we

constantly remind ourselves of how we are viewed by those we serve, be proud of such high opinions and constantly remind ourselves not to rest on our laurels and continue to set the standard for all to emulate.

Silver
Knights



Your USO sponsors all types of entertainment from celebrity visits to concerts.



2nd Lt. Veronica McKenzie gives her advice during the Women's Softball Tournament.



Maj. Jeffrey Marks, TF 1 MED S-6 OIC, and the Former Tennessee Titans Coach Jeff Fischer

By: Cpl Aaron Scheer, TF 1 MED PAO

MORALE WELFARE RECREATION

The Morale, Welfare, and Recreation Facilities are spread throughout the military. Each location offers a variety of recreational activities geared toward deployed Soldiers. Pool, darts, SPAWAR Computers, personal movie theaters, and reading rooms all offer afternoon and evening diversions. The purpose of these facilities is to provide a place to relax and recoup even for just a short period. In addition to their normal offerings, they provide a monthly calendar of events to include variety nights, dance nights, pool and ping pong tournaments. These events are necessary and breakup the high-tempo associated with a deployment. It is good to get out and socialize in a non-threatening environment. So come on down, sit a spell, and take a break from the daily grind.



Pfc. Rebecca Gula and Pfc. Tia Stone Singing Karaoke at Camp Buehring Kuwait



The former Tampa Buccaneers Coach Joe Gruden signing autographs.

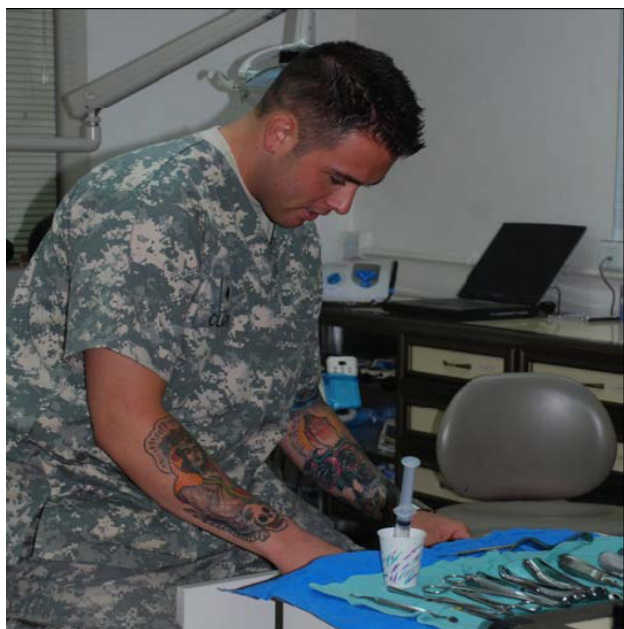


The BandShe's visit to play some Rock and Roll!

TF 10TH COMBAT SUPPORT HOSPITAL



“Mountain Medics”



Spc. Eric Clary prepares dental instruments for a procedure.



Sgt. Brandon Barnes corss-matches blood for a patient



Sgt. Rosalyn McKittrick, Operating Room Technican and her violin



Members of the MSC outside of Ibn Sina Hospital.



Capt. Barbara Bujak, Physical Therapist, discusses selection of running shoes with Staff Sgt. Katherine Banks

TF 47THTH COMBAT SUPPORT HOSPITAL

A CO Soldiers up early in the morning working hard on one of the many LSA improvement projects.



“Trapper Medics”



A CO OPERATIONS:

Back: Spc. Washington, Spc. Davies, Spc. Hunter, Private Rose, Spc. Mack.

Middle: Sergeant 1st. Class Hedspeth

Front: Sgt. Osborne, Spc. Juarez, Sgt. Olney



Lt. Col. Harrison and Lt. Col. Rosen Triage a patient during a Mascal Exercise at COB Speicher



1st. Lt. Klawitter reviews medical charts with Spc. Karrer and Spc. Johnson during a Mascal Exercise at COB Speicher



A CO TF47 CSH, Mosul ‘HOME AWAY FROM HOME’



TF 115TH COMBAT SUPPORT HOSPITAL

“Warrior Medics”



115th CSH, Command Suite



115th CSH, Medical Supply Sergeant moving medical supplies



115th CSH and 14th CSH Color Guards during the Transition of Authority Ceremony on 01AUG09, From Left to Right: PFC Dominick Watkins, 14th CSH Spc. Victor Averkof, Spc. Jonathan Miller, Spc. Nicholas Mehrer, Sgt. Yonatan Lazar, 115th CSH Color Sgt. Staff Sgt. Joshua Allen, 14th CSH Color Sgt. Sgt. 1st Class Gregory Austin



KING COBRAS Football Team, Pose for a photo at Camp Bucca

Photos supplied by TF 115th CSH

TF 421ST MULTIFUNCTIONAL MEDICAL BATTALION

“VIPER MEDICS”



Spc. Wilson Utu and Sgt. Van Zabochnik coordinate with the contractors for the strategic loading of supplies acquired from the 256th Area Support Medical Company manning the Troop Medical Clinic on Camp Slayer. Photo by: 1st Lt. Dawn Williams, XO, 520th ASMC



Sgt. 1st Class Richard Demers and his son Pfc. Jonathan Demers pose for a photo



Sgt. 1st Class Miguel Chacon, Lab tech for 421st MMB, has blood drawn from Spc. Ibarra, Darren, Lab NCOIC for 215th ASMC.



215th ASMC Ambulance crew
From left to right: Staff Sgt. Crone, Michael, Sgt. Warner Cpl. Burkart, Cpl. Cody and Spc. Edgarcrawford

Photos supplied by TF 421st MMB

August 2009

TF 111TH MULTIFUNCTIONAL MEDICAL BATTALION



“ALAMO MED”



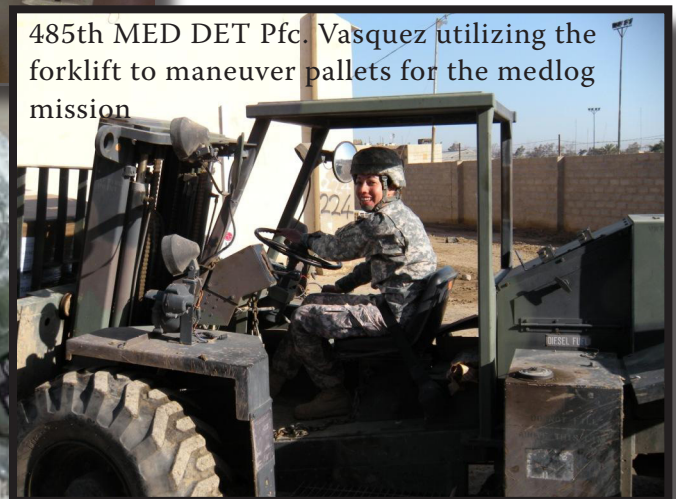
485th MED DET Capt. Greifenstein and Staff Sgt. Clarence Bishop explain vector surveillance practices to Iraqi Medical Officers during their recent visit to COB Adder.



Pfc. Cabanlit, Pharmacy Tech (68Q)
582ND MED LOG



485 MED DET Sgt. Craig Brown and Staff Sgt. (P) Gina Egan sample and test the drinking water at the KBR Water Treatment Plant on FOB Bucca during a recent Occupational Environmental Health Site Assessment (OEHSa).



485th MED DET Pfc. Vasquez utilizing the forklift to maneuver pallets for the medlog mission

Members of the 485th MED DET (PM) fold the Nation's Colors after a Post Flag Flying Ceremony held at COB Adder, Iraq.

Photos supplied by TF 111th MMB

502ND DENTAL COMPANY



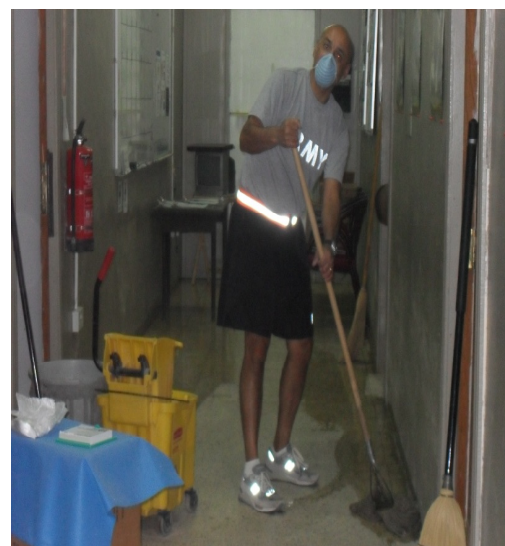
Bucca Troop Medical Clinic's NCOIC Spc. Troy Mata, OIC Capt. Craig Nakamatsu, Bucca Denal Clinic NCOIC Staff Sgt. Douglas Smith, OIC Lt. Col. Scott Burgan, and Dental Assistant Pfc. Joshua Harris



Col. Eikenberg re-enlists Staff Sgt. Mathis at Joint Base Balad on the birthday of Staff Sgt. Mathis's daughter.



Sgt. Judice and Spc. Merino, lab technicians at the Liberty Dental Clinic on Camp Liberty, fabricating dental prostheses.



Col. Ruiz, Diamond Back Dental Clinic at Mosul, doing a little cleaning

Photos supplied by TF 502nd DCAS

August 2009

FORTITUDE IN SERVICE



COMPASSION FOR ALL SILVER KNIGHTS

