SERPENT STAR

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home

task force 30th medcom redeploys

THE commander's CORNER

The last Serpent Star!

Now there's a milestone that'll warm the heart of every Headquarters & Headquarters Company, 30th Medical Command Soldier and family member. It's hard to believe that we will have been deployed over 500,000 minutes by the time we return to Heidelberg. I'm sure that a lot has happened in that expanse of time so we're counting on our loved ones to bring us up to speed on every little detail. Much has certainly happened in theater, too, that makes me proud to have served alongside all the Soldiers, Sailors and Airmen of Task Force 30th MEDCOM. We have worked awfully hard to set the medical infrastructure for the next surge of troops that has already started to arrive in Afghanistan. In addition to the already renowned Task Force MED-East, we established Task Force MED-South, Task Force 31 in the west and southwest, and established U.S. medical forces in Regional Command-North.

We also achieved the herculean task of building the health information system infrastructure to enable documentation of an electronic medical record for every injured or ill U.S. patient throughout the theater. We're also rapidly approaching the date for the occupation of the new Role III hospital at Kandahar. That will be the state-of-the-art medical facility for the CENTCOM area of operation. I am confident that we are turning over a greatly enhanced "foxhole" to the 62nd Medical Brigade and have added to our claim as "The best and most powerful MEDCOM in the world!"

Let me take a moment to speak directly to the Soldiers and family members of HHC, 30th MEDCOM and our other soon-to-redeploy units. We've had a hugely successful deployment to date, but the most dangerous part lies ahead. It is not uncommon for adjustment concerns, family or relationship issues to bubble to the surface as we get near our redeployment date. I encourage you to address these openly and to get any required assistance from our Chaplain team or Behavioral health staff, or to contact Military One Source (https://www.militaryonesource.com). This is my third deployment, and believe me: it doesn't get any easier through repetition. Deployments affect each of us differently, so please get help if you or someone you know needs it; that shows more strength and courage to tackle the problem head on than trying to keep it buried. I also encourage all of our families to participate in the redeployment and reintegration training offered at the home station. Lastly, for HHC Soldiers & families, mark your calendars for 26-29 June for the Strong Bonds Reintegration Retreat at the Edelweiss Lodge and Resort in Garmisch – see you there (I'll be the one in Lederhosen)!

Thanks to all the men and women of Task Force 30th MEDCOM and their families for their service and their sacrifice this past year. Take care of each other, stay safe and keep on providing the finest combat casualty care ever recorded in military history.

Serpent 6 – Out.

Dennis D Doyle

Colonel Dennis D. Doyle

THE TASK FORCE 30TH MEDICAL COMMAND & THE TASK FORCE 62ND MEDICAL BRIGADE

AWARDS & RIP/TOA CEREMONY
BAGRAM AIRFIELD CLAMSHELL
12:45 PM, April 19th, 2010

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SERPENT STAR
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THE
e-9's Corner

Every Serpent Star, a different Task Force 30th MEDCOM E-9 will share their thoughts and perspectives on current and pressing issues in theater. This month, Task Force 30th MEDCOM's own Command Sergeant Major Christopher A. Walls contributes.

About 20 days left…
not that I'm counting…

It's situational awareness, time to switch into redeployment mode; and the thought of leaving this wonderful place is overwhelming.

About 335 days ago, we arrived full of spit, polish, and gumption, ready to boldly go where no Medical Command has gone before. Yes, as a MEDCOM we did forge new ground, and those who follow will stand taller, see farther, and do more because of us; hooah!

I would guess that the last 335 days will never be forgotten for those who experienced them. Some of us experienced those days in wood huts (not the romantic deep-in-the-woods kind, but the arid out-in-the-middle-of-nowhere kind). The huts had no bathrooms or running water – those facilities were down the road a piece. I don't think we'll book this as a family retreat spot. Others lived in strong, concrete buildings, built to take a direct hit; thank God they never did. Most lived six Soldiers to a room with very little privacy, and if your roommates snored, you learned their nighttime song very well. Some were unfortunate and had to sleep on the dreaded top bunk.

Most of us spent those 335 days in claustrophobic cramped-like-sardines work spaces and at times, we had to share computers. Private conversations were often heard by others, and if you needed real privacy you had to find another place or go outside.

For the most part our work kept us inside the wire, and I'm sure our families liked that. For all those whose work took them to the local villages, we thank God everyone is returning safe and sound.

During those 335 days, we experienced 975 meals. Our government made every effort to feed us like royalty and the holiday meals were simply mind-boggling. Ethnic meals, steak, lobster, shrimp, and ice cream – all free and as much as you could ever want.

Some spent parts of their 335 days at other airfields and forward operating bases which were occupied by different countries, with different rules, food, and dangers. Some FOBs had only tents and porta-johns and others had board walks and even a TGI-Fridays .

The past 335 days were packed with much more than this; you fill in the rest…

About 20 days from now…we'll be in one last formation, hear one last speech, and then, after 12 months of wartime duty, we'll be released to our family and friends; that wonderful thought is overwhelming!

Colonel Dennis Doyle (Right) and Command Sergeant Major Christopher Walls (Left), Task Force 30th MEDCOM Commander and Command Sergeant Major, listen as Lieutenant Colonel John Balser, 240th Forward Surgical Team Commander, shows newly installed operating room equpiment at Forward Operating Base Fenty, Jalalabad.

Command Sergeant Major Christopher A. Walls

Major Paul Mittelsteadt, Commander of the 758th Forward Surgical Team from Fort Lewis, Washington, smiles as he receives his end-of-tour awards.

SS

Providing Aid & Comfort

the 758th forward surgical team

Contributed by Major Clifford Evans & Sergeant Milfred Williams

It is easy to read and understand all the things that Forward Surgical Teams are doing on the front line in Afghanistan. We have all heard about life-and-limb-saving techniques, vascular surgeries and fasciotomies being performed on a regular basis. Maybe it is the things that we do NOT usually hear about that need to be said more often. This war does not just involve coalition forces; it involves the local Afghanistan population.

Performing surgery on those directly involved in the war is expected and understood. Before coming over here, the FST knew what we were going to be getting into; we would be performing surgeries that were performed time and time again in the United States. The FST is currently located at Forward Operating Base (FOB) Lagman outside of Qalat. Our job is to stabilize patients so that they can survive a flight to a larger facility where there are better equipped surgeons to perform definitive treatments; we do that well. The problem lies in the local population; there is no facility that can perform more definitive surgery.

As healthcare providers, we want to give our patients the very best. We want them up and walking with physical therapy or strengthening their upper extremities with occupational therapy. There are many pitfalls in post-surgical care in Afghanistan, and those often necessary treatments are nonexistent. Having daily dressing changes or getting the patient up on crutches to prevent DVTs is almost unheard of where we are located.

One fifteen year-old girl had a traumatic amputation of her forefoot in August of 2009. At that time, the orthopedic surgeon elected to take out the talus along with a forefoot amputation, and fuse the posterior facet to the tibia, with antibiotic beads placed to ward off infection. However, the patient did not follow up for two months due to the difficulty in traveling. Upon follow-up, she had exposed implants, poor skin healing, and no fusion. A revision had to be performed with bone grafting and some shortening to allow skin closure.

The actual case and how it was done is not what bothered the team. Our biggest concern was the rest of her life. This young lady was going to have a hard time surviving here. Prior to her injury, she would have been set to at least get married and have children. Now, with her injuries, she was going to have a very hard time being able to find a husband willing to marry her.

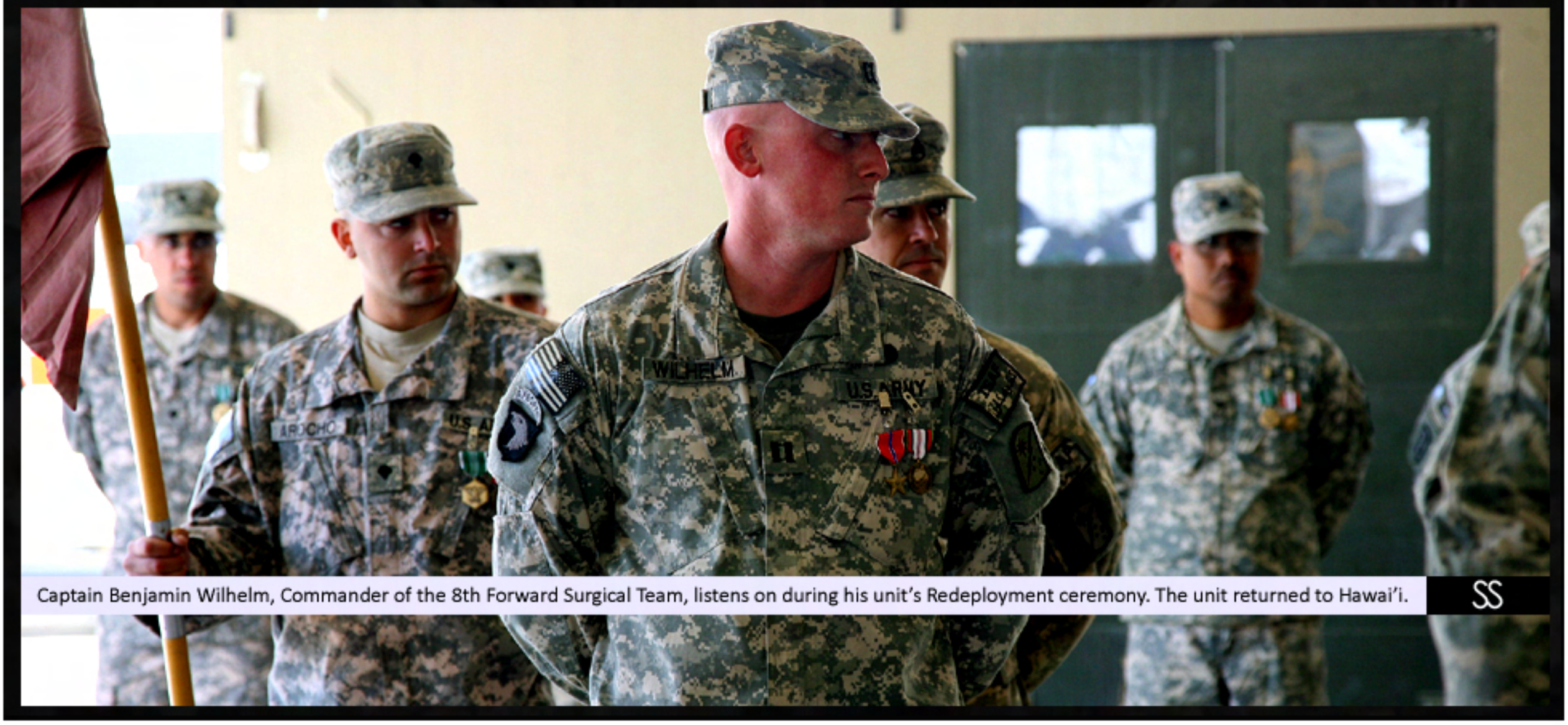
Our team struggled with the idea that, within a short period of time, her life was changed forever. The team went into action. After the fusion had taken place, the orthopedic surgeon wrote home to friends and families. With the help of an organization, Ohio Willow Wood, the FST was able to provide the young lady with a prosthetic foot. Although this may not necessarily help her gain her place in society, it will give her the best opportunity to survive in such an austere environment.

Our daily struggles as we are deployed in Afghanistan included all the common things: missing our families terribly, poor food, being confined to a few acres at the FOB, and seeing trauma, death and despair. It also included the things we do not think about very often. As healthcare providers, we care about our patients. We want the best for them. Being trained in the United States, we saw the best there was to offer patients. Unfortunately, we did not have the same level of equipment here for our patients. Dealing with this realization on a daily basis was very hard. When we were capable of seeing them follow up, we did. If we had to operate on them more than once, we did. When we had to show them how to care for themselves, we did. One thing this location did not lack was compassion.

Currently, the young lady has received most of the prosthetic. We are waiting for a couple of parts to complete it and fit it on her. She was very excited at her last follow up, and will be coming back after we have left country to return home. We are sure our caring for this lady will continue with the next FST as they provide her with the finished prosthetic and, hopefully, a better life.

★★★★★★★★★★★★★★★★

The 758th FST redeployed to Fort Lewis, Washington, in March 2010.



Captain Benjamin Wilhelm, Commander of the 8th Forward Surgical Team, listens on during his unit's Redeployment ceremony. The unit returned to Hawai'i. SS

the 759th forward surgical team

Contributed by Major Christopher Moon

Members of the team are recognized by the Counter Terrorism Pursuant Team for training Afghan Medics at Forward Operating Base Wright, Asadabad. SS

Specialist Jesica Cancel, operating room technician, demonstrates sterile hand-washing techniques to two Afghanistan Special Forces Soldiers. SS

Both elements of the 759th Forward Surgical Team have been busy during the last several months, training our Afghan National Security Forces medical counterparts. At Asadabad, Specialist Jesica Cancel, operating room technician, has taken the lead training an Afghanistan Special Operations Unit, the Counter Terrorism Pursuant Team (CTPT).

Guided by the Combined Action Plan, the medical element at FOB Bostick has been training ANSF over the last eight weeks. During the grand opening of the FOB Bostick Hardstand Medical Clinic, an ASG medic (who recently underwent CLS-type training) delivered initial medical care to a local national boy who had an unexploded ordinance detonate in his hand. After initial surgery, the patient was transferred for further care at the 759th FST (Asadabad) for skin grafting.

MovingForward

TASK FORCE 30TH MEDICAL COMMAND RETURNS HOME
MEMORIES, EXPERIENCES, AND REFLECTIONS

COMPILED BY FIRST LIEUTENANT JULES CHAN
& STAFF SERGEANT NATHALIE MOREANO

"I learned a lot, making sure all of our units had the equipment to do their job. One thing I'll remember for the rest of my career is that no job is too little; no job is impossible."

SERGEANT ALEX ST. JOY, G-4

"I'll never, ever forget when our whole work building was shaking from a rocket attack only a few blocks away. It was a fear-inducing but awe-inspiring moment."

MASTER SERGEANT FERNANDE SAMPSON, G-1

"Every day was an adventure in the Secretary of General Staff office. From impersonations to crazy war stories, there was never a dull moment!"

STAFF SERGEANT NATHALIE MOREANO, SGS

"Learning a Brigade Staff-level job as an E-4 was a great experience. It was a chance to be in charge of all medical equipment for the theater."

SPECIALIST JOSE PAGAYON, JR., G-4

"When we first, deployed, I was faced with the tedious task of being the Unit Movement Officer. Thanks to the help of my fellow unit members, we successfully deployed the Task Force from Heidelberg, Germany to Bagram, Afghanistan without any lost or stolen equipment."

FIRST LIEUTENANT JONATHAN WILLIAMS, G-4

"I could not ask for more. My combat tour experience has been absolutely rewarding in many ways, with the countless logistics tasks and accomplishments that my team has endured. We have proven, once again, that healthcare starts with logistics."

LIEUTENANT COLONEL GUS GOGUE
G-4

"With all the work moving QuadCons, I've never eaten so much dirt in my life... but there's nothing like working on the flightline."

STAFF SERGEANT
MELISSA KELLY-SELL
G-3 AIR

"What I believe was my 'defining deployment moment': recognizing the impact of, and effort for, ONE TEAM - the eighth Army value."

LIEUTENANT COLONEL KEVIN ROBERTS
CLINICAL OPERATIONS

"Though the time we had was short, I will always be grateful for the opportunity to deploy with my husband. Having your loved one comfort you in the toughest of times is a feeling that can't be duplicated."

CORPORAL BRITTANY MACARTHUR
HHC

One "Uh-Oh" takes away a lot of "Atta-Boys."

SERGEANT TIMOTHY CHELF
COMMAND GROUP

"This is graduate-level work that will challenge what you think you know about counter-insurgency warfare, leadership, and yourself. I'm thankful to have been Chief of Staff for the "Best and Most Powerful MEDCOM in the World," and I'm proud of the work accomplished by the staff. We were witnesses to history as Afghanistan begins to change...and now it's time for us to go home."

COLONEL GREGORY MALVIN, CHIEF OF STAFF

"One Team."

SERGEANT AARON MCDANNELL, HHC

"Moving Forward."

SERGEANT ALLISON BOWEN, HHC

"I've worked with the best Soldiers, Airmen, Sailors, NCOs and Officers in Afghanistan. I will remember them always with respect, admiration, and friendship."

MAJOR THOMAS PORTER, MRO

"Upon arrival to Task Force 30th MEDCOM, I experienced a flawless transition. The entire team welcomed me as if they had known me for months, enabling me to focus on my work as well as adapting to the new environment."

MASTER CHIEF PETTY OFFICER GARY FRADY, G-9

"For a medical planner, the challenge of being present in a growing theater of operation has been extremely rewarding. This was the rotation to be here. Sitting at the table with coalition partners, supporting our maneuver forces, and planning for the future of Afghanistan were all formative activities that I will remember for years to come. This was our time to give in this way.

MAJOR PEDER SWANSON, G-3

The USFOR-A Surgeon's Conference
January 12th, 2010

Attendees of the USFOR-A Surgeon's Conference pose outside of the Jirga Center. The event brought together medical personnel from around theater.

SS

Surgeon's Conference participants talk inside the Jirga Center on southern Bagram.

SS

THE G-6

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Crack. BOOM.

The heart-wrenching sound of an improvised explosive device detonating has just ricocheted throughout the air. Multiple casualties are reported.

Within minutes, a MEDEVAC helicopter touches down, picking up the wounded. The chopper heads to base, where the wounded are treated. Only hours after the bomb detonates, all casualties are at Landstuhl, Germany, ready to receive the highest level of medical treatment…as soon as the patients' initial diagnoses and X-Rays are transmitted from theater.

Which finally happens four hours later.

★★★★★★★★★★★★★★★

This scenario and many others like it played out repeatedly throughout the first eight years of Operation Enduring Freedom. Horridly slow transmittal capabilities hindered life-saving efforts. The Task Force 30th MEDCOM G-6 cell made Soldiers' lives their main priority, as the standing up and advancement of the Joint Tele-Medicine Network went full force.

The fact that, in only 52 weeks, the JTMN and other health information systems advancements became game-changing factors for Operation Enduring Freedom is nothing short of amazing – and nothing short of what was expected from the talented assembly of the G-6 crew.

A NEW MISSION

"This team is the best for this mission," says Master Sergeant David Tossie, the G-6 NCOIC. "I've been deployed four times as well as been in the Army for 23 years, and I have never seen a team like this."

From the very beginning, G-6 was hard at work. With Task Force 30th Medical Command being the first Medical Command in theater, the G-6 shop was tasked with setting up communications for the new MEDCOM and all of its down-trace units.

"We had no network, no equipment, and three different networks to set up, and we did it in a little over a month," points out Captain Thomas O'Keefe. "The MEDCOM is ineffective without communications."

"This was a huge step."

The shop worked to improve the monitoring of real-time bed statuses of all treatment facilities in theater. What once took 12 hours to update now only takes two; 'near real-time'.

The Joint Medical Work Station was also a hot issue that turned into a success story .The G-6 fabricated a centralized location for all of Task Force 30th MEDCOM's lower units to update their unit situational reports, and they also reduced the number of Excel spreadsheets that need to be filled out – the entire process now takes less than five minutes. As a result, where three down-trace units were originally on-line with the JMeWS, 22 units are now part of the system.

Many success stories soon followed, but none as big as the JTMN. With only one in place upon the MEDCOM's arrival, 18 now stand as they depart. The achievement and results of the system earned the G-6 the 2009 Department of Defense Chief Information Officer Award, chosen first over 70 total entries across the Department.

Major Daniel Bridon, the G-6 Chief, couldn't be any more proud.

"It was an amazing accomplishment," he says, smiling. "Without our section's hard work, JTMN would not have been successful.

COALITION COHESION

The team worked around the country, working communication issues during the Kandahar Role III transition from Canadian to U.S. control; providing the Navy with American communication capabilities at the United Kingdom hospital in Bastion and at the Spanish hospital in Herat; and providing equipments to the Jordanians at Qalat.

"The Jordanians were great to us," points out Master Sergeant Tossie. "They bent over backwards for us, so we helped them get equipment they needed."

Sergeant David Leach feels the same.

"It was a good, eye-opening experience working with the different countries and seeing the way they do things; it was challenging at times, but fun."

"I have always worked with international folks," adds Chief Warrant Officer Louis Quinones, "But this is my first time working with these countries. It's nice to see their work ethic – it was a privilege."

"Even though we seem very different, we are actually very alike."

ACCOMPLISHED

Health information systems in theater not only took a huge step forward, it walked a mile. The G-6 section, finally getting a chance to step back and look at what they've accomplished.

"G-6 came in and provided oversight over medical units and their new capabilities," says Major Bridon. "We stood in the breach and acted as the fulcrum."

"I'm totally amazed at how much we accomplished and expanded," states Chief Quinones proudly. "It was overwhelming at times, but we worked with a lot of professionals who helped us accomplish our tasks."

"Our G-6 is the definition of team."

"I am extremely proud of the work that my G-6 team has done," concludes Major Bridon. "But I'm not just proud of the G-6, but also proud of the subordinate Task Forces that have collaborated with us in the single greatest expansion of Health Information Systems in Operation Enduring Freedom history.

★★★★★★★★★★★★★★★

Task Force 30th MEDCOM units, led by Colonel Dennis Doyle, march en route to the MEDCOM's end-of-deployment formation run at Bagram Airfield. SS

headquarters
&headquarters company

We have come a long way.

Not only has the 30th Medical Command ensured that healthcare is provided across the battlefield, but we have established a healthcare system across 650,000 square kilometers. G-1 got the people there. G-4 got the equipment there. G-6 wired it all up. Clinical Operations provided the medical guidance. Special Staff made sure it was all legal, spiritual, and ethical. G-3 coordinated everything. And we did it all in a headquarters smaller than SGM Miller's van.

The biggest accomplishment during the last month-and-a-half has been the reception, staging, and integration of a new Task Force Med / Combat Support Hospital that will handle medical operations in the West/South-West of Afghanistan. This was only possible with a lot of work and late nights from all the staff sections.

The Family Readiness Group continued to show their amazing support by sending us all Valentines. Upon our return, they are also organizing an afternoon of fun for parents and kids and an adult night out with a free dinner. Make sure that once you get back, you personally thank the FRG members. They have been and continue to make sure everyone deployed knows that the rear is rooting for us.

Lastly, some great news: Our replacement's advanced party is coming soon and their containers are already in theater. As we continue working hard to support the theater medical mission, most of the headquarters will soon have handed over their responsibilities and will be chomping at the bit to get home. While this happens, we all need to keep safety in mind – not only our personal safety, but keeping our military's information safe.

The weather is going to start warming up across the theater, so stay hydrated! We will have some long days completing redeployment tasks. Drink water beforehand to minimize the chances of becoming a casualty this late in the game. If you haven't been getting any sun, put some sunscreen on before spending all day outside at the customs inspection.

While you are staying safe, keep the military's information safe. Do not discuss our redeployment dates and times with anyone who is not cleared to receive the information. Example: everyone on Facebook is not cleared to know all about our movement. There are people collecting information to use against us. Don't be the one who leaks the critical time and location that gives the enemy a perfect opportunity.

NCOs: you have a big role in getting our people home. Make sure you are communicating with the 1SG on a daily basis and getting important information out to your section. Don't get complacent, and we will be home in no time.

Captain Thomas M. Hardy

Visitors tour the newly built Role III Hospital in Kandahar. The facility, which will open in May, will be the largest US medical facility in Afghanistan. SS

OPERATION CARE

OPERATION CARE

is a 100% volunteer organization comprised of military and civilian members serving in the Afghanistan Theater of Operations. We are dedicated to the welfare of both the people of Afghanistan and ISAF forces.

Operation Care accepts humanitarian donations of basic necessities including shoes, clothing, blankets, and school supplies. For Coalition Soldiers, Sailors, Marines, and Airmen stationed at remote forward operating bases we provide personal comfort items and other basic amenities. The American people are not only active participants; they are the key to our success. With their generous support of HA donations, Operation Care works to ensure the future of a free and democratic Afghanistan, the welfare of its people, and a secure, peaceful and nurturing environment for its children.

Many children in Afghanistan have old, worn footwear. In most cases, local children have no footwear at all.

SS

Top: The 40th Infantry Division Agricultural Development Team, FOB Wright, Asadabad.

Above: Operation Care is fortunate enough to have captured the interest of Janet and LTG (RET) John Bradley, former Commander, U.S. Air Force Reserve Command, both founders of the Lamia Afghan Foundation. With their support, children of Afghanistan will receive handmade wooden toys from veterans of California.

Left: At the Bagram Operation Care center. Mr. Kelly, SPC McCarthy, SGT Bowen, LTC Owens, Mr. Denovo, SGT Thomas, MSG Sampson, Maj Wilkinson, SSgt Norris, Capt McAdoo, and Maj Pruitt.

IF YOU'RE FEELING WAY DOWN,

THERE IS A WAY UP

CONTACT THE COMBAT & OPERATIONAL STRESS CONTROL TEAM

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