



WARRIOR MEDICS

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Editor's Note:



'Citizen-Soldier' ... What does that mean to you?

Our focus for this issue is YOU, America's Army Reserve Soldier, 2X the Citizen!

I recall a memorable moment when Maj. Gen. Luis R. Visot, the Army Reserve's deputy commanding general for operations, came to visit the Army

Reserve Medical Command's headquarters. In his remarks to us here, the general created a pep rally atmosphere, when he made us call back to him: "Army Strong!" after he said: "“Twice the Citizen!”"

The saying that the Reserve Soldier is "Twice the Citizen" is often attributed to Winston Churchill during the Second World War, you'll forgive me if I attribute it to one of our own—won't you?

The United States Army Reserve, created April 23, 1908, started as the Medical Reserve Corps, in an act of Congress "To Increase the Efficiency of the Medical Department of the United States Army." One hundred and six years later, today's Army Reserve is a robust, diverse and fully-engaged national security asset.

We have grown from a limited and modest mission into an operational force that supports the entire United States and her allies. Please take the time to read the 2013 Fall/Winter articles in this issue, such as "Side by Side: New York Strong, Boston Strong, Army Strong," featured on page 20, which depicts how our 'Fit to Fight' Soldiers of the Northeast Medical Area Readiness Support Group's headquarters detachment supported security operations during the start of the New York City Marathon. The race took place in the shadow of the 2013 Boston Marathon bombings and super storm Sandy, whose destruction throughout the New York metropolitan-area forced officials to cancel the 2013 running of the race.

Our article on how Warrior Medics partner with Veteran's organizations on page 26 to pay tribute and honor veterans, past and present. Working with Veterans is another reminder for current Soldiers that after we leave the Army, we are always Soldiers, "Soldiers for Life."

The Army Reserve consists of more than 200,000 "Cit-

izen-Soldiers," the majority of our Soldiers are traditional Army Reserve Soldiers, with full-time jobs in the public and private sectors, who keep their technical skills sharp. Army Reserve Soldiers can, however, assume active duty status for such events as Extended Combat Training, providing them an opportunity to hone their specialized capabilities and civilian-acquired skills showcased in the Southbound Trooper article at page 6, and Global Medic exercise on page 12, and we continue with "High Fidelity Training Mayo Clinic," at the Multidisciplinary Simulation Training Center on page 8.

The Best Warrior Competition is an event organized completely by noncommissioned officers and is one of the highlights on the ARMEDCOM calendar, you can find this on page 16.

Many of you have already joined our social media platforms. It is great to have an interactive relationship with Warrior Medics from all over the command. If you have not joined up yet, find our Facebook page by typing: "Army Reserve Medical Command" in your Facebook search bar and find our Twitter feed using our handle: @AR_MEDCOM.

We look forward to hearing from you, and tell us what Citizen-Soldier means to you?

Army Reserve: Strong Today, Army Strong Tomorrow!

Sincerely,

Michele R. Sutak

Lt. Col. Michele R. Sutak
Editor-in-Chief,
Warrior Medics Magazine

"Your Friendly PAO - Keep Smiling!"



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SUBMISSIONS: Warrior Medics is looking for great photographs with captions telling the Army story and articles of interest to the U.S. Army Reserve Medical Command. All submissions must be done electronically or on CD. Submission will not be returned.

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Honorable Mention of the 2011 LTC Wetzel "Scoop" Brumfield Public Affairs Excellence Award (category N)

Ready 6 sends:

Maj. Gen. Bryan R. Kelly



Thank you for taking the time to read our latest edition of “Warrior Medics” magazine.

One of the privileges of being your commanding general is the opportunity I have to travel to different units to meet with Soldiers and see firsthand the hard work they are putting into our training and operations.

While it’s true, I can’t take you with me, showing you what is going on around the Army Reserve Medical Command is the next best thing.

As you read the articles and check out the photographs, I hope you see old battle buddies, learn new ways of getting the job done and enjoy the stories about other Soldiers in the command.

Putting together and sending out our “Warrior Medics” magazine is just one way that we share our stories. If you have not done so already, please check out our Facebook page by typing: Army Reserve Medical Command in the Facebook search bar. The page has more than 1,000 likes and our goal for 2014 is to surpass 5,000!

Please take the time, too, to follow us on Twitter. Our handle is: @AR_MEDCOM. In addition to important information about the

Ready 7 sends:

Command Sgt. Maj. Harold P. Estabrooks



Warrior Medics,

First I would like to offer my gratitude to you, your families and your employers, without you and the support of your family and employers, we fail! After you read this edition of “Warrior Medics” show it to your spouse and your employer, let them know we will need their continued support to move forward toward Army 2020!

Next I would ask each of you to ask yourself and the Soldiers you lead the following questions:

1. Why did you join the Army Reserve?
2. Why do Soldiers leave the Army Reserve?
3. What have you done to help make your Command move forward?

Be honest and let your Soldiers know that without honest communication we cannot establish trust and fix problems.

Here are my answers:

1. I joined the Army Reserve for the College money in 1985; I just completed my degree in 2014, reasons change.
2. I think Soldiers leave the Army Reserve for two reasons, a small percentage cannot live up to the conditions of employment (Army Physical Fitness Test/Height & Weight / Drug Demand/ Extended Combat Training), but...the largest percentage leave because we fail to engage them with meaningful tasks and hold them accountable for their completion.
3. I make the time to call (not facebook, not a text or a tweet, a call) to each of my subordinate Command Sergeants Majors every Sunday, no matter what.

I think you may be surprised at my answer for number three, but if every leader would make the commitment to speak with their

command and the Army, for many events you can keep in touch in real-time as we live-tweet photos and comments as they happen.

Thank you again, for reading the command magazine.

I look forward to seeing you and your unit throughout the year.

COMBAT READY!
BRK

CG’s TOP 5 PRIORITIES:

- 1. Manning and Care for the Force (includes Suicide Prevention, SHARP, Mentorship, Sponsorship, Medical Readiness)**
- 2. Lead and Grow Leaders (Leadership Development)**
- 3. Training the Force (operationally ready medical force)**
- 4. Equipping and Accounting for Equipment**
- 5. Accountability and Discipline in all that we do**

subordinates each week...no matter the what...it would establish one thing...open communication and it will foster trust. It seems small but speak to CSM Cross, CSM Adelman, CSM Dibert, CSM Martin or CSM Simpson and ask them what it means to them...

I challenge each of you to call your Soldiers every week, talk to them, know them, support them, develop them; they will become you one day.

For the NCO Support Channel, at most you are four phone calls from reaching me, I always answer. If something is wrong in your unit, you have the moral obligation to inform your Commander and the NCO support channel. DO NOT let anything erode our values, have the courage to follow the process to do something about it.

Thirdly, Army Regulation and DA PAM 670-1 have changed. For the majority of you this means flying in ACUs is prohibited (with exceptions), you must wear your ID Tags in uniform, and pay specific attention to the new rules regarding, grooming, hair style and tattoos. This is a great NCODP/OPD topic for your command.

Keep the focus on getting your CTA-50 correct, and don’t stop until it is perfect. The best example is the Advanced Combat Helmet; it is not completed without an ACU Cover with sewn on rank and a helmet band and with your last name sewn on.

Lastly, ensure you are including our values in all your actions and events, focus on using your Soldiers... use the Soldiers that we have invested in, your Master Resilience Trainer, your Safety team, EO, SHARP, Unit Victim Advocate, the list goes on and on...they exist to teach, train and advise, not just someone to complain to or about...they are your team, use them!

COMBAT READY!
HPE

Joint coalition exercise enhances U.S. Forces, Canadian partnership

Story and photos by Staff Sgt. Marnie Jacobowitz, Army Reserve Medical Command, Public Affairs



Left to right: Cpl. Brandi Rink, medical assistant with the 33rd Field Ambulance Company in Halifax, Nova Scotia, performs an intravenous needle stick on a patient while Lt. Col. William Thompson, commander of the 7236th Medical Support Unit located at Fort Bragg, N.C., oversees her medical training during Exercise Southbound Trooper at Fort Pickett, Va., Feb. 21, 2013.

FORT PICKETT, Va. -- It's not every day that Army Reserve Soldiers get to travel in helicopters, let alone perform medical procedures while in flight. But, that is what happened here in a unique training exercise late February.

Soldiers of the 7236th Medical Support Unit stationed at Fort Bragg, N.C., joined forces with the Canadian Army, Virginia Army National Guard and U.S. Navy, to participate in a joint coalition exercise providing realistic training in a high OPTEMPO in a fast-paced environment called Southbound Trooper.

The 13th annual Southbound Trooper was conceived by Canadian Army Lt. Col. Vic Grandy, commander of Princess Louise Fusiliers from Halifax, Nova Scotia, as an infantry exercise.

In 2011, Grandy turned to the Army Reserve Medical Command in an effort to add more medical training, from care under fire to medical evacuations, said Lt. Col. William Thompson, commander of the 7236th MSU, who led the medical portions of the exercise in 2012 and 2013 with his coalition counterpart Canadian Army Maj. Trevor Jain, senior medical authority for the 33rd Field Ambulance Company from Halifax.

"This exercise provides the opportunity to operate and train with the Canadian Army and U.S. Armed Forces in an effort to develop their medical techniques, skills and procedures while building a strong partnership," said Thompson.

Both officers, Thompson and Jain, have developed a close working relationship, as well as a life-long friendship.

"The partnership between 7236th and 33rd Field Ambulance has been outstanding and to be out here working as a joint inter-agency brings battlefield situations to this exercise," said Jain, who is a flight surgeon in the Canadian Army.

Thompson has been instrumental in developing, sustaining and maintaining a close working relationship between his command and the 33rd FA Co, developing the relationship beginning in 2011 when the unit worked together for the first time leading up to Southbound Trooper 2012.

"This enables us to cross train, not only as mentors, but as a long time friends with our Canadian counterpart," said Thompson, a native of Denton, Md.

Thompson, a firm believer of whichever nation he works alongside, knows to form a cohesive partnership that is built on trust and an honest relationship.

"Southbound Trooper was a great way to put our combat medicine skill to the test ... and to do it in a joint coalition environment was an opportunity for participants to train with each other, build strong partnerships and develop their medical techniques, skills and procedures," said Thompson.

Staff Sgt. Lisa Ortega, noncommissioned officer-in-charge of the 7236th MSU's trauma teams remarked, when Soldiers' were not on missions, they conducted hip pocket training to familiarize themselves with

different types of medical equipment, such as skedco stretchers and ultrasound machines, taking every opportunity to train and improve their skills.

The skedco stretcher is used to transport patients over uneven terrain for an air, hostile, and dense wood evacuation, added Ortega.

Participants had the opportunity to perform medical training and procedures for the first time during Southbound Trooper.

Royal Canadian Navy Leading Seaman Scott Carson, medical technician with the 26th Canadian Forces Health Services, Greenwood, Nova Scotia, remarked that Thompson showed his team how to use the ultrasound machine to diagnose tension pneumothorax, which is an injury to the chest that represents one of the preventable causes of death on the battlefield.

“To be able to provide medical care in the air is an opportunity that I get here, which is impossible to get in Canada,” said Canadian Army Cpl. Rob Blacklen, a medical technician, with the 28th Field Ambulance in Ottawa, Ontario.

Capt. Michelle Imlay, head nurse for the 7236th MSU, said the exercise used the Army’s crawl-walk-run training model to ensure the Soldiers build up muscle memory.

“It’s important that you start in the crawl phase,” said Imlay. She stated that if Soldiers know the correct way to apply tourniquets, start an IV, and perform these tasks now it allows them to be better on the battlefield amongst the chaos.

“I think that the world is a small place,” expressed Imlay and added that the more we can train with our allied forces, and learn to work together we can be a stronger force against terrorism or disasters, as we save lives.”



Cpl. Jason Foote, a medic with the 26th Canadian Forces Health Services Center Detachment in St. Johns, New Foundland, Canada, straps down a leg traction splint to Spc. Jacques Baker, dental assistant assigned to the 7236th Medical Support Unit located at Fort Bragg, NC, during Exercise Southbound Trooper at Fort Pickett, Va., Feb. 20, 2013. The purpose of the traction splint is to stabilize the leg after a patient experiences blunt force trauma to their legs.



Left to right: Maj. David Masneri, an emergency medicine physician with the 7236th Medical Support Unit located at Fort Bragg, N.C., teaches a Canadian soldier how to perform a tracheal intubation on a training mannequin. The purpose of the intubation is to allow a flexible plastic tube into the trachea to maintain an open airway.



Petty Officer 3rd Class Kevin Hubbard, an aviation electrical technician from the Helicopter Sea Combat Squadron 28th based out of Norfolk, Va., calmly allows Sgt. 1st Class Danielle Bond (left) and Sgt. Jennifer Yeager (right), both licensed practical nurse with the 7236th Medical Support Unit located at Fort Bragg, N.C., to flush out hydraulic fluid from his eyes with saline solution. This incident was a real-world medical procedure during SBT13 with positive results for Hubbard.



Canadian medics assigned to the Canadian Forces Health Service Center Atlantic in Halifax, Nova Scotia, participate in medical evacuation training during Exercise Southbound Trooper.



Cpl. Jason Foote, medic assigned to the 28th Canadian Forces Health Service Center Detachment in St. Johns, New Foundland, monitors a patient during medical evacuation training

High Fidelity Training Mayo Clinic

Story and photo by Master Sgt. Enid Ramos-Mandell, Army Reserve Medical Command, Public Affairs



Medical team from the 865th Combat Support Hospital out of Utica, N.Y. are executing treatment as they are being observed on their TeamSTEPPS, leadership and decision making process.

ROCHESTER, Minn. — The Medical Readiness and Training Command of the Army Reserve Medical Command stationed in San Antonio maintains a partnership with the Mayo Multidisciplinary Simulation Training Center, and is the lead Observer-Controller/Trainer during the clinical training in trauma care using Team Strategies and Tools to Enhance Performance and Patient Safety known as TeamSTEPPS.

The partnership between the ARMEDCOM and the Mayo Clinic is collaboration not only within our Command, but with other military medical forces leading health care and encouraging innovative training stated Maj. Gen. Bryan R. Kelly, commanding general of ARMEDCOM out of Pinellas Park, Fla.

Kelly, a former MRTC commander, added the clinical training was an overall consensus that is essential to improve better care delivery.

After a year-long of planning and coordinating, the MRTC, along with the 3d Medical Command (Deployment Support) in Atlanta and the 807th MCDS from Salt Lake City augmented the simulations training as OC/Ts.

The 3rd and 807th MCDS's participated as the client during the medical simulation training in preparation for deployment, sustainment training, and functioning as hospital clinical team in the clinical atmosphere. This high-fidelity simulation training develops, improves and sustains medical units, such as the Combat Support Hospital and Medical Treatment Facilities', readiness training in patient care and the decision-making process reaching a higher level of confidence through realistic and challenging clinical team training in a simulations setting.

"We provide combat sustainment and collective training to all the medical units in the Army Reserve," said Command Sgt. Maj. Marlo V. Cross, the senior enlisted advisor for MRTC. "The Mayo Clinic a top, state of the art facility with excellent equipment that provides a great partnership in training our Soldiers."

The hospital clinical team is comprised of patient care providers from Emergency Medical Treatment, Operating Room, the Intensive Care Unit, ancillary functions from Pharmacy, Laboratory and X-Ray, administrative functions of mission command combined with leadership and Patient Administration to enhance unit

readiness and practice clinical procedures in a simulated combat environment.

"We want to bring several units together and take all their expertise while improving perishable training for it to have a lasting effect in these simulated combat scenarios," explained Cross here at the MMSTC's training facility covering 10,000 square feet of space. "We provide team driven exercises which are the livelihood of our Soldiers."

The training covered a variety of scenarios, which included, severe burns, blast injuries, traumatic brain injury, gunshot wounds, pediatric and adult trauma care, to general, critically ill, less critical conditions you would experience downrange, and trauma care tailored to unit and mission needs.

Training alongside MRTC were medical providers from the 865th CSH, 399th CSH, and 256th CSH, and the 3d Medical Brigade, functioning within a team care concept providing higher levels of competent and safe patient care.

Dr. Walter Franz, a local resident and staff member of the Mayo Clinic's Department of Family Medicine, is an Army Reserve colonel in the Medical Corps.

Franz, an Iraq combat veteran, stated that the most important thing he wanted to see among the clinical teams was to effectively achieve excellent communications using TeamSTEPPS moving patients between clinical teams in a mock combat hospital. He added that he wanted to see how the decisions they make impact the outcome of the scenarios.

"We take care of civilians as well as notional patients," said Franz. "We plan and prepare these simulations during a two day hands-on training ... realistic to the combat environment as possible."

Depending on the commanders intent they can plan as many of these simulations training into their Annual Training schedules.

"They can select audio and visual effects, things they may run into in the real international operation here today," said Franz. "I want them to take back with them the ability to work as a team and generate future leaders. It's not about rank, but leadership...down to that specialist labeling medicine."

The biggest challenge Franz sees is learning from what they did

here, sustaining and improving from it. He said, "We want the care to be personalized and be quality."

"The decision process guides them to a certain process of treatment, that course will determine the outcome," said Col. Karen Wright, a native of Lorraine County, Ohio assigned to the MRTC. Wright, a 30-year veteran with three mobilizations was an OC/T during the exercise providing insight on their training. Wright stated the TeamSTEPPS training is mandated by United States Army Forces Command.

"We stress leadership and the most important is that it is not about rank, it's about stepping up when needed, being a team player, even if it's a specialist who suggests the decision. Everyone's job is important," she said.

"This is a great challenge working with the rest of the battalion ... we don't get this opportunity," said Spc. Jason Korts, a health care specialist with Company A of the 865th CSH, 3d MCDS from Niagara Falls, N.Y. "I see how things are done differently and how effective communication is being a member of the whole operation."

Korts, a native of New York, took part in a scenario where a young boy had a small object lodged in his throat. As the boy was receiving medical care, he stopped breathing and the team administered CPR. While performing CPR, the mother became very hysterical. The boy was revived and X-rays were taken to determine the location of the object.

The medical care team suggested medical procedures to remove or dislodge the item, but the mother objected to the procedures, but as time became critical for her son she agreed to one.

"If I didn't know this was role playing, I would be crying seeing the pain the mother was going through watching her precious child dying right in front of her," said Korts. "It was impressive how these medical professionals took this very seriously."

Korts stated these simulations are done with mannequins that seem almost human and it was difficult not to get emotional because it was that realistic.

"Here we are treating a child that may need bronchial surgery," said Maj. Susan I. Hopper, a family nurse practitioner with the 865th CSH. "The child went into cardiac arrest and the team had to take immediate action to resuscitate the child."

The equipment at the Mayo Clinic closely mirrors the clinical environment the military utilizes, such as anesthesia machines, mechanical ventilator, defibrillators, perfusion simulators and high-fidelity mannequins with injuries encountered during combat.

"While in a combat environment ... health care professionals are taught that decision-making skills play an important role in treatment," stated Hopper, a native of Orange County, N.Y.

The MMSTC includes four simulation suites: operating room, emergency room, intensive care unit, and endovascular suite. Six patient

rooms with attached observation areas included in the floor plan.

Colonel Danny C. Baldwin, commander of the MRTC stated that the training here is all about providing these Soldiers the realism they need and to see how they react when the outcomes are changed.

During the simulation exercise an OC/T from the MRTC yells really loud "ENDEX" this concludes that scenario and everyone gathers. The OC/T then reviews strengths, weakness, leadership and the decision making taken and the outcome of it.

"Weaknesses and strengths were identified and noted ... to educate and enhance personnel to function in a wartime environment and get stronger," said Col. William J. Myers, an orthopedic surgeon from Tucson, Ariz., who is assigned to the 48th CSH, Fort Meade, Md. "Lessons learned ... it's not just right or wrong, it prepares, and shortens mistakes to prepare for mobilization," he said.

Just as real, is the space they work in, just like in combat, they have simulated everything down to the limited space.

What most cannot see and proved to be most beneficial to these Soldiers was the ability to see how their decision-making and leadership skills played out when the simulation is completed, even after they have been evaluated by the OC/T's.

The scenarios have all been recorded, so if the Soldiers wanted to review the steps they took to react to the situation they can playback the video. This assists the Soldiers to enhance their decision-making skills and improve on any weaknesses.

These scenarios were constructed to meet a variety of medical situations and mimic actual military care to include, natural disasters, humanitarian missions, and other federal disasters.

Once the Soldiers complete this multidisciplinary simulation training they not only earned 3.5 Continuing Education Unit/ Continuing Medical Education credits for TeamSTEPPS instruction, but also, 10-20 credits to health care specialists combat medic series providers.



The 865th Combat Support Hospital, Utica, N.Y. health care professional Soldiers are using their decision making skills in this scenario as the Medical Readiness and Training Command observes their use of mandated TeamSTEPPS, leadership and decision-making process here at the Mayo Multidisciplinary Simulation Training Center, Rochester, Minn.

Simulations' training contributes to the overall readiness of medical forces with a lasting effect on the ability to maintain and improve the high quality of care to our fighting forces.

Maj. Gen. Bryan R. Kelly, commanding general of ARMEDCOM, stated, "This is a great partnership with realistic training for our Soldiers. Our units will benefit from this experience."

WM



Medical Readiness and Training Command located in San Antonio is executing their mission by providing clinical training in trauma care using Team, Strategies and Training to Enhance Patient Performance and Safety (TeamSTEPPS) in conjunction with the Mayo Multidisciplinary Simulation Training Center). These two observer controller/trainers (OC/T) have the ability to change the scenarios in place to see how the health care professionals will react and how it will affect their decision-making process.



Spc. Jason Korts, health care specialist with the 865th Combat Support Hospital located in, Niagara Falls, N.Y., under 3rd Medical Command (Deployment Support) stationed in Fort Gillem, Ga., treats a young child who while lodged a small object in his throat.

There are four Roles of treatment that are rolled into the Simulations here at the Mayo Clinic:

Role 1 -- This is the first and the lowest level where at least one medically qualified doctor is available in the team. A Medical Treatment Facility who provides primary health care, specialized first aid, triage, and resuscitation and stabilization. These include routine sick call and the management of minor sick and injured personnel for immediate return to duty, as well as casualty collection from the point of wounding and preparation of casualties for evacuation to the rear.

Role 2 -- It usually includes damage control surgery and a limited holding facility for the short-term holding of casualties until they can be returned to duty or evacuated. The deployment of Role 2 MTFs is mission-dependent and some Role 2 MTFs are structured with improved clinical capability. MTF is a structure that is capable of the reception and triage of casualties, as well as the capacity to perform resuscitation and treatment of shock to a higher level than Role 1.

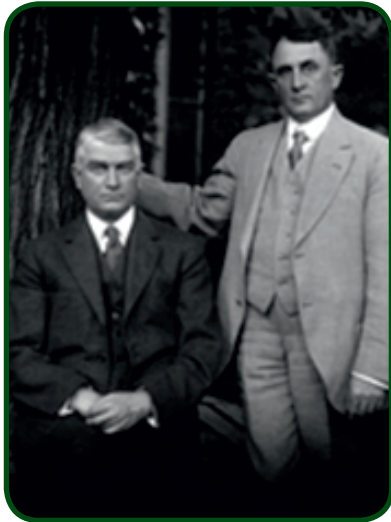
Role 3 -- MTFs are designed to provide theater secondary health care within the restrictions of the theater holding policy. Role 3 medical support is deployed hospitalization and the elements required to support it. It includes a variety of mission-tailored clinical specialties including primary surgery and appropriate diagnostic support.

Role 4 -- MTF provides the full spectrum of definitive medical care that cannot be deployed to theater or is too time consuming to be conducted in theater. It typically includes definitive care specialists, surgical and medical procedures, reconstructive surgery, and rehabilitation.



This monitor is just one of many in observation rooms in which the scenarios played by medical professionals are captured and then reviewed to see how the decision-making process affected the outcome of the patient.

MAYO History



Drs. William (left) and Charles Mayo
(Courtesy photo)

The Mayo Clinic developed gradually from the medical practice of a pioneer doctor, Dr. William Worrall Mayo, who settled in Rochester, Minn., in 1863. His dedication to medicine became a family tradition when his sons, Drs. William James Mayo and Charles Horace Mayo, joined his practice in 1883 and 1888, respectively.

From the beginning, innovation was their standard and they shared a pioneering zeal for medicine. As the demand for their services increased, they asked other doctors and basic science researchers to join them in the world's first private integrated group practice.

Although the Mayo doctors were initially viewed Joint training as unconventional for practicing medicine through this teamwork approach, the benefits of a private group practice were undeniable.

As the success of their method of practice became evident, so did its acceptance. Patients discovered the advantages to a "pooled resource" of knowledge and skills among doctors. In fact, the group practice concept that the Mayo family originated has influenced the structure and function of medical practice throughout the world.

Along with its recognition as a model for integrated group practice, "the Mayos' Clinic" developed a reputation for excellence in individual patient care. Doctors and students came from around the world to learn new techniques from the Mayo doctors, and patients came from around the world for diagnosis and treatment. What attracted them was not only technologically advanced medicine, but also the caring attitude of the doctors.

Through the years, Mayo Clinic has nurtured and developed its founders' style of working together as a team. Shared responsibility and consensus still provide the framework for decision making at Mayo.

That teamwork in medicine is carried out today by more than 55,000 doctors, nurses, scientists, students and allied health staff at Mayo Clinic locations in the Midwest, Arizona and Florida.



Dr. W. W. Mayo, father of the Mayo brothers. (Courtesy photo)



Historic American Buildings Survey H. F. Maine, Photographer March, 1934.
VIEW LOOKING NORTH WEST - Mayo House, Le Sueur, Le Sueur County, Minnesota

Service members of the 901st Minimal Care Detachment, Fairmont, W. Va. load mock patients as part of the Global Medic exercise on Forward Operating Base Young, Fort McCoy, Wis.



Joint Medical Training: Assess, Load, Reload

Story and photos by Staff Sgt. Eric W. Jones, Army Reserve Medical Command, Public Affairs

FORT MCCOY, Wis. -- A mini dust storm formed as a C-130 lands on the flight lines of Forward Operating Base Young. As the dust settles, service members of the 901st Minimal Care Detachment unload and then reload patients, both mannequins and role players, as part of the 2013 Global Medic Exercise.

More than 10,000 service members take part in the world class joint training event, Global Medic. This exercise assesses the participating unit's abilities to collectively evaluate their skills in a rigorous, realistic, training environment which incorporates scenarios that employ the full range of medical functions and situations.

"We [the Army Reserve] are part of a Joint Task Force, with the Navy and the Air Force," said Spc. Cathy Mason, of the 901st MCD from Fairmont, W. Va. "The 901st is a holding area until patients are able to be moved to higher levels of care." Mason currently is a student at Waynesburg University, Waynesburg, Penn., studying to become a registered nurse.

"We get the patients from the Combat Support Hospital by ambulance or helicopter," said Mason. "We check their vitals, make sure all injuries are taken care of and

check for anything critical while preparing them for transport."

Navy Cmdr. Pamela McLaughlin, who is a nurse, and served as an EOC section leader for the exercise said, "This exercise is a great training evolution to learn how to prepare to mobilize at anytime."

The camps are the same as "forward operating bases" used to train troops deploying to Iraq and Afghanistan. "The Army gives us the opportunity and the facility," said McLaughlin, who serves as the commander to the Navy Reserve Expeditionary Medical Facility-Dallas One, Dallas, Texas.

Expeditionary medical facilities are globally positioned to support combat operations worldwide. Self supportive EMF's assure the ability of medical personnel to provide world-class medical care to warriors in their most vital time of need.

"Though some of us do this in the civilian world ... when we drill we don't get the chance for this type of training," said McLaughlin. "This training actually gets the boots on the ground training that we are going to do when we get mobilized."

One of the exercise's Observer Controller/Trainer, Sgt. Catrice Hankerson, 7301st

Medical Training Support Battalion, based at Joint Base McGuire-Dix-Lakehurst, N.J., said her monitoring of the 1982nd Forward Surgical Team was typical of training throughout the exercise.

The 1982nd FST from Niagara Falls, N.Y., was augmented with Navy Reserve personnel from EFM's Dallas One and Great Lake One, started the exercise at FOB Freedom, but on short notice they had to move to FOB Young stated Hankerson.

"The benefit of this training is to be able to move quickly and send medical help to where they need it," she said.

Hankerson explained, that you can't pick up a combat support hospital and move it that quickly and insure surgical and intensive care unit capability.

The 1982nd FST reset after its 2011 deployment to Afghanistan and worked to rejoin the inventory of deployable units and arrive to Global Medic with a common and typical challenge among many units' personnel shortages.

"This unit has mobilized before but they lost half of their team due to personnel turnover, and they have some new members to train and work together as a team," said Hankerson. "It would help if they

had all the Soldiers, but they have done an excellent job.”

The 1982nd FST was augmented with Naval Reserve personnel from the EMF-Great Lakes, Ill.

Spc. Jennifer Mills, assigned to the 452nd Combat Support Hospital, said she created realistic wounds and injuries on herself and others, an art called “moulage,” to make the casualties look more realistic.

Mills, who is an operating room technician in the Army Reserve and in her civilian job at Abbot Northwestern hospital in Minneapolis, said during her unit’s training they practice moulage on mannequins and patient role players participating in the exercise.

“We started in ‘Mannequin Ville,’ she said. We were given an assignment to moulage ourselves as patients for evacuation to FOB Young.”

“As we arrived by helicopter ... it was like they had done it a hundred times,” said Mills.

Capt. Diane Holstrum, a nurse with the Army Reserve’s 452nd Combat Support Hospital, 807th Medical Command (Deployment Support), Milwaukee, Wis., said, “I was one of the Soldiers moulaged to replace the mannequins as the treatment and transportation scenarios progressed.”

“We swapped ourselves for the mannequins and then were loaded onto the

helicopter which was awesome,” said Holstrum. “We flew to the Minimal Care Detachment, and will be loaded onto a C-17 or C-130, and then the Air Force will transport us for more definitive care.”

The captain, who works as a registered nurse for a St. Paul hospital in Minnesota said the training was very close to real-life.

“Everything went just as it was suppose to ... when I came off the helicopter they took my vital signs, read my chart and made sure I was stable,” explained Holstrum. “I was an unconscious patient on a ventilator so I didn’t have a lot of interaction going on with my nurse.”

“We also took turns being patients ... which really helps the people on the other end,” she said.

Holstrum explained that when the nurses or doctors ask a question they can provide them an answer.

“We are a little better being patients, and can do more interaction with them.”

“We can talk to them, we can answer questions unlike mannequins,” Holstrum said.

Army Capt. Daniel Lopez, a nurse for the 4005th Combat Support Hospital, Lubbock, Texas, said with all movements and the high-speed of OPTEMPO, there were some real-world injuries mixed into the notional ones.

Our mission here is to see patients that

are ill or have injuries due to trauma. Initially, we screen patients to see if they need more advanced medical care we then send them to the Troop Medical Clinic,” said Lopez.

“We try to treat their symptoms and get them back to the mission.”

Navy Lt. Alexis Williams, assigned to Navy Reserve’s EMF-Dallas, said working with the other services and the different training situations was very rewarding.

“We are working with the Army Nurses, receiving patients from the Combat Support Hospital via mannequins and live patients,” said Williams.

“This is my first time doing this type of training with the Army and Air Force ... it was pretty cool to see the helicopters come in and out,” said Williams.

“When they arrive we give the Air Force nurses reports, so they can transport the patients to the next facility.”

Williams said they take online courses, and she compared the hands-on training to the online.

“We do online courses where we are just reading ... but here, we see how many nurses work in the C-17 and the set-up makes it easier to make sense of how it all works verses taking the online course.”

WM



Capt. Diane Holstrum, a nurse with the Army Reserve’s 452nd Combat Support Hospital, 807th Medical Command (Deployment Support) Milwaukee, Wis., is transported by stretcher from the Air Ambulance by service members of the 901st Minimal Care Detachment from Fairmont, W.Va., to the waiting wheeled litters on her way to the MCD as part of the Global Medic exercise.



Service members of the 901st Minimal Care Detachment, Fairmont, W. Va., unload and then reload mock patients both mannequins and role players as part of the 2013 Global Medic exercise.



Maj. Gen. Bryan R. Kelly, the commanding general for Army Reserve Medical Command and Command Sgt. Maj. Donna A. Brock, command sergeant major for the U.S. Army Medical Command visited the 452d Combat Support Hospital and gives feedback on the overall Global Medic exercise.



Spc. Cathy Mason and Spc. Matthew McCauley, 901st Minimal Care Detachment, Fairmont, W. Va., review the chart of Spc. Jennifer Mills, assigned to the 452nd Combat Support Hospital, from Milwaukee, Wis., who served as an injured patient role player during the 2013 Global Medic exercise.



Service members of the 901st Minimal Care Detachment, Fairmont, W. Va. unload mock patients (mannequins) as part of the Global Medic exercise on Forward Operating Base Young, Fort McCoy Wis.



Service members of the 901st Minimal Care Detachment, Fairmont, W. Va., unload and then reload mock patients both mannequins and role players as part of the Global Medic exercise.



I.A.M. S'STRONGSM

INTERVENE ★ ACT ★ MOTIVATE

Sexual Harassment and Assault Prevention

INTERVENE

When I recognize a threat to my fellow Soldiers, I will have the personal courage to **INTERVENE** and prevent Sexual Assault. I will condemn acts of Sexual Harassment. I will not abide obscene gestures, language or behavior. I am a Warrior and a member of a team. I will **INTERVENE**.

ACT

You are my brother, my sister, my fellow Soldier. It is my duty to stand up for you, no matter the time or place. I will take **ACTION**. I will do what's right. I will prevent Sexual Harassment and Assault. I will not tolerate sexually offensive behavior. I will **ACT**.

MOTIVATE

We are American Soldiers, **MOTIVATED** to keep our fellow Soldiers safe. It is our mission to prevent Sexual Harassment and Assault. We will denounce sexual misconduct. As Soldiers, we are all **MOTIVATED** to take action. We are strongest...together.

www.preventsexualassault.army.mil

Soldiers compete to be: ‘2013 Best Warrior’



“From the get-go I knew there was going to be some obstacles that I never have come across.”

Sgt. Blayne Peterson

Months of training could not fully prepare 10 Soldiers for the challenges of the 2013 Best Warrior Competition hosted by the Army Reserve Medical Command, here and at Camp Blanding, Starke, Fla.

The Best Warrior Competition, consisting of more than 15 separate scored events and tasks performed over a 5-day period, designed to test the competitors' Soldier skills, tactical agility, mental stamina and physical endurance.

The competition has two categories for the competitors to determine the top enlisted Soldiers in both the junior enlisted category (ranks of private through specialist), and the Noncommissioned Officer (NCO) category (ranks corporal through sergeant first class).

"From the get-go I knew there was going to be some obstacles that I never have come across," said Sgt. Blayne Peterson, 21, a combat medic with the 7203rd Medical Support Unit, Central Medical Area Readiness Support Group from Hobart, Ind., and the Army Reserve Medical Command's NCO of the Year winner, besting out four other NCOs.

Specialist James Freitas, 23, a combat medic, assigned to the 5010th U.S. Army Hospital, Southeast Medical Area Readiness Support Group, from Fort Gordon, Ga., won the 2013 Army Reserve Medical Command Soldier of the Year.

Both men will advance to the Best Warrior Competition hosted by the U.S. Army Reserve, this summer at Fort McCoy, Wis. Winners from this competition will represent the Army Reserve Command at the Army-wide Best Warrior Competition, later this year.

Soldiers from the command traveled here from all over the nation to be part of the competition.

Specialist Emil Neitzke, a combat medic with the 4005th U.S. Army Hospital Detachment 1, CEMARSG in Houston, said he did not know what to expect, so he prepared for Best Warrior Competition by reviewing the study material and conducting weekly road marches.

"I knew it was going to be tough ... physically and mentally," said Neitzke, 24, a native of Alma, Mich., and now resides in South Texas.

The competitors spent the week on a variety of challenges which included, Camp Blanding's air assault obstacle course; an Army Physical Fitness Test consisting of push-ups, sit-ups, and a two mile run;

negotiated a day Urban Warfighting Orienteering course; completed a timed road march, conducted weapons qualification on rifles and pistols; completed a written exam; performed on an Army appearance board; and proved their mettle in other areas of skill such as, a hand-to-hand combative tournament, several mystery events, and squad tactics set in mock city neighborhood in Afghanistan, with opposing forces, complete with smoke and flash-bang grenades.

The Best Warrior Competition was developed by retired Sergeant Major of the Army Jack Tilley in 2002 to reinforce to Soldiers the importance of physical endurance, military knowledge, current events and mental perseverance as the Army ramped up to defeat America's enemies on Global War on Terror.

For the "Warrior Medics" of ARMED-COM, the annual competition is an opportunity for Soldiers to highlight their military skills in a competitive environment and measure how well they perform under stress.

"If I win this tournament ... it would not only help me at the next level but [help] Soldiers at my unit," said Spc. Daren Thompson, a combat medic assigned to the 7226th Medical Support Unit, SEMARSG, from Fort Jackson, S.C.

Specialist Nicholas Peterson, a health care specialist with the 5502nd U.S. Army Hospital, WEMARSG, Aurora, Colo., stated that the Best Warrior Competition was a great opportunity to participate in excellent training and hone his military and Soldier skills. Peterson, 23, a native of Lakewood, Colo., was the runner up for the Soldier of the Year.

Sergeant Rynaldo McRae, 26, a personnel administrator, assigned to the 4225th United States Army Hospital, Western Medical Area Readiness Support Group from Fort Harrison, Mont., said he wanted to prove to himself that he was capable of competing while keeping to the units' legacy of Best Warrior Competition candidates.

"The training that we get here is hard to come by," said McRae, 26, a native of Redfield, S.D., and the runner up for the NCO of the Year. "I learned that I could push myself farther than I thought I could."



Film strip: Soldiers took many rigorous and timed challenges such as the Army Physical Fitness Test, rope climbing, road march, weapons firing, Urban Warfighting Orienteering course, hand-to-hand combat in addition to written exams that test their military knowledge as well as current events.



2013 Best Warrior Competition Winners

Noncommissioned Officer of the Year: Sgt. Blayne M. Peterson



Top left: Command Sgt. Maj. Harold P. Estabrooks presents Sgt. Peterson, the winner of the NCO of the Year with the ARMEDCOM plaque during the 2013 BWC Dinner.

Top right: Sgt. Peterson stands at attention as Maj. Gen. Bryan R. Kelly and Command Sgt. Maj. Harold P. Estabrooks congratulate and present the 2013 BWC winners certificate.



Bottom left: Spc. Freitas stands at attention as they are getting ready to announce that he is the winner of the Soldier of the Year in the 2013 Best Warrior Competition.

Bottom right: Maj. Gen. Bryan R. Kelly pins award on Spc. Freitas, the winner of the 2013 BWC, Soldier of the Year.

Soldier of the Year: Spc. James Freitas



THE SOLDIER'S CREED

I am an American Soldier.

I am a Warrior and a member
of a team.

I serve the people of the
United States and live the Army Values.

I will always place the mission first.

I will never accept defeat.

I will never quit.

I will never leave a fallen comrade.

I am disciplined, physically and
mentally tough, trained and proficient
in my Warrior tasks and drills.

I always maintain my arms, my equipment
and myself.

I am an expert and I am a professional.

I stand ready to deploy, engage, and
destroy the enemies of the United States
of America in close combat.

I am a guardian of freedom and the
American way of life.

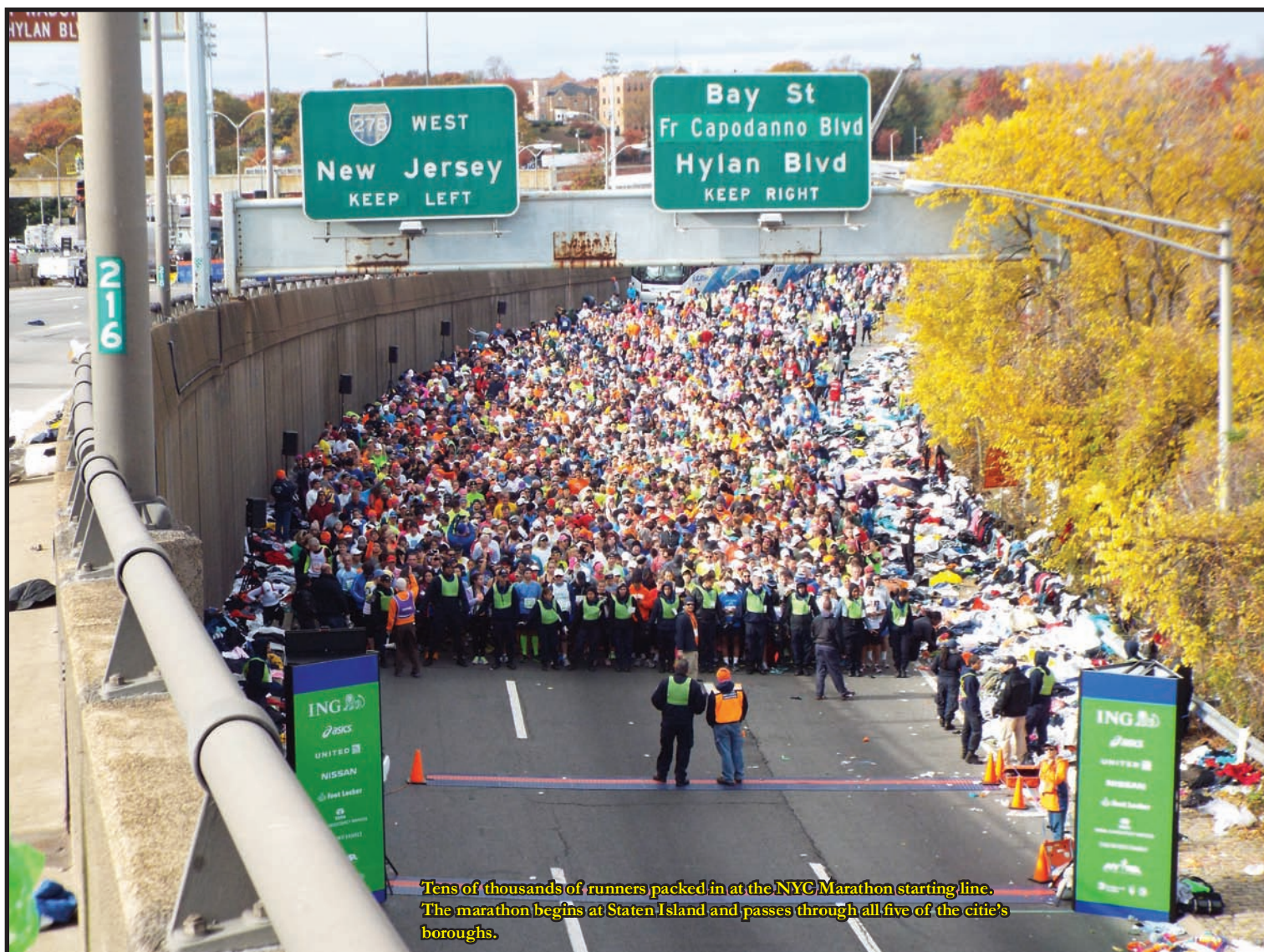
I am an American Soldier.



U.S. ARMY

Side by Side: New York Strong,

Story and photos by Staff Sgt. Neil W. McCabe, Army Reserve Medical Command, Public Affairs



FORT WADSWORTH, N.Y. – ‘Fit to Fight’ Soldiers of the Headquarters and Headquarters Detachment, Northeast Medical Area Readiness Support Group supported security at the Nov. 3 New York City Marathon starting line, where 50,000 runners staged here before competing through the race’s five-borough course.

“The Northeast MARSOG is no stranger to the New York City Marathon,” said Capt. Juan R. Diaz, the HHD commander. “We’ve been doing anti-terrorism measures at the marathon for the last three years.”

The detachment’s Soldiers manned two checkpoints, where they were part of the second layer of security for runners, who had already cleared the New York City police checkpoints. The Soldiers also rotated duty in the “scissor towers,” mobile collapsible lookout stations at key positions

on the post.

Diaz said security at the marathon was especially tight because of the April finish line bombing of the Boston Marathon.

“This year, the race means more to us, and considering what happened in Boston,” Diaz said. “We have to be more vigilant in protecting our reserve center.”

Fort Wadsworth, where the NEMARSOG and other military units operate on Staten Island, sits at the foot of the Verrazano Narrows Bridge that connects the island to the southeast tip of Long Island, also known as Brooklyn. Runners cross the bridge and pass Fort Hamilton on the Brooklyn foot of the bridge. The forts are part of the inner harbor defenses designed to defend New York City dating back to the revolution. Today, it is operated by the National Park Service.

New York City Mayor Michael R. Bloomberg started the race by addressing the participants: “To the best athletes in the best race in the greatest city in the world, God bless all of ya, good luck!”

Upon the mayor’s send-off, the two-howitzer battery commanded by the Veterans Corps of Artillery of the State of New York, dressed in authentic artillery uniforms of the War of 1812 fired the starting shot.

Bloomberg said he was grateful to have the “Fit to Fight” Soldiers working security at the race.

“The Soldiers come with an awful lot of training and experience and tradition, and courage,” said Bloomberg. “You can defend this country overseas, defend it here, and in some sense I don’t think there is that much difference.”

“They all put their lives on the line all the

Boston Strong, Army Strong

time,” he said. “When there is an emergency, the rest of us run away and they run into danger.”

Last year, after the NYC Marathon was cancelled because of the damage done to the city by Hurricane Sandy, the detachment, poised to support the race, shifted from marathon security to supporting the Federal Emergency Management Agency and other federal and state agencies using Fort Wadsworth as a base of operations.

“As a New Yorker it’s a great feeling to have the marathon come back,” the captain said. “That’s what we look forward to every November. It’s a great experience for the city and the runners.”

The members of the detachment assigned to the security team came on duty two days early for specialized training in access point security, vehicle inspections and crowd control, he said.



Miss New York City, Amanda Mason, sang the National Anthem at the starting line.



Female wheel-chaired competitors.

In addition to security support, a detachment supply NCO, Sgt. Ebenezer K. Owusu-Sekyere, volunteered to carry the American flag for the presenting of colors at the starting line.

“I volunteered with one purpose,” Owusu-Sekyere said. “I wanted to show how far we had come from the storm Sandy.”

Owusu-Sekyere was a civilian employee of the Coast Guard exchange on Fort Wadsworth when the storm raged on Staten Island, he said. After the storm, he was part of the team of Soldiers supporting FEMA. “Sandy was a very, very devastating storm,” said Owusu-Sekyere.

The return of the New York City Marathon is an expression of solidarity and resilience, said Thomas S. Grilk, the executive director of the Boston Marathon, organized every year by the Boston Athletic Association.

“That is what ‘Boston Strong’ is all about and that is what ‘New York Strong’ will be about today.”

Grilk said he was thrilled to see the City of Boston flags flying side-by-side with the New York City flags along the starting line.

“There has been a display of solidarity from around the world, the support has been sustaining to us, but from nowhere more than from New York,” he said. “There is a sense of connection between

us that might not show up at Fenway Park or Yankee Stadium, but apart from that there is a closeness we have felt powerfully since last April.”

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M



“Old Guard” Soldiers of the Third Infantry Regiment fired howitzers at the starting line. The Old Guard is based at nearby Joint Base Myer-Henderson, Virginia.



Approximately 100 Soldiers assigned to the United States Army Reserve Command march for millions during the 57th Presidential Inaugural Parade on Pennsylvania Avenue in Washington D.C. The Soldiers have spent the past several months preparing for the historical event. (U.S. Army photo by Sgt. 1st Class Mark Bell)

A Presidential review

Story by Staff Sgt. Neil W. McCabe, Army Reserve Medical Command, Public Affairs

Soldiers from the 2290th United States Army Hospital came together with hundreds of military personnel marching Jan. 21 in the 57th Inaugural Parade honoring President Barack Obama and Vice President Joseph R. Biden Jr.

"This was a once in a lifetime opportunity, I am so glad I took part in it," said Capt. Ericka L. Fowlkes, a Baltimore resident, who was joined by Capt. Sandy Coles, Capt. Paul Purkey, 1st Lt. Renie Osei, 1st Lt. Michael Boyle and Staff Sgt. Jenise Harris.

"I remember watching them ... and thinking 'Wow' I wonder if I could ever do that? I never knew the option was there," said Fowlkes.

The Joint Task Force-National Capital Region (JTF-NCR) was responsible for providing military ceremonial support to the 2013 Presidential Inauguration. The JTF-NCR inauguration team represents all of the U.S. Armed Forces.

Service members participating in the 57th Presidential Inauguration represent an integrated total force – Soldiers, Marines, Sailors, Airmen and Coast Guardsmen – proudly serving their country at home and around the world.

"This momentous occasion, is one we will tell our children and grandchildren about for years to come," said Fowlkes. "Also, we saw some live music acts, and then we danced the night away with comrades from all of our military services."

Providing military ceremonial support to the inauguration dates back 220 years when George Washington began his inaugural journey from Mount Vernon, Va., to New York City, with local militias

joining his inaugural procession as it passed through towns along the way.

When the phone call came asking her if she would attend, Fowlkes said "I accepted the invitation instantaneously and went out and bought a brand new pre-fit beret to make sure I looked right."

"After many uniform and beret inspections, I can finally say, I donned my best shaped beret ever," she said.

Because legal Inauguration Day, Jan. 20, fell on a Sunday, the parade and public ceremonies were shifted one day to the left.

Fowlkes said she and the other Soldiers arrived at 3:30 a.m., but they did not walk off the line until quarter past four in the afternoon.

"I don't know what it was, but we were supposed to start marching at 1500, so there was more than an hour delay," she said. "They made an announcement while we were inside the warming tent."

The captain said it was a great thrill to see people she knew, As they marched down Pennsylvania Avenue.

"As we marched between the Capitol and the White House, the honor we felt was immeasurable, and well worth all the sacrifices," said Fowlkes. "As we continued our march down Pennsylvania Avenue in front of tens of thousands of people, we were excited to see fellow comrades, Maj. Bobby Williams and Sgt. Mary Lao cheering us on so proudly."

Although she could not see everyone, everyone appeared to be in step, she said.



President Barack Obama dances with U.S. Air Force Staff Sgt. Bria Nelson, of Indianapolis, Ind., as First Lady Michelle Obama dances with Gunnery Sgt. Timothy Easterling, of Barnwell, S.C., during the Commander In Chief inaugural ball at the Walter E. Washington Convention Center in Washington, D.C. (DoD photo by Staff Sgt. Opal Vaughn)

"We started practicing our marching in November," she said. "We also had the pleasure of meeting the Chief of the Army Reserve Lt. Gen. Jeffrey Talley and his wife Linda at Fort Myer, at one of our many rehearsals ... they both shared how proud they were to have us represent the Army Reserve, and commended us for being the best of the best."

Fort Myer, Va., is the Army post abutting Arlington National Cemetery and is across the Potomac River from the capital.

The biggest thrill was when her formation passed the president and his reviewing stand in front of the White House, she said.

In the formation, only the officer-in-charge turns to face the commander-in-chief and renders the hand salute with all other eyes forward, she said.

Military involvement in the presidential inauguration dates back to April 30, 1789, when members of the U.S. Army, local militia units and revolutionary war veterans escorted George Washington to his first inauguration ceremony.

After the parade, the Soldiers were guests at the Commander's Ball, an event exclusively for military personnel and their guests, but none of the captain's group brought guests, she said. "We were each other's dates."

The President and First Lady arrived between 8 p.m. and 8:30 p.m., she said. "All of the vice chiefs of the services came first, then the president and the vice-president."

The crowd knew the official party was in the ballroom when the band played "Ruffles and Flourishes" and then "Hail to the Chief," she said.

"The ambiance in the room was indescribable, and we were proud as ever to be warrior citizens," she said.

"The room was just in awe," she said. "It was just like: Wow!"

The First Couple each danced with a service member in what amounted to a 10 to 15 minute stopover, she said.

In his remarks, the president told the military personnel that they looked awesome in their uniforms, she said. "Then, the crowd went wild."

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Ninety Soldiers assigned to the United States Army Reserve Command march for millions during the 57th Presidential Inaugural Parade on Pennsylvania Avenue in Washington, D.C. (U.S. Army photo by Capt. William Geddes)

Lights, Camera, Action: 'Dream Strong'

Story and photos by Staff Sgt. Marnie Jacobowitz, Army Reserve Medical Command, Public Affairs

RICHMOND,

Va.-- Channel One Network production of "Dream Strong" profiles a Soldier of the Northeast Medical Area Readiness Support Group from the Army Reserve Medical Command.

"It was an honor to be chosen," said Capt. Leah Evert, a native of McLean, Va.

"I was excited to do this. It was a unique opportunity," said Evert.

The "Dream Strong" production aired mid February 2013.

This isn't the first time Evert has been on television. The Discovery Channel, based in Silver Spring, Md., featured then 1st Lt. Leah Evert on their program "Why I Serve."

Evert, a dietician and nutritionist for the 4215th United States Army Hospital, Richmond, Va., was filmed teaching service members about healthy food choices at the Fort Lee, Va., and commissary.

She said serving in the Army Reserve gave her the training and leadership skills that made her dream of helping others live healthier lives come true.

While at the commissary Evert instructed Soldiers on what food to avoid, recommended healthy alternative foods and identifying super foods.

One of the Soldiers at the class, Staff Sgt. Jaclyn McCauley, a medical lab technician for the 4215th USAH, said Evert provided her with helpful tips while grocery shopping.

Avoid the middle aisle and focus on the outer aisle where the fresh produce, meats and dairy products are located, McCauley recalls.

Another lesson was about "super foods," said McCauley.

"I learned that the chia seed is a super food," she said. "Also, that eating blueberries are great for your skin."

According to Supersfoodrx, super foods contain high concentrations of crucial nutrients, low in calories, and easy to find at your local grocery store. Foods such as broccoli, sweet potatoes, salmon and avocados, containing these nutrients have been proven to help prevent and, in some cases, reverse the well-known effects of aging, including cardiovascular disease, Type II Diabetes, hypertension and certain cancers.

After leaving the commissary, the "Dream Strong" crew filmed



Channel One Network films Capt. Leah Evert, a Dietician and nutritionist assigned to the 4215th United States Army Hospital based in Richmond Va., during a production of "Dream Strong" at the Fort Commissary in Fort Lee Va.

while Evert participated in physical readiness training with her Soldiers.

During her interview, Evert said, "a healthy body is a healthy mind."

There is a direct connection between the way Soldiers feel during physical fitness and how they perform at their job, she said.

"I always feel great after physical training especially when training with my unit," she said. "It certainly lifts us

up and makes us feel strong and capable."

McCauley said within a few months of Evert being assigned to the 4215th USAH, she was quick to take over projects and became the height and weight officer-in-charge and implemented a Soldier Athletic Readiness Program, a two-week physical fitness and nutritional training held last summer at Fort Lee, she added.

"She truly wanted to pass on nutritional wellness and help change the eating habits of Soldiers," said McCauley.

Meredith Walters, vice president of marketing and promotions for New York City based Channel One Network, said the "Dream Strong" program is a series of profiles created in 2010 to demonstrate to high school students that serving in the U.S. Army gives them the opportunity to make their own dreams come true.

Danielle Granderson, account manager for the Manhattan based media company McCann World Group, said Evert was selected for "Dream Strong" because of her success in nutrition and passion for science that evolved into her civilian career as a nutritionist.

Walters said more than eight "Dream Strong" video productions have aired showcasing service members pursuing their dreams with the help of the military, including Soldiers joining the U.S. Army Culinary team to Soldiers representing the United States of America in the Olympic Games.

All of these dreams came true because of their military service, said Walters.

"In today's case a nutritionist in the Army Reserve that gives back by using her military skills in her civilian life at the same time uses her civilian experience in her Army Reserve life," said Walters.

During the final day of the "Dream Strong" production, they

traveled to Evert's civilian employer, Wellness Corporate Solutions, based in Cabin John, Md., where she is a senior programs manager.

Julie Rodman, who founded the company with its President Fiona Gathright in 2004, developed customized wellness programs and screening services for organizations nationwide.

Rodman, the senior vice president, knew the moment she met Evert that she would be a good fit for the company.

"Leah is one of our star dieticians," said Rodman. "She has an amazing background with a degree in exercise physiology, a masters in nutrition and is a registered dietician

Evert explains with rising health care cost it transcends down to the employer. Companies would want to hire us to develop wellness program to lower the health care cost and create overall better work environment for their employees.

"An employer really wants to invest in its employee by provided them with a wellness program," said Evert. "So if the employee feels healthier and happier they will be."

"A health body is a healthy mind"

Capt. Leah Evert

Rodman and her staff are very supportive of Evert's military career, so supportive that they participated in a Soldier fit test, based on the Army Physical Fitness Test consisting of push-ups, sit-ups, and two-mile timed event.

"It was a challenge for all of us," said Rodman. "A great experience for everyone to come together as one... we felt like our own unit," she added.

"Leah as a leader helps our company feel that sense of togetherness and family just like she does in her Army unit."



Capt. Leah Evert, a dietician and nutritionist assigned to the 4215th United States Army Hospital from Richmond, Va., instructs physical fitness training at her unit.



Channel One Network takes the interview inside to the Fort Lee Virginia commissary where Capt. Leah Evert provides helpful tips on what aisles to focus on and which to avoid.



Capt. Leah Evert, a dietician and nutritionist assigned to the 4215th United States Army Hospital based from Richmond Va., prepares for an interview with Channel One Network production of "Dream Strong " at her place of civilian employment at the Wellness Corporate Solutions in Cabin John, Md.



Capt. Leah Evert, a dietician and nutritionist assigned to the 4215th United States Army Hospital from Richmond Va., prepares for an interview with Channel One Network production of "Dream Strong " at her the.

Presenting Colors: A proud day for all

Story and photos by Neil W. McCabe, Army Reserve Medical Command, Public Affairs



A Bugler of American Legion Post 238 plays "Taps" during the City of Safety Harbor's Veteran's Day Ceremony.

The honor guard of the Army Reserve Medical Command's Headquarters and Headquarters Company, Pinellas Park, Fla., presented colors at the City of Safety Harbor's Veterans Day ceremony celebrating and remembering those who served America in uniform.

"We had a colonel from Special Operations Command, who lives in Safety Harbor came up to us and said, 'This is the kind of town that really embodies small-town America, and people like this really appreciate these things more than we actually realize,'" said Sgt. Edwin J. Davish, the administration noncommissioned officer for HHC, ARMEDCOM, and a member of the honor guard. The U.S. Special Operations Command is located at nearby MacDill Air Force Base in Tampa, Fla.

"It kind of made it hit home," said Davish. "We know people appreciate it, but I guess to hear it from someone else from the outside looking in made it feel true."

Sgt. 1st Class Sedell Bullard, the training NCO for HHC, ARMEDCOM, said he has been the Noncommissioned Officer-in-Charge of the honor guard for nine months. Other members of the honor guard team are: Master Sgt. Gregory A. Floyd, Master Sgt. Marian D. McGhee, Sgt. 1st Class Paul D. Martin and Sgt. Edwin J. Davish.

Bullard, a native of Tuscaloosa, Ala., said he was asked to take on the job by Command Sgt. Maj. Harold P. Estabrooks, the command sergeant major for ARMED-

COM, and it has been very rewarding.

As the leader of the honor guard, Bullard said he purchased an 1840 NCO saber to enhance the guard's military presentation.

"The NCO saber looks better and it is more traditional," said Bullard. "It gives a better effect than just my hand out there saluting." He added that the honor guard practiced for many hours referencing drill and ceremony regulations and watching videos online.

Joseph P. Correll, who served as a mortar squad leader in the Korean War and attends every year, was grateful for ARMEDCOM's honor guard participating in the ceremony.

"It makes me proud," he said. "I just hope they don't have to get in harm's way."

During the Korean War, the former sergeant first class said his squad was usually in positions behind the rifle companies on the front line.

Correll said he also thinks about the men he served with and the fellow veterans he met when he returned from Korea on Veterans Day.

Dakota Osarczuk, 7, who sang the national anthem at the ceremony, said she was glad to honor veterans. "Because of all of the people who are in the Army."

Dakota's mother, Heather Osarczuk, said her daughter's grandparents are members of the Veterans of Foreign Wars nearby and asked her to sing. "Both of her grandfathers were in the military and one of her grandmothers was in the Army Reserve."



Dakota was very serious about practicing for this day, she said. "She is very proud of her singing."

Safety Harbor Mayor Joseph Ayoub said it was an honor to participate in the ceremony and before he began his formal remarks he thanked the veterans at the ceremony. "Every single one of you was willing to pay the ultimate price—and thank God you are here with us today—but, the point is you were willing to do it."

Veterans Day used to be called Armistice Day after the document that ended the First World War on the 11th hour of the 11th day of the 11th month in 1918, he said.

"Well over four million Americans served in that conflict and all of them are now gone," he said. "The last one to die was Fred Buckles of Charlestown, W. Va., who 95 years ago today was serving on active-duty in the United States Army."

It is easy to forget that after 12 years of war, America is still at war in Afghanistan because the media attention and interest in the war has faded, he said.

Soldiers do not control their lives and as soon as they put on the uniform, the interests of the nation come before their own, he said. The same goes for the families of those serving, who also sacrifice for the country.



Dakota Osarczuk 7, sang the national anthem during the Veterans day Observance. Her grandfathers are members of the Veterans of Foreign Wars.



"A white glove affair."

Sgt. Edwin J. Davish



The local VFW Post 10093 and American Legion Post 238, participated in the 'Salutes Veterans' event, with ceremonial tributes for the observance of Veterans Day at the Veterans Memorial Marina Park hosted by the City of Safety Harbor. The ceremony recognized and honored the men and women, past and present, who served in the military.



Command Sgt. Maj. Harold P. Estabrooks, command sergeant major of the Army Reserve Medical Command met Spc. Danny R. Butterfield, a direct descendant of Maj. Gen. Daniel A. Butterfield.

Meeting 'Taps' bloodline

The Command Sgt. Maj. Harold P. Estabrooks, command sergeant major of the Army Reserve Medical Command met a direct descendant of Maj. Gen. Daniel A. Butterfield, the author of the Army's end-of-day and funeral song "Taps."

The two men met June 16 outside the Fort Hunter Liggett's dining facility as Estabrooks was touring ARMEDCOM

"You have a good bloodline, young man," Estabrooks said to Spc. Danny R. Butterfield, a chemical, biological, radiological and nuclear specialist in the Utah National Guard.

The command sergeant major said to Butterfield that in college he read the historical novel about the Civil War's Battle of Gettysburg "The Killer Angels," which recreated the general calling his bugler Oliver Wilcox Norton to his tent in July 1863 after his brigade had endured horrific combat to smooth out his draft of new song to close the evening.

Norton wrote later that he played that night and the next morning, buglers from other camps sought him out to learn the new song.

By the end of the war, "Taps" was played at camps on both sides of the conflict and then also at funerals.

The specialist said whenever he hears the song, he feels a sense of family pride.

"It is a 24-note song that calls good night all over the Army," the young Butterfield said. "I never met the guy, but I always feel a connection to him when I hear 'Taps.'"



Children look in amazement as Sgt. 1st Class Sedell Bullard NCO-in-Charge of the honor guard calls commands during the Veterans Day observance.



Hundreds of Safety Harbor area residents joined local veterans for the Veterans Day observance.

Soldier advances by way of Employer Partnership

Story by Master Sgt. Enid Ramos-Mandell, Army Reserve Medical Command, Public Affairs



Spc. Felicia Neeley finds a new job as a property administrator with Equity Residential through the Employer Partnership Program. Neeley, a native of Jamaica, is assigned to the 4220th United States Army Hospital located in Fort Hamilton, N.Y. (Courtesy photo)

PINELLAS PARK, Fla. - How is it that an educated soldier with quality skill sets, work experience and strong work ethics struggles to get a job? For that matter, how does anyone who has prepared themselves for employment have a difficult time landing a job?

This is a compelling story of how an employer's partnership with the Army Reserve has made a significant impact on a soldier.

Spc. Felicia Neeley finds a new job as a property administrator with Equity Residential through the Employer Partnership Program. Neeley, a native of Jamaica, is assigned to the 4220th United States Army Hospital located in Fort Hamilton, N.Y. (Courtesy photo/released)

Army Reserve Spc. Felicia Neeley, 31, graduated from Army Basic Combat Training and Advanced Individual Training earning her military occupational specialty as a veterinary food inspector for the 4220th United States Army Hospital, Fort Hamilton, N.Y.

Though equipped with all the education needed to succeed in the civilian job market, she struggled to find a secure and quality job. In her job search, Neeley could not see "the light at the end of the tunnel" and wondered how she would pay her rent, and provide for her 14-year-old son.

Neeley stated that after submitting many resumes and applications, with no respons-

es, she became disheartened, and savings from training were dwindling fast.

Fortuitously, during the 4220th USAH battle training assemblies, she was told about a program that helps soldiers leverage their military training and experience for career opportunities in today's job market called the Employer Partnership of the Armed Forces Program.

After learning about the program, she decided to register on the EP website.

"My hope was restored after my unit directed me to the Employer Partnership of the Armed Forces Program," said Neeley, a Jamaican native. "Through the website I was given a career counselor, Esther Brown, who helped me find a job with Equity Residential within one month."

Neeley began to see a glimpse of a light at the end of the tunnel, and that shimmering light was Esther Brown and the EP program.

Brown, a program support manager at the Employer Partnership Office, one of many under the EP program, assisted Neeley by improving and strengthening her resumé for employment.

After five months of interviews, and no call backs, she found herself disappointed and frustrated with the civilian job market and the entire process. She knew that she needed to broaden her resume and highlight her strengths but was unsure how to do it.

Brown assisted Neeley with job coaching, resumé enhancement and development, and mock interviews to ensure that she was adequately prepared for each job interview she pursued.

Brown recommended several companies for her to inquire with, and this is when the light became very bright for Neeley as she made it to the end of the tunnel when she was offered a job in New Jersey.

Neeley is now employed as an assistant property manager with Equity Residential and she is thankful for the assistance of the EP program.

"I was also impressed with the support given by this program even after I started my job and cannot express how grateful I am for the job opportunity that the Employer Partnership of the Armed Forces

program has given me," expressed Neeley. "And Esther followed up with me and Equity Residential to ensure that everyone was happy."

Equity Residential immediately started Neeley in their Property Management, Military Trainee Program, and after one month of working she is pleased.

"I was happy I took this opportunity and remained positive (during the process)," said Neeley. "The benefits that I am currently getting are great and the pay is very good."

After completing the property management training, she was promoted from trainee to property administrator.

"One thing my general manager has reiterated over and over about military recruits is that we are very committed and possess strong leadership skills ... which make us a cut above the rest," stressed Neeley.

Previous to Neeley's newfound employment she had her fair share of trials and tribulations:

"I had savings that I knew would go quickly in such an expensive state as New York. The bills were piling up but I quickly learned to prioritize," said Neeley, a single mother. "Putting food on the table and the health of my son, Kimani, came first."

"It came to a point where I started borrowing money from friends and relatives, with the hope to pay them back once I landed a job," said Neeley reminiscing over her past experiences.

After completing military training, Neeley returned to New York, terrified with the possibility of not finding a job in time to take care of her living expenses. She was diligent in submitting for jobs for all types of positions in the area of administration and customer service.

As a mother of a demanding teenage boy, that anxiety increased after having submitted numerous applications on a daily basis for five straight months, without any response, said Neeley.

In 2011, Neeley made the decision to join the military.

"I joined the military because I wanted to be a part of something larger than life," said Neeley. "America is seen as a beacon of hope and freedom. Strong military backbone makes this freedom possible for its citizens and to be a part of that possibility is truly an honor."

She added, "I think it is fair to say that

those who come to this country (to live) and get the opportunity to do so, aspires to become a citizen of this great country, this is part of living the American dream.”

Though Neeley had the qualifications to become an officer, she explains, because she was not a U.S. citizen at the time of her enlistment that option was not a possibility.

Neeley applied for citizenship during her BCT and plans to become an officer in the near future.

Neeley left Jamaica for a better life for herself and her son Kimani. She had her first opportunity to come to the United States as a Student Exchange Program through the American Youth Work Center.

“I quickly took advantage of this program and I have had no regrets. It was an experience I’ll never forget,” said Neeley.

Neeley received her associate’s degree in both languages, French and Spanish, from the Shortwood Teachers’ College, Kingston, Jamaica in 2002. Later, she graduated from the University College of the Caribbean, Kingston, Jamaica, with a Bachelor of Science in Human Resource Management.

“The military benefits help me with tuition reimbursement aid along with the Montgomery G.I. Bill,” said Neeley. “This goes a long way with such a high tuition cost because NYU is a private university.”



Spc. Felicia Neeley with son, Kimani..

While in BCT she was awarded “Soldier of the Month” and thanks the Army for making it possible to attend New York University, Manhattan, where she is a current graduate student earning her Master of Science in Global Affairs.

“I would like to become a public affairs or a civil affairs officer since I’m majoring in global affairs at NYU,” expressed Neeley.

“I don’t know where I would be if it wasn’t for family, friends, the Army

and the Employer Partnership of the Armed Forces Program,” said Neeley.

The Employer Partnership’s vision was to create and offer America’s employers with a direct link to some of America’s finest employees in the armed forces. This includes the active duty getting ready to face the civilian world, Reserve Soldiers who are the citizen-warriors, but still have their duty to their country, retirees who still need a job to make ends meet, and their families who also need jobs to balance the entire family together and meet their financial goals.

With this partnership, servicemembers can pull their training and experience for career opportunities in today’s civilian job market with national, regional and local employer partners. This program partners with more than 3,000+ employers that are hiring.

More than 50,000+ soldiers, their families and veterans participate in the program with 25 local Program Support Managers to help you find a job.

The program has developed PSMs who serve like recruiters to support and focus on the individual needs of the service members and their families in finding the best job in their area of expertise.

The PSMs work as links between the human resources departments at employer partners and numerous other employers and agencies across the country. In addition, they post information about job fairs and events and work with service members to refine their applications for employment, resumé writing and interviewing skills.

This partnership facilitates the transition that comes with a leave of absence from the civilian workplace to serve the nation. With military training and deployment schedules, service members and their families can better prepare for a leave of absence and employers are afforded a more predictable picture of their future staffing needs.

Employers may also see potential cost savings in recruiting and training. This partnership is a win-win situation for service members, employers and the nation as a whole.



PRIVATE PUBLIC PARTNERSHIP OFFICE UNITED STATES ARMY RESERVE



Soldier of the Month



PRIVATE PUBLIC PARTNERSHIP OPPORTUNITIES AND INFORMATION

Vision:

To support the Army's campaign plan and the priorities of the Army Reserve by establishing public and private partnerships that facilitate employment and training opportunities for veterans, reserve component Soldiers and their Families to increase readiness and reduce the unemployment rate.

Mission Statement:

The Private Public Partnership Office facilitates connections between employers and job seekers. We build and leverage mutually beneficial partnerships between the civilian and military communities. This is accomplished by developing a mutually supportive environment for Soldiers, Veterans, and Family members striving to create and enhance career and training opportunities.

EPO Goals:

- Match skill sets between Service members and civilian sector jobs . Facilitate career opportunities and employment for reserve component Service members, their Family and Veterans. Capitalize on shared training and credentialing between the military and the civilian sector
- Identify and implement future workforce innovations
- Reduce unemployment rates of reserve Soldiers and veterans
- Increase the readiness of our force by facilitating careers which provide stability to the force as well as civilian skills that enhance unit mission capability
- Develop and maintain strategic relationships with employers
- Provide employment assistance at the transition locations to Soldiers as they transition from active duty



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PHYSICAL



'Fit to Fight' Topeka To

Story and photos by Staff Sgt. Marnie Jacobowitz, Army Reserve Medical Command, Public Affairs

TOPEKA, Kan. - Army Reserve Soldiers band together at the starting line of the 2013 Topeka Tough Mudder to take on and conquer the hard core 12-mile obstacle course held here at Heartland Park in September.

Tough Mudder, designed by British Special Forces, is considered to be the premier adventure challenge in the world that test one's all around strength, stamina, and mental grit while fostering a high degree of camaraderie.

The idea for the 346th Military Police Company from Wichita, Kan., to compete in the Tough Mudder was formed during the unit's deployment in support of Operation Enduring Freedom in Afghanistan.

"It was something I talked about to my teammates while we were overseas," said Sgt. Kurtis Cheatham, a military policeman with the 346th MP Company. "This would be something for us to accomplish when we came back home."

Cheatham, a Blue Springs, Mo., native explained that this competition challenges their bodies and strengthens their bond. Soldiers understand the importance of perseverance of overcoming physical and mental obstacles by not quitting, and Tough Mudder participants experience this challenge.

More than 8,000 participants take part in one of the world's best obstacle courses, said Nick Bodkins, a general manager for Tough Mudder from Brooklyn, N.Y.

"For a lot of people ... Tough Mudder is a way to get back in shape, get fit and for people to push themselves," said Bodkins, a native of Pensacola, Fla.

Tough Mudder participants plunged into icy waters, scaled slippery slopes, maneuvered through muddy terrain, and endured electrical shocks while competing in the obstacle course which lasted more than three hours.

Army Reserve Soldiers understand the importance maintaining their physical fitness on and off duty.

Fellow Tough Mudder teammate Sgt. Joshua Blaesi, a military policeman assigned to the 346th MP Company, couldn't agree

more.

"Your physical fitness while you're deployed is huge," said Blaesi, who followed in his father and grandfather's footsteps when he joined the military. He explained while on MP patrol it is important for a Soldier to know that their battle buddies can count on them.

"The Army Reserve gave me a love for physical fitness ... the ability to push myself and become a stronger, better individual both mentally and physically," said Blaesi, a native of North Platt, Neb.

Blaesi said that he had a lot of respect for his fellow Soldiers and the civilians who participated in the Tough Mudder.

"It took a lot of personal courage to come out here and push yourself through this event," stressed Blaesi. "The military has given me that mental strength to be able to look at a situation and to drive through and not give up."

This 'Band of Brothers' were not the only Soldiers on ground at the Topeka Tough Mudder.

Sgt. Severeno Woods, a radiologist technician with the 4204th United States Army Hospital in Topeka, Kan., provided moral support to participants as part of recruiting efforts for the U.S. Army and Army Reserve.

Woods, a native of Lawrence, Kan., trains in mix martial arts and is scheduled to compete in the Shammorks Fighting Championship at the Harris Casino Voodoo Lounge in St. Louis, Mo., in November.

"There is a lot required of us physically [in the Army Reserve], so we must be fit to fight," said Woods.

Army Reserve Soldiers look for new challenges that are creative and innovative to stay fit for themselves and their country.

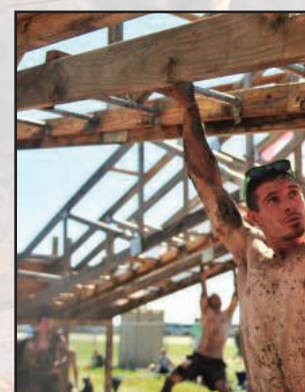
According to Lt. Col. Michele R. Sutak, the public affairs officer for the Army Reserve Medical Command, the Tough Mudder not only test whether Soldiers are "Army Strong" - the event provided them an opportunity to see how well the military training and team work combined with their own personal training has prepared them mentally and physically to persevere these obstacles and know that the word "quit" doesn't exist in their vocabulary.



Army Reserve Recruitment, the Army Marketing and Research Group along with the U.S. Army Reserve Command partners with Tough Mudder as a pilot sponsorship program showcasing the Tough Mudder series of the 10-12 mile obstacle courses designed by British Special Forces to test one's mental and physical fortitude.



Spc. Jerry Melander, 4204th U.S. Army Hospital support the 2013 Tough Mudder, Topeka, Kansas.



Sgt. Jason Winger, a military police officer with the 346th Military Police Company in Wichita, Kan., participated during the 2013 Tough Mudder.

Tough Mudder



Army Reserve Medical Command Soldiers compete along side civilians while they traverse the fire walk at the 2013 Tough Mudder, Topeka, Kansas

The Army Reserve is proud to be part of the 2013 Tough Mudder and commends the organization for their continued support to the Wounded Warrior Project, added Sutak.



A police officer assigned to the 346th Police Battalion, Topeka, Kan., tackles an obstacle during the 2013 Tough Mudder race in Topeka, Kansas.



Sgt. Heidi Wylie, a logistic specialist with the 842nd Quartermaster Company in Kansas City, Kan, tackles two obstacles during the 2013 Tough Mudder Topeka, Kansas.



Army Reserve Medical Command Soldiers compete along side civilians while they traverse the fire walk at the 2013 Tough Mudder, Topeka, Kansas

35,000 runners treading along

Story and photos by Staff Sgt. Neil W. McCabe, Army Reserve Medical Command, Public Affairs



Runners pack-in tight Oct. 20, 2013 at the Pentagon starting line of the Army Ten-Miler. The 29th annual running of the Army Ten-Miler had 35,000 runners coursing through Washington.

Insert: Each runner collected a commemorative coin at the Pentagon finish line of the Oct. 20, 2013 Army Ten-Miler. The 29th annual running of the Army Ten-Miler had 35,000 runners coursing through Washington.

WASHINGTON D.C.,-- "Warrior Medics" of the Army Reserve Medical Command, Pinellas Park, Fla., joined 35,000 runners for the 29th running of the Army Ten-Miler, which courses through the nation's capital.

"It was great to have our command represented by the ARMEDCOM team," said Brig. Gen. Mary E. Link, ARMEDCOM's deputy commanding general, who cheered for her Soldiers at the Pentagon finish line. The race also started at the Pentagon at 8 a.m., with a howitzer salute from a battery manned by "Old Guard" Soldiers of the 3rd Infantry Regiment.

The members of the ARMEDCOM running team were: Maj. Maria Juarez, Warrant Officer Candidate Jonathan E. Brown, Sgt. 1st Class Theresa L. Winterhalter, Staff Sgt. Marnie A. Jacobowitz, and Staff Sgt. Rebecca Rhodes.

Link said she ran the race in 2004. "It was a great run—10 miles is a long way, but it seemed to go by so fast."

Winterhalter, civilian executive assistant for ARMEDCOM command suite and a military aide to Army Reserve Medical Command's senior NCO, Command Sgt. Maj. Harold P. Estabrooks, said running in the 2013 Army Ten-Miler was a tune-up for her first try at the New York City Mara-

thon in November.

Working with a personal trainer, Winterhalter said she tried to avoid looking at her watch, running by feel instead of by time.

"I think the first time I looked at a clock was at the five-mile mark, just to make sure I was on pace," she said.

"For the last two miles, I think of it as a



Near the Pentagon finish line of the Oct. 20, 2013 Army Ten-Miler, Brig. Gen. Mary E. Link, the deputy commanding general of the Army Reserve Medical Command stands with members of the ARMEDCOM running team as they salute the Cross Bayou American Legion Post, located near their Pinellas Park, Fla., headquarters. The 29th annual running of the Army Ten-Miler had 35,000 runners coursing through Washington.

PT test,” said the master fitness trainer. “It is up hill and I am not going to let it kick my butt.” The Army’s physical fitness test includes a two-mile timed run.

Brown, who works as in the medical maintenance office at the ARMEDCOM G-4, the logistics section, said this was his second time in the Army Ten-Miler.

“Last year, I had such a good time,” he said. “I just felt like I wanted to do it again.”

During the race, Brown said he met two NCO’s he had been stationed with before and he sees the annual race as a way to both see old friends and meet new friends.

Brown said his one favorite stretch of the route was at the Arlington end of the National Mall.

“My favorite part of the course was running behind the Lincoln Memorial,” he said. “It had a bit of a cobblestone area, then it got back to a smoother pavement, it just seemed like it was nice, and flat and relaxing and open.”

Jacobowitz, a public affairs NCO for the Army Reserve Medical Command, said training for her first Army Ten-Miler was a great project for her personal growth and for building camaraderie with the other Soldiers on her team.

Her training for the race started four months prior to the race and said the best part of the training was having her confidence grow as her strength and endurance improved.

During the race the staff sergeant said she loved running through the nation’s capital. “Seeing the Pentagon, memorials and monuments was a great inspiration as I ran the route.”

The other part of the race that motivated her was watching the wounded warriors competing despite missing limbs or other severe injuries, she said.

Sgt. Travis D. Galloway, the NCO-in-charge at the Pentagon’s primary care clinic, said this year’s race was the first one he attended and he was surprised by the overwhelming support for the runners from the volunteers and spectators.

“It’s funny,” he said. “I was actually supposed to run in the race, but I got stress fractures in my foot, so since I couldn’t run, I volunteered to support the others.”

Galloway said he and the other medical personnel at the

“Old Guard” Soldiers of the 3rd Infantry Regiment man a battery of howitzers that they fired at the start of the Army Ten-Miler.



race were alert for all types of injuries and had golf carts to pick up injured or straggled runners along the course.

“Obviously, you want to look for people, who are holding their chest,” he said.

“Most of what we saw were regular pains in the feet, knees and legs—that’s going to happen when you run 10 miles,” he said. “There was one lady, who was cramping up so bad, she could barely walk, but she finished the race.”

Brown said he hopes the ARMEDCOM running team keeps competing together at the Army Ten-Miler with both old faces and new faces.

Winterhalter said the team is a great way

to train and run.

“There is nothing better than running through our nation’s capital and running with our team,” she said.

“This is my sixth Army Ten-Miler and every year it keeps getting better and better.”



“Old Guard” Soldiers 3rd Infantry Regiment march the runners forward to the Pentagon starting line of the Army Ten-Miler. The 29th annual running of the Army Ten-Miler had 35,000 runners coursing through Washington.

MLK, Malcolm X: 'The Meeting'

Story and photos by Staff Sgt. Neil W. McCabe, Army Reserve Medical Command, Public Affairs



Actor Masud Olufani played Malcolm X in the Jan. 22 performance of "The Meeting," a play about an imagined meeting between Malcolm X and Martin Luther King in a Harlem hotel room.

PINELLAS PARK, Fla., -- The Equal Opportunity Program of the Army Reserve Medical Command at the Armed Forces Reserve Center here presented Jan. 22 the play "The Meeting," part of its observance of the Martin Luther King Jr. Day.

The one-act play, written by Jeffrey Stetson, depicts an imagined 1965 meeting in the room of Malcolm X, played by Masud Olufani, at Harlem's Hotel Theresa between the Black Muslim leader and King, played by Kelvin Wade, who was also the show's director and producer, in the week before Malcolm X's murder while he spoke at the Audubon Ballroom.

King arrives at the invitation of X, and the two men debate the merits of King's non-violence approach with X's more aggressive methods. The two trade barbs as they each try to figure out the other and possibly convert the other to his side.

Malcolm X: Are you still a dreamer?

King: Are you still a revolutionary?

Malcolm X: Thank you.

King: I hadn't realized I had paid you a compliment.

Malcolm X: Ignorance is sometimes the sincerest form of flattery.

Calvin J. Colin, an equal opportunity compliance specialist at the command, said he brought the play to ARMEDCOM as part of the program's effort to confront racism and eliminate it as a mission distraction.

Colin said he has seen the play four times, in both training and theater settings, and he believes it brings an important lesson and message. "A lot of people have a misconception—because of

what they were taught in the history books—about the relationship between Malcolm X and Dr. King."

Colonel Tracy L. Smith, the chief of staff for ARMEDCOM, said the play did not paper over difficult issues.

"I absolutely knew it would be provocative," she said. "Actually, I thought I would walk away with very differing opinions--and more polarizing opinions, but that is not what it was at all."

Smith said it was an important presentation of two leaders, who paved the way for others. "I was very moved by the performance, It was Broadway-quality work."

Wade said as a "civil rights baby," he has always been fascinated by the history of the movement, so when he saw "The Meeting" during its run in the late 1980s, he knew immediately that it was a play he would one day produce himself.

"Even at a young age, I wanted to do my part to keep the legacy of Martin Luther King and Malcolm X alive," he said. "That's why I'll continue to do this play for the next 20 years."

Playing King in the play has given him a new perspective on the man, because throughout the play Malcolm X is attacking King, Wade said.

"It taught me what Dr. King actually went through," he said. "He had a strong passion and a strong love for the cause—and he taught me that you don't have to be violent or angry to get your point across."

It took great courage to endure the bricks and the beatings King accepted as he continued to practice non-violence, he said. "I don't know if I could have done it."

In the two years before his assassination, Malcolm X left the Nation of Islam for both personal and philosophical reasons. After he left the organization that had been his professional home for the previous decade, it was the first time in his public career that he was in personal danger not just from the opponents of civil rights, but from his former colleagues, who viewed him as a traitor and opportunist.

Olufani said he played Malcolm X with his anticipating his coming death.

"He was struggling with that notion that I need to do the things that I am doing," he said. "But, he was a human being, so he was afraid of dying."

The actor said he was anxious about presenting the play with an audience of Soldiers. "I always thought it would be in front of a civilian theater crowd."

But, he understands now how a military audience would appreciate the play at a different level, he said.



"After I thought about it, I thought that it was really a cool context for it to be in," he said.

"A lot of the conversation is about government, the perception of government and the use of violence," Olufani said.

"It was great because essentially, you are in front of a governmental body, an agency of the government—and to deal with those issues up front and in the open in front of that body is great," he said. "It took me a minute to get my mind around it, but once I did, I could see the wisdom in it."

Sgt. Maj. W. James Wheeler, assigned to the 5th Medical Brigade, Birmingham, Ala., said the play both entertained and enlightened him.

Wheeler said, "I feel blessed and welcome just to be here and I appreciate ARMEDCOM and all those behind the scenes, who put this event together."

Master Sgt. Valdez C. Matthews, the operations noncommissioned officer-in-charge at the 3rd Medical Command, said he had read the play as a book, but was seeing it performed for the first time.

Both men were adamant about how to bring about change, he said.

"I thought it was a very good play," he said. "What jumped out at me was the level of competitiveness in their non-competitiveness."

Actor Trivon Xavier Howard, who played Malcolm X's bodyguard and assistant Rashad, said his portrayal was the significant difference between this production and how the play was performed on Broadway.

Howard, in the role for six months, said the original production Rashad is played by an older and more confident man, whereas in this version, he and Wade worked to make him an angry young man.

"We wanted to play Rashad as a young hothead guy, who actually is



Soldiers watch the performance hosted by the Army Reserve Medical Command, Pinellas Park, Fla., of "The Meeting," a play that portrays an imagined meeting between Malcolm X and Martin Luther King in the week before Malcolm X's 1965 murder.

fired up on the inside, and doesn't know how to really control it," he said. "He is still learning."

At one point in the play, Malcolm X and King are so frustrated with each other that King is ready to walk out and Malcolm X asks Rashad to call King a cab.

At that request, Rashad responds; "It'll be my pleasure!" It is the biggest punch line of the show.

"I love that line," he said. "I can't wait to say it. I'm waiting on the door knob, about to turn it right when he says his line."

Howard said he was moved to be playing in front of a military audience for the first time. "I knew how valuable it was to them—but, their presence was valuable to me on stage."

When he is off-stage, Howard said he becomes part of the audience and his favorite scene is when Malcolm X and King go out onto the hotel room balcony and look out at Harlem together.

"It just seems like they are one, two different people, two different bodies—but at the end of the day, they are one person to me."

W
M



Martin Luther King (Kelvin Wade) shares a joke with Malcolm X (Masud Olufani) during a performance of "The Meeting," a play about an imagined meeting between the two men hosted by the Army Reserve Medical Command, Pinellas Park, Fla.





Ten 'Be's' to Being Happy

Article by CH (Lt. Col.) Michael Pope, Army Reserve Medical Command, Deputy Chaplain

As a chaplain and pastor, one of the saddest things I have to deal with is couples who are experiencing problems in their marriage to the point of either separation or divorce. It is my goal to try and stem that tide and thereby offer some keys or "bees" that will help couples to unlock their potential to have a great marriage.

For those who are single? May I suggest that you put this in your kit bag for future use.

1. Be Considerate. Marriages today can be compared to a tall mountain with a beautiful valley at the bottom. The couple begins their marriage with grandiose ideas. They may experience mountain top moments in their dating thinking about what their marriage should and will be like in the years to come, then they start down the mountain to 'happy valley' but find the road is blocked with obstacles, falling rocks, steep road with swelling holes. All along the side, there is a sharp drop-off and no guard rails. One great obstacle to successful marriages is the lack of consideration for one another.



2. Be Honest: Honesty builds trust and trust builds reliance. Honesty is vital in a relationship. Allow me to restate that, honesty is an imperative! Small lies will destroy great

dreams. Now I am not an advocate of you running home and dumping all your past 'sins' on your mate. There may be times when it is necessary to clear up deep suspicions, but I advise doing that only through a counselor.



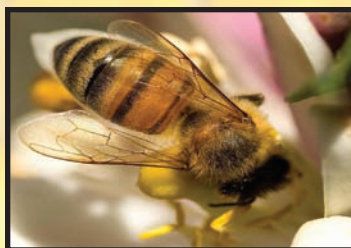
3. Be Communicative: The lack of communication will only multiply your problems as it destroys bridges over which we need to travel. Marriage offers companionship, this is impossible without communication. People can be lonely in a crowd or in a marriage. Lines of communication should be carefully built and maintained in the home.



4. Be Forgiving: I believe this is the number one cure for marriage problems, and the least exercised. In my years of counseling, I have observed scores of couples including those who have gone through the tragedy of divorce who continue to harbor deep bitterness, resentment, depression, anger, and even malice towards their spouse or ex-spouse.

When you forgive someone it begins a process of healing.

The person you forgive may care less if you forgive them, but don't let that stop you. They may not even ask you for forgiveness, grant it anyway. Remember when you forgive it begins a healing process in your life. Eventually, over time you will see all the old bitterness, anger, resentment, and harsh feelings begin to fade and eventually disappear, leaving you with peace.



5. Be Faithful: One of the saddest and most destructive problems in marriages today is broken trust in the area of marital fidelity. The importance of being faithful to your partner can not be overrated. A marriage that has gone through this tragic event can be healed and saved, but unfaithfulness tears at the very fabric of trust and love in the relationship. It can be healed but it leaves behind an ugly scar. Trust needs time to grow and mature over years in a marriage, but in one thoughtless act, what took years to build could be destroyed over night.



6. Be Responsible: This is important for establishing peace and harmony in the home. This

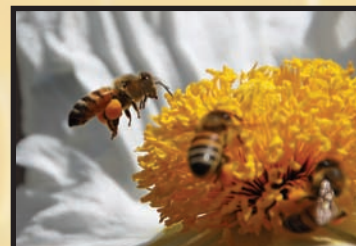
indeed is a tremendous responsibility. Let me give you a few areas where we must exercise responsibility as a couple. Pay attention to your children, your debt and how well you are making decisions together as a couple.



7. Be Committed: Remember, any marriage can be saved if two people have the determination to work through their issues. In the end all that may be left is commitment. Part of the covenant pledge is agreeing with each other that whatever happens, we choose to remain together and work through our problems as a couple.



8. Be Romantic: Be creative and create for one another sincere romance. Intimacy issues are almost always connected to marriage problems. Many couples don't like to talk about this, but it is still an issue. When someone is hurt or taken advantage of, they usually don't feel very romantic.



9. Be Loving: Love is a four-letter word. True love is like a diamond: it gets more precious every day. Here is a good test for your marriage: if you don't love each other more today, then when you first got married, then you love each other less. Love is action. It takes a lot of work to keep a marriage from growing old and stale. Love is like a gorgeous rose. If you don't properly water and feed the rose, it dies. If you don't keep the weeds away, they will surround and choke the rose to death. However, when properly cared for, tended and nurtured, your love for each other will flourish, blossom, and be a sweet-aroma to all who see it.



10. Be Spiritual: Your goal is to work together creating a spiritual home. I won't preach, but as your chaplain, I must tell you the one who loves you and knows how to fix any broken marriage, and make a good marriage great is God. Ask God to make you the best husband or wife that He can make, then trust Him to do it. "I guarantee you won't regret."



The Stinger is:

Don't stop here, get these "bees" working together to build a happy hive, buzzing with sweet honey and lots of love.



"Since our kids are now old enough to be left at home alone, a new key to our happiness has been the ability to go out on "date nights," shopping, or go for fitness walks together."

*Lt. Col. Thad Tolbert
Army Reserve Medical Command*

"Marriage is about commitment, communication, respect, loving and being loved and putting God first in whatever you do."

*Sgt. Maj. Belinda Burns
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