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Compassion For All

Fortitude In Service

Silver Knights

Serving Task Force
1st Medical Brigade

Vol. 4
May 2010

Silver Knights Content

Medical Services at Taji Detainee Facility Transfered Back to the Goverment of Iraq Pg. 28

Editors Notes

This months magazine is what we want to call our legacy magazine. It is full of articles and pictures that capture the true essence of what Task Force 1st Medical Brigade brought to the fight during Operation Iraqi Freedom 09-11. This magazine is dedicated to future medical units that will continue to help build Iraq's partnerships with United States Medical Professionals for years to come. We also want to dedicate this to all the Soldiers, Airman, Sailors and Marines who have paid the ultimate sacrifice and for those who stand in harms way today and in the future. This publication shows you all the amazing things our Soldiers, Airman, Sailors and Marines continue to do here in support of Operation Iraqi Freedom. We want to also take time to thank all those who have made our publications great. Thank You!! SILVER KNIGHTS!!

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Task Force 1st Medical Brigade

by Col. Robert D. Tenhet, TF 1 MED Commander

This will be Task Force 1st Medical Brigades final magazine capturing people and events during Operation Iraqi Freedom 09-11. It is dedicated to the many great Soldiers, Airmen, Civilians, and their Families, serving their country and sacrificing so that others may live free.

The core of our mission was to provide high quality health service support to Coalition Forces and to that end the members of this great Task Force that treated thousands of patients, saved hundreds of lives, maintained the health of over 300,000 military and civilians serving in Iraq through clinics, preventive medicine programs, food inspection, and a host of other medical programs.

Through harsh environmental conditions, the constant threat of indirect fire, and for some, the threat of Improvised Explosive Devices, the members of Task Force 1st Medical Brigade upheld the highest professional standards and served with honor and dignity.

TF 1st MED also partnered with the Iraqi's bringing medical training, nutrition care, wheelchair donations, and a host of other programs assisting the Iraqi people in the sustainment of their own healthcare programs. It is an honor to serve with such great Americans.

The cover page is Capt. Ernest Dorema, Task Force 28th Combat Support Hospital EMT Charge Nurse, he is seen placing a tourniquet on a patient during a trauma exercise. The exercise demonstrated how the Emergency Department treats a trauma patient that comes to the hospital and was part of the Iraqi Physician visit that occurred at the United States Forces Hospital on 7 April 2010.

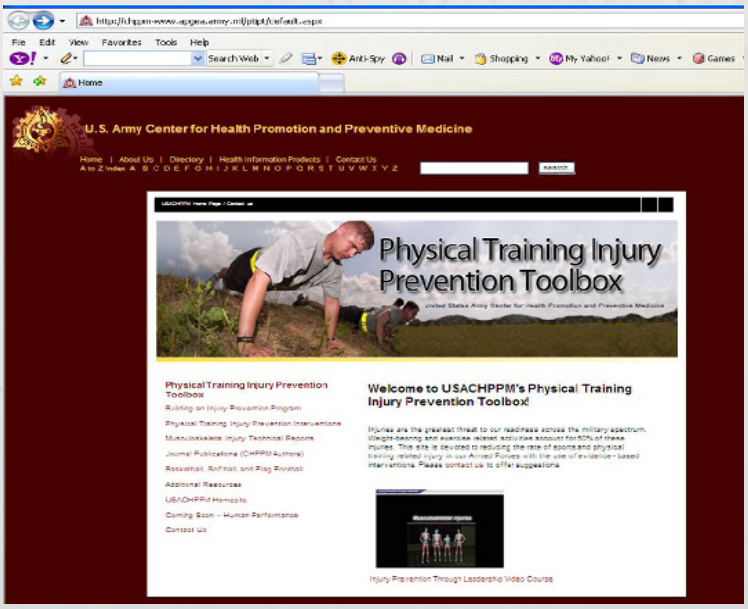
SAFETY

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

We're coming to the end of another memorable chapter in the Silver Knight's Safety Program and it's been a great journey. Over these past three months, we focused on several safety topics. Leadership engagement and Composite Risk Management (CRM) were the major focus across the Task Force. Some safety measures included weekly inspections of living areas and work areas. Emphasis was placed on leaders to use the Task Force SAFE Supervisor's Inspection guide during inspection of living areas. In addition, we stressed the use of the U.S. Army Center for Health Promotion and Preventive Medicine (CHPPM) website for developing sports injury prevention programs. Some of the posters which were developed during this period revolved around the prevention of Slips, Trips, and Falls (STP). We continued to make improvements, some of which were the replacement of 12 light fixtures, flooring, and roofing repairs. I mentioned before that the success of a deployment can be measured through a unit's safety program. Well, I left out the key ingredient to our success, our Soldiers and DOD civilians. They are truly the reflection of our Silver Knight's Safety Program.

"MAKE SAFETY FIRST"

A FIRST LINE SUPERVISOR'S SAFETY INSPECTION GUIDE FOR DEPLOYED LIVING AND WORK AREAS



Chaplain's Corner

Chaplain Maj. Allen, Task Force 1st Medical Brigade Chaplain

Greetings once again from the Brigade Religous Support Team (RST). As I write this, SGT Vaughn and I are filling out the inventory sheets for our tuff boxes and personal duffel bags. I am already dreading the bag dump at customs where some stranger goes through everything that I am taking with me. My current plans are to travel light; with as little gear as possible with me on the return flight home.

Sgt. Phillip Vaughn is seen here in the chaplains area giving some good advice to Spc. McCall from the TF 1 MED S-1 Section.

Packing and repacking are always emotional events for me. It usually means the end of something and the beginning of something else. A time to clean house and decide what to keep and what to toss. They are also great opportunities to examine the personal baggage that I am carrying around inside of me as well.

Deployments and reunions are great times to examine the internal baggage of our relationships as well. By this I mean the habits and rituals which we do as a couple or family that we just don't think about. This includes all of the interactions which we have with our spouse or children. If we examine how we have related in the past; there is probably some "junk in the trunk" that we need to get rid of.

It might be how we argue or disagree with our loved ones. It might be who handles the finances, who cooks, who mows the lawn, who is going to fix the broken appliances in the house, and who is going to help with homework or even taking care of their aging parent or grandparent.

Paul wrote in the book of Hebrews, ". . .let us throw off everything that hinders and the sin that so easily entangles, and let us run with perseverance the race that is before us." As we each continue the deployment cycle, I encourage each of you to examine habits and routines that may be holding you back personally and professionally. Get rid of those that are getting in the way of progress and try out some new tactics, techniques, and procedures in your personal life.

Finally, it has been a privilege to serve as the Task Force Chaplain. I have been blessed to work with the best the Chaplain Corps has to offer in our Religious Support Teams. They are each doing an awesome job in their respective assignments. I want to personally thank SGT Vaughn for his leadership, dedication, and ministry he has provided to not only our Soldiers but to me. Blessings to all.

From Her Beacon Hand Glows Worldwide Welcome

by 1st Lt. Senofonte, 118th MMB PAO

Spc. Angel Naranjo (seated, right) with Col. Gerard Curran, 118MMB CDR (seated, left) and other Connecticut soldiers after receiving his United States citizenship. Shown in his hands are the Certificate of Citizenship and United States flag he was presented.

Emma Lazarus is best known for her sonnet "The New Colossus" of which the final lines are inscribed on a plaque at the base of the Statue of Liberty. The line "...from her beacon hand, glows world-wide welcome..." has long been a supporting statement of the melting pot of cultures we all know to be the great United States of America.

On February 15, 2010, Lt. Gen. Charles H. Jacoby Jr., United States Forces – Iraq, Commanding, welcomed 107 United States Army soldiers, from 44 countries, as citizens to the United States of America. The soldiers underwent a seven day process of interviews where they were required to answer 10 randomly selected questions out of a possible 100; six of which needed to be correct to be pass. Also a literacy test was performed ensuring the candidates were able to read, write, and speak the english language.

Among these soldiers was an Ecuadorian native, Spc. Angel N. Naranjo; A 21 year old Connecticut resident deployed as a vehicle mechanic with the 118th Multifunctional Medical Battalion. Spc. Naranjo enlisted in the United Stated Army in April of 2006, at the age of 18. He heard about the naturalization process prior to mobilization and initiated the procedure before deploying in support of Operation Iraqi Freedom. While deployed, Spc. Naranjo lost contact with the Connecticut official but stayed determined to gain his citizenship. When he heard about the ceremony being conducted here in Iraq, it was an opportunity he refused to let slide by. Upon gaining his citizenship, Spc. Naranjo was presented a Certificate of Citizenship by the certifying official, a USF-I commanders coin by Lt. Gen. Jacoby, USF-I Deputy Commander, and a United States flag by Command Sgt. Maj. Grippe, USF-I Command Sgt. Maj.

Spc. Angel Naranjo (seated, right) with Col. Gerard Curran, 118 MMB CDR (seated, left) and other Connecticut Soldiers after receiving his United States citizenship. Shown in his hands are the Certificate of Citizenship and United States flag he was presented.

EQUAL

Master Sgt. Abyeta, TF 1 MED Equal Opportunity Advisor

We had a great turn out for TF 1st Med Bde's African American and Women's History Month Celebrations. Soldiers and Civilians from throughout the TF came out to celebrate African American History Month with special guest speaker MSG Tillman from HHC and to celebrate Women's History Month with the special guest speaker of BG Brown, USF-I.

WOMEN'S HISTORY MONTH: Each year, March is designated as National Women's History Month to ensure that the history of women will be recognized and celebrated in schools, workplaces, and communities throughout the country. The stories of women's historic achievements present an expanded view of the complexity and fulfillment of living a purposeful life. The knowledge of women's history provides a more expansive vision of what a woman can do. This perspective can encourage girls and women to think larger and bolder and can give boys and men a fuller understanding of the female experience.

APRIL: April is the month that we pause to acknowledge some pretty significant events. This month is National Holocaust Days of Remembrance month and Sexual Assault Awareness month. The Holocaust was one of the greatest atrocities of the 20th Century. Somewhere between five and seven million Jews were systematically killed by the Nazis and their allies. Some of the horrors noted by American Soldiers upon arrival at the camps are indescribable. It has been noted that General George Patten became physically ill after viewing the conditions and surrounding at Ohrdruf. Another horror or event that has shattered many lives is sexual assault; all DOD agencies have a DSARC who coordinates services as necessary for uniformed personnel. Both of these tragic events clearly illustrate a lack of respect for each other and have left devastating marks on families, individuals and society for years to come. It is important to note while many people suffer there are always bystanders witnessing the suffering who do nothing or say nothing. If you see someone in trouble don't look away...you may be in the right place at the right time to prevent a terrible wrong.

Poet "Scott Free" of 3rd Eye Alumni recites an inspirational poem duirng the African American Observance.

TF 1 MED guest speaker Brig. Gen. Heidi Brown, USF-I Deputy Commanding General for Sustainment, talks to Soldiers about why it's so important to celebrate Women's History Month

Master Sgt. Tillman was TF 1 MED guest speaker at the African American History Observance held on 17 Feburary, 2010.

The Holocaust Days of Remembrance 27 April - 4 May 2008: The Holocaust was the systematic, bureaucratic, state-sponsored persecution and murder of approximately six million Jews by the Nazi regime and its collaborators. "Holocaust" is a word of Greek origin meaning "sacrifice by fire." The Nazis, who came to power in Germany in January 1933, believed that Germans were "racially superior" and that the Jews, deemed "inferior," were an alien threat to the so-called German racial community. During the era of the Holocaust, German authorities also targeted other groups because of their perceived "racial inferiority": Roma (Gypsies), the disabled, and some of the Slavic people (Poles, Russians, and others). Other groups were persecuted on political, ideological, and behavioral grounds, among them Communists, Socialists, Jehovah's Witnesses, and homosexuals. For more information you can visit this link: http://www.ushmm.org/.

Two young cousins shortly before they were smuggled out of the Kovno ghetto. A Lithuanian family hid the children and both girls survived the war. Kovno, Lithuania, August 1943. — United States Holocaust Memorial Museum

Portrait of members of a Hungarian Jewish family. They were deported to and killed in Auschwitz soon after this photo was taken. Kapuvar, Hungary, June 8, 1944. — United States Holocaust Memorial Museum

Staff Sgt. Hurst speaks about Women Writing History today at the Womens History observance 05MAR10

Quotes of the Month:

O! how this spring of love resembleth. The uncertain glory of an April day!

By: William Shakespeare

Our greatest glory is not in never falling, but in rising every time we fall.

By: Oliver Goldsmith

Soldiers from TF 1 MED catch a bite to eat after the African American history program on 17 Feburary 2010.

TF 1 MED Inspector General Office

Sgt. 1st Class Jimenez and I have actioned over ninety plus formal Inspector General requests for assistance from across the Brigade Task Force so far during this deployment. The subjects have varied from simple finance issues to allegations of misconduct that required investigations. Based upon our observations during this deployment, we have developed a Q&A to help provide answers to the top ten IG questions we have received from Soldiers across the Task Force.

1. Who may request assistance from the Inspector General?

a. Active Component, Army Reserve, and National Guard Soldiers.
b. DA Civilians.
c. Family members.
d. Retirees / Veterans.
e. Contractors.
f. Third parties (Example: Parents complaining on behalf of a son or daughter).
g. All of the above.
h. A and C only.

2. You requested through your chain of command to speak to the Inspector General but your chain of command gave you a direct order not to go. Can the chain of command stop a Soldier from going to the IG?

a. Yes, you must tell everything to your chain of command before you talk to the IG.
b. Sometimes but you should always talk to your Battle Buddy and get their opinion first.
c. The chain of command will not restrict anyone in any manner from lawfully communicating with the Inspector General or Member of Congress.
d. Only the Commander and First Sergeant have the authority to let you speak with the IG.
e. All of the Above

3. Soldiers often bring complaints to the IG of situations where they believe someone has violated an Army regulation or policy. What is the definition of an allegation to the IG?

a. The act of accusing or charging someone with a crime or a lighter offense.
b. Words falsely spoken that damage the reputation of another or charge falsely or with malicious intent; attack the good name and reputation of someone.
c. Unverified information of uncertain origin usually spread by word of mouth received from another; hearsay.
d. Is a statement or assertion of wrongdoing by an individual formulated by the IG. It contains four essential elements: who, improperly, did or failed to do what, in violation of an established standard or Army Regulation.
e. All of the above.

4. When a Soldier requests assistance from the IG, what questions should the complainant/Soldier expect the IG to ask them first?

a. What do you want the IG to do for you?
b. Have you given your Chain of Command a chance to resolve your issue?
c. Have you ever received an Article 15?
d. What is your status (active duty, USAR, DA civilian, retiree, etc)?
e. Have you requested assistance from any other source or agency? (Congressman, EO, IG)
f. Do you have any supporting documentation?
g. Did you get approval from your Chain of Command to speak with the IG?
h. All of the above.
i. A, B, F and G.
j. A, B, D, E and F.

5. What is required for NCO performance counseling?

a.A comfortable room with chairs and a desk located in the company area.
b.A chaperone that will accompany or will supervise the counseling section to prevent inappropriate social or sexual interactions or illegal behaviors.
c.Mandatory face-to-face counseling between the rater and the rated NCO.
d.The entire chain of command including Soldiers from the same section.
e.All of the above.

6. You just found out that you were not recommended for the type of award that you thought you deserved while you were deployed. What can the IG do for you?

a.Force the recommender to upgrade your award because of your superior performance.
b.Recommend to the Soldier to submit his/her own award directly to the S-1.
c.Only monitor and verify that an award recommendation was submitted and properly processed thru the Chain of Command in accordance with in AR 600-8-22.
d.Request that your recommender submit your award through a different section.
e.All of the Above.

7. You have just discovered that your Rater is not going to give you the rating on your NCOER/OER that you think you have earned. What can the IG do for you?

a.Order the Rater to change the rating based on the NCOER/OER counseling that was provided as evidence.
b.Request the Chain of Command to change the Rater because there is a personality
conflict.
c.Recommend to the Soldier to appeal the evaluation if it is already filed in the service member's OMPF or recommend that the Soldier request his/her Commander to conduct an inquiry.
d.Order the Commander to change the rating based on the NCOER/OER counseling that was provided as evidence.
e. A and D.
f. A and B.

8. Based on circumstances, unit mission and location, your unit Commander has scheduled an APFT while you are deployed downrange in Iraq. What can you do?

a.Tell your unit that you would rather wait to take the APFT until you redeploy.
b.Tell your unit that you don't have to take it because you are deployed.
c.Get a profile to avoid taking the APFT.
d.Soldier must take the scheduled APFT.
e.None of the Above.

9. Your Commander has ordered you to wear your assigned Unit Shoulder Sleeve Insignia - Former Wartime Service or Combat Patch. What recommendation(s) can the IG provide to you?

a.You must wear your assigned Unit Shoulder Sleeve Insignia - Former Wartime Service or Combat Patch.
b.You can go to the PX and pick one that you like.
c.You may elect not to wear Unit Shoulder Sleeve Insignia - Former Wartime Service or Combat Patch.
d.You may elect to wear one from your previous combat deployment(s).
e.C and D
f.None of the Above.

10. You have been deployed for 253 days and you just submitted your request to utilize the Rest and Recuperation Pass Program (RRPP) thru your Chain of Command but your supervisor told you that he/she is going to disapprove your request. What recommendation can the IG provide to you?

a.Tell your Supervisor that the Rest and Recuperation Pass Program is an entitlement and that everyone else gets to go.
b.RRPP is a privilege and not an entitlement.
c.Call your spouse and complain to the Family Readiness Group.
d.Only SPC and below are entitled to request a four-day pass for the RRPP.
e.A & C
f.None of the above

Please feel free to contact SFC Jimenez or myself if you have any questions or concerns: manuel.j.jimenez@iraq.centcom.mil or charles.hahn@iraq.centcom.mil or by DSN: 318-485-5173. Anwsers to this quiz can be found on page 45.

Silver Knights

What have you found the most challenging

Above: Spc. Christina Munoz, C Co. 21st CSH: This is my first deployment and didn't know what to expect, but it has been a smooth transition. Another difficult challege would be seperated from my husband and children even though I have made a temporary family with my 21st CSH Buddies.

Spc Michael Lyons, 550th ASMC, I found it difficult gaining trust in my unit being the new guy. After three months of rigorous exercise I went from 260 lbs to 198 lbs. I got off the overweight program, smoked my PT test, and then got promoted to Specialist. After achieving the trust of my comrades and losing the 62lbs, this deployment became less stressful for me.

Spc. Christopher Meade, C Co. 21st CSH: The one thing that I would say presented me with the most difficulty would be being away from my wife and five month old daughter.

Above: Staff Sgt. AC Bryant III, TF 28 CSH, "I miss being with my family and my sons"

Right: Spc. Anthony English, 550th ASMC, Having to turn away a patient who doesn't have the right credentials in order to receive medical care at an ARMY medical facility. It wasn't as hard for me to say "NO" to the patients who made it difficult for me when I told them about the rules of engagement and the lack of primary care on their letter of authorization. However, for the ones who were very understanding to the rules, it tugged at my heart a little bit.

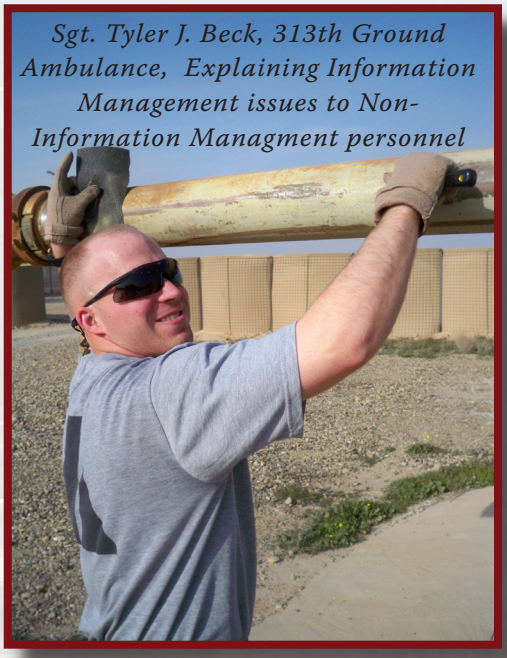
on the Street

during your current deployment?

Below: Sgt. Susan Weiss, 118th MMB S1, The hardest part about this deployment is going to bed at night and not feeling safe. Also, in the deployed environment, people are sometimes hard to count on.

Staff Sgt. Peter Sutherland, TF 21 MED, Maximizing the time that I spend with my family in my personal time through phone calls and the internet. Speaking with them on a daily basis. Balancing work and the stresses of deployment and my at-home family life.

Sgt. Tyler J. Beck, 313th Ground Ambulance, Explaining Information Management issues to Non-Information Managment personnel



Below: Master Sgt. Salinas, 61st MMB, I didnt see any problems. I went from being a 1st Sgt. of a Medical Logistics Company to working on the Battalion Budget, and I picked up the challenge very fast"

1st Lt. Annis from 313th Ground Ambulance, Continuing optimal levels of preparedness while drawing down equipment and personnel

Below: Sgt. Daniel Lisath, 61st MMB, "The hardest part of this deployment to me is just being away from my family for the second year in a row"

Importance of Medical Logistics

by: Cpl. Aaron Scheer, TF 1 MED PAO NCOIC

To make things happen, the S-4 section includes different Soldiers from a variety of backgrounds. Some of these include: 670A – Health Services Maintenance Technician, 70K 9I – Health Facilities Planner, 91Z Ground Maintenance Manager, 92Y Property Book, 68J Medical Supply. Each one of these MOS's is represented by a talented team member and is critical to the success of the Task Force and the future success of logistical health service support throughout Iraq.

The 670 Alpha, a Health Services Maintenance Technician is an overseer of the rules and responsibilities to ensure all medical equipment is maintained and serviced to ensure world class healthcare is provided to the US and coalition forces.

The 68J Medical Supply NCO's are manage all aspects of medical logistics, from compiling reports from the direct reporting units ensuring that they follow policies and procedures that are set in place. They also field calls for assistance in ordering Medical Supplies. As a key part to their mission, they write Fragos and give guidance relating to all aspects of Medical Logistics for the Iraqi Theater.

Sgt. 1st. Class Valenzula (68J), and Sgt. 1st. Class Mason and (Driving the fork lift) work to off load medical supplies dontated to the Iraqi Ground Forces Command to help support the 19 October Bombings in Baghdad Iraq.

The 70K 9I Health Facilities Planner visits health facilities and plans for expansions and renovations.

The 91Z Ground Maintenance Manager maintains mission readiness of all rolling stock across theater among all the Direct Reporting Units. All faced the same type of environment, everything that you have learned before will now come into play in regards to policy, regulations, and leading commanders and decisions makers in the right direction.

The 92Y is responsible for the property book, ensuring units are maintaining accountability of all their equipment on both Organizational and Theater (TPE) property books. In theater there is a monthly hand receipt, sensitive items and cyclic inventories as required by AR 735-5. The unit shortages are validated, and Command Supply Discipline Program (CSDP) are enforced, and material is redistributed throughout the Task Force in order for each unit to successfully accomplish their mission.

SSG Kristen Wynne who is the TF 1 MED Property Book NCOIC notes some of the solutions to the challenges here in Iraq are simple. "It is essential to network with people within your MOS, our communication software in theater allows for people from different units and locations to keep in contact and learn the tips and tricks of the trade. Your knowledge base will increase tenfold and so will your supply channels". In its day to day operations, the PBO section maintained 100% accountability of over $160 million dollars worth of property while bringing $50 million dollars worth of previously unaccounted property to record. The medical maintenance section ensured services for all critical equipment maintained a minimum readiness of 99.5%, as compared to the AMEDD goal of 95% and the ground maintenance section identified 71 GSA leased Non-Tactical Vehicles (NTVs) for turn in saving the government $78 thousand in monthly contract costs.

In the Iraqi Theater of Operations

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TF 1 MED S-4 is responsible for multi-functional logistics that facilitates world-class healthcare through the timely delivery of medical supplies, property management, facilities management, medical maintenance and ground maintenance in support of United States Forces Iraq (USF-I). During TF 1 MED deployment in support of Operation Iraqi Freedom, the S-4 section focused on the planning and execution of the responsible retrograde of over $28 million dollars worth of equipment, transferred over $1.2 million dollars worth of medical supplies to Operation Enduring Freedom, and transferred over $200 thousand dollars worth of medical supplies to support humanitarian and emergency missions in conjunction with the Government of Iraq. The S-4 had a key role in the transitioning of the Ibn Sina Hospital back to the Government of Iraq and a key enabler during the construction of the Sather Hospital at Victory Base Complex, Baghdad Iraq. They were also able to lay the framework for the transition of the Task Force to expeditionary healthcare and re-shaping Medical Logistics by consolidating Forward Distribution Teams (FDT) with their counterparts in the Combat Support Hospitals and initiated the drawdown of the Medical Supply Warehouses being utilized throughout Iraq.

Above: Staff Sgt. Krystine Wynne is seen here flying back from a Staff Assistance Visit (SAV) from Joint Base Balad after visiting multiple Task Force 1st Medical Brigade Direct Reporting Units (DRU) S-4 sections.

In the IJOA, the differences in the deployed environment vary in position and scope, from the Company to the Brigade. Often time, the readiness and availability of materials and supplies becomes an issue that must be solved using whatever means are necessary. Construction and renovations often are due to local coordination and a combining of funds from different sources. In facilitating a construction project, it often takes some creative efforts on the part of the individual to make things happen. In theater, expanding a hospital, building a clinic, or renovating a building, may be of necessity but require the collaboration of multiple agencies. These military and non-military agencies from all over Iraq must work together combining time and resources to get the job done. In the Iraqi Theater, through partnership initiatives the S-4 section works with either the Iraqi's or through other Units that deal directly with the Iraqis such as Infantry or engineering units. Iraqi's have a different culture, and operate with a different mentality often limited by money, lack of technical training, corruption, and a de-emphasis on the medical mission. The unique problems in Iraq contribute to an inefficient supply and parts chain, and equipment movement. To support their current and future missions, and to alleviate current issues, the US is leaving behind equipment, lessons learned, policies and procedures.

The TF 1 MED is just a small part of the Medical Logistics picture. The Army Medical Department consists of Army-fixed hospitals and dental facilities; preventive health, medical research, development and training institutions; and a veterinary command that provides food inspection and animal care services for the entire Department of Defense. It provides for the equipment and sustainment of the Medical Force, the Management of Medical Strategic Centralized programs, the sustainment of the Medical Force, and the advancement of Performance Excellence. It is through the direct actions of the combined MOS's at the Company, Battalion, and Brigade level that put thought into action ensuring the delivery of product and the capability of the mission.

Health Systems Officer Strives f

by: Lt. Col. Jeffrey Marks, TF 1 MED Health Systems Officer

Lt. Col. Jeffrey Marks wears dual hats as the theater health information systems officer and the signal officer for Task Force (TF) 1 Medical (MED) Brigade in Iraq. In this role, he maintains the network infrastructure throughout Iraq, as well as develops policies and procedures to improve the collection of patient data and quality control measures.

LTC Marks works closely with COL John Scott, deputy commander for clinical services (DCCS) for TF 1 MED. They are proponents of the Medical Command (MEDCOM) AHLTA Provider Satisfaction (MAPS) initiative, the electronic medical record (EMR) workgroup, as well as vocal advocates for EMR software improvements.

Gateway: What are some of the policies and procedures you helped to implement?

Marks: From July through September 2009, TF 1 MED helped to plan for and implement both hardware and software upgrades for MC4 EMR 2.1.1.1 throughout Iraq, which provided greater functionality to the end-user. The signal officers and noncommissioned officers at the various treatment facilities helped to make the effort successful. Before the roll-out, many within the signal staff had not been exposed to the system. Their ability to adapt to new technologies, learn new systems and help the clinical staff is an important addition to the overall health care mission.

We have also been pushing the Commander's Guide to MC4 throughout the area of responsibility (AOR). The guide has been a great tool for all users of the system. We promoted the use of Bidirectional Health Information Exchange-SHARE (BHIE-SHARE) and other aspects of the system through presentations at both the Multi-National Corps-Iraq (MNC-I) Surgeon's conference in September and the TF MED Commander's Conference in December. In December, we formed an EMR workgroup, backed up by a site on our Web portal for information sharing, and enlisted the aid of informatics leaders and early adopters who had deployed at that time.

We helped to make Dragon NaturallySpeaking (DNS) version 10 and As-U-Type available to users in the Iraqi theater of operations. In December, the EMR workgroup discussed ways to improve the fidelity of data from medications. We gained leader consensus to broaden the use of TC2 instead of AHLTA-T for this purpose.

Recently, we had a visit from Defense Health Information Management System (DHIMS) and senior MC4 staff. As a result, we made changes to an operational order that should help to reinforce the use of the Theater Medical Data Store (TMDS) and provide more quality control to electronic documentation.

Gateway: What are some of the challenges to using the system throughout the AOR?

Marks: One item is the insular nature of the AHLTA-T and TC2 systems, with each instance able to display information only from its own server. This continues to be a handicap to coordinating care between the various medical facilities and impacts medication management.

There is a need to be able to get a complete list of medications dispensed in theater. This list must distinguish between ordered and dispensed. The best possible solution may be to switch to using TC2 in all pharmacies. This would require tunnels through the myriad of firewalls set up by each brigade. Establishing connections through the firewalls is one of the largest challenges we face.

Another challenge is that the Joint Medical Workstation (JMeWS) data structure is based on unit of the treatment facility where the data was entered. This makes geographically relevant queries extremely difficult.

Patient or unit-based queries are extremely difficult and the data is limited by entry errors. As a result, JMeWS is underutilized across the AOR. Fixing this would require not only changes to the JMeWS database, but also changes in business practices to capture the necessary data element, such as a patient's unit of assignment in the AOR. We believe it may be possible to make this data element part of that database.

JMeWS requires other fundamental improvements in usability in order to serve the purposes for which it was designed. The ability to export information to a spreadsheet offers a great ability to manipulate data, but more choices in the output are needed. It must be easier to lump reports through a range of units and diagnoses. It must be easier to specify the output data fields. It must be easier to query on other data elements with the most important being the patient unit of assignment.

Finally, JMeWS requires better oversight and standardization of the treatment facility unit designation in joining reports. A seventh digit to the UIC field has been proposed to address the fact that a unit with a single UIC is required to staff clinics in multiple areas, and do so over several deployments. A seventh digit in that field would allow the needed flexibility, while retaining the complete, real UIC to enable look up based on that field.

Gateway: What are some of the future goals for theater EMR systems to achieve?

Marks: One goal is the improved use of TMDS. In order to answer questions about outpatient diagnoses and medications in theater, there are at least three courses of action to consider. The first option is to re-engineer TMDS to decipher AHLTA-T messages, and include the medications and diagnoses as elements in its database. Another is to abandon AHLTA-T and use TC2 at every level II facility.

for EMR Improvements in Iraq

The third option is to use a Business Objects standard query at every AHLTA-T site for medications. From there, export the data to a spreadsheet, post the information to a shared drive on the VLAN and sum them for query. Since the leadership wants to be able to query medication data, it seems this would be the highest priority to improve theater EMR capabilities.

Another goal is the use of TC2 notes. Data flows from AHLTA-T and TC2 to TMDS where it can be viewed in a read-only manner from a separate TMDS system interface. The AHLTA-T data transmits to the clinical data repository (CDR), making it part of the patient's long term medical record and viewable by anyone using AHLTA in garrison.

Since TC2 information is somewhat different in structure, the flow of those notes into the CDR is not currently available. This means the histories and physicals, discharge summaries and other notes written in level III facilities do not automatically populate longitudinal records and cannot be easily viewed by users of AHLTA in garrison and Landstuhl Regional Medical Center (LRMC). It is because of this fact that TMDS was invented.

Ideally, TMDS should be able to display a patient's entire medical history, similar to the way a health history summary works in AHLTA 3.3. If this can be made as available as the current BHIE-SHARE hosted at LRMC, we will have a useful program.

Gateway: What are some of the accomplishments realized by units using the system?

Marks: One recent accomplishment is the use of DNS in theater. Providers can use it to quickly improve quality of notes and their own satisfaction. There is no reason not to make it available to users who express an interest.

Widespread use of DNS faces significant limitations in training availability and technical support. As for business practices, a number of challenges exist due to varied reliability of network connections. Most users will find it best to use one computer, but the port security is very strict and since wireless is not currently available, users are limited to work in a single room.

We recently learned about the Behavioral Health module within TMDS. After receiving a demo, the combat support companies are actively incorporating its use.

COL Edward Michaud, brigade surgeon for the 3rd Infantry Division, insisted his medics and providers use AHLTA-T and TMDS in CONUS prior to their deployment. He has proven that the "train as you fight" principle is applicable. Units that used the system in garrison currently use the systems much more effectively than those who did not.

Gateway: What are some of the forward-thinking ideas and concepts under evaluation for medical units in theater and how can those ideas become solutions to help the warfighter and provider?

Marks: TC2 remote access must be expanded so that all medications, labs and radiology results are recorded with it. The TC2 graphic user interface should be developed into a standalone application for the inpatient providers, giving them access to both TC2 and TMDS functions with one interface. That would truly be a step ahead.

Medweb Lite should be the example for how other physician-friendly software can be automatically linked to the EMR. The software helps the physician write a very good report, and then it is exported into the right place in TC2. Radiologists have long led the way with this, and Medweb is how they will do it in theater.

We must include additional data elements into the EMR so that it is available for the Joint Theater Trauma System (JTTS) extractors. The knowledge to be gained by being able to use JTTS data to analyze differences in morbidity of different types of attacks would be a big step forward, and just needs that linkage.

BHIE-SHARE is the best working part of the record, already giving very quick access to all the CHCS data and inpatient notes at LRMC. With just a little more time, it can provide access to anything in CHCS anywhere in the world. This function must be expanded to include access to various applications such as the Pharmacy Data Transfer System and MEDPROS. This well-functioning health information exchange is the future of the medical record. It must be expanded.

We need to ensure the data collected is sound. We need the systems to be tweaked for ease of use, and for the systems to better enable us to ensure the data is sound.

Members of the signal staff, including Sgt. Adam Streeper (left) and Pfc. Joshua Taylor of TF 1 MED, play an important role to the overall health care mission throughout Iraq by adapting to new technologies and assisting clinical personnel.

TF 21 MED CSM

Command Sgt. Maj. Gerald C. Ecker

Can you tell us a little about yourself? I was born and raised in the state of Minnesota and come from Scandinavian, French Canadian and Native American influences. I've been married almost 22 years to a great woman, and together we have raised two healthy God fearing children. Also nearing 22 years of military service to our country and will soon celebrate my son's service to our country as a new cadet at West Point this summer.

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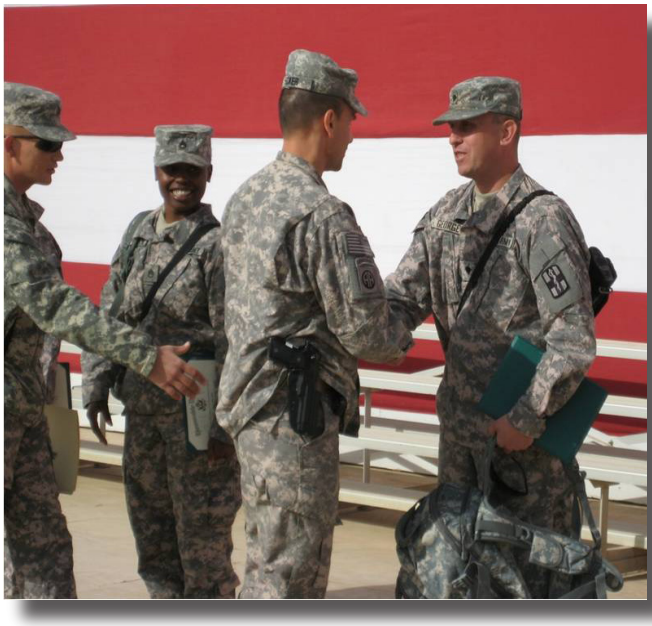
What foundations developed your leader attributes? The very first thing that populates the gray matter concerning this question is that mom and dad taught me right from wrong, spanked me every once in a while, and took me to church so I knew my wrongs were forgiven. Secondary to that were my earliest experiences and leadership examples while serving as a young paratrooper and ranger qualified Soldier in the 82nd Airborne Division. I've had many great leadership examples!

How many times have you deployed? And where? This is my forth deployment. My first combat tour was with the 3rd Battalion, 505th Parachute Infantry Regiment, 82nd ABN DIV as an airborne infantry rifle company senior medic during Operations Desert Shield / Desert Storm in 1990-1991. I then served in OIF I/II from 2004-2005 as a Forward Support Medical Company 1SG in the 2nd BCT of the 1st Cavalry Division. My third deployment was with the 101st ABN DIV (AASLT) as the Division Surgeon SGM in 2006.

Why do you feel your unit is prepared enough to take over such an important mission here in Iraq? First, because I believe every Soldier that serves in TF21 genuinely wants to honor and provide the best service to our nation that they are capable of. Second, the small unit leadership in TF21 is competent and has taken the initiative to train – tactically and in the medical functional areas at the Soldier, section and department level. Thirdly, our deputy CDRs and company command teams work hard to provide an environment that our organization can succeed in. Fourth, COL Holcomb and I are never too far away.

How did you prepare your unit to deploy? Over a period of approximately 6-months we focused on individual medical competency training such as ancillary services and basic combat medical specialist trauma modalities. We accomplished this by way of off-site institutional, approved commercial training, local medical proficiency training (MPT) and AMEDD C&S training venues such as BCT3. We also spent time on necessary theater collective training requirements such as convoy, IED and HEAT training and of course good old fashioned weapons qualification, PT and Combatives. After an Iraqi Theater Leaders Recon or Pre-deployment Site Survey (PDSS) we thought it best to bring the entire organization together at Fort Hood, TX to integrate new team members (PROFIS) and train as a Medical Task Force. This proved to be very worthwhile endeavor as we enjoyed a two-week period of task organizing and executing the aforementioned training. We took full advantage of the training offered while in Kuwait and provided instruction on a unit Base Defense template that covered the Modified Combined Obstacle Overlay (MCOO) as well as practical mention of COB/FOB sexual assault prevention, every Soldier a sensor and battle buddy applications.



CSM Ecker thanks newly reenlisted TF 21st CSH Soldiers for deciding to "Stay in the Army".

FEARNOT

COMMAND INTERVIEW

What have you learned during the process of preparing TF 21st CSH for its current Deployment? What advice could you give to future command teams? Try to understand the current/future battlefield/COB/FOB environment to best of your ability in order to conceptualize a home station training platform and timeline – PDSS is a must. As a Task Force Combat Support Hospital with about 170 new team members just getting in to theater, I believe we enjoyed a quicker left seat – right seat ride and are running faster and straighter due to seizing the initiative to build the team at Fort Hood, TX.

What have you noticed about the subordinate units since taking charge? All company teams in their different locations have the same mission as part of the overall TF Combat Support Hospital. But all the company teams are different in their own way. Largely, I believe, by collective leadership attributes and personalities – and to a lesser degree geographic location. They all pursue a commonality of the same mission statement yet achieve objectives through variations we know as TTPs. I make mention of this because it displays and confirms the example of the unlimited capacity that has always been the American Soldier – finding many ways to win.

Photo of Command Sgt. Maj. Ecker with CDR, TF 21st CSH at a TF 21st CSH Town Hall meeting as they present Maj. Soh a TF 21st Commanders coin. Maj. Wallis waits next for his recognition.

How is TF 21st CSH a force multiplier? From a far TF 21st Combat Support Hospital is a Force Multiplier simply by its presence. Close-up our presence is confirmed by our care and compassion for the sick and wounded. But, we can shoot and know combatives too!

Do you see any areas or envision anything concerning CHS we need to improve? As a collective warfighting AMEDD we need to do a better job of teaching and understanding our own doctrine. One example: Employing "The Principles of Combat Health (Service) Support". As a former Observer Controller, "doctrine geek" I found these six (6) simple principles never failed to provide a platform of feasible options when a CHS/HSS operator (medic, planner, CDR) was perplexed, vexed or otherwise temporarily impotent to make a decent decision concerning the next tactical/medical move. We (TF21) have found these very principles to be very accommodating toward our current plans and operations. If your reading this, look them up. "Conformity" is the first one you should come to know – the warfighter will appreciate it!

What makes this deployment different for you, since you last deployment to Iraq? This is the first medical unit I have ever deployed with.

What is one of your personal goals and how do you hope to achieve it during this deployment? I have a personal goal is to grow in my faith and knowledge as a Christian. I aim to accomplish this by study, prayer and the good Lord's grace.

What do you do to relax during your down time? I spend a lot of time reading and strum a guitar occasionally -- but also while skyping, love to lecture and ask my kids "dumb-dad" questions (and answer the smart wife questions).

If you got a chance to talk to all of the Soldier in the Command what would you like to say to them? Never forget "why we do what we do" as caretakers of each other, and defenders and healers of a great people and nation -- A nation that may not always understand us -- but always relies on us to purchase their freedom – possibly at the expense of the caretaker.

TF 21 MED CDR

Col. Barbara R. Holcomb
Commander

Can you tell us a little about yourself? Yes, I can . . . and I will. I am an Army Nurse with 23 years in the Army. I have a broad experience base in nursing and have had a wide variety of assignments that include clinical, staff and admin positions as well as command. This is my fourth assignment to a CSH. I love the TOE environment because of the Soldiers and the always changing mission. I'm originally from Montana, but now call Texas home. I'm married, with a step-daughter and an 8-year old grandson, who both live in San Antonio along with my husband, Max. I plan to stay in the military as long as I am enjoying it and feel I can still contribute.

What foundations developed your leader attributes? I'm fourth oldest of 13 children and grew up helping to raise my siblings in a 2 bedroom house without indoor plumbing. We learned to work hard and work together even when we didn't always get along. Without knowing it, my parents raised us with values very similar to the Army values. We understood that a good education was a strong foundation for making a difference in life and I learned a lot of leadership skills through 4-H as a youth/teen. I've always believed in doing the best I can at whatever I'm doing and helping others to do the same.

How many times have you deployed? And where? I have deployed three times, including Desert Shield/Desert Storm Oct 90 – Apr 91; Camp Able Sentry, Macedonia as part of Task Force Med Falcon in support of Operation Joint Guardian Mar – Oct 02; and this current deployment, arriving in theater Jan 10.

Why do you feel your unit is prepared enough to take over such an important mission here in Iraq? We have a strong group of professionals who are committed to doing their best to take care of our service members. Many of them do this same job every day at their home station throughout the Army. Our focus is to be flexible, adaptable and reliable and even though we all come from different backgrounds and experiences we have the same goals and we are more than ready to do this.

How did you prepare your unit to deploy? We focused on team building. We sent a lot of our organic personnel to individual MOS specific training in the six months prior to deployment and did some collective training on mandatory pre-deployment topics. The real push came 30 days prior to deployment when we re-organized our organic Soldiers into three new companies and integrated the PROFIS and Medical Augmentee newly assigned personnel into those companies during an intensive 2.5 week pre-deployment training at Fort Hood. While we accomplished the training requirements, we also bonded the teams together that we reinforced during our stay in Kuwait. This made an incredible difference in the sense of purpose and desire to accomplish this mission for all members of the team.

What have you learned during the process of preparing TF 21st CSH for its current Deployment? What advice could you give to future command teams? Concepts that look and sound good on paper don't always translate well to the operational mode without clear and sometimes repeated communication and good planning. Details do matter in spite of how painful it can be to work through them all. Team building is incredibly important, along with establishing processes and procedures early on in the game. Very little that we're doing is doctrinal and we're testing our critical thinking skills and innovation every day. My advice would be to get key leaders together early. We did a 2.5 day team building seminar using the Spectrum Temperament development tool that has paid huge dividends in our staff processes because we had so little time together before deploying.

Photo of CDR and CSM TF 21st CSH at a TF 21st CSH Town Hall Meeting as the she prepares to present Certificates of Appreciation (COA) to Enlisted SMs in TF 21st CSH. Col. Holcomb is seen above presenting a COA to Spc. Carter.

FEARNOT

COMMAND INTERVIEW

What have you noticed about the subordinate units since taking charge? Everyone wants to do their best, which is a good thing. Not all the subordinate units are used to having their higher HQs ask what they can do to help, as amazing as that is and they sometimes struggle a bit with accepting the help. We are looking forward to receiving our last subordinate unit; one that we are responsible for at Ft. Hood so we can fully integrate them into the team.

How is TF 21st CSH a force multiplier? We are here to return Soldiers back to duty as soon as possible. Sometimes that return to duty is by way of theater evacuation back to more definitive care in the states, but they return to service in the long term. We also have the ability to influence Soldiers COB and FOB-wide through nutrition care, fitness, and behavioral health with outreach programs. By participating in COB events such as 5K runs, marathons, intramural sports, monthly ethnic observances, etc. we help decrease any stigma associated with going to see the "medics" and people feel more comfortable coming to ask for help.

Do you see any areas or envision anything concerning CHS we need to improve? We need to capture lessons learned from retrograde operations since this hasn't been done to this scale since, hmmm ever. Imbedding ourselves in fixed facilities in a theater makes getting out much more difficult and it decreases our flexibility. While it might be more comfortable than using our designated equipment, it creates challenges that perhaps require more resources than originally thought. We need to plan our exit on our way in, not on the way out.

What makes this deployment different for you, since your last deployment to Iraq? The last time I was in Iraq was for 8 days in 1991 where we completed a 2.5 day convoy riding in the backs of 5ton trucks, set up a 24 bed DEPMEDS package in 6 hours at night and saw 78 trauma patients in the next 48 hours; living under the stars and eating T-rats and MREs. The current theater is probably over-developed in the hubs and some spokes, while we still have Soldiers living in very austere environments. I think we need to come up with a better balance. Those Soldiers where this is their first deployment will think this is the standard and will potentially have a more difficult time adjusting to an austere environment on their next deployment.

What is one of your personal goals and how do you hope to achieve it during this deployment? I want to be able to teach, coach and mentor young officers and Soldiers. Some may say that's a professional goal, but for me, it's personal. Initially, I'm doing it by seeking out the sole Army Nurse in the brigade combat teams in our AO and letting them know that I'm available to them and connecting them with a peer group at the CSHs nearest to them. I also plan to stay connected to the AMEDD and Army Nurse Corps so that once we return and I leave command, I don't have such a big learning curve to figure out what has changed in the past two years.

What do you do to relax during your down time? Read books. My husband is an avid reader and sends me the ones he knows I'll enjoy. We also have several "libraries" at our locations to choose from. I'm also a TV junky, having grown up without one, and I've watched every LOST episode since the series came on. I'm delighted to be able to watch the final season here.

If you got a chance to talk to all of the Soldiers in the Command what would you like to say to them? When CSM and I do our battlefield circulation we have a town hall at each location on every visit to bring our Soldiers up to date on the latest information, confirm or deny rumors, recognize Soldier achievements and answer their questions. One of my biggest concerns coming over was having bored professionals. So far they have found productive, positive ways to stay busy, but we continuously remind them that they are here for a purpose even though they may not yet know what it is. The most important thing I want them to know is that although we may not be as busy with trauma as earlier rotations, we still have a very important mission and we have to be prepared for anything. We also have to stay flexible, stay patient with each other and communicate, communicate, communicate.

Col. Barbara Holcomb provides opening remarks to the attendees as she prepares to issue the reenlistment oath to three Soldiers in TF 21st CSH. Names of service members from left to right are Staff Sgt. Green, Alicia, Staff Sgt. Brown, Trenishia, and Spc. George, Timothy .

Military Veterinarians in Iraq Tracking Animal Care Electronically

51st Veterinarian Public Affairs

Military working dogs (MWDs) play an important role throughout Iraq and Afghanistan. They sniff out explosives perform sentry duty, as well as contribute to the physical and mental rehabilitation of Service members.

Like their two-legged counterparts, these Soldiers visit local treatment facilities for medical care. One such clinic, operated by the 51st Medical Detachment (Veterinary Medicine) at Balad Airfield, Iraq, treats canines regularly.

There, veterinarians administer care for the local MWD population, seeing about 20 patients per week for wellness visits and sick call. The Balad clinic also treats many more animals with acute conditions, since it also serves as the level III referral treatment facility for every vet detachment throughout Iraq. As such, they provide services that smaller veterinary facilities are unable to perform, including surgery, radiology, laboratory services and intensive care.

Recently, the 51st Medical Detachment performed surgery on a dog that was shot in the face. While treating another patient from suffering acute liver failure with internal bleeding, doctors performed the first transfusion of fresh plasma for a canine in Southwest Asia (SWA). In the process, veterinarians worked with the apheresis section to extract plasma as part of the dog's treatment. Despite their hard work, the animal needed to be euthanized three days after it arrived at the facility.

In January, the Balad vets began documenting animal care electronically. They use the same system used by providers to chart the care for human war fighters—Medical Communication for Combat Casualty Care (MC4).

CPL Maria Florez, noncommissioned officer in charge of the veterinary treatment facility at Balad, understood the benefits associated with electronic medical records (EMRs) and helped put the system into action.

"Military working dogs undergo a tremendous amount of movement in and out of theater, as well as support various missions," CPL Florez said. "It would be extremely beneficial for providers to access the digital records from any location. With the records stored in a central location, it could help to avoid records from being misplaced or lost while in transition to a new location or treatment facility."

While veterinarians deployed to theater could benefit from a central database of records for MWDs, the Balad facility is currently the only location electronically charting animal care. The staff currently uses a standalone system and is actively developing new business processes.

"We've had some growing pains as we learn to use the system," said CPT Erin Long, officer in charge of the 51st Medical Detachment. "Veterinary clinics in garrison typically use a different program, so it is taking us some time to adjust and determine how the animal data properly matches the fields in AHLTA-T [outpatient medical recording application]. We're developing templates to help streamline the process and also to help standardize the data entry."

SGT David Panaway, noncommissioned officer for the 51st Medical Detachment in Balad, explains that the handlers receive paper copies of the records before they return to their home base. "It allows the local providers to see the care we administered and use the information should similar conditions reappear. Occasionally, handlers arrive at our facility without historical data and we have to call clinics in theater and garrison for the medical histories. The lack of information slows the treatment process."

Since the initial deployment of MC4 systems to SWA in 2005, vet detachments have explored the possibility of using EMRs in animal care. After various tests and internal discussions, units decided to continue with paper records.

The 72nd Medical Detachment at Bagram Airfield, Afghanistan, is the latest to look into the use of the EMR system. While the unit decided not to use the EMR functionality of the MC4 system, the 72nd Medical Detachment utilizes the medical logistics component to order medical supplies for their four-legged patients.

Although CPT Long's efforts to digitally chart animal care remains an isolated incident in the larger picture of vet care, she believes that using MC4 in this capacity can help other vet detachments use the system in their clinics.

"We're helping to generate a medical history for the working animals we see in our clinic," CPT Long said. "I'm very proud of what we have been able to accomplish to date. We have some more hurdles to cross before we're completely comfortable with the system and no longer use the pen and paper. I also believe that if we can be successful with our documentation, others will see that an option is available and in use. As a result, they may be less reluctant to incorporate the system into their clinics."

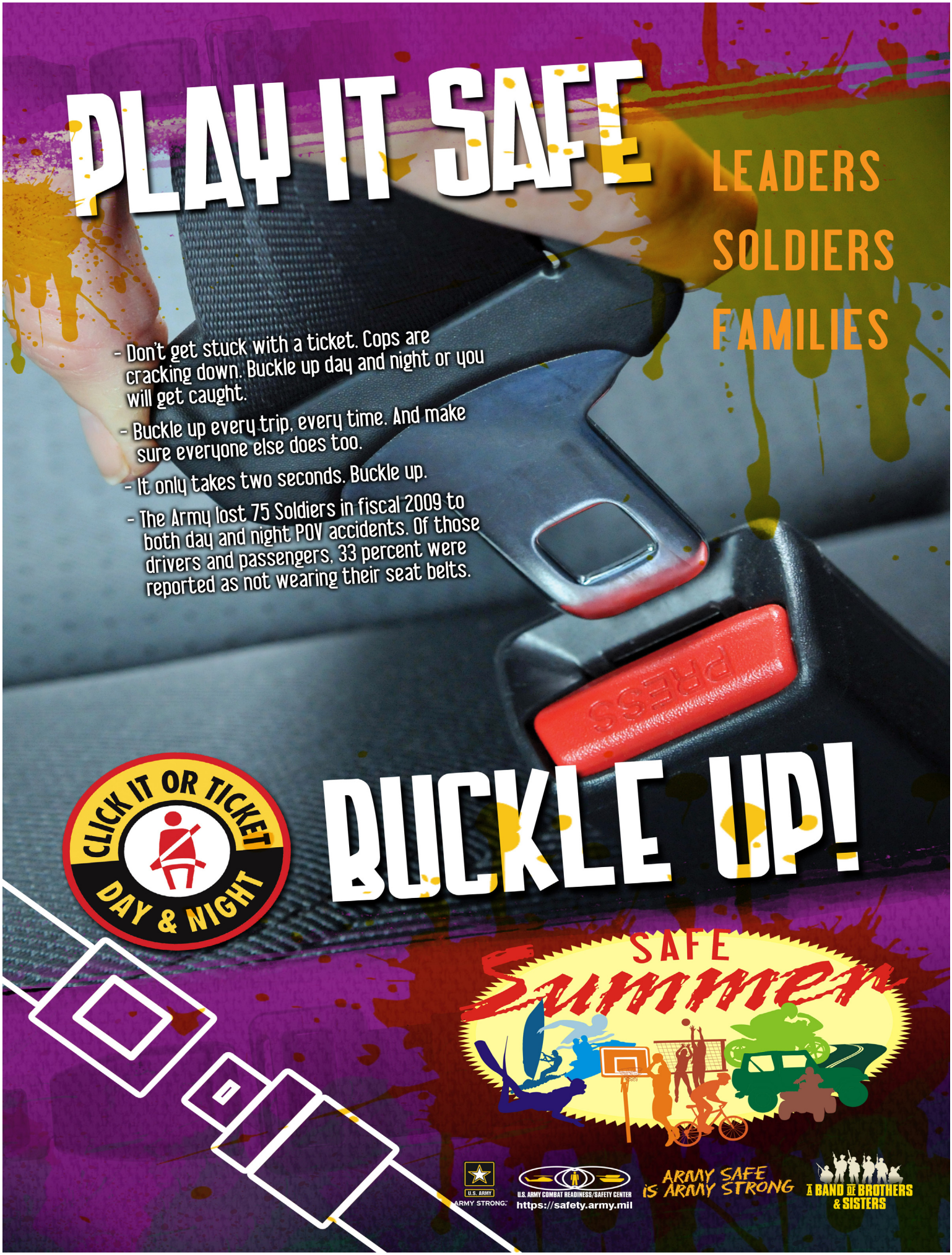
Spc. Jerome Jackson enters the medical care administered to a military working dog at the veterinary clinic operated by the 51st Medical Detachment (Veterinary Medicine) at Balad Airfield, Iraq (Photo courtesy of U.S. Army) (Comment on Flickr)

THE COMBAT MEDIC PRAYER

Oh Lord, I ask for the divine strength
to meet the demands of my profession.
Help me to be the finest medic,
both technically and tactically.
If I am called to the battlefield,
give me the courage to conserve our
fighting forces by providing medical
care to all who are in need.
If I am called to a mission of peace,
give me the strength to lead by caring for
those who need my assistance.
Finally, Lord help me take care
of my own spiritual, physical
and emotional needs.
Teach me to trust in your
presence and never-failing love.

AMEN

AMEDD REGIMENT


PLAY IT SAFE
LEADERS
SOLDIERS
FAMILIES
- Don't get stuck with a ticket. Cops are cracking down. Buckle up day and night or you will get caught.
- Buckle up every trip, every time. And make sure everyone else does too.
- It only takes two seconds. Buckle up.
- The Army lost 75 Soldiers in fiscal 2009 to both day and night POV accidents. Of those drivers and passengers, 33 percent were reported as not wearing their seat belts.
PRESS
CLICK IT OR TICKET
DAY & NIGHT
BUCKLE UP!
SAFE
Summer
U.S. ARMY
ARMY STRONG.
U.S. ARMY COMBAT READINESS/SAFETY CENTER
https://safety.army.mil
ARMY SAFE IS ARMY STRONG
A BAND OF BROTHERS & SISTERS

Building Trust One Iraqi Partnership At A Time

by: Col. Timothy Walsh, TF 1 MED S9

SPC Gernomie (X-Ray Technician, Golby TMC)

A partnership is commonly defined is a cooperative relationship between people or groups who agree to share responsibility for achieving some specific goal. All parties in this type of venture share information, provide input and strive towards a common goal. Within Task Force 1st Medical Brigade (TF 1st Med), we have spent a great deal of time, effort and energy in forming partnerships with our Iraqi counterparts primarily focused on the medical staff and personnel within the Ministry of Health (MoH) and Ministry of Defense (MoD) as well as Civil Military Operations personnel within the Iraqi Army.

These efforts are directly correlated to one of the main missions of US Forces-Iraq (USF-I) in regards to building civil and medical capacity within the Government of Iraq (GoI) as well as executing a responsible drawdown of forces. This includes handing over responsibilities to a capable organization or agency (preferably within the GoI) for requirements that US Forces are currently providing that will still be needed after our departure.

This all starts with buy in from all parties involved. Most importantly, this requires Iraqi support and clearly defined Iraqi goals and plans for the future. Bottom line, if it is not something important to the Iraqis, then we should focus our efforts somewhere else (despite how important we as Americans think something may or may not be). Recently TF 1st Med, more specifically 550th Area Support Medical Company (ASMC), Task Force 61st Multifunctional Medical Battalion (MMB) initiated a partnership program between the Golby Troop Medical Clinic (TMC) and the Iraqi Ground Forces Command (IGFC) TMC, both located on Victory Base Complex in Baghdad, Iraq.

This started with conducting numerous a key leader engagements with the IGFC Surgeon where we discussed the possibility of a partnership between the IGFC TMC and a US Forces TMC with a common goal of increasing IGFC medical capacity. Once he expressed interest in this pursuit, we started identifying objectives and set up a tour for the IGFC TMC staff to meet the Golby TMC staff and see their facility. This helped further refine goals and also address expectation management for the capabilities at the Golby TMC which correlated to possible training opportunities and information sharing between the two TMCs. Roughly one week later the Golby Staff conducted a tour of the IGFC TMC for the same reasons.

After both tours and additional meetings, we identified three areas where we wanted to build capacity and conduct training between the staffs of each TMC. These were optometry, laboratory services, and x-ray services. Thus far we have

Capt. Dement (OIC Golby TMC), Lt. Col. Murtadha (IGFC Surgeon), Capt. Arora (Golby TMC)

conducted two iterations of training, both conducted at the IGFC TMC utilizing their equipment. So far it has been a success. Using the crawl, walk, run analogy we are still in the crawl phase, but with continued dialogue and partnership this program should develop more and more each week and eventually we will be running together with our Iraqi counterparts.

This is just one example of the many partnerships established and currently occurring within TF 1 MED and our direct reporting units. It serves as a good example of how to start and build a successful partnership. The most critical piece to all of this is the friendships and relationships developed between the troops of both countries. This is the glue that will hold it all together when challenges arise or when things go not as planned. We will share our bumps and bruises along the way together, but eventually we will be successful in accomplishing our common goal.

TF 14 MED CSM

Command Sgt. Maj.
William Carver
TF 14 MED
Command Sgt. Maj.

Can you tell us a little about yourself? I was born in the old Womack hospital at Fort Bragg, NC. to an Army corporal at the time. I grew up in a traditional family where values were extremely important. I have been in the Army for a little over twenty seven years and have had the opportunity to serve in just about every enlisted leadership position. I began my career as a 91X (Behavioral Health Specialist) with a 91B secondary. I have enjoyed playing almost all sports but now have resigned myself to just golf. This seems to be the one sport that has the greatest potential for me playing later in life.

What foundations developed your leader attributes? I believe this to be a two-fold answer for me as I have a core set of attributes that I developed throughout childhood and then I have a more advanced set of abilities that have been developed as a result of my mentors and military education. Working hard to accomplish the mission is not something that I shy away from. When I say lead from the front what I am saying is watch my actions and do what I do. This is how I grew up in the Army by watching my leaders and learning from them. I have been fortunate enough to have some great NCOs who took me under their wings and guided me in the right direction.

. ***How many times have you deployed? And where?*** I have deployed five times. I first deployed to Kosovo with the 67th CSH, then to Bosnia with the 30th Med Bde, and I have deployed three times now to Iraq. In Kosovo just as here in Iraq I was able to see the medical and operational mission at its onset in theater. The transformation has been incredible at how far we have come since the days of no prime power, running water, DFACs, NTVs, beds, or CHUS. The hard work of Soldiers to improve their living and working areas on a daily basis is truly remarkable. The good thing about deployments is that the friends you make become generate lifelong bonds. I enjoy running into some of the Soldiers that I deployed with and catching up on their careers since our last deployment together.

Why do you feel your unit is prepared enough to take over such an important mission here in Iraq? You could see it in the Soldiers eyes that they were ready to deploy. The motivation, esprit de corps, and enthusiasm were clear signs to me. The year prior to deployment was filled with a systematic process of training and integration to ensure that every Soldier was confident in their ability to survive in combat.

How did you prepare your unit to deploy? We prepared by participating in field training exercises, a certification exercise, sending Soldiers TDY to develop or build on skills, brought in specialist to train Soldiers on doctrine, staking, water and power generation, and a whole host of classes.

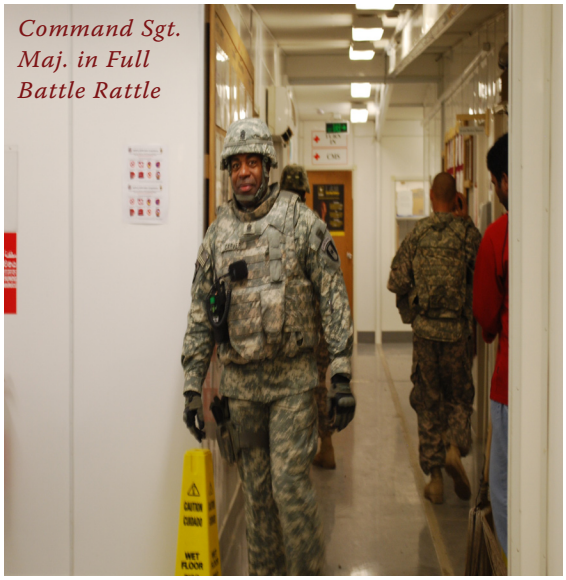
What have you learned during the process of preparing TF 14 Medical for its current Deployment? What advice could you give to future command teams? Being flexible is easier to say than it is to adhere to. The mission has constantly changed on us in a way that could not be predicted in advance and has definitely challenged the leadership to be able to make decisions swiftly and decisively. Communication becomes paramount as things change Soldiers need to be informed of those changes. The better the communication channels are, the easier it is to deal with change.

COMMAND INTERVIEW

What have you noticed about the subordinate units since taking charge? They are well trained and motivated to accomplish the mission. This is a great testament to the success of the Army in integrating the active, reserve, and National Guard components into one cohesive team. I am extremely impressed at the competence of our Soldiers.

How is TF 14 Medical a force multiplier? We are winning the hearts and minds of the Iraqis one patient at a time. For every detainee that we treat with dignity and respect and provide them with world class healthcare the greater the possibility that this detainee will not go back out and commit another offence against U.S. forces.

Do you see any areas or envision anything concerning CHS we need to improve? Improvement is a constant process and requires the critical look at our business practices. Each unit brings with it a fresh set of eyes to better improve the foxhole and that is what Soldiers depend on is our ability to make things better for them.



Command Sgt. Maj. in Full Battle Rattle

What makes this deployment different for you, since you last deployment to Iraq? On a scale of one to ten with one being just occupying a sight, and ten being all of the amenities you can expect in a deployed environment, then this is a ten. My first time here was the one, my last time about five and now this! I do not think it can get any better than what we have now for us. We have such a great setup for Soldiers now.

What is one of your personal goals and how do you hope to achieve it during this deployment? We instilled a deployed goals program before we departed to provide framework to track progress during the deployment. Most times when you look back on a deployment on what you accomplished personally it is difficult to tangibly measure those accomplishments so what this program provided was the timeline and measurable goal to be completed. Mine was to read eight books and complete two classes. I have completed nine books and currently enrolled in my second class which I will complete just prior to our departure.

What do you do to relax during your down time? Hit golf balls. To me that is the most relaxing thing that I can do. I also enjoy a good stogie which usually turns out to be some sort of NCOPD or mentoring session by the time Soldiers see me sitting in the smoking area. Odd as it may seem this is very relaxing and comfortable for me and it allows Soldiers of all ranks to talk with me openly.

If you got a chance to talk to all of the Soldier in the Command what would you like to say to them? I am proud to have had the opportunity to serve with such an outstanding group of professionals. The willingness to go the extra mile to take care of their battle buddy is exemplified in the low numbers for disciplinary actions. In my opinion this could not have happened without Soldiers working as a team. The historical mission that we have undergone created opportunities for many to exceed expectations. When I say "One Team, One Fight", well this has truly been one united team, fighting the same fight in which I am glad to have been a member of the team.

Medical Services at Taji Detainee Facility Transfered Back to the Goverment of Iraq

By Col. Judith Lee, 14th CSH Commander

On the 15th of March, 2010, the largest detention facility in Iraq, with approximately 3,000 detainees, was transferred to the Government of Iraq. In addition to commanding the 14th CSH, I have been the Task Force 134 (TF 134) surgeon since June 2009. TF 134's mission is to provide command and control for all the Iraq Theater detainee operations. These operations range from reconciliation efforts to setting the conditions for capacity building with Iraqi corrections services and Minister of Justice in order to transfer Interment Facilities to the Government of Iraq. Maj. Gen. Quantock, commander of TF 134, told me early on "Judy, we cannot transfer Taji without Ministry of Health (MoH) health care personnel present to assume the mission." Taji was scheduled to transfer on 10 January 2010 and there had been no contact with the Ministry of Health.

In September 2009, TF 134 held a joint meeting with the Ministry of Justice (MoJ), Ministry of Interior (MoI) and with the help our Bilingual/Bicultural advisor Dr. Mohammed Al-Obaidi we were able to get the following representatives from the MoH, Dr. Chasib Latif Ali (Director General of Medical Operations and Specialized Services) and Dr. Mohammed Khazal Ibrahim (Director of Specialized Services) to attend. When they asked what kind of physician I was, I told them I was a Nurse and they were astounded. It was hard for them to believe that a Nurse was a Commander and in charge of Detention Medical Operations and I cannot tell you how proud I was say "I am a Nurse". After this initial conference we invited them to come to Taji to see the medical operations. We wanted them to come before the next conference scheduled in December. Dr. Chasib, Dr. Mohammed and three other MoH personnel came to see the operation. It was at this meeting that they committed to send medical personnel to work at the clinic.

I now have to tell you about Lt. Col. Spencer Dickens, another Army nurse, who I first met at our Certification Exercise in April 2009. I only had a few brief interactions with him during this time and when I realized I needed an Officer in Charge at Taji I knew he was the one. Initially, he was not so sure he was up to the job but he accepted and has excelled. I can tell you, the Military Police, the MoH personnel, the Ministry of Defense (MoD), the linguists and most importantly the Soldiers will tell you he was the right person, at the right time for the job. Spencer will tell you the tremendous personal growth he has experienced through this assignment. Without question it was Spencer's interaction with the MoH personnel that brought them back to the clinic every day. Again, when he told them he was a Nurse they could not believe it.

When the Taji timeline got extended to March 2010, all of the 180 days rotators that were identified as critical to the mission volunteered to extend to include Ltc. Spencer Dickens, Maj. Larry Linville, Capt. Sharon Lyles, Maj. Sean Harbert, Lt. Col. Matthew Hepburn and Maj. David Farley. Currently Ltc. Dickens and Maj. Linville are at Taji in an advise and assist role to the MoH until 31 March 2010.

Spencer has played a key role at Taji with facilitating communication between MoH and MoD medical personnel. He also brought together the MoJ, MoH and MoI personnel to facilitate their dialog and cooperation among one another. We will work diligently with these ministries in order to continue our enduring strategic partnerships with the Government of Iraq.

LTC Spencer Dickens (OIC Taji TIFRC Clinic) with Dr. Jinan AL-Obaidi and her assistant

FIRST TO CARE

Lt. Col. Spencer Dickens and Col. Judith Lee with Dr. Hammam Abbas Ali (pharmacist and on site director) with Dr. Athraa Al Daraji (MoH Coordinator and wife to Dr. Ali)

On two occasions Maj. Gen. Quantock brought me to his bimonthly detainee update to Gen. Odierno to discuss the transfer of the medical mission. Gen. Odierno expressed surprise that we had MoH personnel engaged throughout the process, recalling difficulties encountered during the Ibn Sina Hospital transfer.

In the first picture in the upper left, I am sitting next to Dr. Jinan Al Obaidi, the President of Health and Environment Committee at the Iraqi House of Representatives. We were able to get her to visit Taji during our transition conference on 1 March 2010. She has been influential in keeping the MoH focused on the detainee mission. Next to her is Maj. Gen. Quantock and I cannot express how supportive he has been of the medical mission and how important he knows it is. During the actual transition ceremony, Maj. Gen. Quantock and the MoH were seated in the front with the MoJ and he ensured Dr. Jinan was given the full respect she deserves by sitting next to him.

With the movement of troops onto the major bases and the relative few combat deaths the detainee mission has finally gotten the recognition it's always deserved as being of great strategic significance. Maj. Gen. Quantock often tells the story of when he took Command at Abu Ghraib, and that bringing the 115th Combat Support Hospital (CSH) in is what finally quelled the violence. He describes it as the most significant event in turning Abu Ghraib around and promoting the positive side of America.

Every CSH that has been involved in this mission, the 115th CSH twice, 21st CSH and the 31st CSH have set the 14th CSH up for this successful end of the mission. We are currently working diligently on the transfer of Camp Cropper to the Government of Iraq. The soldiers that go out on the wire everyday and interact with the detainees with dignity and respect have been our best good will ambassadors. The AMEDD should be extremely proud of all who have participated in this mission as it is described as strategically significant for a peaceful Iraq.

From my perspective this has been a very successful mission for the 14th CSH. When I first learned that I would take Command of the 14th I was incredibly happy and proud. When I learned they would be doing the detainee mission I was apprehensive. As the Chief Nurse of the 86th CSH 2004-2005, I witnessed the effects of what detainees had done to Americans and their own people. I had also lost my husband during Desert Storm so the thought of another year in the country whose invasion led to his death would not be my first choice, rather preferring an Afghanistan tour. That said, this has been an incredibly rewarding experience, and from my perspective a very successful mission for the 14th CSH. I am extremely proud and humbled to be the Commander of the 14th CSH, and it has been an honor to serve with some of the finest Soldiers in the AMEDD.

Ministry of Health (MoH) personnel that are working in the clinic.

Blood Distribution – Life Force

By: 1st. Lt. Ken Gonzales, 932nd Blood Support Detachment

Medical Laboratory Technicians are a specialized group of soldiers that focus on all aspects of clinical support. Almost every aspect of medical care relies on the laboratory's ability to analyze and quantify, determining the root cause of an illness or depth of the injury. The major areas of focus for the Army's laboratory technicians are Chemistry, Hematology, Immunology, Microbiology and Blood Bank. Focusing on the laboratory technicians assigned to a 932nd Blood Support Detachment, their blood banking skills are used to accomplish their mission of collecting, manufacturing, shipping and receiving of blood and blood products. Primarily, concerns are for proper care, storage, and transport of one of the most precious commodity of the battlefield: blood units for transfusion. Blood that comes into theater is a critical aspect of Combat Service and Support.

The Blood Knights of the 932nd BSD ensure that the battlefield medics and trauma surgeons supporting the War fighter will be supplied with the blood products they will need to keep our Army strong. The mission of Army Health Care: "Get the War fighter back into the fight."

As a Blood Support Detachment we are a specialized unit that has a core element of highly talented and technically advanced Soldiers who can not only perform as warriors, but can manufacture, test, store, ship and receive blood products.

Blood and blood products are regulated by the Food and Drug Administration (FDA), and it is the job of the Blood Support Detachment to assure that these regulations are adhered to in a theater environment. Stringent rules are in place to provide "safety nets" of checks and balances which help prevent tragedies that could cost a Soldier their life.

Deglycerolized Mission

On the forefront of technology in blood storage is the frozen red blood cell (FRBC) product. Long term storage of blood has become a breakthrough in modern science. The advancement of blood banking science has enriched FRBC's to have a storage life of 10 years. This is a breakthrough for transfusion availability.

The Blood Support Detachment has the task of making the FRBC product viable for transfusion. The deglycerization process involves reanimating the blood and removing the glycerol to make the blood product ready for use. It takes the specialized training and the aid of the medical technician (68K) to expand the Blood Support Detachment's reach to provide critical support of blood products to those in need.

Spc. Angela Lysandrou and Sgt. Chris LeRoy perform the deglycerization technique on a unit of blood at the 932nd BSD, Balad, Iraq.

Platelet Donor Collections

Spc. David Sudduth draws an apheresis platelet donor at the 332nd EMDSS AFTH, Balad, Iraq.

By: Sgt. Dan Llenas & Sgt. Christopher Leroy,
932nd Blood Support Detachment

December 2009, the 932nd Blood Support Detachment (BSD), from Fort Hood, TX, assumed the platelet apheresis mission in Balad, Iraq, of the 332nd EMDG Joint Theater Hospital Apheresis Team, that had been redirected to Afghanistan. The 932nd BSD is one of only two locations that have platelet donation capabilities in the Iraqi Theater of Operations (ITO). The 932nd is solely responsible to supply the entire theater of Iraq as well as supplement the Afghanistan Theater with this necessary blood product. The Apheresis Team consists of 4 laboratory technicians (68K). Their mission is to collect, manufacture, then distribute platelets and emergency whole blood to Level III facilities as needed.

Ensuring an active platelet donor pool is a challenge for the team. To maintain adequate levels of platelets, the Apheresis Team must collect 6 - 8 apheresis platelets daily. Daily donations are critical, since platelets expire in 5 days and volunteers may only donate every two weeks. These limitations require the Apheresis team to actively recruit new donors to complete the screening process.

The screening process is designed to rule out possible high risk donors such as individuals who have lived in malaria endemic countries or participated in high risk behavior such as receiving a tattoo by an unauthorized source. The pre-screening steps are necessary to ensure a safe blood product supply. The first step is to complete a DD572 which documents the donor's medical and international history, including questions about general health, exposure to certain diseases, and medication use. The potential donor will be asked to give 3-4 tubes of blood used for blood typing and infectious disease testing. The results can take approximately 14 days. Once the potential donor is cleared, they will receive an e-mail notifying them that they are eligible to donate.

The platelet donation procedure takes approximately 1 hour to complete. It consists of 5 to 9 cycles of the donors' whole blood being drawn, the platelets being centrifuged and separated, and the red blood cells and plasma being returned to the donor. After all cycles are completed, and the correct amounts of platelets have been drawn, the donor will be asked to stay for 10 to 15 minutes in order to be monitored for any adverse affects of the procedure. Some donors may feel a little "tingly", due to the anti-coagulant used in the procedure, however, this is common. The donor is then scheduled for another platelet donation in two weeks.

The platelets collected by the Apheresis Team in the Iraq Theater are a vital part of saving lives. Casualties receive the platelets, kept on hand at theater medical treatment facilities. Platelets assist clotting and stop the bleeding of the serious wounds, during life-saving efforts so patients will live to serve, fight, or return home and see their loved ones again.

Please take to time to donate! Those interested in donating platelets or being a whole blood donor on Joint Base Balad should call 318-443-2828 or email SGT Kristen Totten at Kristen.totten@blab.afcent.af.mil. Become a platelet donor and save a life.

51st Medical Logistics Company SAPR Walk

By Spc. Keith Hickman, 51st MEDLOG

The objective of the DoD's Sexual Assault Prevention and Response Program is to enhance and improve the prevention of sexual assault through training and education. In order to educate Soldiers regarding this serious issue, the SAPR program routinely sponsors events that involve all Soldiers to promote awareness of Sexual Assault and how to cope with it.

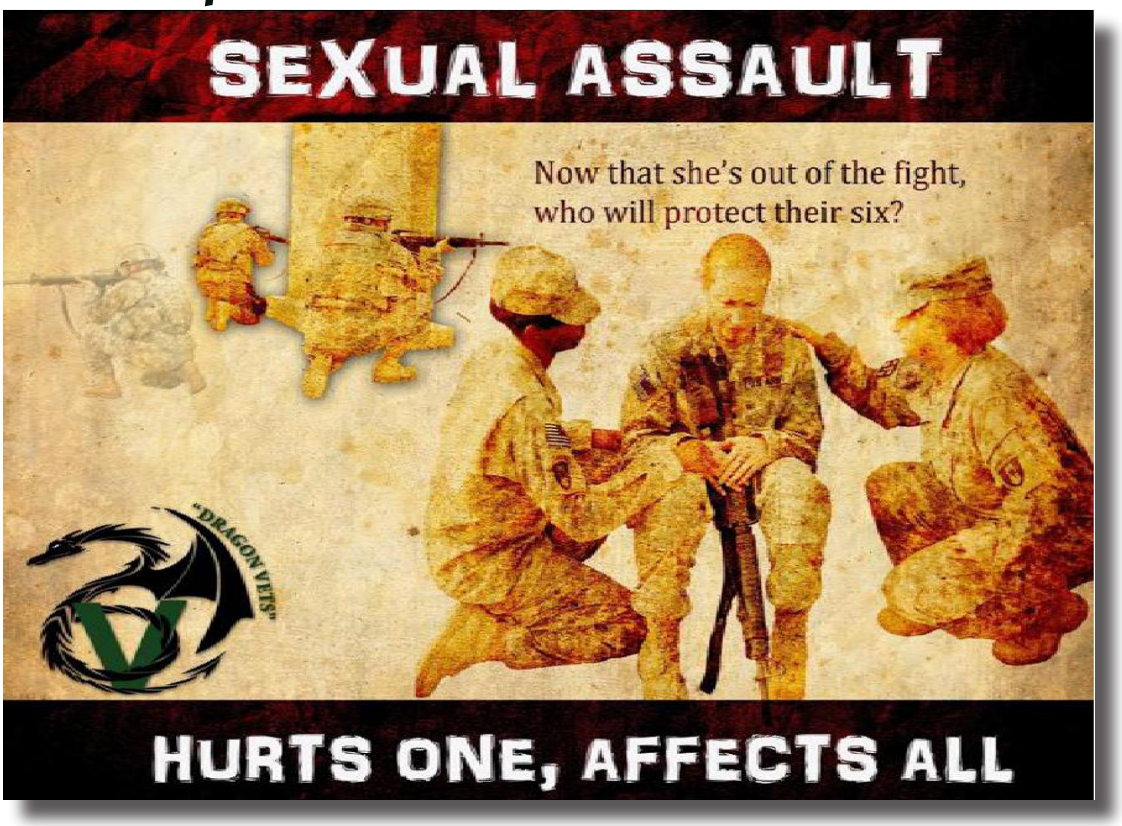
On February 12, 2010 the 51st Medical Logistics Company participated in the Sexual Assault Prevention and Response Program's walk. The walk was held on Joint Base Balad and was 2.68 miles long. It was designed to promote awareness of Sexual Assault and to make a statement that sexual assault will not be tolerated. The entire unit came out to support the program and show support to those who are dealing with effects of sexual assault.

Before the walk officially started, a few words were spoken by the 13th ESC's Deputy Commander. His words were brief but strong..."No means no!" That was the message that stuck with everyone as they completed their two-mile trek behind the Deputy Commander. Once the event was completed, the staff from the 13th ESC handed out gifts to commemorate the event. The gifts included a t-shirt, flashlight, keychain and a variety of other novelties providing information of where to find help in case of sexual assault.

The 51st left with a very important message that night, "Intervene! Motivate! Act! One Team, One fight!"

Winning Poster of the Sexual Assault Poster Contest

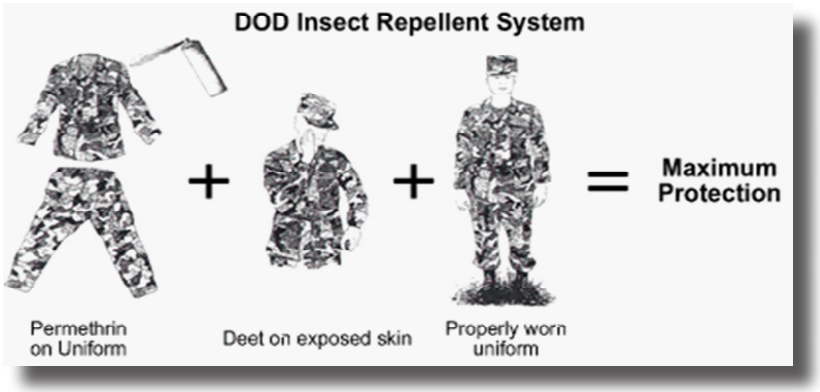
The winning poster seen here was submitted by Staff Sgt. Michelle Pinson-Horne, Sgt. Vicki French, Sgt. Tiffany Dardy, Warrent Donald Smith from 248th Medical Detatchment (Veterinary Services)



HOW TO TAKE CARE OF YOURSELF AGAINST MOSQUITOS AND FLIES

Mosquito and sand fly trapping season officially began today, 1 April 2010. The 926TH Medical Detachment (PM) is responsible for vector surveillance of multiple areas around VBC. Light traps, like the one pictured below, work of a simple fan and light system. When they are hung in certain areas they can monitor the increase and decrease in mosquito and sand fly populations during different environmental factors and local habitats. Four times a week the Soldiers of the 926 MED DET are out and about monitoring the pests in your area.

Don't forget to utilize the DOD insect repellant system to protect you during this vector season. The new FRACU uniforms cannot be treated with Permethrin so remember to do the other two steps during outdoor activities. Simple steps like wearing you DEET and properly wearing your uniform can decrease or even eliminate the chances of you being bitten. The Soldiers of the 926 MED DET will be keeping track of the problem areas and working with KBR vector control to keep you safe this vector season.



We Learn Best by Teaching

By 1st Lt. Franklin Annis, 313th GA

The soldiers of the 313th MED CO (Ground Ambulance) have been taking great advantage of some of their free time by executing continuing education. While many may take the traditional route of having the most experienced soldiers conduct classes, the 313th has chosen a different route. All Soldiers have taken turns presenting classes to the 313th and other units and agencies.

Not only does it provide junior Soldiers the opportunity to develop their public speaking skills and confidence, it also greatly enhances the memory retention of the instructors. According to the educational theories of William Glasser, we retain 10% of what we read, 20% of what we hear, 30% of what we see, 50% of what is demonstration and heard, 70% of what is discussed in a group, 80% of what we practice and 95% of what we teach others. So, one of the best ways of improving the knowledge and capabilities of our Soldiers is to have them learn the information to the degree required to teach their peers.

With every class presented from one medic to another, the medics of the 313th grow to new levels of proficiency and medical knowledge. The sharing of responsibility and training amongst the Soldiers stress the importance of education. The learning environment within the unit develops into a much more collaborative atmosphere. Soldiers quickly realize the amount of effort and time required to prep classes and demonstrate a new found respect for fellow instructors by being more alert and active within the classroom.

Pfc. Dena Engel (68W) (second from left) instructs a class on the Oregon Spine Splint.

So if you if ever stop by the 313th, do not be surprised to see Pfc. Dana Engel teaching a course on the Kendrick Extrication Device (KED) or Spc. Kimberly Sykes teaching a class on SOAP Notes. You will find all the Soldiers sharing the instructor duties. The 313th has learned a valuable lesson. If you want your Soldiers to improve, do not just ask them to be better students, ask them to be better teachers.

THE CASF WALL

by Maj. April Conway
332nd Air Expeditionary Wing Public Affairs

-- The 20 ft x 30 ft flag under which thousands of patients have passed on their way to the Air Force Theater Hospital at Joint Base Balad is oft-photographed in military circles. But lesser known, though no less poignant, are the walls of the Contingency Aeromedical Staging Facility's (CASF) recreation room.

Hundreds, possibly thousands, of messages have been scrawled on the walls by patients passing through JBB on their way to Landstuhl Regional Medical Center in Germany. From all parts of Iraq and with every imaginable injury, patients spend anywhere from a few hours to a few days here awaiting aeromedical transportation.

The messages, some inked in shaky handwriting, offer thanks to the CASF staff, remembrances of fallen comrades and prayers for the future. The walls are such a historical part of Operation Iraqi Freedom that they're set to be photographically preserved and submitted to the National Museum of Health and Medicine or the United States Air Force Museum at Wright-Patterson AFB, Ohio. Some planners even have their sights set for a Smithsonian Institute museum.

Museums are places we visit to learn about history and about human development," said Lt. Col. Connie Day, the chief nurse of the CASF, "These walls offer a snapshot in time that will reflect both in the years to come."

A person could spend hours reading the many notes, such as "R.I.P. PFC Harley Andrews, 11 Sept 06 Ramadi, Sappers in TF Dagger" and "A Co, 1/14th, 25th ID, Angels of Mercy".

More than 23,000 patients have passed through the CASF in just the last three years. The facility started in tents, but in late 2006 was built into a hardened shelter and leaving messages on the walls began as part of a cathartic process, said Lt. Col. Day.

"As mother of four, it seemed odd at first to hand over markers and say 'go ahead, write on the walls', but when you take a minute to read, you can feel the pain of people living with loss," said Lt. Col. Day.

Planners are in talks with several museum entities and while the ultimate fate of the walls and their reflection on the history of a war is undecided, the CASF remains an oddly eloquent memorial at Joint Base Balad.

14th CSH CONDUCTS NCO INDUCTION CEREMONY

In Army Tradition, the 14th Combat Support Hospital, Camp Cropper, Iraq inducted 18 Non Commissioned Officers into the Noncommissioned Officers Corp. This event was hosted the Task Force 14 Medical Command Sgt. Maj. William C. Carver at the Stryker Chapel. Each member recited the oath of charge and walked through the crossed sabers.

Command Sgt. Maj. William Carver leading the newly inducted NCO's with the "Charge of the Noncommissioned Officer"

Soldiers had the honor of Command Sgt. Maj. Frank Grippe, I Corp Command Sgt. Maj. as their guest speaker for this momentous event.

In attendance to show their support were distinguished guests Maj. Gen. David E. Quantok, Former USF-I deputy commanding general for detainee operations, Maj. Gen. Nelson Cannon Current USF-I deputy commanding general for detainee operations, Col. Robert D. Tenhet commander Task Force 1st MED BDE and Col. Judith A. Lee, commander Task Force 14 Medical.

Educating Soldiers Against Contact Lens Use In Theater

Capt. Ginger Purpura, OD 41nd MED DET

According to USCENTCOM individual protection and unit deployment policy, all personnel who require prescription eyewear must deploy with two pair of eyeglasses, protective mask inserts, and ballistic eyewear in their possession. Army, Navy, and Marine personnel will not deploy with contacts lenses. Additionally, AR 40-506 reads: "Contact lenses will not be worn during basic training, field exercises, gas chamber exercises, deployments, or combat. Theater Commanders have the authority to prohibit wear of contact lenses in theater, an action implemented on Operation Iraqi Freedom and Operation Enduring Freedom." A recent Medical Alert released on 07 DEC 2009 states that 122 cases of contact lens- related eye injuries and/or infections were reported in the 2009 calendar year.

Ignoring these regulations can have serious, sight-threatening consequences and can be punishable under UCMJ. The most common complications are bacterial conjunctivitis and corneal ulcer. With these conditions come corneal edema, blurred vision, increased sensitivity to light, inability to keep eyes open, excessive tearing. These conditions can develop quickly and may render a Soldier unable to perform their duties for several days. A corneal ulcer, which is the most serious complication, can also cause permanent vision loss if it occurs within the central cornea. Contact lens related conditions lead to preventable lost time for the Soldier and their unit, and can potentially jeopardize a unit's mission.

One of the most common questions Soldiers have, especially those not leaving the wire, is, "How are conditions here any different than back in garrison?" The answer: wind, dust, and dryness in Iraq are unlike anything in the U.S. These conditions can cause eye irritation and abrasions under the contact lens which can lead to infection. Due to operational tempo, Soldiers may over-wear their contact lenses during missions, and may not be able to order new contacts regularly. Non-potable water and poor hygiene in theater also add to the problem. As a result of these environmental factors, there is a much higher incidence of eye infections. When they develop over wear symptoms, it's usually not because they wore their lenses too long but because they failed to follow their doctor's care instructions.

Many patients start out well and follow recommended wear and care routines. All too soon, however, many lapse into noncompliance. If no immediate problem occurs, they continue to over wear their lenses and think nothing of it until they develop a serious infection or signs of hypoxia. Many patients regard contact lenses as commodities, not medical devices. They don't understand they're risking temporary, even permanent, eye damage when they take shortcuts with their contact lens care.

Some patients also tend to wear their lenses beyond the recommended replacement interval until their vision becomes significantly blurred or their eyes become red and irritated. In both scenarios, a noncompliant patient can end up with permanent, irreversible corneal damage.

When patients disregard cleaning and replacement recommendations, they may be decreasing their contact lens' ability to transmit oxygen to the cornea as deposits accumulate on the lens surface. Patients who continue to wear lenses that have been compromised by microorganisms or denatured proteins risk developing infections, giant papillary conjunctivitis and most importantly, potentially serious long-term hypoxic changes.

If you or a fellow Soldier are wearing contact lenses in theater and experience eye irritation, unusual blurred vision, light sensitivity, redness, or pain, the contact lenses should be removed immediately and the Soldier should report to the nearest medical treatment facility for evaluation by a medical professional. As Army optometrists, patient care is our top priority; however, it is also our duty to ensure the safety of every Soldier by providing patient education regarding the current contact lens policies.

A solution to this problem lies in proper predeployment planning. Commanders need to be proactive in making sure their soldiers have all the gear needed for a 12 month deployment and that includes 2 pair of glasses and MCEP inserts. Many soldiers wait until the last few days before deployment to get their vision checked, which does not allow enough time for most labs to produce the proper eyewear. Soldiers are also missing out on selecting their allotted "civilian" Frames of Choice (FOC) and are limited to the standard issue 350LO or 801 frames, which are the only frames available in theater. Compliance for wearing glasses would increase if patients were given their frame of choice at their host duty station.

As contact lens technicians and doctors, we must educate our patients, ensuring they understand the importance of following recommended wear and care instructions. When we do our job well, we can help patients enjoy many years of complication-free contact lens wear.

Sgt. Peter Karamo reading a glasses prescription using a lensometer.

Building Iraq Security Four Legs at a Time

Lt. Col. Cindy Landgren, TF 1 MED Veterinarian

First class of Iraqi Police K9 Handlers. Explosive Detection Dog Teams headed to their new stations in Anbar Province, Kirkuk, Mosul, Baghdad checkpoints, and Federal Police stations.

It was another day of firsts for Iraq. The first class of Iraqi Police (IP) veterinarians, veterinary technicians, and working dog handlers graduated from the Baghdad Police College (BPC). With dignitaries from the Iraq Ministry of Interior (MoI), Iraq Provincial IP commanders, and U.S. Forces-Iraq Iraq Training and Advisory Mission – Police (ITAM-Police) in attendance, 22 Explosive detection dogs and their handlers, six veterinarians, and ten veterinary technicians paraded with banners indicating their home province. All were impressed with a flawless demonstration of explosives detection during four search events to include a vehicle and luggage.

This accomplishment does not seem all that significant from a U.S. military perspective. Americans and most other western cultures consider the dog part of the family. We rely on the skills of Military Working Dogs (MWD) and veterinarians to care for them to provide a reliable and adaptable source of security and deterrence. This is not the case in the Iraqi culture. Iraqis consider dogs dirty and most have only limited experience with stray dogs in the streets. Once the Iraqi Police experienced the capability that the U.S. MWD and handler provided, the program was instituted in the Ministry of Interior. Purchase of trained dogs was the easy part. Getting policemen to want to become handlers and having the infrastructure to provide care for the dogs has been the greater challenge. Additionally Iraqi veterinary colleges do not include courses for canine medicine.

USF-I ITAM-Police have been supporting the handler training mission for a couple years. The need for competent Iraqi veterinary care was identified early and an assessment of the capabilities was conducted in May 2008 by 64th U.S. Veterinary Service and Civil Affairs veterinarians. Significant deficits in veterinary personnel training and equipment were identified and an improvement plan was proposed. The first step of the plan was executed with the hiring of an Iraqi veterinarian with both Iraq and western veterinary degrees. A comprehensive training program and plan for veterinary equipment was developed, with the technical advice from TF 1 MED veterinary staff. The Baghdad Police College veterinarians were trained in basic canine veterinary care and kennel management. The program then needed to be expanded to the IP Provincial kennels throughout Iraq where the dogs would be stationed. Additional training was conducted by our veterinary teams who have provided basic skills training to the handlers and veterinarians in the provinces alongside the U.S. MWD handlers. The "Train the Trainer" concept was implemented so that the BPC veterinarians become the trainers and will be the clinicians for the centralized veterinary hospital.

As the confidence grew in the capabilities of these canine teams and the ability to maintain them through adequate veterinary care evolved, it was time to increase the number of teams within the MoI. The first of four shipments of U.S. trained dogs arrived February 5th 2010 to much media exposure. Of greater importance is the graduation of the handlers who have spent the last 45 days bonding and training with these skilled animals. The new skills and knowledge acquired by the veterinarians and technicians also warrants significant recognition. The technicians are Iraqi Police that have not had any veterinary training. These men are the first line aid to any of the dogs that need medical assistance while on the job. The next 40 dogs have already arrived and another class of the K9 Directorate is in session. Success has been achieved with the first class and many others to come. The MoI has a goal of 450 K9 teams across the country. Evidence of their success is the many requests for dogs in the other Ministries. One step at a time, but what a step.

IP veterinarians honing skills for drawing blood from the front leg of one of the newly graduated explosive detection dogs.

Iraqi Partnership and Culture Course Camp Taji, Iraq

1st Lt. Janice Thompson recently attended the Iraqi Partnership and Culture Course offered at Counterinsurgency and Stability Operations Center (COINSOC). This Arabic Immersion Course was designed to rapidly increase Arabic language skills while giving the participants a better understanding of the Arabic culture to increase the skills needed to effectively partner with their Iraqi Counterparts. The course was ten days with the hours packed with learning Arabic, written and spoken, at the basic levels intermixed with lectures / interactions with senior US and Iraqi military leadership as well as government leaders.

Team Zulu wearing their newly won head pieces.

Within two days of arrival the participants were involved in role-plays practicing their newly acquired Arabic language and partnering skills. The role-plays reinforced proper etiquette and communication, with or without linguists, when involved in a Key Leadership Engagement (KLE).

The role play also included interactions with locals such as the farmer, police chief, business owner, and others. Each role play was reviewed by the teams and instructors to increase awareness of alternative approaches and increased understanding. The 52 participants were broken down into teams of 8-9 members thus utilizing the small group learning experience. Competition rose between the teams as the tenth day approached and the final skills test was wrapped up in six testing stations named "The Amazing Race." Each team competed to put their new found skills to use against the clock as they figured out clues written in Arabic and tested their vocabulary both in dialect and standard Arabic. Team Zulu succeeded as the top team in the Amazing Race, which was 1st Lt. Thompson's team. Although one team won the first place spot, all the teams won greater understanding of the Iraqi culture and how to become effective partners using newly acquired skills in the Arabic language and culture.

TF 28 MED CDR

Col. Bruce McVeigh
Commander

Can you tell us a little about yourself? I was born and raised in Rhode Island, and have been in the Army for almost 26 years. Most of my time in the Army has been spent at Fort Bragg in four different assignments with the 82nd, USASOC, JSOC and 44th MEDCOM, for a total of 16 years. I have been a 70H Operations Officer for my entire career, and in fact I serve as the 70H Consultant to the Army Surgeon General. I have been fortunate enough to command at the Company, Battalion, Combat Support Hospital, and soon to be at the Medical Brigade level. In fact, I will be changing command of TF 28 here in theater so I can go back to CONUS and assume command of 1st Med Brigade. The army has been truly good to my Family and I, and we would not have traded any assignment and part of that life we have lived thus far. I plan on remaining in til my 30th year of service so I can continue doing what I truly love --- leading Soldiers!

What foundations developed your leader attributes? The foundations that developed my leader attributes are centered around being raised as a young 2nd LT in the 82nd Airborne Division. I grew up with leaders like GEN Hugh Shelton, LTG Keith Kellogg, GEN Buck Kernan, LTG Mike Steele, COL Jack Hook and many others too numerous to mention. These great leaders were all COL's and LTC's in the 82nd when I first started, and they all rose to very prominent positions in our Army and the DoD. Their leadership philosophies and beliefs were amazing, and they set a foundation for all of us at the time that rings true today ... take care of Soldiers and their families; work hard and play hard; truly love our Army and take great care of it. Also, being part of a brotherhood like the 82nd Abn Division at a very young age was a huge part of my foundation as well, as this was a shared bond that was special and one that many could never understand.

How many times have you deployed? And where? I have deployed numerous times in my career to numerous operations and contingencies. I have deployed to Saudi Arabia and Iraq during Operation Desert Shield/Storm; to Afghanistan for Operation Enduring Freedom; to Iraq in support of Operation Iraqi Freedom; to Bosnia (on numerous missions) in support of Operation Joint Guardian; and to Haiti in support of Joint Task Force 180 Special Operations missions.

To what to you attribute Task Force 28th's success since you assumed your mission in Iraq? I would have to say that success for TF 28 mission is based on preparation and training well before we arrived here in theater. I was blessed with the chance to build a tremendous staff and group of leaders that were basically hand selected to come here, and we actually built a plan one year out from deployment that synchronized and coordinated all facets of training, preparation, and readiness. This allowed us to stay on track and focus. It also allowed us to study other unit deployments and learn from what was either done right or wrong and make sure we had a plan in place. Also, the other facet of success has been our "people". At the end of the day it is our Officers, NCO's, and Soldiers that make this Task Force successful, and we have had a great group that have melded into a very good organization, as evidenced by the amount of care provided since our arrival, as we are the busiest level III medical entity in this entire battle space.

How did you prepare your unit for your mission? Preparation for us was a year long plan with tremendous detail in each and every facet. We focused on collective and individual training for all of our Soldiers and MOS's assigned. This allowed us to make sure that we were ready and best trained for combat patient care. This was done through a myriad of home station and off station train9ing events and medical proficiency. All of our Soldiers received anywhere from two to 4 weeks of hands on patient care in one of five major medical centers to include Womack Army Medical Center, Walter Reed Army Medical Center, Madigan Army Medical Center, Brooke Army Medical Center, and the Institute of Surgical Research (ISR). We also sent a CSH package down to the army Trauma Training Center (ATTC) in Miami for enhanced trauma skills as a unit/team. We also conducted two FTX's as a Hospital organization, and three certification exercises (CERTEX's) by where we utilized the Fort Bragg Battle Sim Center and focused on split operation, command and control, and leadership engagements for a Medical Task Force of this nature. All of these events nested our unit into a highly trained and ready force.

COMMAND INTERVIEW

What are the key lessons learned so far during this deployment? What advice could you give to future command teams? The key lesson I have learned so far in this deployment centers on people as a whole, and no matter how much we train and espouse philosophies, one cannot ever change the soul of a man or woman. People are who they are, and we must account for that in all that we do as an organization. As far as advice for future command teams --- I would simply state that you have to love what you do each and every day, and make sure you are doing it for all of the right reasons. Take care of Soldiers, as they are our most important resource. Always look at ways o improve your foxhole, no matter where you sit.

What have you noticed about the subordinate units since taking charge? All of our assigned subordinate units have performed well during our tenure here. The complex make up of Active Duty, Reserve Component, and National Guard have been challenging at times, but have executed all facets of care in an outstanding manner. Again, it is the people that have made this Task Force Team what it is today.

How is TF 28 a force multiplier? Task Force 28 has been a true "Force Multiplier" in the areas of trauma and burn care in this deployment. Due to one of the finest assembled groups of providers, nurses, and Soldiers I have ever been associated with, we have been able to execute key and essential care when called upon. Based on the critical care specialties that deployed with this Task Force, I would unequivocally state that we have the "BEST" team of skilled medical capability on this battlefield, and this is supported by the fact that our team has been called upon time and time again to go out and oversight or execute care when others just cannot do it. This is a true testament of the tremendous skill sets our people bring. Also, the TF 28 team has been an integral facet and truly led the way in medical CMO engagements, thus enabling our skills and expertise to help out the Iraqi medical infrastructure.

Do you see any areas or envision anything concerning HSS we need to improve? Yes. We need to look at ensuring that the proposed modular Combat Support Hospital design that is current working through DCDD (AMEDD Combat Developments) and Combined Arms Command (CAC) is approved and implemented. This new CSH design provides enhanced C2 capability that is truly needed and staffed appropriately.

What makes this deployment different for you, since you last deployment to Iraq? The OPTEMPO and battle focus has changed. This is due to our current phase in the operation and due to the fact that we have enabled success for the Iraqi populace so that they do not need our Soldiers constantly patrolling and engaging in kinetic operations. However, it forces us as medical enablers to make sure that our units and Soldiers are ALWAYS READY to respond when called upon to do so.

What is one of your personal goals and how do you hope to achieve it during this deployment? One of my personal goals is to maintain a profession a journal of my time in command. I execute this task by maintaining this each and every day before catching sleep and ensuring I write down key thoughts and issues.

What do you do to relax during your down time? I "NEVER" have any downtime as that would be counterproductive to my personal beliefs (just kidding). I try to stay focused on my catholic faith, running, and working out. All are very important to me. Also, I stay connected to the three most important women in my life ... my wife and my two daughters.

If you had the chance to talk to all of the Soldiers in your Command at once, what would you like to say to them? I would tell them to stay focused on the mission we have ahead. Take care of one another in every true sense of these words --- as we can never ever leave anyone behind. And lastly, to" Finish this deployment with Honor and Success !!!"

"Col. Bruce McVeigh, Maj. Gerald Ross III, Spc. Jeffrey Smith, Staff Sgt. Renee Villegas and Col. Steven Jones pose for a picture after finishing the X-Dog Slayer Scramble on 13 February 2010"

28th Combat Support

by Spc. Gillian Foster, 28th Combat Support Hospital, Intensive Care Unit

The TF 28th CSH Intensive Care Unit is no stranger to caring for critically ill patients – service members, contractors, and more uniquely, those from the Iraqi population. While caring for the critically ill and severely injured, staff members get "up close and personal" with their patients as they help them take care of their most personal activities of daily living while helping their bodies to heal.

As an ICU nurse, I have discovered it is hard not to get to know the people we care for and allows a closer glimpse into their lives. We discovered as we got to know some of our Iraqi patients, we grew and changed. From our own first awkward attempts at communication – "Como Estas?" we would ask --- to realizing that the Iraqis are a diverse proud people, who vary in language, education, politics, religion and socio-economic status, just as we do in the United States.

Our most gratifying experience to date was watching our longest residing patient slowly heal from a burned and swollen girl who was near death to a giggly teenager with painted toenails. "November Bella", as we affectionately called her, came to us suffering from full thickness burns over 68 percent of her body, mainly her arms, legs and torso.

Diana's first steps post-burn

The above photo shows how play therapy helps to improve dexterity

The story was sketchy, due to the language barrier, but we learned that she had been cooking or near a gas grill when it exploded. She had been alert enough to douse herself with water, and was taken to an Iraqi hospital, where according to the story, she was given intravenous fluids, had her wounds covered in burn ointment and sent home.

She was home for about two weeks, her condition worsening, when someone advised her mother to take her to an American hospital. She was taken to an American Level I facility and then evacuated to the 28th CSH. Remarkably, her face was unscathed, and even in her pain we could tell she was a beautiful teenager with thick curly dark hair, dark piercing eyes and high cheekbones. November Bella was the 28th CSH's third patient admitted to the ICU after assuming command and control of the hospital and the second burned child. When November Bella arrived, the ICU was already taking care of an 18 month-old Iraqi boy we called Baby Abbas. Having not one but two critically burned children in the ICU as well as a revolving door of IED victims taxed the doctors, nurses, and supplies, and we were wound thin. But no matter what we were going through, Bella's mother went through it too.

Day after day, Bella's mother sat by her daughter's bed and watched as other patients came in, got treated and were transferred, either to the ICW or evacuated to other medical facilities. She would see her daughter go in for skin graft after skin graft, and come back, bloody and swollen. She watched as we huddled around her daughter, attaching and detaching various tubes to her, administering pain medications through her intravenous access, and her nasogastric tube, checking and emptying her Foley catheter bag, all the while jotting down notes. And then there were the screams. Bella's screams pierced the entire hospital and brought people running to the doors of the ICU where they would stop, peering through the window, too afraid to enter. As part of Bella's treatment we had to change her bandages daily. This involved preparing two sets of bandages, one soaked in part hydrogen peroxide and bleach to kill the bacteria and prevent further infection, and the other that contained sterile water, Sulfamylon Solution and Amphotericin B to treat the full thickness burns. This also involved removing the old bandages which had been allowed to dry on her skin and when removed took the old destroyed skin with it as part of the debridement. Because of the damage to their skin, burn patients have a lot of exposed nerve endings, which are very sensitive to the slightest sensation. Her screams pierced our ears and our hearts, but the dressing changes had to be done.

We administered sedatives to help her get through the procedures, but she went through those in no time and would start screaming again. To spare her mother we did most of our procedures when she was not in the room and had the interpreters bring her in when she was done. But there were no mistaking the times when Bella looked bad, especially after a session in the operating room when her hands and feet were swollen to twice

Hospital ICU Odyssey

Diana after multiple Skin Grafts and Surgeries

We learned too. Around the third week, we discovered Bella's mother's name was Khitam, and Bella's name was Diana (pronounced Diyana). Her mother would ask us how Diana was doing by giving the thumbs up or thumbs down sign. "Zean?" she would ask? Zean means good. "Zean" we would say. We learned Khitam was one of three wives and Diana was the eldest of her six children. We learned to interpret Diana's screams and knew which ones meant she was in genuine pain, and which ones were her just anticipating the sheets being changed or she didn't want to be moved. We learned what "berdonna" meant. (cold). We learned that Khitam was worried about her daughter ever finding a husband. Both daughter and mother cried when she came back from the OR with her head shaved so doctors could take skin from her scalp and graft it onto her legs.

At one point it got to be too much for Khitam. Weeks had gone by and Diana's condition was not improving. She was growing impatient. She was worried about her other children back home, yet did not want to leave as her daughter begged her not to, and it seemed as if she was almost sabotaging our efforts. She kept feeding her daughter cake and sweets the janitors brought in, instead of the chicken and vegetables her body needed. She kept asking if Diana was getting better. Through the interpreters we told her that burn injuries take a long time to heal. Even the interpreters tried to settle Khitam, telling her of former burn patients who stayed months in the military hospitals before they were well enough to leave. But she began to lose trust and her negativity was affecting Diana. Worse Baby Abbas had died and we could tell she was worried. At one time huddled on the floor in the corner by her daughter's bed, she broke down and sobbed.

The turning point was when Khitam left for about a week to see about her other children. With her mother gone, we were able to administer a little tough love to Diana. We let her know that her days of lying in bed watching Warner Brother's cartoons (she especially liked Tom & Jerry) were over. She was going to get up and we were going to take her outside to get some fresh air if we had to pick her up and put her in the wheelchair ourselves. And yes, she screamed whenever we came to get her out of bed, but after awhile she relaxed and even enjoyed the outings. And one day she agreed to try to get herself out of bed. Slowly, she would shift one leg then the other. When Khitam returned after a week, we had Diana get out of bed. We watched as Khitam's eyes widened as her daughter took her first hesitant steps from the bed to the wheelchair. She went to each and every nurse in the ICU and made sure she stopped Dr Lundy, the CSH's burn surgeon. "Thank you," she said.

Diana Poses with the ICU Staff

After she was transferred to the step-down unit, Diana and Khitam came by the ICU every day to tell us hello and give each of us a hug. Day by day her gait improved from where she had to walk holding onto someone, to walking unassisted. Her hands were still weak, but she was able to lift her arms. Khitam's English was improving daily. Diana and Khitam left on March 8th 2009 laden with gifts and toys and well-wishes from soldiers and their supporters. We know she will continue to improve and do well because of her fighting spirit and the fact that she refused to quit just as we, the ICU doctors, nurses and technicians refused to give up on her. Not only did we end up winning the hearts and minds of Diana and her mother, but they won ours as well.

Reflecting on the extraordinary care November Bella received, COL Bruce McVeigh, TF 28 Commander stated, "Winning the hearts and minds of the Iraqi people is a daunting task, however, the care provided to a badly burned girl will go a long way in helping this facet get achieved. Though simple and unassuming in this hectic day to day operational scheme of the country, the excellent burn care provided by Task Force 28th CSH will provide a shining example of what democracy can mean to this Nation. Now we have a Family and a child that believe in that what the United States did for Iraq was all worth it, especially as our Diana can go forward and live a fruitful life in the years ahead. This was truly a significant milestone and accomplishment in sowing the seeds of a new democratic Nation. Job well done!"

Silver Knights

What have you found the most challenging

Maj. Pagotto, TF 14 MED, For me the most challenging part is being away from family when they really needed my support and I was unable to provide it. Grandmother, wife and older daughter underwent surg while I was deployed. My youngest daughter needed BH counseling due to my absence.

1LT Elizabeth Ambriz, Nurse, TF 14 Med ICU/ ICW, The limitations I feel while providing nursing care due to the detainee healthcare mission, I feel restrained at times. The over staffing of personnel is also very frustrating just to find out the time will be replaced with continuing education units and different committee duties.

Left Pfc. Smith, HHC 1st Medical Brigade Orderly Room, The most challenging part of the deployment is being apart from my loved ones. I also think its tough on Soldiers with children, having to watch your kids grow up on skype or any other video conference system, is not the same as being there for children or your Family.

"The only challenge was that it was difficult to prepare for how the results of the political elections would impact our Soldiers and our mission." – Master Sgt. Carol Pryce, Chief Wardmaster, TF 28th CSH

Below: Spc. Yarbrough, 14th CSH, Having to deal with sexually transmitted disease cases per patient care. "I didn't realize how prevalent this issue is and the importance of preventive measures."

"The most challenging thing about this deployment is being away from family." – Capt. Ernest Dorema, TF 28th CSH Emergency Department Charge Nurse

on the Street

during your current deployment?

Pfc. Melissa Siler, Medic, TF 14 Med EMT Section, Being away from my kids." "I was a stay at home Mom and it is difficult to miss all the first time occasions."

Above: Spc. Clarence Simpson, HHC 1st Medical Brigade Orderly Room, maintaining physical fitness and Army Standards for myself and helping others do the same

Right: "The most challenging thing about this deployment is eating at the DFAC." – 1LT Lorelei Hamlin, TF 28th CSH ICW Nurse

Left: "The most challenging thing about this deployment is not having access to an indoor basketball court." – Spc. Marcello Buckner, TF 28th CSH ICW Health Care Specialist

1st Lt. Marko Benito, Nurse, TF 14 Med ICU/ICW- "Not having anywhere to go on my day off and I wish I had more insight on the evolving mission."

Below: 1st Lt. Maricelmay Cabatu, Nurse, TF 14 Med ICU/ICW- Having to balance the mission with my personal, professional, and army values. It is also frustrating for me to see so many contractors in relation to soldiers on the ground.

Cpl. Blanca Chavez, Operations NCO, TF 14 Med S3 section Being that it is my first deployment before arriving here I expected the worst situation and hoped for the best. Once I arrived I was placed in a challenging work position, but still felt enthusiastic about what was to come; although I was familiar with a few areas it was still all new territory for me. After some good training from outstanding NCO's and Officers I became more comfortable and confident in my position. The challenge is still there, but now I have the skills to work

502nd Celebrates 99th Dental Corps Brithday

By Spc. Doswell, 502nd Dental Company

On March 20, 2010 JBB hosted an Anniversary Ball in celebration of Dental Corps' 99th year. Soldiers from outlining FOBs such as Liberty, Taji, and Diamondback attended the celebration that weekend. The Birthday Ball had a little something for everyone to enjoy.

Col. Shull, OIC of JBB Main Dental Clinic, and her committee tirelessly put together an event for soldiers alike to enjoy while here in Iraq. Red themed t-shirts were given away as souvenirs and some chose to have the shirts autographed by friends. Spc. Lewis was our MC for the night and Spc. Garcia handled the food. Once the grill started going, everyone around got a quick reminder of being at a party back home and that put a smile on a bunch of people's faces.

Around 1830, the majority of soldiers broke up into three teams and participated in a heated game of Taboo. After that, everyone's favorite game of musical chairs was played. Col. Eikenberg's team proved victrious after winning both games, giving each member bragging rights for the rest of the night.

Closing remarks, given by Col. Eikenberg, signified the end of the party was near, but that did not stop anyone from continuing to dance. Songs like "The Electric Slide" and "Cupid Shuffle" attracted people to the dance floor and kept them there. From Spc. Pigford's "Dougie" to Col. Shull's "Stanky Legg" everyone seemed to be enjoying themselves.

The 502nd Dental Company has been deployed and focused for nine long months so this party was just what some soldiers needed to un-wind. The entire event was as informal as possible, allowing maximum "let-loose" time. Special thanks to everyone that made this event possible and as memorable as it was.

(Above) Photo by Pfc. Miller: Capt. Jonhson, Capt. Bannon, Capt. Johnson, Staff Sgt. Davis, Col. Shull, Capt. Bennett, and Capt. Rose having fun for the camera.

(Below) Photo by Pfc. Miller: (Left to Right) Col. Eikenberg, Lt. Col. Saini, Spc. Villar, 1st Sgt. Polite cutting the Dental Corps Birthday cake.

INSPECTOR GENERAL ANSWER KEY

1. **Answer: (g)** All of the Above - The Assistance and Investigations Guide, Paragraph 1-5. As long as the matter is Army-related, the Inspector General will provide Assistance by working the case or referring the issue to the appropriate agency for action.

2. **Answer: (c)** - Answer (c) – AR 20-1 Inspector General Activities and Procedures, Paragraph 1–11a, Prohibited activity - Prohibition on restricting lawful communication with an IG; Member of Congress (MC); or a member of an audit, inspection, investigation or law enforcement organization within the DOD. Persons subject to this regulation will not restrict anyone in any manner from lawfully communicating with those individuals mentioned above. This prohibition includes communications with an IG, DOD, and the IGs of other services and Federal agencies.

3. **Answer: (d)** - AR 20-1, Inspector General Activities and Procedures, Section II, Terms, Allegation. An allegation is a statement or assertion of wrongdoing by an individual formulated by the IG. An allegation normally contains four essential elements: who, improperly, did or failed to do what, in violation of an established standard. The IG refines allegations based upon evidence gathered during the course of an investigation or inquiry.

4. **Answer: (j)** - AR 20–1, Inspector General Activities and Procedures, 1–4c(3). IGs will ask the complainant five basic questions: (a) What do you want the IG to do for you? This question is the single most important one that an IG will ask when receiving complaints. It helps to focus the complainant and ensures that the matters of concern are of Army interest and appropriate for the IG. (b) Do you have any supporting documentation? (c) Have you requested assistance from any other source or agency? (d) Have you given your chain of command an opportunity to address the problem? (e) What is your status (active duty, USAR, DA civilian, retiree, and so on)?

5. **Answer: (c)** - FM 6-22, Army Leadership, Mandatory, face-to-face performance counseling between the rater and the rated NCO is required under the noncommissioned officer evaluation reporting system.

6. **Answer: (c)** – AR 20–1, Inspector General Activities and Procedures, Paragraph 4-4j (1) Many situations exist in which either law or regulation provides soldiers a remedy or means of redress. Soldiers must seek and exhaust the prescribed redress or remedy before an IG can provide assistance. Once the soldier has used the available redress procedures, IG action is limited to a review of the redress process to determine if the soldier was afforded the due process provided by law or regulation.

7. **Answer: (c)** - AR 623-3, Evaluation Reporting System, paragraph 6-3, requires the commander to look into alleged errors, injustices, and illegalities of evaluation reports. The issues can be brought to the commander's attention by the rated individual or by anyone authorized access to the report. The regulation provides regulatory guidance on two specific avenues of redress.

a.The first is the Commander's Inquiry which is normally done before the evaluation is filed into the rated Soldier's OMPF.

b.The second avenue of redress is the Evaluation Appeal which is done after the evaluation is filed and is both more difficult and time consuming. Once the evaluation is filed in the OMPF it is considered to be administratively correct, prepared by the proper rating officials and an objective judgment of the rated individual by the rating chain.

8. **Answer: (d)** - The APFT is not automatically waived during deployment. The decision to conduct the APFT while deployed is up to the commander based on circumstances. AR 600-8-19, paragraph 5-6a (4) states that the APFT is waived for deployed Soldiers where mission precludes the administration of the APFT. Most missions and locations afford the Soldier time and space to train for and administer the APFT. There are no waivers for height/weight standards while deployed. Soldiers must still be weighed in, even if your unit is the rare exception that cannot take the APFT. As Soldiers it is our personal responsibility to have or maintain a good physical condition. A Soldier's level of physical fitness has a direct impact on his unit combat readiness. Soldiers must still be weighed in, even if your unit is the rare exception that cannot take the APFT

9. **Answer: (e)** – AR 670–1, Wear and Appearance of Army Uniforms and Insignia, Para 28–17d , Soldiers who are authorized to wear more than one SSI–FWTS have the option of choosing which SSI–FWTS they will wear. Soldiers may elect not to wear SSI–FWTS.

10. **Answer: (b)** – TF 1ST Med Policy Memorandum # 6 - Rest and Recuperation Pass Program (RRPP), Paragraph 10 – The Rest and Recuperation Pass Program (RRPP) is a privilege not an entitlement. Units will make the determination of whether or not they want to participate in the pass program.

1st Medical Brigade Bids Farewell

Sgt. Murray, S6 Section, looks forward to a break

Sgt. 1st Class Seitz, S3 Section, looks forward to hugging her daughter and going to Jamaica

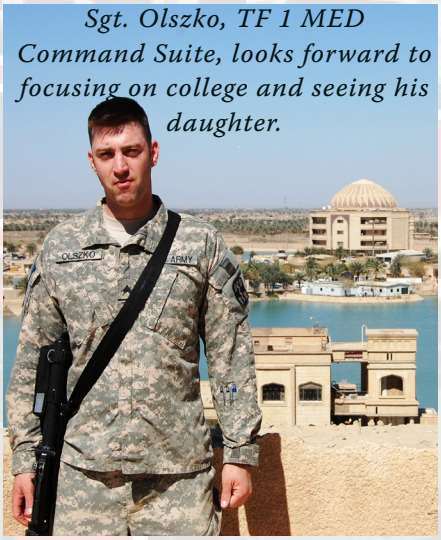
1st Sgt. Craighead, HHC 1st Medical Brigade 1SG, looks forwad to being with his Family and grandsons, he also looks forward to seeing his horses once again.

Right: Maj. Hogue, TF 1 MED CUOPS. looks forward to seeing his kids and going to Disney World

Above: Spc. Eulalio, S1 Section, I'm looking forward to reuniting with my daughter, Sharmaine, who turned 5 last February 26. Hopefully, I can take her with me for a visit back to the Philippines so that she can cuddle with her grandparents and the rest of the Family. Not to mention the Karaoke, the wine, the Philippine cuisine, the nature trek, and all that good stuff. - You bet...I'm excited to go home just like everybody else."

Pfc. Jacquelyn Gathers, TF 1 MED S1 Section, I am looking forward to block leave, freedom, and the enjoyment of waking up and knowing that I will not have to see the Soldiers/NCO's in my section the majority of my day and on weekends.

to Operation Iraqi Freedom 09-11



Sgt. Olszko, TF 1 MED Command Suite, looks forward to focusing on college and seeing his daughter.

Spc. Johnson, HHC Orderly Room, looks forward to having some hennessey

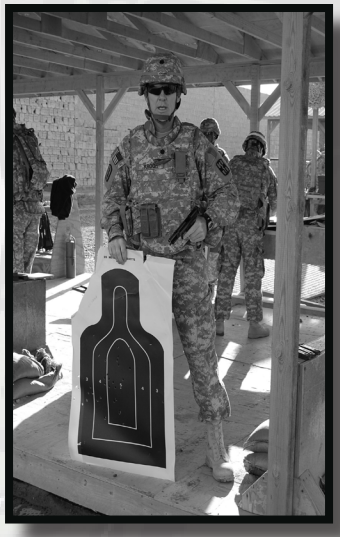
Pfc. Miquez, Staff Judge Advocate Section, looks forward to freedom

Lt. Col. Nelson, TF 1 MED S3 OIC, is looking forwad to doing some fishing and hanging out with his son.

Below: 1st Lt. McKenzie, I look forward to moving into my new house.

Above: Sgt. Jose Rivera, looks forward to relaxing with Family and having his weekends off.

Above: Maj. Weeks, Behavioral Health Staff, I look forward to returning to Colorado Springs and spending time with my wife and son this summer



Above:Col. Ronald Krogh, TF 1 MED Chief of Staff, looks forward to getting back to normal Family life.

Morale & Wellfare

USO CONCERTS

Saturday Night Volleyball Crew

70's and 80's Parties

MARDI GRAS PARTY'S

Recreational Activities

GOLFING

2010 Chili Cook Off

BOWLING

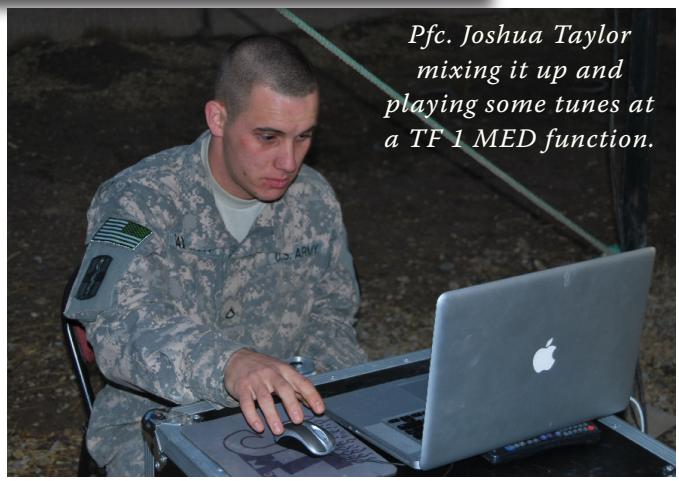
Task Force 1st

Left: Staff Sgt. Taylor is seen here shaking hands with III Corps Command Sgt. Maj. Authur Coleman

Right: 1st Sgt. Craighead and Spc. Simpson Beer Guard our SuperBowl beer from Chaplain's Assistant Sgt. Vaughn

Left: From Left to Right Spc. Johnson, Pfc. Smith and Spc. Oliver take time out to smoke a good cigar.

Above: Sgt. Jose Rivera pins Sgt. Olszko as he gets promoted from Spc. to Sgt. at the Brigade headquarters in Baghdad Iraq.



Pfc. Joshua Taylor mixing it up and playing some tunes at a TF 1 MED function.

Medical Brigade

From Right to Left: Pfc. Gula and Sgt. Murray look on to help surprise Pfc. Gathers during her surprise birthday celebration

Above: Capt. Ruben Ortiz takes a quick look at his air sampling equipment outside the Task Force 1st Medcial Brigade headquarters.

Right: Spc. Oliver sitting inside the well with his "War Hammer" pieces. His favorite is the "ORK ARMY" .

Above: Cpt. Eliezel Rivera stands in his office admiring his wonderful Harley Davidsion Tee

Above: Staff Sgt. Lary recieves a coin from LTG Hunzger, DCGS-USF-I

Above: Spc. Davis receives a Army Achievement Medal for all his hard work and dedication to duty.

Task Force 14th Con

FIRST TO CARE

Sgt. Snowden admits a casualty during a MASCAL Exercise

Maj. Catherine Sunderland, Head Nurse ICU/ICW, Getting beat down at an MWR event

Below: Capt. Jessica Stone and Capt. Genna Speed, ICU Nurses at the Project Care and Share

Army Nurse Corps Anniversary 5K Run

Right: Maj. Vondruska teaching a Nursing Grand Rounds

nbat Support Hospital

Lt. Col. Mallory and Sgt. 1st Class Surran triaging during a MASCAL

Col. Lee and Command Sgt. Maj. Carver at the Great American Smoke Out.

Left: Col. Sgt. Benjamin Barber, Radiology Technician helps provide his support to the Care and Share Program

MEDIC classroom training at Camp Striker Troop Medical Clinic

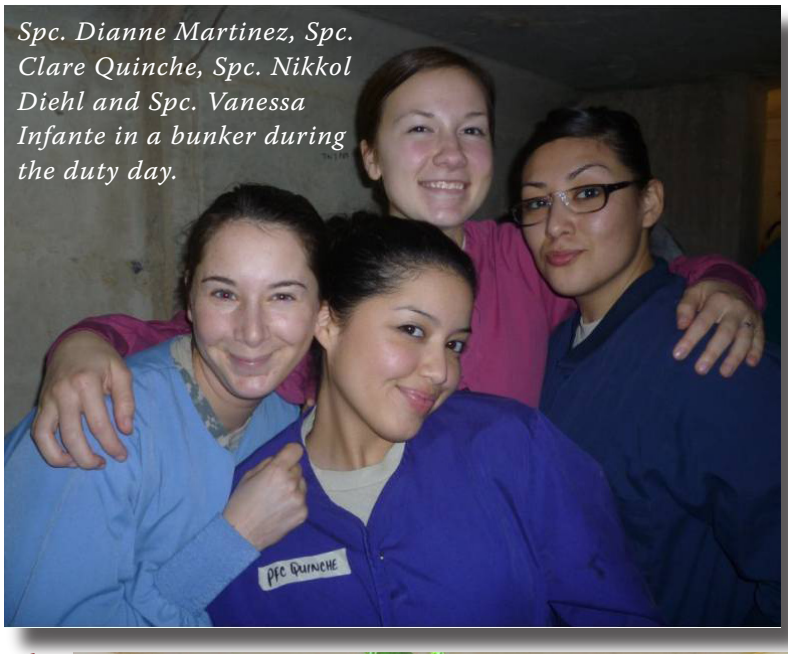
502nd Dental

Photo by: Spc. Diehl:
Spc. Doswell inserting a "nose hose" into Spc. Martinez during a Combat Life Saver Course at Joint Base Balad

1st Sgt. Polite aiming at a firing range.

Left Photo by PFC Miller:

The Taji Crew; Lt. Col. Kalish, Spc. Roden and Sgt. Natividad stand tall at Balady-Wood at Joint Base Bald during the Dental Ball



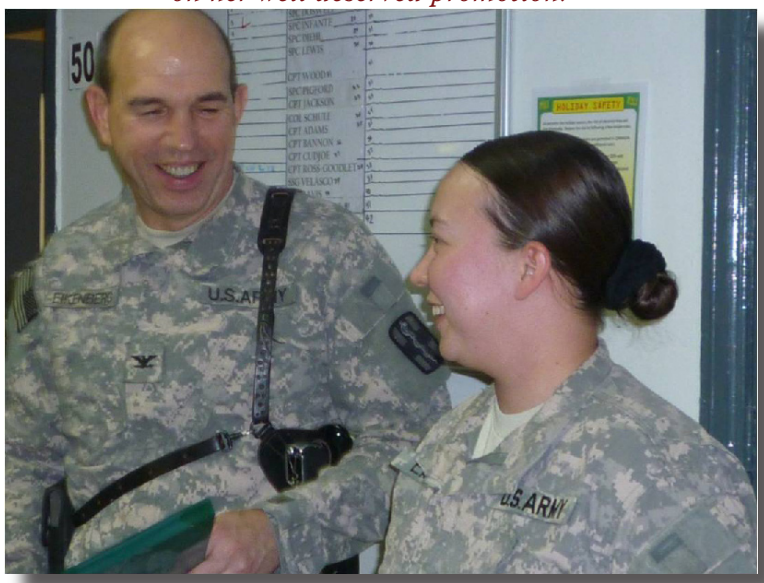
Spc. Dianne Martinez, Spc. Clare Quinche, Spc. Nikkol Diehl and Spc. Vanessa Infante in a bunker during the duty day.

Bottom Right Photo by Capt. Bell: Staff Sgt. Mathis, Capt. McConnell, Capt. Bell, and Spc. Wint on St. Patty's Day.

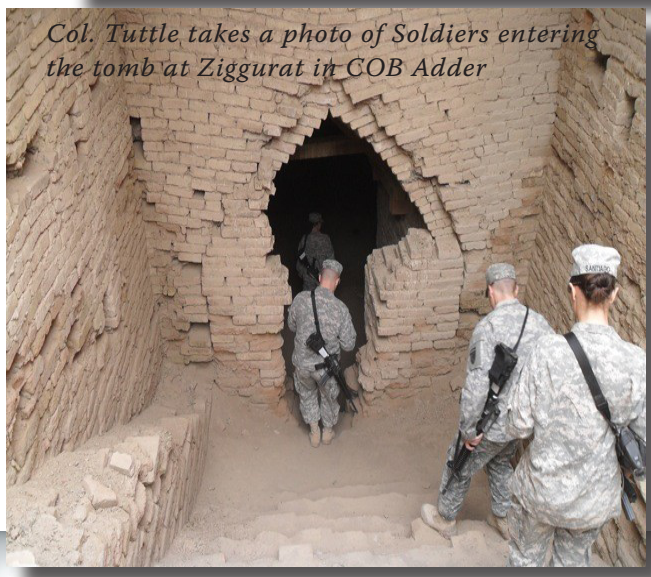
Left Photo by Spc. Martinez: Spc. Diehl inserting a "nose hose" into Capt. Rose.

Company

Below Photo by Col. Shull:
Col. Eikenberg congratulated Sgt. Assiya Eady on her well deserved promotion.



Quarterback Spc. Amanda Yanta with the women's flag football championship trophy.

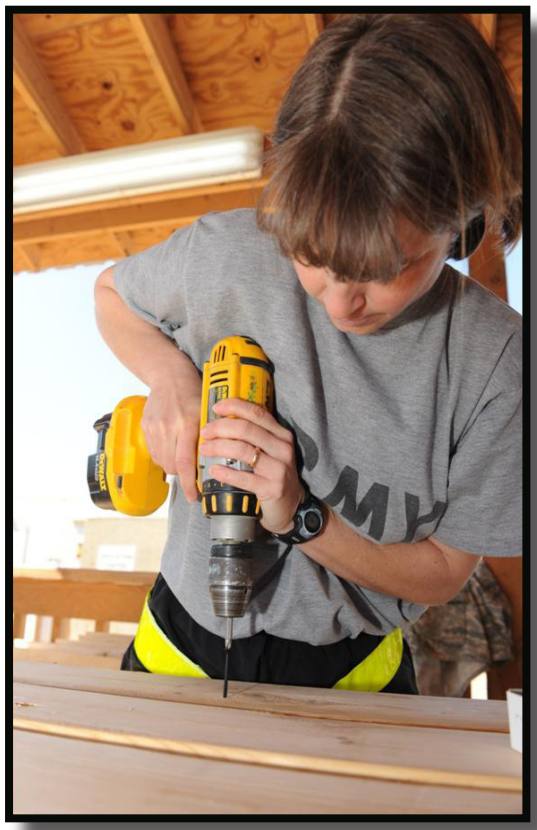


Col. Tuttle takes a photo of Soldiers entering the tomb at Ziggurat in COB Adder

Right Photo by Maj. Taylor:
Spc. Villar preparing himself before a perio patient.

Left Photo by Pfc. Miller:
502nd DC(AS) posing for a group photo during the 99th Dental Corps Birthday Anniversary Ball held at Joint Base Balad on 20 March 2010

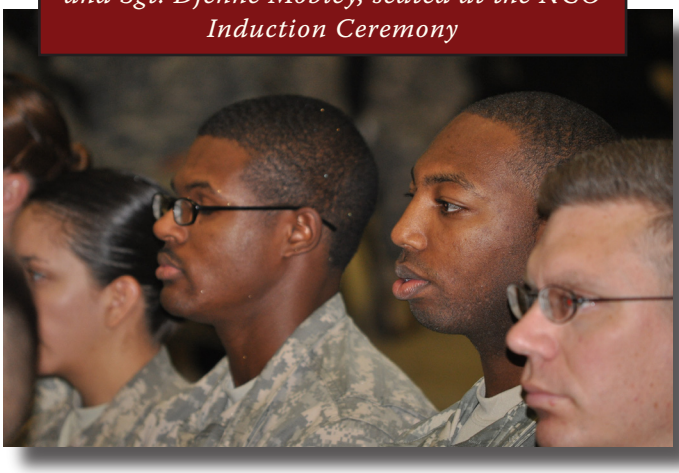
118th Multifunctional



Sgt. 1st Class Warner of the 932nd BSD and JBB TOP3 member helps construct picnic tables for the pavilion at the H6 housing area.

Sgt. Jeffrey Carpenter, prepares to cross the line of authority. His sponsor Sgt. Richard Gorman, can be seen faded in the background

Pictured Below: Sgt. Ruel Morgan, (Left) and Sgt. Djenne Mobley, seated at the NCO Induction Ceremony



Below: Sgt. Skelly, Amanda (center of focus) seated at the NCO Induction Ceremony

Above: Sgt. Amanda Skelly, assists Command Sgt. Maj. Gerald Ecker, TF 21 MED Command Sgt. Maj. by cutting the celebratory cake

Medical Battalion

Sgt. Geiser, Brittney prepares to cross the line of authority. Her sponsor Sgt. Maj. Henry Alston, can be seen faded in the background

Sgt. Amanda Skelly, shakes the hand of Command Sgt. Maj. Gerald Ecker, 21st Combat Support Hospital Command Sgt. Maj., after crossing the line of authority.

Sgt. Mobley, Djenne prepares to cross the line of authority. His sponsor Sgt. 1st Class Kohlun, Douglas can be seen faded in the background over his right shoulder

Pictured Above: (Left to Right) Sgt. Djenne Mobley, Sgt. Jeffrey Carpenter, Sgt. Maj. Henry Alston, Sgt. Karen Fajardo, Sgt. Ruel Morgan, Sgt. Amanda Skelly, Sgt. Brittney Geiser stand before the NCO Induction Arch.

Sgt. Karen Fajardo, (Left) seated at the NCO Induction Ceremony

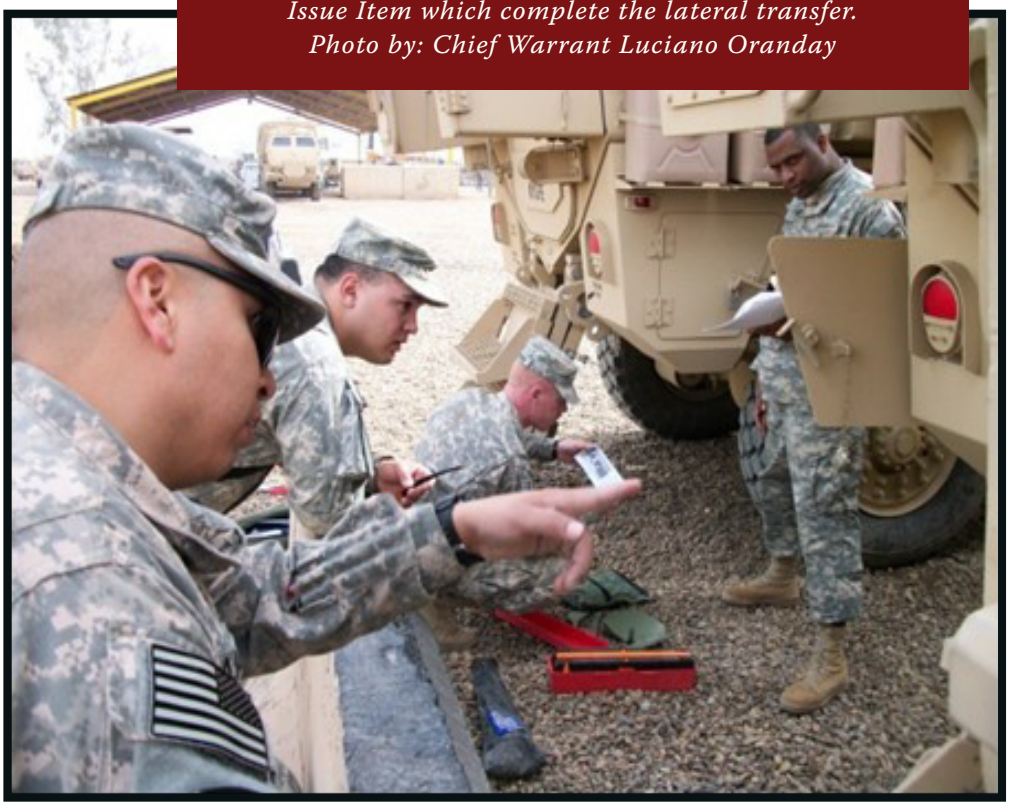
Huskies

61st Multifunctional

From Left to right : CPT Schlegel, MAJ Rees and CPT Abbasi at the Commanders Conference in Balad

Above: Staff Sgt. Ivie, 42nd Medical Detachment (Optometry) at the Al Asad Oasis.

Below: Sgt. 1ST Class Jamie Garcia looks on as Sgt. Tramayne Graham and Staff Sgt. George Tiemeyer inventory the Basic Issue Item which complete the lateral transfer. Photo by: Chief Warrant Luciano Oranday



Above: Col. Rochelle Wasserman takes a moment for a photo opportunity

Medical Battalion

Above: Spc. Abain, 42nd Optometry enjoys his morning coffee

Capt. Jennifer Meadows and Pfc. Dirk Dieters prepare for an optometry jump mission

Left: Staff Sgt. Christopher Clayton records information while varifying serial numbers off the new medical equipment

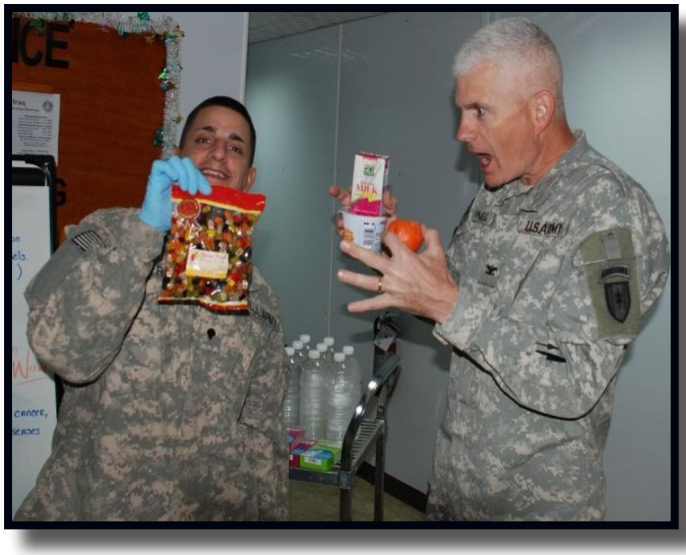
Spc. Bartlett Hoxworth does the twist.

Below: Lt. Col. Keith Rigdon addresses the awardees at an Awards Ceremony

Task Force 28 Comb

Below: COL Larsen speaking at the TF 28 Delta Med Army Nurse Corps (Photo by SGT Rakestraw, TF 28 Delta Med EMT NCOIC).

Above: Sgt. Hall, proudly representing the Gator Nation, walks to the ring for Fight Night at COB Adder. (Photo courtesy of 4/1AD PAO)



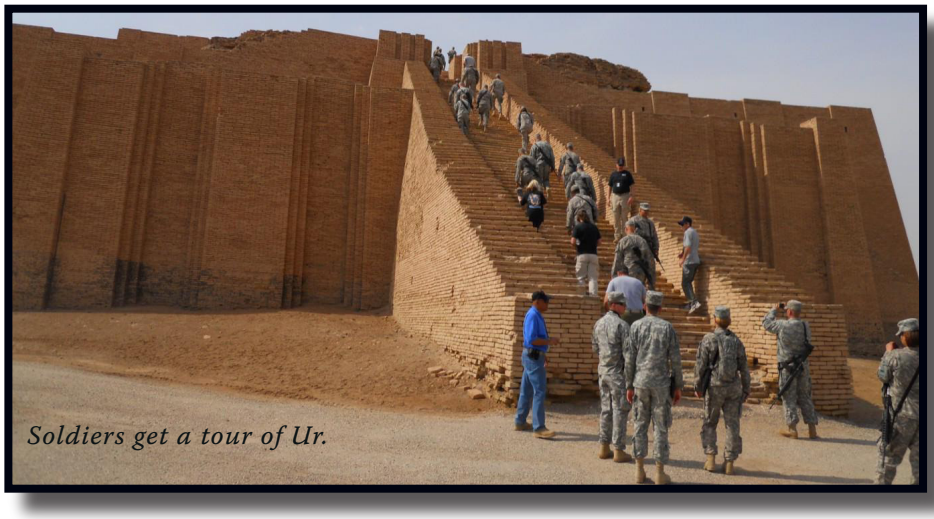
Above: Spc. Cintron, left, manages to convince Col. Jones to trade Gummy Bears for an orange, Smart Start and skim milk.

Right: NAMES HERE Enjoy a good game of chess.

Pfc. Smith, TF 28 Sather (center with arm raised) emerges from the mud and obstacle pit at the Slayer Scramble. (Photo by SGT Elwood, TF 28 Sather Executive Assistant).

Above: Capt. Palacios re-enlisted Spc. Dean. (Photo by Cpl. Athow, TF 28 COB Adder, NCD NCOIC).

bat Support Hospital



Soldiers get a tour of Ur.

Above: Air Force Chaplain (Col.) Lewis gets a tour of the operating room from Sgt. 1st Class Glover. (Photo by Capt. Deschamps, TF 28 Sather PAO/NCD OIC).

Spc. Santos receives an impact Army Achievement Medal, presented by Staff Sgt. Newton (Photo by Capt. Deschamps, PAO, TF 28 Sather)

Below: Group photo of 1908th Combat Stress Control Team at Taji.

Staff Sgt. Villegas (center) explains the OR mission to AFCENT Command CMSgt. Villella (right) and CMSgt Clarke (Left) (Photo by Capt. Deschamps, PAO, TF 28 Sather)

TF 28 Sather OR staff takes a group photo at the Staff Sgt. Scott Sather Memorial on Sather Air Base. (Photo courtesy TF 28 Sather OR).

Task Force 21 Com

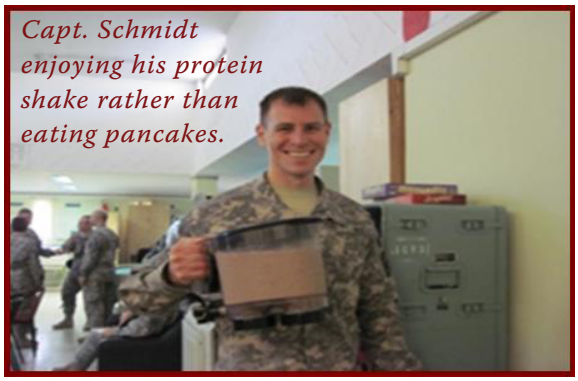
Right: 1st Lt. Stover and 1st Lt. Gilbert enjoying a cup of coffee

Black History Month Celebration

Surgical Team Operating on a patient

Left: Sgt. 1st Class Delgado carries the units colors during a flight to Mosul, Iraq

Setting up equipment at Bravo Company 21st CSH



Capt. Schmidt enjoying his protein shake rather than eating pancakes.

bat Support Hospital

"FEAR NOT"

Below: Spc. Rhett and Spc. Hampton wait for the town hall meeting while playing a quick game of Connect 4

Below: Spc. Howard prepares the BBQ

Above: Sgt. Garwood posing with a pediatric patient in Qahaneya Iraq

Below: Maj. Meek listens to the heart of a Military Working Dog

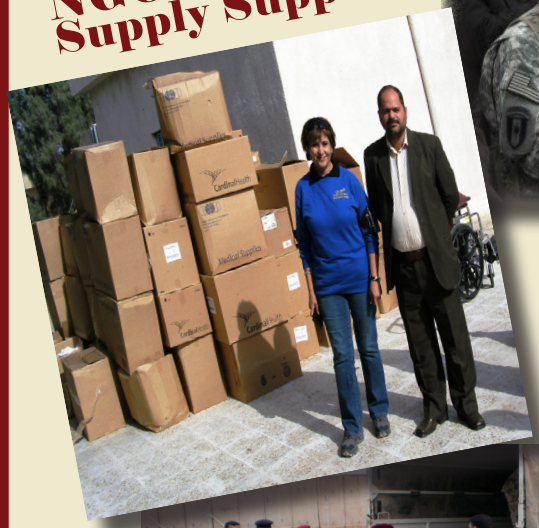
Task Force 1st Medical Brigade

Turned Over Ibn Sina Hospital

Iraqi Ground Forces Command Partnerships

Humanitarian Assistance

NGO Medical Supply Support



Detainee Healthcare Transition of Bucca and Taji

Dental Conference

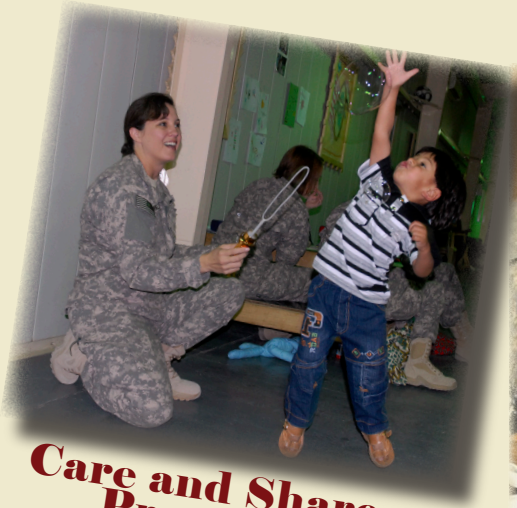
Leaving A Legacy Of Partnership

MEDEVAC Training

Nursing & Physicans Partnerships

Kids HealthFair's

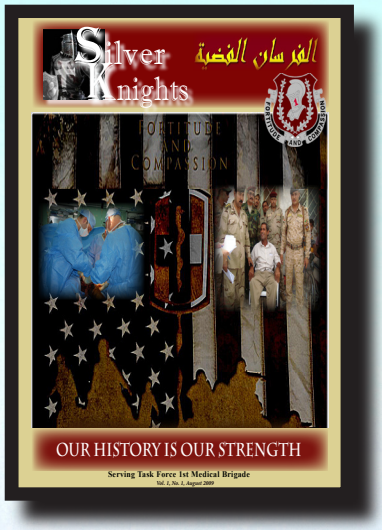
Health Screening's

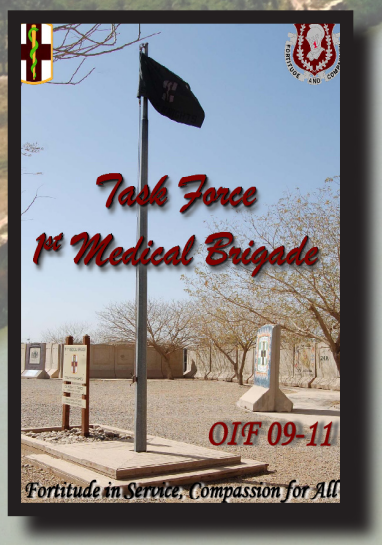


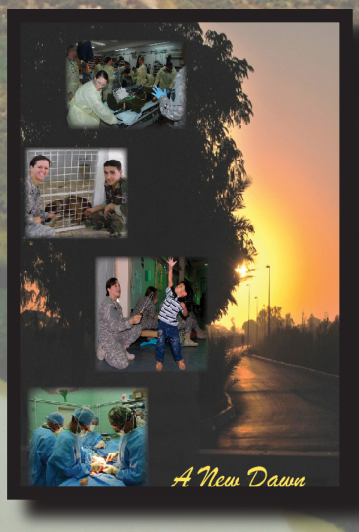
Care and Share Program

TrainingPartnerships

Vet Services







A KNIGHTS LEGACY