



3d Medical Command (Deployment Support)

2021

Last Out



In 2020, the 3d Medical Command (Deployment Support) adopted the motto “First In”, to recognize the unit and Soldiers’ many firsts; from WWII, Desert Storm, GWOT and COVID response. Conversely, in 2021, 3d MC(DS) Soldiers, from the 936th Forward Resuscitative Surgical Detachment, earned the distinction of being ‘Last Out’, as the final U.S. Army FRSD in Afghanistan and the last group of U.S. Army Reserve Soldiers to serve there.

Additional accomplishments in 2021 highlight the Soldiers, world-wide missions and significant events the 3d MC(DS) supported. These highlights are important vestiges of the ingenuity, readiness and capabilities that keep us trained motivated and ready for any mission, at any time.

Looking forward to 2022, I am proud to say, no matter what comes our way, the men and women of the 3d MC (DS) have proven they can successfully meet any challenge head on and I am equally humbled to serve along side each and every one of them.

MG Joe Robinson, Commander, 3d MC(DS)

Army Medicine's Immediate Response to Operation Allies Refuge

The United States military's humanitarian and evacuation response at Hamid Karzai International Airport (HKIA) for Operation Allies Refuge, along with the tragic events of Aug. 26, remain etched in our minds.

With the withdrawal from Afghanistan actively ongoing, a dynamic situation existed at HKIA, which required an adaptable and ready medical force.

A contingent of joint and multi-national medical providers, with a mixture of more than a dozen 936th Forward Resuscitative Surgical Detachment (FRSD) Soldiers and Norwegian medical forces; later augmented with U.S. and Coalition Armed Forces Medical Services, moved to action. These providers, operating out of a role 2 Enhanced (R2E) Medical Treatment Facility (MTF), continually engaged and treated military and civilian patients from mid-August until the last elements of the 82nd Airborne Division departed on Aug. 30.

R2E provides basic secondary healthcare, built around primary surgery, an intensive care unit, and ward beds with the MTF able to stabilize post-surgical cases for evacuation. These medical providers included junior and senior Soldiers comprising of combat medics, preventive medicine specialists, nurses, and physicians, who worked around the clock. They maintained security and staffed trauma and patient recovery teams. During this mission, they also assisted a British Surgeon in delivering a newborn baby.

MTF personnel treated those in need of immediate medical care, and provided food, water, shelter, and sanitation. Their efforts ultimately prevented a public health crisis during the evacuation mission. In addition, the R2E MTF coordinated with the U.S. Department of State, coalition partners, and the United Nations Children's Fund (UNICEF) in efforts to care for vulnerable Afghans.

"One of the first things that stood out to me was when the civilians initially rushed the airfield," said Maj. Katherine Sego, commander of the 936th FRSD and a 66T emergency room nurse. "We would look across the airfield and see a large wall of people. We didn't know what they were planning on doing."

"It was chaotic," Sego said of the situation in mid-August, adding, "But eventually, everything settled down, including the constant day and night gunfire outside the gate, into a more normal routine."

Part of this normal routine was lending a helping hand wherever needed. Col. Kenneth Nelson, an active duty 61M orthopedic surgeon attached to the 936th FRSD, was in the orphanage the morning of Aug. 26 and noticed the kids were bored with the potential of getting into trouble.

"I have four boys, I know the warning signs and Afghan kids are not all that different," Nelson said. "I remembered all the games and puzzles we had in the USO, so I took a rickshaw with a gurney loaded it up with balls, games, and toiletries. Brought everything back to the orphanage building and gave it to the UNICEF people for the kids. It was a massive hit."

Shortly after this small highlight, everyone's reality was shattered by the suicide-bomb that killed 13 service members.

"Everyone was aware and on alert to a threat, but just like that, everything changed," Nelson said. "Standing in the ER, it hit me right then that this one was really going to be bad. It got very real when I saw the service members in there."



Army Medicine's Immediate Response to Operation Allies Refuge

"We prepared and were ready for the worse case with the hope we will not be needed," Sego said. "Throughout our deployment, we rehearsed and practiced doing what was needed. The team practiced weekly during the deployment. Some of these events were conducted with other teams and countries at HKAI, such as 10th Mountain, Italians and Norwegians," she added.

Working non-stop for the next 18-plus hours HKIA R2E MTF tirelessly treated patients, managed major traumas, and performed resuscitative surgery throughout the night to stabilize casualties, while also evacuating service members, U.S. Citizens and vulnerable Afghan citizens.

In addition to treating patients, Nelson, Sego and other service members assisted wherever needed.

"We provided significant care for infants and children awaiting placement within the hospital," Sego said.

Despite the evolving and uncertain circumstances, Nelson found positivity in the situation.

"I was pick-pocketed by a three-year-old boy who cried when I looked at him," Nelson said. "He started to cry, then ran up to me, grabbed my leg, reached into my cargo pocket, took out a package of peanuts, and ran off smiling with his prize."

For Sego, her final memory is more somber, it is of the ramp ceremony for the fallen service members. "The procession of caskets and friends of the fallen was the saddest thing I have ever seen and I will carry that with me forever," she said.

In the end, the actions of the HKIA R2E MTF were critical to the successful evacuation of more

than 120,000 U.S. citizens, allies, and refugees and they were some of the last medical Soldiers to redeploy from Afghanistan.

Despite the very dangerous and rapidly evolving tactical situation, the members of the 936th FRSD, R2E MTF never failed in their mission and can proudly proclaim to be the last U.S. Army FRSD in Afghanistan, and some of the last U.S. Army Reserve Soldiers to serve there.



Australian general joins Soldiers at Desert Medic vaccine rodeo

CAMP ARIFJAN, Kuwait--U.S. Army Central Command's deputy commanding general for operations received his second Moderna COVID-19 vaccine dose during a visit to 3rd Medical Command's Operation Med Spear vaccine event here, Aug. 16.

"3rd Medical Command personnel are outstanding professional Soldiers looking after people, caring for people, dealing with people in a professional manner—I could not be more impressed with the command," said Australian Army Maj. Gen. Christopher A. Field, Army Central's deputy commanding general for operations.

Field said it is vital for all Soldiers and civilian personnel to take advantage of the opportunity to become vaccinated.

"The vaccine is important to keep our force safe," he said. "We look after our mates. We look after each other, and we look after our families."

The member of the Order of Australia did not say he enjoyed getting shots, but for him, it is part of being a soldier.

"I've been in the military for more than 30 years. I've been vaccinated many times. For me, this is part of my service," he said. "The vaccine was applied to me 15 minutes ago—and I feel fine."

The officer in charge of the vaccination event, Army Reserve Col. Arlene Lucky, said she had to manage the coordination involved in setting up the rodeo.

"I think the biggest challenge in putting together this rodeo is getting together with all the major commands and just putting out the expectations and making sure we have enough manpower to execute the mission," said Lucky, who is also the chief nurse for 3rd MCDS, which is forward headquartered here and handles all medical operations in the U.S. Central Command area of responsibility.

"The Moderna vaccine is effective in preventing COVID-19. But with the new Delta variant, people can still get COVID, but it will lessen the symptoms of serious illness or hospitalization," she said.

After receiving their first Moderna shot, she said that personnel must wait 28 days for their second shot. Individuals requesting the vaccination at the event needed to bring their paperwork with them, the colonel said. "They needed to bring their vaccine card with them to this vaccine event, but we give them the DHA form to fill out, and we give them a copy of that to go back to their major command." DHA is shorthand for Defense Health Agency.

"We put all their information into MEDPROS before they leave," the Meridian, Mississippi, native said. MEDPROS is the Army's Medical Protection System, the digital hub for Soldiers' medical records.

Army Reserve Sgt. 1st Class Paul "Papa Joe" Jodrey, the noncommissioned officer in charge of the 3rd MCDS's vaccine event, said he started planning roughly one month ago.

Jodrey said part of the planning process was the careful handling of the Moderna COVID-19 vaccine, which must remain super-frozen until ready to be used. This requirement means that every handoff in the logistics process must be documented. "We are required to cold-chain."

When the vaccine leaves the freezer, it must remain refrigerated, he said. "Once it's thawed it's good for 30 days. Once the vial is open, it is only good for five to six hours."

In addition to the "Desert Medics" of the 3rd MCDS, the Worcester, Massachusetts, native said, he built his team from other units deployed here, including 248th Veterinarian Detachment, 811th Combat Support Hospital, the 257th Dental Company Area Support, the 1493rd Combat and Operational Stress Control and the 3rd Division Sustainment Brigade.

Army Reserve Spc. Christina Schmidt, a combat medic with the 811th CSH, one of the medical Soldiers administering the vaccines, said most of the questions she gets are about the side effects after the second vaccine injection.

Most individuals receiving the second dose of the Moderna vaccine will experience soreness at the injection site. In some cases, they may have chills, muscle aches, and or mild fever.

Staff Sgt. Richard James Ford, 319th Ordnance Company (EOD), said he was hesitant to get the COVID-19 vaccine, but he decided that it was his duty to come into the event and take care of it.

Sitting in the holding area, where medical staff observes personnel for 15 minutes after they get their shots, Ford, a native of Chehalis, Washington, said he was not feeling any adverse effects. "I feel fine."



Story by Sgt. Andrew Peck

Desert Medics restart COVID-19 vaccinations in CENTOM footprint

CAMP ARIFJAN, Kuwait – After a roughly one-month pause, the "Desert Medics" of the 3rd Medical Command (Deployment Support) relaunched the COVID-19 vaccination effort for personnel deployed across U.S. Central Command's area of responsibility.

The pause supported the U.S. Food and Drug Administration, U.S. Center for Disease Control and Defense Health Agency vaccination guidance in regards to the Janssen vaccine, which resumed administration April 28.

"It is restarting all over theater, here at Arifjan, and we've sent doses to Jordan, KSA--all over--and Afghanistan, as well," said Col. Belinda J. Coakley, the chief nurse for the Forest Park, Georgia, based 3rd MCDS. KSA is the shorthand for Kingdom of Saudi Arabia.

Coakley and her team coordinated the distribution and administration for the COVID-19 vaccines throughout CENTCOM. The vaccine administration restarted in theater May 4. Soldiers, civilian personnel and contractors in the CENTCOM AOR have the option to elect to receive either the two-dose Moderna vaccine or the single-dose Janssen vaccine.

"Once we can get everyone vaccinated, the chance of getting COVID-19 decreases," she said. "We want to increase the health of the Soldiers and family members, as well as the Kuwaiti workers that are here and we work with on a daily basis."

Army Reserve Capt. Jennifer Morris, the officer in charge of the vaccination clinic and who is deployed here with the Fort Sam Houston, Texas, based 228th Combat Support Hospital, said the vaccinations are going well.

"We're getting a lot of people through," the Joslin, Missouri, native said. "We'd like to get more business and get more people through getting their vaccinations."

When the Soldiers and others come in, they often ask her about the difference between the two versions, she said.

"Most of the time, what they are asking is: 'Which one do I prefer to take?' and I'm going over the risk factors to see which one better suits them," the operating room nurse said. "It's not what I prefer, it's what is better for their health conditions."



Spc. Devon Whitfield, a Patriot launching station operator and maintainer with the Baumholder, Germany, based 5th Battalion, 7th Air Defense Artillery Regiment, said his doctor recommended he take the Moderna vaccine. The Huntsville, Alabama, native said his chief motivation to get the COVID-19 vaccine was safety. "With my wife having immune system problems, I was worried about getting it." Army Reserve Lt. Col. Rosa Jimenez, who is deployed here with 3rd MCDS and serves as the CENTCOM biochemist, said she is happy with operations at the vaccination clinic and the close working relationship between 3rd MCDS and the 228th CSH.

"We have good procedures," the medical doctor said.

"Today, I am helping out with the safety brief

for the vaccinations," said the native of the Dominican Republic, now a resident of Chesapeake, Virginia. After personnel registered with administrative staff at the clinic, Jimenez went over the process for receiving the vaccinations and answered any of their questions. From the briefing, the personnel were led to the vaccination room to sign paperwork, fill out their vaccine cards and receive the shot.

After receiving the vaccine, personnel were led to an observation room, where they would sit, socially-distanced for 15 to 20 minutes, watched by military medical professionals, just in case there was an adverse reaction.

Jimenez said she was glad to see so many Soldiers and other people working here take advantage of the vaccine.

"It is an opportunity to actually fight this virus and if they become infected with the virus, the symptoms will be less severe."

By Staff Sgt. Neil W. McCabe

Camp Arifjan senior leaders show confidence during COVID-19 vaccine rollout

CAMP ARIFJAN, Kuwait -- Senior military leaders here joined the March 13 rollout of Operation Med Spear, which is the expansion of COVID-19 vaccination for all civilian and military personnel in the U.S. Central Command footprint. "Operation Med Spear is something we have been working towards in this theater for many, many months," said Army Reserve Brig. Gen. Justin Swanson, who was vaccinated at the event, and is the deputy commanding general of the 1st Theater Sustainment Command.

"The vaccines recently came into CENTCOM and we are participating and 1st TSC is playing a big part in distributing the vaccine across the theater, so that every Soldier has the opportunity to have the vaccine," said Swanson, who is also the commanding general of the Army Reserve's 310th Sustainment Command (Expeditionary), whose Soldiers staff the 1st TSC's operational command post, or 1st TSC-OCP, here.

Senior leaders were scheduled for their vaccinations to provide their Soldiers with a positive example, said the New Orleans native.

"Senior leaders--and any leaders--should always understand the dynamics of the situation," the general said. "In this situation, we have a safe vaccine that is ready to distribute to the public and CSM Gwin and I believe it is the right thing to do, so we can tamp down this virus."

Army Reserve Command Sgt. Maj. Keith Gwin is the senior enlisted advisor to Swanson, both at the 1st TSC-OCP and the 310th ESC.

"I would 100 percent advise and recommend to our Soldiers that it is safe," he said. "It is effective, and it will get us to the point of immunity as an organization we need to be."

Gwin said he credits the partnership between 1st TSC, 3rd Medical Command (Deployment Support) and the Defense Logistics Agency for getting the Janssen COVID-19 Vaccine into theater so fast.

"You have several thousand doses that came from the States via DLA and then once they got into theater--very quickly with the partnership with 3rd Medical, 1st TSC--all working together to get the vaccine out rapidly, so we can get it into arms," he said.

Army Col. John J. Herrman, the commander of Area Support Group Kuwait, said Operation Med Spear is essential to vaccinate as many Soldiers as possible.

"It is one of our highest priorities here at ASG-Kuwait," he said. "Without the vaccine, all we're going to do is continue to go up and down in terms of COVID-19 spikes."

Herrman said he felt fine after receiving his vaccine. "Don't sweat it," he said. "The Army gives us lots of vaccines every year and this is just going to be another one--except that this one is building readiness and trying to get us to herd immunity."

Advantages of the Janssen Biotech COVID-19 vaccine

Army Reserve Maj. Gerald Connolly, a physician assistant with the 228th Combat Support Hospital assigned to the Troop Medical Clinic, said he was one of the medical professionals presenting the pre-vaccination briefing.

"Soldiers come in and fill out a questionnaire regarding the vaccine--it is essentially a screening to make sure No. 1, they want it, and No. 2, to make sure they don't have any medical conditions that would prevent them from getting the vaccine or putting them at a high risk," he said.

One advantage of the Janssen vaccine is that it is one shot, rather than the two shots required for other vaccines, he said.

When individuals come in, they are also given a fact sheet with important information about the Janssen Biotech's Severe Acute Respiratory Syndrome Coronavirus 2, or SARS-CoV-2, vaccine, he said.

The Food and Drug Administration granted the Janssen vaccine an emergency use authorization Feb. 27 for individuals 18 and older after a 40,000-person trial. In that trial, which found the vaccine to be both safe and effective in preventing COVID-19, 20,000 people were given the Janssen vaccine and 20,000 were given a placebo.

Army Reserve Col. Jennifer Marrast Host, the commander of 3rd MED (DS), said her unit is the theater enabling command for COVID-19 vaccines. "We are in-charge of receiving, distributing and administering the vaccines."

The colonel said all of the Soldiers who came to get their shots, and were medically cleared to get their shots, were vaccinated.

"The throughput is going well and the Soldiers are going to be protected, so it is going to be great," the colonel said. Marrast Host said she is very happy with the Janssen vaccine.

"It is a one-dose vaccine," she said. "This makes things a lot easier-- and logistically--to move around theater, and it does not need to be frozen."



Camp Arifjan senior leaders show confidence during COVID-19 vaccine rollout

The colonel said that other vaccines had to travel frozen, while the Janssen vaccine could move in a refrigerated state at 2 degrees to 8 degrees Celsius, which is roughly, 36 degrees to 46 degrees Fahrenheit. Army Reserve Master Sgt. Jessica Perez-Dixon, 228th CSH, was the noncommissioned officer-in-charge of the vaccination event that began at 8 a.m. and ran into the early afternoon first, for senior leaders, and then for Soldiers from different units during their unit's assigned time slot.

"The goal for this operation was to get everybody vaccinated and to make sure everybody, who wanted to get the vaccine had the opportunity to get the vaccine and get it done," the San Antonio, Texas, native said.

"I do believe we will accomplish this mission," she said. "We had to make sure all Soldiers and civilians have the opportunity to get vaccinated, so they can get it done now as opposed to having it done when they get home."



The master sergeant said her 228th CSH Soldiers were highly motivated to vaccinate the Soldiers. "When a task comes down to the 228th, we are always eager to fulfill it."

Army Reserve Sgt. Richard Liggins, 228th CSH, was the Soldier who administered the vaccination for Swanson and Maj. Gen. Patrick Hamilton, the commanding general of Texas National Guard's 36th Infantry Division, as well as Task Force Spartan.

Liggins said he and the other 228th CSH Soldiers were excited to be a part of the COVID-19 vaccination. "We are enjoying the experience on this mobilization."

The Buffalo, New York, native said everyone he encountered in the vaccination station was upbeat. "They have all been motivated and come to me with a smile on their face."

Personnel observed after they are vaccinated

Marrast Host said after the Soldiers receive the vaccine, they move to the observation area, where they wait for 15-to-30 minutes. "Once they felt better, they were able to go back to work."

Navy Lt. Hazel Anderson, the deputy chief of the Joint Intelligence Support Element, said she was grateful for the opportunity to receive the vaccine.

"It was like a flu shot. Obviously, when it was administered it stuck a little bit, but now it is good," she said.

"I was a little sad," she said. "I thought I wasn't going to make it, because I am redeploying tonight, so I just made it. I got my vaccine just before I am leaving."

"I was very excited to get the vaccine," the Virginia Beach, Virginia resident said. "When I found out that they were asking for volunteers, I volunteered right away."

Army Reserve Brig. Gen. Tina B. Boyd, the commanding general of the 335th Signal Command (Theater) (Provisional) immediately after she received the vaccine said: "I feel awesome. I feel wonderful. Let's do the other arm."

Boyd said Operation Med Spear is about protecting the force.

"It's about getting us out and doing our work and carrying on with our business," she said. "It's safe and there's no doubt it's effective, and I think we should all be involved in this because it will absolutely help with our readiness."

British Air Force Squadron Leader Chris Childs, assigned to the intelligence, surveillance and reconnaissance division at Combined Joint Task Force-Operation Inherent Resolve here, said it was an honor to receive the vaccine.

"I feel privileged," he said. "It's a new vaccine and it was nice to be offered it along with my U.S. colleagues."

Childs, whose rank is the equivalent to a major, said the American medical Soldiers at the vaccination stations were professional and motivated. "It was fairly quick. Straight in, straight out. A really good experience."

Gwin said he felt fine after his vaccination.

"I think it is important that we get the vaccines--I did my homework and I realized the vaccine is safe, effective and thoroughly tested," the command sergeant major said.

"Soldiers really need to get onboard to take the vaccine, so we can get back to more normalcy," he said.

"I have been telling Soldiers: 'Make an informed decision. Make sure that if you have any questions or concerns or doubts that you raise them to your chain of command, to the medical community and make sure you are going to the CDC website and reading the material, so you can make an informed decision.'" CDC is shorthand for the federal government's Center for Disease Control, and the website is: www.cdc.gov.

Story by Staff Sgt. Neil McCabe

COVID-19 Vaccine rollout ongoing in US Army Central

CAMP ARIFJAN, Kuwait – The COVID-19 vaccination program in the U.S. Army Central's area of operations is underway.

"The COVID-19 vaccine has begun coming into theater," said Brig. Gen. Justin Swanson, commanding general of the Army Reserve 310th Expeditionary Sustainment Command.

Swanson is also the deputy commanding general of 1st Theater Sustainment Command, which is based at Fort Knox, Kentucky, and also has a forward deployed headquarters established at Camp Arifjan. The forward deployed headquarters, which operates as an operational command post, or 1st TSC-OCP, is staffed with rotations from subordinate echelons of mobilized active-duty and reserve component units, providing sustainment and logistics support to U.S. forces in Afghanistan, Iraq, and Syria, as well as to units throughout the Middle East.

The 1st TSC, working hand-in-hand with 3rd Medical Command-Deployment Support, coordinated the transport and storage of the vaccine in theater. The initial tranche or portion of the vaccine arrived around mid-January and administration began shortly after its arrival.

Those who received the initial doses of vaccine were at the top of a prioritized list of personnel, which 1st TSC developed in accordance with the Department of Defense's vaccine distribution guidance.

"Some of the soldiers, even on our staff have been vaccinated—but only our medical personnel at this point," said Swanson, who is himself a COVID-19 survivor.

"The priority is the same here as it is in CONUS," said the general, who before his 1993 commission, served as a combat medic in the Louisiana National Guard. "As the vaccines and the number of doses grows, we have built a prioritization model for our entire footprint."

In addition to prioritizing medical personnel, other military personnel targeted in the first phase of vaccinations are in jobs where their interactions with other Soldiers make them particularly vulnerable, he said.

The second tranche of vaccines, scheduled to arrive in the near future, will serve as the second doses for personnel, who received the first tranche, he said. Then, subsequent tranches are set to vaccinate personnel in Afghanistan and other regions.

Col. Jennifer A. Marrast Host, the commander of 3rd MCDS's forward headquarters at Camp Arifjan, said the vaccination program in theater is a priority for every one of her "Desert Medic" Soldiers.

The 3rd MCDS is responsible for executing strategic medical operations across the entire U.S. Central Command area of responsibility.

According to the colonel, the vaccine administered

by her Soldiers is produced by Moderna, which requires two doses approximately 28 days apart.

"We watch someone very closely for about 15 minutes after the injection to make sure they are not having a negative response," she said. "After that, they are ready to get back to work." Marrast Host said the side effects are relatively minor.

"There might be some muscle aching, localized swelling or a low-grade fever—you might just feel under the weather," she said.

"It is more likely that you would have some of the side effects after the second dose, but it is also sometimes after the first one," she said.

The colonel said the most important consideration for rolling out the vaccine to specific regions or installations is the availability of freezers and refrigerators.

"The vaccine must be frozen as it is transported around," she said. "After it is thawed, it is good to be used for 30 days, as long it is kept refrigerated—but it cannot be moved.

Swanson said distribution of the COVID-19 vaccine and COVID-19 mitigation are top priorities for the 1st TSC.

"What the 1st TSC will do from a distribution standpoint—one of the things that we do as our mission set—we will move the vaccine just like any other commodity that we move—and we move all commodities across the battlefield," he said.

"Once it comes into theater, we will move it where it needs to be—any of the countries or locations, where we have U.S. forces—or forces that we will provide the vaccine for," he said. "We have already gone through the first couple tranches of distribution and that will continue to grow, as will the number of doses continue to grow."

The vaccine is currently voluntary for military personnel, but Swanson's staff have surveyed troops to ask who is uncomfortable with the vaccine and who is willing to receive it.

"The vaccine is voluntary, at this point," he said. "We understand who will volunteer to take the vaccine and who won't—and we are prepared to support, once doses of vaccine hit the ground."

Story by Staff Sgt. Neil McCabe



I Bet Your Deployment Didn't Involve Treating a Lion Cub

CAMP ARIFJAN, Kuwait – How many zoo veterinarians are in the Army Reserve? No, this isn't the start of a joke. There happens to be one in Kuwait, Capt. Christine Bui, 64A, Field Services Veterinarian, deployed with the 993th Medical Detachment (Veterinary Services) (MDVS)

Bui has a unique background in zoo/exotic medicine. Prior to deciding to become a veterinarian, Bui was a zoo keeper at the Sacramento Zoo, in California. "All of my veterinary experience prior to and after completing vet school was treating and caring for a traditional zoo collection. Although I am not formally considered a board certified specialist, since I have not completed a residency, it's the specialty of veterinary medicine I'm truly passionate about and love; it makes me happy," said Bui.

As a civilian exotics veterinarian, you never know when duty will call, even in Kuwait. Bui has been working with the Kuwait Ministry of Defense to assist in equine cases and developed a relationship with the Kuwait Zoo to offer similar consultations. The Kuwait Zoo invited Bui to assess the newly acquired male lion cub, named Tammar.



The cub initially presented for left front leg lameness. "On palpation you couldn't feel anything drastically abnormal, but you could see a visible lameness at a walk, trot, and run. The Kuwait Zoo vet then transported Tammar to a local veterinary practice to take images of his leg. The Kuwait Zoo then sent me the images to confirm the diagnosis of a fractured radius," Bui said.

Treatment for Tammar was to restrict his activity. "There is absolutely no way to keep a splint in place on a growing lion cub. Most zoo animals would not tolerate any sort of immobilization of their limbs. They can easily get out of a bandage and then ingest it, causing a gastrointestinal foreign body," Bui said.

It has been several weeks now since Tammar's diagnosis and he is doing great! "The last time I saw him was July 9th. His lameness is barely visible now. He still has no discomfort on palpation of his limb. He's growing really fast. I had recommended the zoo vet to retake radiographs on him before he gets too big and they can't fit him on the radiology table or into the vehicle. The zoo is in the process of introducing him to another young male lion, about

1.5 years old, and eventually the goal is to have them be housed together," said Bui.

If you were just here to read about Tammar, thank you. If you want to learn what brought a zoo keeper to the Army Reserve and Kuwait, keep on reading.

Like many before her, Bui wanted to be a part of something bigger and better than herself, saying, "I wanted to serve and protect our country. With my knowledge and experience, I love to share, collaborate, and provide that educational piece. However,



this subspecialty of veterinary medicine is such a niche. Finding veterinarians who are skilled, educated, and have the proper staff and equipment is vital in treating exotics. We're hard to find, but we exist!"

Bui has been in theater for four months, but her work with treating exotic animals in theater started prior to her deployment, while she was back home in Colorado. "When my organic unit, the 994th MDVS was in theater in 2020-2021, my colleagues would contact me frequently with exotics questions. I would provide guidance with drug doses, husbandry care, diagnostics and treatments plans. I also interpreted diagnostics for them too. I guided them in providing care and performing the diagnostics for a falcon they saw at Camp Buehring," Bui said.

Leveraging skills and experiences is one unique way Army Reserve medicine separates itself. "I love the fact that my civilian education and experience can bring a whole new niche of veterinary medicine to the US Army; it truly is unique and I always want to do more for our Country and the MDVS," Bui proudly said.

U.S. Army Reserve Soldiers assist U.S. Navy in logistics support of Ukraine medical supply mission

MECHANICSBURG, Pa. – NAVSUP Weapon Systems Support helped deliver more than \$3.2 million dollars in medical supplies to Ukraine as part of the Ukraine Security Assistance Initiative.

The delivery is part of a joint effort requiring cooperation between NAVSUP WSS and several other federal departments to ensure mission success.

“We were looking at more than 200 commercial pallets with a variety of complicated problems standing between the supplies at Joint Consolidation Point Mechanicsburg, PA and our partners in Ukraine,” said Colleen Distel-Smith, logistics management supervisor, NAVSUP WSS. To get this accomplished efficiently and accurately, medical logistics specialists from the U.S. Army Reserve were called in.

Soldiers from the 393rd Medical Logistics Company, 439th Medical Battalion, 332nd Medical Brigade—part of the Army Reserve’s 3rd Medical Command (Deployment Support)—spent their annual training period in Mechanicsburg receiving, segregating, inspecting and inventorying more than 5,000 line items. In addition to removing supplies expected to pass their expiration date before arrival, the Soldiers cross-checked labels and packaging while verifying proper markings to ensure the supplies meet the specifications required by Ukrainian customs.



Spc. Mamadou Balde led the group of soldiers, which also included Spc. Dallas Bowie, Spc. Austin Saar and Spc. Tristian West.

The meticulous nature of the work required unique expertise, experience and attention to detail that the soldiers were able to deliver. Even the slightest problem could result in the supplies meeting further delays or becoming unusable.

“I can’t thank the U.S. Army Reserve enough,” Distel-Smith said. “They were definitely a great group and aided a great deal.”

The medical supplies were delivered to Ukraine in December and successfully cleared customs according to Scott Aughenbaugh, director, NAVSUP WSS Logistic Projects Office. The effort also yielded four pallets of expired supplies, which will be transferred to Defense Logistics Agency’s Disposition Services. DLA is responsible for the disposal of excess DOD personal property, foreign excess personal property, scrap, hazardous waste and property requiring demilitarization.

The effort was part of the Navy’s continued partnership with the Defense Security Cooperation Agency and advances U.S. National Security and foreign policy interests by building the capacity of a partner nation.

The NAVSUP WSS Logistics Project Office is the Joint Consolidation Point managed under the auspices of the Defense Security Coordination Agency, Building Capacity Directorate, for support of operations and capacity building, training with foreign forces, Global Security Contingency Fund, and Maritime Security Initiative. They provides staging, consolidation, and transportation solutions, operating out of a 170,000-square-foot facility.

Story by Matthew Jones NAVSUP

Supporting Veteran's and Fighting COVID-19

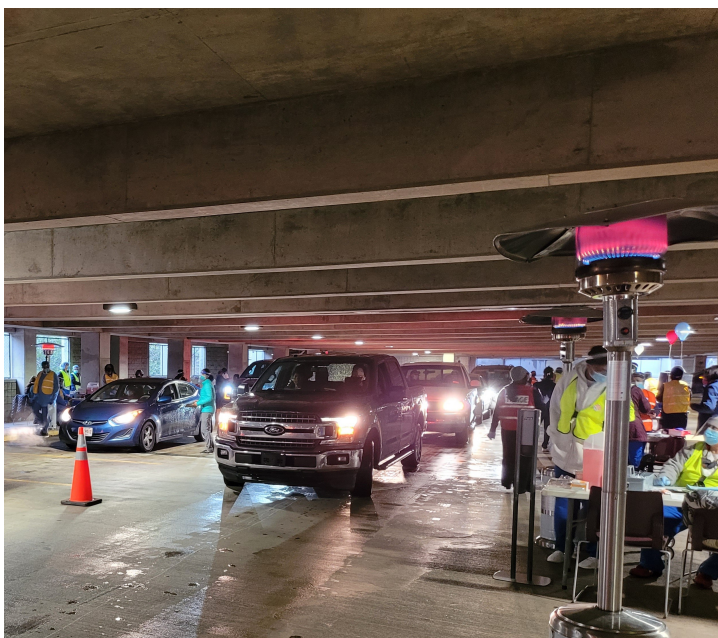
ATLANTA – “It was and an honor to volunteer at this medical event, that will protect our Veterans from this deadly virus that has destroyed so many lives,” said Col. Janet Ross, G3, 3d Medical Command (Deployment Support).

Volunteer's from the 3d Medical Command (Deployment Support) and AMEDD Professional Management Command supported the Atlanta VA's, Covid-19 vaccine drive-thru, February 13, 2021. Volunteers assisted with traffic control, screening, escort, vaccines and post vaccine observation.

For volunteers with civilian medical/ vaccination credentials, they assisted with vaccines. For all the others, they stepped up to do what was necessary, no matter the position. Because of cold and rainy conditions, the volunteers worked with VA staff to make accommodations for the Veterans as safe and fast as possible.

With their assistance, the VA was able to vaccinate over 2,400 Veterans during the drive-thru and over 400 more Veterans in their Vaccination Center.

“Our goal was to not turn any eligible Veteran away and with your help we reached our goal at 10:00pm; 14 hours later,” said, Anthony G. Cooper, PhD, Chief Voluntary Service, Atlanta VA Health Care System.



“The amount of veterans that were supported during this events was incredible. The Veterans were the customers here and were the priority as far as comfort and how everything was flowing,” said, Alberto Quintana, 3d MC(DS), HHC, 1st. Sgt.

The Atlanta VA staff was extremely thankful for the assistance, “Your faithful volunteer serve helped save lives. Thank you for your commitment to our Veterans,” said, Cooper.

“I loved speaking to our veterans; men and women who represented all services, many who placed their lives on the line in combat campaigns from WW2 to the present. My highlight, was escorting a WW2 Veteran. What an honor,” said Ross.

Innovative Readiness Training

“Americans in underserved areas get some great services, our team gets experience of planning, coordinating, moving people/equipment and setting up in an expeditionary environment. A win-win!” - BG Nelson Rosen

We often read about the high-level and strategic benefits to readiness Innovative Readiness Training (IRT) provide from Army leaders. The story below, from Spc. Sarah Cloutier, describes the experience of a Soldier six-months out of AIT.

Here is Spc. Cloutier’s experience, in her words.

The IRT mission has been an incredible experience for myself and many other Service members involved. The real-world training we participate in is so effective and applicable to myself as a 68W, Combat Medic.

An eye-opening benefit has been the cross-training and joint training experience. I know many new and even higher ranking military personnel where this is their first time working with other branches. Working side-by-side so many military personnel with different levels of experience and skills allows an opportunity to experience new jobs young Soldiers otherwise wouldn’t have the opportunity to work with.

For example, one of the fellow 68W, 456th Area Support Medical Company Soldiers, Spc. Joshua Worthington, was been trained by Air Force Dentists to take dental x-rays and has spent time training as a dental assistant. It is exciting to see how much he enjoys it and the new experience keeps him engaged and excited to work every day.

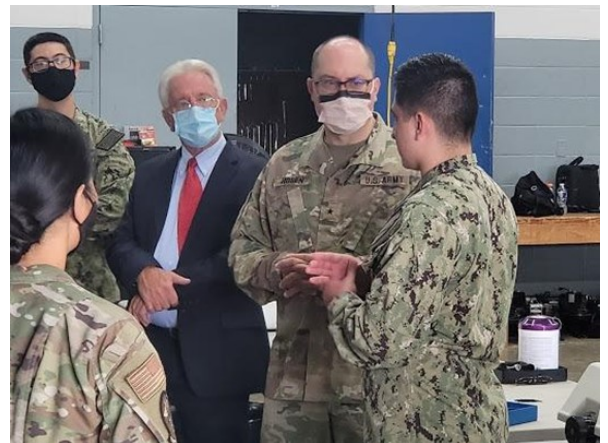
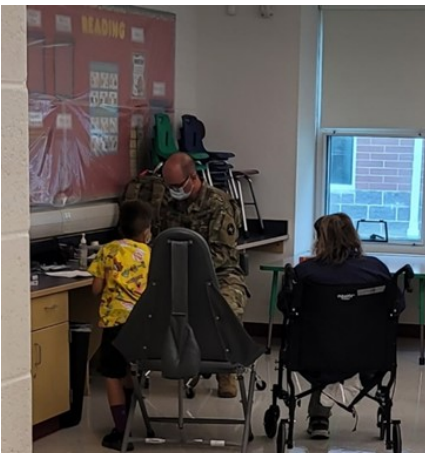
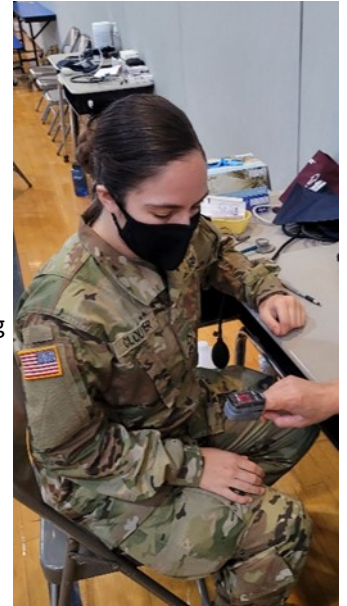
My 68W training was held at Joint Base San Antonio, but I rarely, if ever, talked to any Navy or Air Force members. It’s been amazing to work with all types of people and learn the different ranks and customs of other branches. Even the small customs, which I had the opportunity to learn, are enrichments to the IRT. This has helped me understand their history and experiences and that with our differences we are still the same.

The ability to engage with the community has been phenomenal. Several of us are fresh out of AIT and this is our first military mission; helping real people with real needs. It makes you feel like you deserve the status of soldier/airman/seaman. For me, this IRT mission was so important to volunteer for. It benefits 100% of the people involved: military and community, all different ranks and locations and backgrounds.

As a new Soldier, it’s really put my job into perspective in a real-world sense and I’ve loved how many opportunities I have gotten to put in practice what I have been training for. It gives me a sense of worth and I now know that I can do a lot of good things as I continue my military career.

I’ve had a productive and interesting time meeting people with all types of background and experience. Especially this being the first time I work alongside Physician Assistants; I’ve been asking as many questions as possible and engaging with them so they can pass on some of their knowledge with me to make me a better medic. This has paid off as a lot of the patients come in with serious issues they haven’t been able to treat in the past, so you get to work with them and follow up with them and hear how much it means to them that you could be a part of their treatment.

This IRT mission has been a complete success for me. I have a lot more confidence in my capabilities as a Soldier, a server of the community and medic.



Army Reserve Engagement Tour

Here's how CENTCOM's COVID shot-givers beat the heat—By Davis Winkie, Army Times

It's really hard to keep things really cold in a really hot place.

That was the first — and most urgent — issue facing Maj. Thomas Hudspeth when he learned he would be the logistical architect of the effort to administer COVID-19 vaccines to troops deployed across U.S. Central Command.

CENTCOM directs operations in 20 countries, from North Africa to Central Asia.

Hudspeth was serving as the deputy chief of staff for medical logistics with a deployed 3rd Medical Command headquarters element when the vaccination effort began in January.

The Moderna COVID-19 vaccine has to be stored at “-20 degrees Celsius,” which “was a constraint,” Hudspeth told Army Times during a Tuesday media roundtable.

Their assignment: find out how to maintain a cold chain to prevent the vaccines from spoiling.

Hudspeth's soldiers and the broader efforts of the command were successful. The 3rd Medical Command's soldiers, nicknamed the “Desert Medics,” were able to administer more than 89,000 vaccines between January and July, according to Maj. Jeff Gruidl, a spokesperson for the unit.

“If a servicemember was administered a COVID vaccine in theater, [our unit] was responsible for safely distributing, tracking and ensuring the vaccine was recorded,” said Col. Jennifer Marrast-Host, who commanded the deployed contingent of the 3rd Medical Command.

That Herculean logistical effort spanned “across multiple countries,” Gruidl said.

It also required the command to develop new systems and processes for tracking vaccine acceptance rates across the joint force.

One simple but key aspect of the plan that emerged, according to Marrast-Host, the commander, was ensuring that shots in transit didn't spend unnecessary time out on the tarmac.

A large piece of their success was streamlining the supply chain in what Gruidl called “unprecedented ways.”

That included bypassing the Army's medical logistics center in Europe in favor of using commercial carriers like FedEx to ship the shots directly into theater.

When it came to actually getting shots into arms, “we did mass vaccination [events] where we were vaccinating over 700 personnel per event,” Marrast-Host said.

By the time they received the Johnson & Johnson vaccine, which has less stringent temperature requirements, the demand had lessened for mass vaccination, Marrast-Host added.

One challenge they faced was avoiding thawing too many Moderna vaccine vials. They contain 10 doses, which must be used within 12 hours once punctured to draw the first dose.

“We had a strong idea as to how many people would be coming in at a specific time,” Marrast-Host explained. “At the end of the day...we would start counting by 10.”

If the last units scheduled to receive shots didn't have a round number to open a final vial of vaccine, she explained, “we would then have those personnel report on a different day.”

As the command vaccinated more troops across the region, they began to notice a steady decrease in the amount of service member's lost to COVID-19 quarantine or restriction of movement requirements.

“The more people were vaccinated, the less we were having outbreaks of COVID-19, which also led to less exposures [and] close contact tracing,” Marrast-Host noted.

Marrast-Host and her troops have since passed the torch to another unit. Their deployment ended in July so they won't be the ones to vaccinate the remaining holdouts in CENTCOM.



Members of the recently redeployed, 3d MC(DS) DET 3 participated in the first of its kind, Army Reserve Engagement Tour (ARET) marketing event highlighting the unique accomplishments of the 3rd MC (DS) while deployed to Kuwait. ARET is an Army Reserve – centric marketing event that mirrors the more established HQDA Army Current Operations Engagement Tour (ACOET) program. Members conducted virtual engagements with the military focused press in a roundtable discussion of their accomplishments, met with USAR Strategic Communications and participated in a Capitol Hill Engagement with staffers of House and Senate members.

Blood, beds, logistics – a medical collaboration

KAISERSLAUTERN, Germany – “We have not done anything like this since the Cold War,” Col. Alexandre F. Migala said, Medical Support Unit Europe commander, Kaiserslautern, Germany.

Soldiers with the 3rd MC (DS), U.S. Army Europe and Africa, V Corps and MSU-E have combined efforts to create a Theater Medical Command in support of Defender Europe 21, beginning June 10. The proof of concept is moving forward during a command post exercise spanning the Atlantic Ocean and ends June 14.

“What the MSU-E does, is we help with medical mission command,” said Migala, speaking about their support to the USAREURAF Command Surgeon.



Medical Support Unit Europe has operational oversight of multiple areas, to include force health protection, health services support, medical logistics and medical operations.

“The proof of concept is manifesting; it is coming out very positive, Migala said.”

The team consists of active and reserve component personnel with a variety of occupational skill sets. For some, the experience is new and exciting.

“When I was active duty, we just got told what to do,” said Spc. Briggany Galicia-Reyes, a bio-medical equipment technician with MSU-E and Houston, TX native. “A lot of it is more officer stuff, but Maj. Velez is so helpful.”

Galicia-Reyes, recently married and a mother to 7-month-old baby, Dani Ella, is shadowing Maj. Israel Velez, MSU-E executive officer and cross-training on medical logistics. Most of the exercise happens in a secure environment and may at times be stressful.



“The atmosphere and attitude in the room is so positive,” said Galicia-Reyes. “They make me feel part of the team, even though what I am learning is above my pay grade.”

1st Lt. Jenna Snow, an entomologist with the 3rd MC (DS) and deputy environmental division chief for U.S. Army Garrison Bavaria, in Vilseck, Germany said this may be a new concept for the European Theater, but prior experiences prepared her for the challenge.

“It’s not my first rodeo,” said Snow. “I got pulled in and activated under Covid response, and we had to invent that wheel in real time.”

U.S. Army Europe and Africa stands ready to deter, and if necessary, defeat aggression from any potential adversary in Europe and Africa and is prepared to serve as a Combined Joint Force Land Component Command.

“The critical element of this exercise is the proof of concept and the importance of having medical command capabilities in theater that are established, well-coordinated and able to preserve the fight and conduct that mission in an effective way,” said Snow.

The joint cooperation reaches from Atlanta, GA to Grafenwohr, Germany, with round-the-clock operations. Some are meeting for the first time, but are taking the opportunity to build and strengthen bonds.

“It’s really great to be together with this amazing team, and I feel super grateful, because I am just a stone’s throw away in Bavaria. This is not hi and by; I get to continue this relationship and support throughout my tenure here in Europe,” Snow said.

Story by Sgt. Christopher Stelter

Defender 21 tests Theater Medical Command Concept

3d Medical Command (Deployment Support) Soldiers, operating as the OCP FWD, under a Theater Medical Command concept, virtually supported the Defender 21 exercise for theater medical care, from its HQ in Georgia, 1-14 Jun.

3d MC(DS) OCP FWD Soldiers participated by providing theater level medical support for Defender 21 while coordinating with MSU-E LNOs and deployed 3d MC(DS) subject matter experts to provide realistic and challenging training for the 3d MC (DS) OCP.



To increase complexity and realism, the 3d MC (DS) coordinated with V-Corps for the exercise. To complete this task, the 3d MC(DS) G6 staff needed to deliver seamless and constant secure communication and system access with the exercise in Europe, demonstrating the unit's ability to deploy anywhere at anytime.

"We combined off-the-shelf, commercial equipment with secure military systems to provide uninterrupted 24/7 video and data communications with the exercise," said Chief Warrant Officer 3 John McConnell.

In addition to the 3d MC(DS) team at the headquarters, six 3d MC (DS) Soldiers coordinated with 18 Medical Support Unit – Europe (MSU-E) (Valkyrie Medics) Soldiers to provide LNO and subject matter coordination in Germany as part of the exercise.



The 3d MC(DS) Soldiers were responsible for both critical, behind-the-scenes exercise support and also partnership building with key exercise participants on the ground in Europe.

"Throughout the exercise the 3d MC(DS) OCP demonstrated and validated the need and application of the Theater Medical Command concept," said Col. Todd Traver, Chief of Staff, 3d MC(DS).

Defender 21 is an annual large-scale multinational, joint exercise designed to build strategic and operational readiness and interoperability between U.S., NATO allies and partners.



Global Medic Exercise Tests New Field Hospital

The first Global Medic exercise since conversion of the combat support hospital to a field hospital was conducted the first three weeks of August at Fort McCoy.

“This is significant for a field hospital to set up for a modular design and familiarize with the new equipment to effectively be a combat enhancer and support the warfighter,” said Capt. Sarah Williams, health services personnel manager with the 18th Field Hospital. “From a command and control viewpoint, the exercise allows the command staff to understand and experience firsthand the integration of a field hospital command staff and hospital center headquarters and how these units integrate and coordinate world-class health care through Role 3 services.”

Williams explained: “Role 3 facilities are equipped to provide care to all categories of patients, to include resuscitation, initial wound surgery, damage control surgery, and postoperative treatment. Role 3 includes hospitalization and outpatient services in an area of operations.”

Another first was the use of medical air beam shelters by the 18th Field Hospital. The tent is nothing but air and goes up quickly with less manpower. The shelters take about 45 minutes to erect with an air compressor. When in place, the tents provide space for a complete array of medical services.

Taking part in the exercise at Tactical Training Base Patriot were the 810th Hospital Center, 18th Field Hospital, 304th Medical Detachment, 335th Medical Detachment, and 407th Medical Detachment, along with units from the Air Force.

The 18th Field Hospital is self-sufficient, having its own laundry and bath capabilities along with a kitchen system. The unit has a dietician and food service workers to provide breakfast and dinner in the field. It also has a unit ministry team.

A patient brought to the training site during an exercise inject will first be seen at the triage section. “Last night, 24 casualties came through,” said Maj. Iris Brown, chief nurse with the 18th Field Hospital.

After evaluation of the extent of injuries, the casualty is moved to the patient administration division (PAD), which tracks every Soldier. If a higher level of care is needed, the PAD medical evacuation coordinator works with the Air Force Air Evacuation Liaison Team (AELT). If the patient is stable enough, he or she can go by ground ambulance to the next treatment location for continued care.

Capt. Kay McAmis is the officer in charge of the Air Force AELT. She’s assigned to the 302nd Air Lift Wing, Peterson Air Force Base, Colo. “We assist the Army in understanding how the Air Force operates. We have specific equipment and ways we package and track patients,” she said. “We train the Army to understand the computer system to track patients so they can operate independently after we leave. It’s a joint effort to provide great patient care.”

Other functions available within the air beam tents included an operating room, radiology to find other injuries not evident during triage, intensive care unit, intermediate care ward (ICW), and two laboratories. A minimal care detachment provides physical therapy and occupational therapy services.

“The biggest challenge I’ve faced is getting set up and operational, said Maj. Susan Williamson, intermediate care ward officer in charge. “But working in the ICW is a rewarding job.”

“We ensure the patients feel stable and safe,” said Spc. Shanickqua Ballard, a licensed practical nurse with the 304th Medical Detachment who works in the intermediate care ward. She said she finds the patient care she does in the intermediate care ward gratifying.

Story by Cheryl Phillips



AUSA



The Army's response to the COVID-19 Pandemic was discussed at a Contemporary Military Forum as part of the annual AUSA meeting, 13 October.

The panel will be moderated by LTG Patricia D. Horoho (USA-Ret), with members, MG Robinson, LTG Raymond S. Dingle, the Surgeon General and CG, United States Army Medical Command; LTG Paul A. Ostrowski, (USA-Ret); LTG Todd Semonite, (USA-Ret), CSM Victor J. Laragione, CSM of the United States Army Medical Research and Development Command and Fort Detrick.

The panel reviewed and discussed how the Army helped to accelerate an All-of-Nation response to COVID-19 that spanned development of medical countermeasures (diagnostics, treatment, and vaccines) to the allocation, distribution and administration of solutions to help defeat COVID-19. These advancements occurred while the Army developed and implemented robust Force Health protection policies to protect our Soldiers, their Families, and our mission across the globe. The presentation discussed lessons learned and best practices from a wide-array of missions the Army supported during the pandemic.

MG Robinson discussed the critical role Reserve and Guard medical providers played from the very beginning through today.



Representatives of the 399th Field Hospital, Nutrition Care Section, were recognized for a second-place finish in the Phillip A Connelly, Food Service Competition, an event geared toward testing the unit food service provider's proficiency and technical prowess operating in a simulated tactical environment.

Diversity of Skills Talent only found in Army Reserve & 3D MC(DS)

In recognition of Black History Month, it's an opportunity to look at the diversity of talent and skills that can only be found in the Army Reserve and 3d Medical Command (Deployment Support).

Based in the Atlanta area, the 3d MC(DS) is right in the middle of Georgia and its \$10 billion dollar film and television industry. Although the 3d MC(DS) mission is to provide world-class military medicine, it shouldn't be surprising to have a TPU Soldier involved in the film industry.



Maj. Satomi Mack-Martin, is a 36A Finance Officer, working in the 3d MC(DS) Public Affairs section. In her civilian capacity, she writes and directs content for video production companies and small businesses.

Mack-Martin brings a passion for respect and selfless service to both her civilian and military projects. As a graduate with a Master of Fine Arts in Film & TV Productions from University of Southern California, School of Cinematic Arts, she brings a special eye for collaboration and creativity that benefits the Army Reserve.

“One of my professors at USC pointed out to me that I ‘Have a finger on the pulse of life’. The Army Reserve is what helped set me apart from my peers,” said, Satomi Mack-Martin.

“I love creating content for the Army Reserve. Working in public affairs aligns my passion for filmmaking with my military duty. I feel blessed and fortunate to be able to use my civilian skills in

telling the best Army Reserve story that I can,” said, Mack-Martin.

Mack-Martin's work varies from hosting mini productions in Saddam Hussein's palace theater for deployed Soldiers in Iraq, to Army Reserve Marketing commercials highlighting why, both medical and non-medical, Army Reserve Soldiers serve. In addition, she produced multiple COVID-19 videos of 3d MC(DS) Urban Augmentation Military Task Force teams, highlighting the Soldiers passionate and personal stories of support.

This same drive carries through in her personal work where she worked on projects that reflect her passion. Mack-Martin was 1st Assistant Director on the 2020 movie *Miss Juneteenth*, which premiered at Sundance and nominated for multiple film awards, including the upcoming 52nd NAACP Image and Independent Spirit Awards.

Responding to the ravaging, but less spotlighted aspects of COVID, Mack-Martin directed a PSA on making mental health awareness a priority in the Black community, where she worked alongside celebrity actors, filming their segments from home.

Working with people with different personalities can present various challenges, however, Mack-Martin relishes in these challenges, saying, “Through leadership training in the Army Reserve, I've learned to connect with people better and find ways to inspire them individually.”

COVID may have limited the overall exposure of her work, but hasn't deterred her focus, “If 2020 has taught me anything, it reassured discipline for me. I currently homeschool my two children; two and six years old. I had to find a way to remain productive and creative last year despite all that was going on. On most days, I wake up around 4 a.m. to pray and meditate, work out, and begin a 2-hour writing session before my family awakes for the day,” Mack-Martin said.

1st. Lt. Savannah Lee a Long Path to an Army Reserve Career

“When I was in China, there was no chance I could serve in the military; I didn’t know the right people, I didn’t come from the right family, I wasn’t the right height, I did not have the right eyesight or look,” said, 1st Lt. Savannah Lee of the 3d Medical Command (Deployment Support).

After coming to the US, Lee was excited to learn that everyone can be in the military. Even though she was an adult, Lee still needed to convince her parents on the military.

“From my experience, Chinese parents can be very protective. My parents did not know a lot about military history in the US and did not know about all the benefits and opportunities from military service, I had to convince my mother it was ok for me to join.”

Beginning with an enlisted active duty stint in the Navy as a Personnel Specialist and later joining the Army Reserve, Lee comes to the 3d MC(DS) G8, following her dream to become a 70C, Health Services Comptroller.

For Lee, since immigrating to the US in 2000, her focus has been about improving her life and her education. First, joining the Navy 2006, becoming a US Citizen in 2007 and then an Army officer in 2019.

“What I love about this country, is it provides so

much,” said Lee. Adding, “Coming from China to here; in China, if you worked hard you couldn’t get anywhere. From my background China, what I grew up with, what I saw and experienced compared to where I am today it is a totally different world. Here, if you work hard you can go somewhere, be someone, do anything, and make a big difference.”



Success and progress isn’t always easy, it takes work life balance. “In addition to the Army Reserve, I currently work for the US Mint in Philadelphia, I’m wrapping up my MBA from LaSalle and I have two amazing boys 12 and 10”, said Lee.

“There is nothing you can’t do if you put your heart to it. Follow your heart, you can become someone that can make a difference in life”

Growing Up Fast and Answering 'Your Calling'

Spc. Jennifer Liriano, a 68C, Practical Nursing Specialist with the 865th Combat Support Hospital, was highlighted in the Army's latest recruiting campaign, "The Calling". Every one of us has a calling and reason we serve; Jennifer's comes from an appreciation of where she came from and the kindness she saw growing up.

Liriano was born to first-generation immigrants from the Dominican Republic and spent her childhood adapting and helping her family adjust to a new life in New Jersey. One of Jennifer's earliest memories was when she was four-years-old and her father attempted to take his life in front of her and her siblings. "I remember the police coming and rescuing him, that struck me that there were kind people in the world," she said.

"Although my father struggled with mental illness as I grew up, I recalled the kindness and generosity he showed to others less fortunate than us and what that taught me," Jennifer recalls.

As she grew up both her parents worked long hours just to get by, putting a lot of responsibility in Jennifer's hands to help care for her family, including serving as a caretaker for her grandmother with dementia and helping her parents fill out immigration papers at 10 years old.

Adding to the household challenges, Jennifer recalls the tragic events of 9/11 where she and her elementary school classmates witnessed the first plane hit the World Trade Center, from their classroom.

Liriano recalls the chaos of that day, saying, "No one knew what was happening. My parents didn't have cell phones and were at work, so when the school called to say school was closing early, my grandmother answered, but she only spoke Spanish and didn't understand their request to pick me up. I remember being the last kid at school to be picked up and feeling so confused and alone."

Growing up, wanting to fit in and being pressured to join a gang at age 13 – set Jennifer on the wrong path, causing Jennifer's mother to send her to her family's native Dominican town for an awakening. Growing up in the shadow of New York City, the trip and the people she met changed how she viewed the world and stirred a calling to serve others.

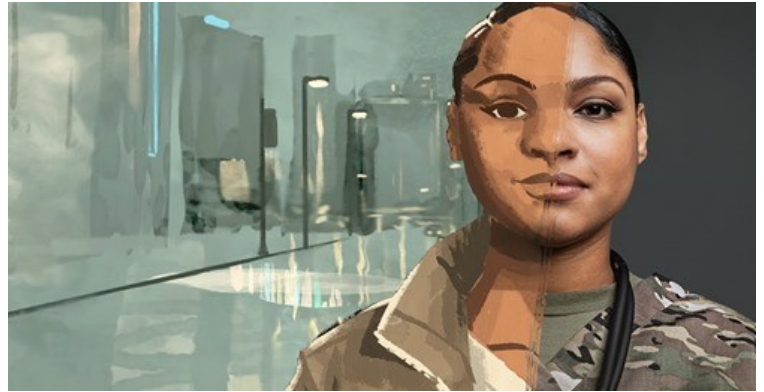
"While in the Dominican Republic, what could have been one of the most traumatic days of my life, turned into a day that would inspire me to serve," Liriano said, as she described a day she missed the bus on a school trip.

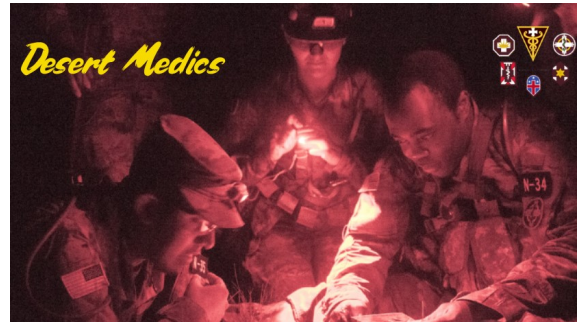
"I missed the bus home from a school trip and found myself alone in a strange town without any idea how to get home and with no way to contact me family. Thankfully there was a kind woman at the bus stop who went out of her way to make sure a lost girl made her way safely home. I will never forget her or her kindness"

Once back in the U.S., Jennifer began to build a future for herself thanks to the help and encouragement of mentors in high school. She planned to graduate college and become an Army officer, but she had difficulty paying her tuition and ultimately moved back home to care for her ailing father. At 23, she met a recruiter who showed her the opportunities available to her by enlisting in the Army, including an accelerated path to a nursing license and scholarship support.

"I took advantage of every opportunity the Army gave me, from training and certifications, to tuition repayment," Liriano said.

We all have our own calling and bring our own passions for service to the Army Reserve; Jennifer's is just one of the 199,000 you will find.





3D MCDS BEST WARRIOR SOLDIER 2021

U.S. ARMY

SPC. AERIAL POOLE
444TH MEDICAL GROUND AMBULANCE CO.



3D MCDS



3D MCDS BEST WARRIOR NCO 2021

U.S. ARMY

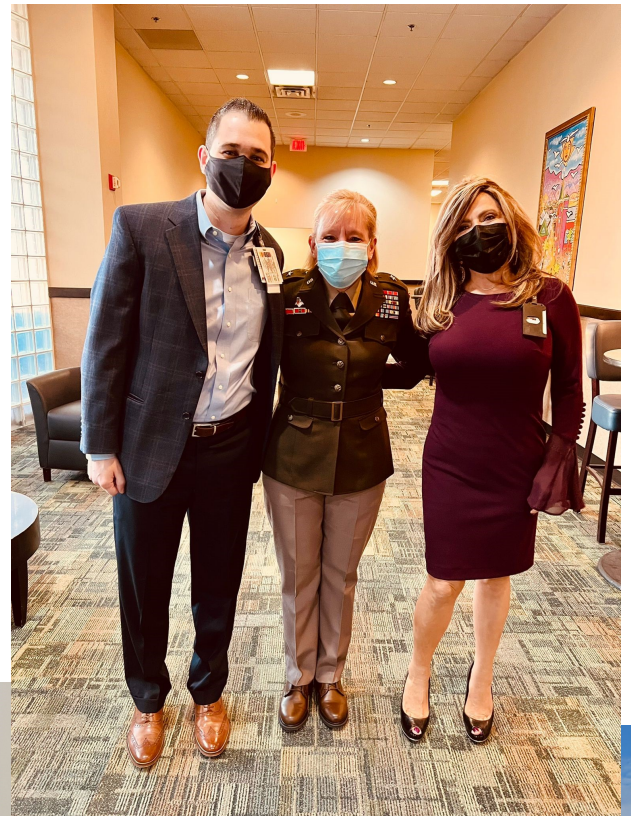
STAFF SGT. NORBERTO DOMINGO
332ND MEDICAL BRIGADE, HHC



3D MCDS

BG Salisbury

Hope to see you again
someday soon!



CSM Langworthy

Thank you for all you
have done and given
to the 3d MC(DS)



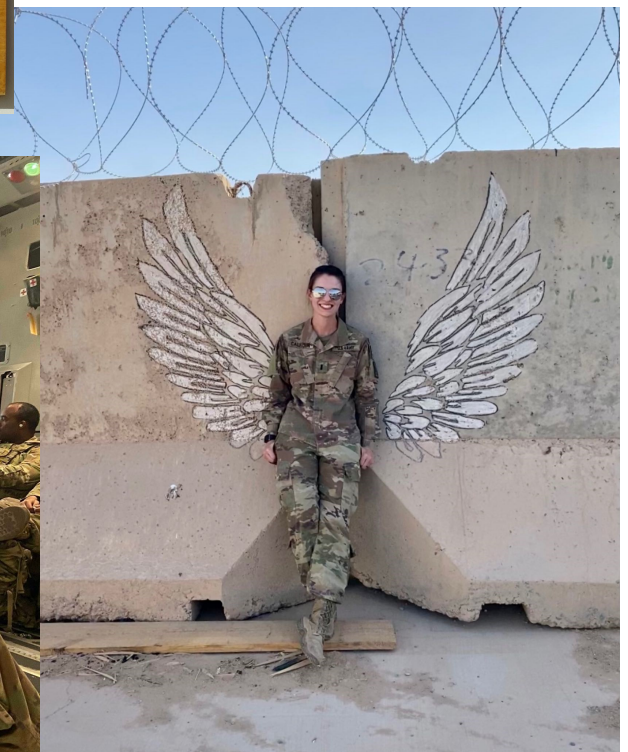
Deployment



936th FRSD



- MAJ Katherine Sego 66T & Commander
- SSG Jonathan Grooms 68W
- 1LT Kimberly Calhoun 70B
- COL Kenneth Nelson 61M
- COL Mark Buzzelli 61J
- MAJ Richard Purcell 61M
- MAJ Jacob Palubicki 61J
- CPT Christopher Fenzel 62A
- CPT Robert Caudle 66F
- CPT Robbie Whybrew 66F
- LTC Robin Middleton 66T
- LTC Towanda Fanucci 66S
- MAJ Jonda Henderson 66S
- MAJ Margaret Eggers 66S
- SGT Fatima Arnold 68D
- SPC Christopher Black 68D
- SGT Lashawn Smith 68W
- SPC Benjamen Bowling 68W



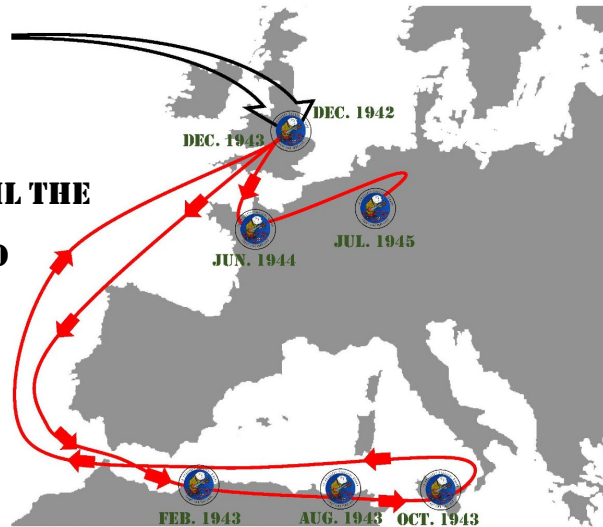


It's a War College thing, the rest of us will just never understand :)



From a Forward Surgical Group of yesterday, to a Theater Medical Command of tomorrow.

FROM THE BEGINNING AND UNTIL THE VERY END, THIRD AUXERS LIVED IN BORROWED TENTS, RODE IN BORROWED TRUCKS, AND COOKED ON BORROWED STOVES.



3D AUX WWII UNIT CAMPAIGN STREAMERS AND RIBBONS

- TUNISIA
- SICILY
- NORMANDY
- NORTHERN FRANCE
- RHINELAND
- ARDENNES-ALSACE
- CENTRAL EUROPE
- DISTINGUISHED UNIT
- AMERICAN THEATER
- EUROPEAN / AFRICAN W/CAMPAIGN STARS
- VICTORY RIBBON
- CROIX DE GUERRE

THIRD AUXERS WERE FRONT-LINE SURGEONS. BUT THEY WERE MORE THAN THAT. THEY WERE SOLDIERS, PIONEERS, TRAIL-BLAZERS. THEY APPLIED NOVEL PRINCIPLES, FOUND FRESH KNOWLEDGE, SET NEW STANDARDS. THEIRS IS A PROUD RECORD. IN CARRYING OUT THEIR MISSION, THIRD AUXERS ROLLED UP AN IMPRESSIVE LIST OF FIRSTS. FOREMOST AMONG THESE ACHIEVEMENTS WAS THE DEVELOPMENT OF A NEW SPECIALTY: FRONTLINE SURGERY. THEY WERE THE FIRST SURGICAL TEAMS TO BE LANDED BY GLIDER. THEY DID THE FIRST SURGERY ON THREE BEACHHEADS. THEY STAFFED THE FIRST HOSPITALS IN NORMANDY, IN BELGIUM, IN HOLLAND, AND GERMANY. THEIR PATH LED ACROSS BEACHES RAKED BY SHELLS, SKIES SWEEPED BY FIRE, GROUND PUNISHED BY BOMBS. THEY MARCHED TO THE SOUND OF GUNS, THE CRASH OF TANKS, THE ROAR OF PLANES. NO MEDICAL MEN TOOK GREATER RISKS.

3D MEDICAL COMMAND ACTIVATION

FROM AUGUST UNTIL DECEMBER 1990, THE 44TH MEDICAL BRIGADE OF THE XVIII AIRBORNE CORPS, EXERCISED COMMAND OF ALL ARMY MEDICAL UNITS IN THE SOUTHWEST ASIA THEATER -- A DIFFICULT JOB. WITH THE ARRIVAL OF VII CORPS IN DECEMBER AND THE SUBSEQUENT ARRIVAL OF LARGE NUMBERS OF MEDICAL UNITS FROM EUROPE AND CONUS, IT BECAME NECESSARY TO ESTABLISH A MEDICAL COMMAND AND CONTROL ELEMENT AT ECHELONS ABOVE CORPS (EAC).

ON 5 DECEMBER, A PROVISIONAL MEDICAL GROUP BECAME OPERATIONAL TO COMMAND AND CONTROL EAC MEDICAL UNITS. ON 26 DECEMBER 1990, THE PROVISIONAL MEDICAL COMMAND -- LATER THE 3D MEDICAL COMMAND -- WAS ACTIVATED TO TAKE COMMAND OVER ALL EAC MEDICAL UNITS, INCLUDING THOSE SHARING HOST NATION HOSPITALS. COLONEL DEMETRIOS TSOULOS, THE CURRENT THIRD ARMY SURGEON, WAS SELECTED AND WAS DUAL-HATTED AS THE 3D MEDCOM COMMANDER AS WELL.

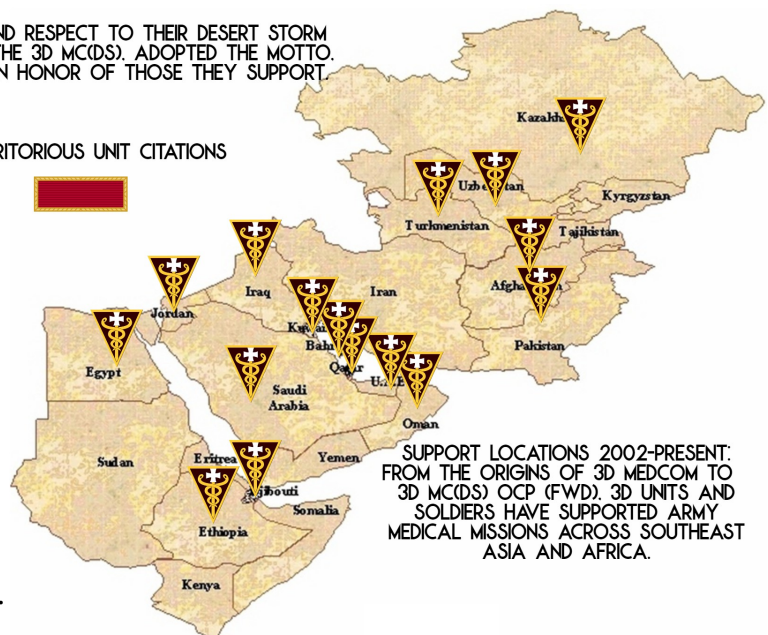
Southwest Asia Campaign Streamers
Liberation and Defense of Kuwait (17 JAN - 11 APR 1991)
Cease-Fire (12 APR 1991 - 30 NOV 1995)

Meritorious Unit Commendation



IN DEFERENCE AND RESPECT TO THEIR DESERT STORM PREDECESSORS, THE 3D MC(DS), ADOPTED THE MOTTO, DESERT MEDICS, IN HONOR OF THOSE THEY SUPPORT.

FIVE MERITORIOUS UNIT CITATIONS



SUPPORT LOCATIONS 2002-PRESENT: FROM THE ORIGINS OF 3D MEDCOM TO 3D MC(DS) OCP (FWD), 3D UNITS AND SOLDIERS HAVE SUPPORTED ARMY MEDICAL MISSIONS ACROSS SOUTHWEST ASIA AND AFRICA.



The 3d MC(DS) is the senior deployable medical command and control headquarters, directly supporting ARCENT across the full spectrum of operations in the CENTCOM area of responsibility. The 3d MC(DS) delivers state-of-the-art combat healthcare support for brigade combat teams, divisions, corps, joint and multinational forces.



PAST

PRESENT

& FUTURE

3D MEDICAL COMMAND



DESERT MEDICS



3d Theater

Medical

Command



THE BEST OF BOTH WORLDS

PRACTICAL NURSING SPECIALIST (68C)

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