



THE

Volume 5, Issue 2

The Official Magazine of the 807th MC (DS)

Summer/Fall 2014

PULSE

**Bringing aid to
U.S. communities**

**Care and training in Guatemala
and the Dominican Republic**

LEADERSHIP

by Command Sgt. Maj. David Davis

Farewell

Well my friends, it's time to say farewell. This is my last article in the Pulse as my three years are up and the Army has other plans for me.

To the noncommissioned officers: my peers, those I have followed and those who have worked with me: you showed me how to lead, how to set the example, how to be demanding and establish high standards, and yet be caring and compassionate. Thank you for making me smart.

To the officers: you too have made me a better NCO by your guidance, mentorship and most of all your trust in me to allow me to do my job. Without your trust, I would not be the Soldier I am today and I doubt very much I would be standing

before you. Thank you for shaping me into the NCO that I am today.

I leave you full of sentiment, full of gratitude, feeling so very blessed to have worked among a great group of dedicated and trusted professionals—full of spirit, highly motivated with a very strong desire to serve their country.

For me, it has always been about the Soldiers: being with them; being part of a team; shared experiences; incredible camaraderie; respect for each other; knowing we would be there for each other no matter what; walking into a room full of Soldiers who are strangers to you, or passing one another in an airport, and being completely comfortable because you know what they stand for; being

proud to be one of the team and so proud to wear the uniform of this great nation.

Saying goodbye to an organization that has helped define who you are is not simple. Nevertheless, I am comforted knowing that the values and ideals that I have tried to uphold are manifest in the fine Soldiers, civilians and leaders that remain.


The 807th Medical Command will continue to change and evolve and will become even better in the



Command Sgt. Maj. David Davis returns the salute of the candidate reporting to the board during the 807th Medical Command's annual Best Warrior Competition. (Photo by Sgt. 1st Class Adam Stone)

very fine and very capable hands of Command Sgt. Maj. Robert Breck.

It has been a profound honor and an amazing and humbling experience to be your Command Sergeant Major these past three years. I am richer for it and will forever treasure my time here. Continue to do the good things you do for each other and for the 807th, our Armed Forces, retirees, veterans and certainly for our great Army.

Always remember the leadership and professional knowledge you display each and every day makes you an important role model and mentor for the Soldiers with whom you serve. Be a caring leader. Be there when it counts. Love your Soldiers — they depend on you. 

THE PULSE

Produced for the 807th Medical Command (Deployment Support)

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Sgt. Mario Vela-Godinez, an Army Reserve Soldier with the 109th Medical Detachment Veterinary Services, Garden Grove, Calif., treats a puppy with an oral dewormer during the Innovative Readiness Training - Appalachian Care in Murphy, N.C. This exercise provides veterinary services to local pets in surrounding areas, as well as basic medical, optical and dental care for the local civilian population. (Photo by Sgt. 1st Class Stan Maszczak) Story on page 8.

Right:

(Top) A Guatemalan soldier examines a combat application tourniquet during a Combat Life Savers (CLS) course taught by soldiers from the 349th Combat Support Hospital during Operation Beyond the Horizon 2014. This training is an example of the BTH team's dedication to working with our host nation partners in their efforts to help the people of the nation.

(Bottom) Lt. Col. Diane Boese, an Army Reserve optometrist with the 807th Medical Command (Deployment Support), checks the refractive state of her patient's eyes to determine if she is near or farsighted during the Innovative Readiness Training - Appalachian Care in Andrews, N.C., June 6. This exercise provides free optometry services to local civilians in surrounding areas, as well as basic medical, veterinary, and dental care for the local population.

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Old virus, new places: mosquito threat

ABERDEEN PROVING GROUND, Md. - The U.S. Army Public Health Command is responding rapidly to an emerging viral infection that is threatening the United States.

Although the chikungunya virus is not new, its emergence in the Caribbean makes it a disease of concern to the U.S. mainland. Chikungunya is spread by two species of mosquitoes that are commonly found in the U.S., according to entomologists at the U.S. Army Public Health Command, or USAPHC.

"Chikungunya is most often spread to people by *Aedes aegypti* and *Aedes albopictus* mosquitoes," explained Capt. Heather Ferguson, USAPHC entomologist. "If an infected person is bitten by a mosquito, that mosquito may spread the virus by biting another person."

One way public health experts monitor the spread of chikungunya is by tracking reports from medical providers of the cases that occur in people.

"Isolating human cases from further bites of mosquitoes, if done efficiently and in time, can help stop the spread of the infection," said Farida Mahmood, entomologist at Public Health Command Region-South.

Experts also track the location of mosquitoes that carry the chikungunya virus.

"Installation preventive medicine personnel collect mosquitoes from traps and then send them to USAPHC laboratories where they can be identified, prepared and tested to determine if the virus is present," explained Ferguson.

"Surveillance of mosquito populations in and around installations is done with the goal of finding the presences of the virus before human cases occur," said Capt. Brian Knott, another USAPHC entomologist. "If the virus is found in the mosquitoes in an area, intensive, focused control efforts can be initiated. By targeting those mosquitoes actively carrying the virus, the Army can maximize its resources and achieve the best possible results. Ongoing surveillance is also our means of evaluating our surveillance efforts."

"The mosquitoes that carry the virus bite mostly during the daytime," said Knott. "Understanding the behavior of the vector can help in educating Soldiers about prevention."

Most individuals have been taught to expect mosquito bites at dawn and dusk. Mosquitoes that are active during the day require the extension of preventive measures throughout the day. These measures include wearing insect repellent with DEET, wearing light-colored, long-sleeved shirts and long pants.

"Educating Soldiers and their families about how to protect themselves from chikungunya is extremely important, should the virus continue to spread to the U.S. mainland," Knott said.

Other preventive measures include stopping mosquitoes from reproducing.

"Removal of all container breeding sites is key to prevention of chikungunya," said Knott. "Educating installation preventive medicine personnel and families about the need to empty water from old tires and other outdoor containers that collect water, is a vital piece of our mission."

Since the mosquitoes that carry chikungunya are container-breeders, this trait helps entomologists and installation environmental personnel conduct surveillance.

"Carbon dioxide-baited traps are used to collect mosquitoes for surveillance on installations," said Knott. "In addition, deploying the new lethal ovitrap can help cut down on the numbers of these mosquitoes by killing the females who use the trap to lay their eggs."

Controlling mosquito populations and monitoring human populations for the disease contribute equally to protecting Soldiers and families.

"Surveillance of any disease vectors involves cooperation across the military public health system. The entomological sciences and laboratory programs detect infected mosquitoes, while the Disease Epidemiology Program monitors human outbreaks and case reports in our Army population," said Lt. Col. Laura Pacha, a USAPHC physician and epidemiologist.

As of July 15, the CDC reported approximately 234 travel-related cases of chikungunya in the U.S., most brought in by travelers to the Caribbean, where the disease appeared for the first time this year. Outbreaks of the disease previously occurred in countries in Africa, Asia and Europe. Two cases of locally acquired chikungunya were recently reported in Florida, the first in the continental United States.

"Army preventive medicine personnel are aware of the disease, and USAPHC experts are working with our colleagues in the Department of Defense to provide additional awareness and training and to put reporting mechanisms in place," said John Ambrose, USAPHC epidemiologist.

"Chikungunya mimics dengue fever, another mosquito-borne illness," Ambrose said. "For public health surveillance purposes, lab testing is needed because it's that testing that distinguishes it from dengue."

While testing patients for the virus is done in hospital laboratories, testing of mosquitoes to see if they carry the virus is done in USAPHC laboratories once they have been collected in surveillance traps.

"Currently, our laboratories can test for chikungunya virus, and capabilities exist for both identification and testing of the virus," explained Mahmood.

"Once an outbreak occurs in our area of operations, the process of collecting information on the location and coordinating it with the locations of infected mosquitoes can begin," said Pacha. "With this information, Army public health professionals are better able to help protect Soldiers and their families from this illness."



Army researcher fighting Ebola on front lines



A technician sets up an assay for Ebola within a containment laboratory. Samples are handled in negative-pressure biological safety cabinets to provide an additional layer of protection.

WASHINGTON (Army News Service, Aug. 5, 2014) - Army researchers are working on developing vaccines for the deadly Ebola virus, as well as combating the spread of the virus and caring for those who are infected. The virus has recently killed more than 800 in Sierra Leone, Guinea and Liberia.

One of these researchers is Dr. Randal J. Schoepp, a diagnostics specialist and chief of the Applied Diagnostics Branch, U.S. Army Medical Research Institute of Infectious Diseases, known as USAMRIID.

Schoepp spoke by telephone from Monrovia, Liberia, with WAMU radio talk show host Kojo Nnamdi, yesterday, about efforts to fight the deadly Ebola outbreak in West Africa.

Colleagues at USAMRIID, along with researchers from Public Health Canada, helped develop the serum given recently to two U.S. medical workers, Dr. Kent Brantly and Nancy Writebol, who contracted the virus while working with patients infected by Ebola in West Africa, Schoepp said.

The serum is "basically a cocktail of three humanized, monoclonal antibodies produced in tobacco plants," he said. Humanized, monoclonal antibodies are derived from animals whose protein sequences have been altered to more closely resemble those produced by humans.

Initially, the researchers looked at six antibodies. Three of the most promising were then down-selected,

he said, and were tested on non-human primates at various concentrations and time periods throughout their infections.

The results of the studies showed that when these antibodies were administered in the final, most advanced stages of Ebola, the primates recovered. "That's huge in our field," he said.

If the two Americans recover, the next step for researchers is to develop clinical trials, he said, adding that it's way too early to make conclusions about the efficacy of the treatment.

Schoepp has been working in West Africa for a number of years on diagnostics for other viruses. In 2006, he conducted research on Lassa Fever in Sierra Leone. Like Ebola, it is a viral hemorrhagic fever, meaning that one of the symptoms is bleeding caused by damage to the vascular system.

Lassa differs from Ebola in that it predictably occurs in about the same time every year, he said, with about 500 to 700 cases.

But Schoepp found that of those cases, only 30 to 40 percent were Lassa. So he began to study the 60 to 70 percent that were not and found that they were closely related to the Zaire strain of Ebola.

Since Schoepp's diagnostics research on the Zaire strain has been carried out for a number of years, he said he's

True Army mom

KOKOMO, Ind. - As I grow older and I hope wiser, it's my belief that we are truly influenced by only a select few during our limited time on this earth. Fortunately for me, my mother was my greatest influence.

The difficult pill for me to swallow is that my mom passed very unexpectedly last year, and I never got the chance to truly tell her how much her support meant to me.

When telling one's story, it's always best to start from the beginning, so here goes.

Growing up as a child in a Midwestern manufacturing town, the idea of joining the military or attending college seemed as farfetched as winning the lottery. Factory work was what my father did and so did his father. It was what was expected of me, and at the time seemed like the thing to do.

At 18 years old, I started to see the friends that I had disappear, moving on to bigger and better things. Quickly, the harsh realization that my less-than-stellar career as a "C" student was catching up to me. We still joke to this day that I was blessed with my father's height and cursed with my mother's math skills.

We all see the 60-second Army commercials on television that promise travel and change to people willing to accept the challenge. Sixty seconds was all the thought I

and was more than pleased. It was probably one of her proudest moments and, to be honest, it felt good seeing her this way. My decision to accept the responsibility of military service spurred many conversations about achieving goals and breaking stereotypes. Moments that I hold very dearly in my heart to this day and will never forget.

For the first time in my life, I had a career and opportunities for advancement. Mom was there every step of the way. Before I left for basic training, she gave me an angel pin that I carry to this day. She had a special gift that made me feel like, no matter how far I traveled, I was always home.

After four years of service, she backed my decision to leave active duty and pushed me to attend college. She was proud when I joined the Army Reserve and used tuition assistance to obtain my graduate degree.

It only seemed fitting to honor my mother by submitting my direct commission packet and become an officer in the U.S. Army Reserve. To this day, I can still remember my mother with tears in her eyes as she pinned on my lieutenant bar.



event and ceremony I took part in.

In 2012, she attended my unit deployment ceremony to hear me give closing remarks as the company commander. I will never forget that she was worried her wearing an oxygen mask would embarrass me. I could never be ashamed of my mom, but that's just the way she was: always thinking of others first and herself second.

The hardships and challenges that Soldiers endure are also felt by the people who love and support them. As I reflect on my service, I am proud of what I accomplished and continue to achieve. I am thankful to both my mother and the Army for providing me the tools to achieve them.

In retrospect, I urge you to take time to thank the loved ones who support you and make your goals obtainable. I cannot count all the times strangers have shaken my hand and thanked me for my service and sacrifice for our country. I only wish I would've taken the time to thank her, letting her know just how important she was and will always be. 🇺🇸

Army Mom/Army Dad addresses Reservist parenting issues. Submissions welcome -- see inside cover for contact information.

Profile of an Army FRG Leader

Ariel Hunter is the Family Readiness Group (FRG) Leader for A Co., 94th Combat Support Hospital in North Little Rock, Arkansas. She has served as the FRG leader for five years, and also runs a home child care center with five children, each less than 18 months old.

Q: What do you do as the A Co. 94th CSH FRG Leader?

A: My goal is to make sure we are providing families with information. They are like my family. When I come in I bring my children and setup shop and try and raise money for our family day. So every year we work towards our goal of family day and that's when I can bring in the information and have speakers come in to tell families what's available.

Q: What do you do at a family day?

A: We try and make it an outdoor event and do it at a park. We have things set up for the kids like bounce-houses and things like that. We bring in our vendors like Tricare, MetLife, the Red Cross and as well as provide food for the families.

This year is going to be a bit different; we're doing it in a bowling alley. It's going to be interesting because it's an indoor event, but it'll be nice because it's air conditioned. So I'm going to have the speakers come and set-up their tables and speak in the room we have set-aside. We'll also have a magic show for the children and bowling, of course.

Q: What do you like the most about family day?

A: It's fun! Also, I don't get to see a lot of the families. I get to see the Soldiers every month that I'm down there. It's nice to see the families while I'm there and touch

base with them to see how they are doing. We went through a deployment about a year ago. I got to call them every month and check up on them to make sure they are OK. It's nice to put some faces with names. We have another deployment coming soon and I've asked specifically for the Soldiers to bring their families and introduce us so I know who I'm going to be calling. It's better to not have this strange woman calling them and asking, "Hi! How are you doing! Have you talked to your Soldier today?"

Q: How did you become the FRG leader?

A: My husband came home one day and said they were looking for an FRG leader. I love my husband so much, so I said, "OK, I love the military I'll go volunteer." I do it because I love our Soldiers.

Q: What do you do during a deployment?

A: I made phone calls during the last deployment. Sometimes I just ended up talking, crying or laughing on the phone with spouses. I think it's just that I understand and they get to talk to someone who gets what they are going through. They need to know that someone else cares. 🇺🇸



Ariel Hunter is the family readiness group leader for A Co. 94th Combat Support Hospital, 176th Medical Brigade, 807th Medical Command, in North Little Rock, Arkansas. She's served as the FRG leader for five years.

“...that's just the way she was: always thinking of others first and herself second.”

put into my decision and ran to the recruiting station. Within less than a week I was in the Army.

When I returned home to tell my parents the good news, my father was less than excited. He himself served four years in the Air Force during Vietnam and didn't feel I had the necessary skills or motivation to excel in military service. In hindsight, I don't blame him. Thinking back to my childhood, the only things that got me excited were video games and cake, both of which I still enjoy to this day.

My mother reacted differently

I will never forget how she loved Civil War era novels and the romanticism that went along with being an Army officer. She envisioned officers at fancy dinners smoking cigars, wearing swords and escorting Southern belles onto the dance floor. I never had the heart to break it to her that things had changed.

Mom herself never served in the military, but she was with me during every deployment, training exercise and transition in my life and military career. Even in poor health she managed to attend every

Ten strategies for spiritual fitness

1. Cultivate an attitude of gratitude.

There is a reason that the phrase “count your blessings” is a watchword. We are so blessed in so many ways, yet it is human nature to love to complain and to notice what is lacking rather than what is present. Rabbi Zelig Pliskin invites us to ask, “What could you be grateful for now if you were grateful for something?” There is always something: make sure the balance in your life is more focused on saying “thank you” than on saying “please.”

2. Be happy unless there is a very serious reason not to be.

It is human nature to be dissatisfied and to strive for more and better, and in many areas of our lives this serves us well. If we are dissatisfied with our work, we will try to improve. If we are dissatisfied with disease, we will search for cures. It is critical, however, that we learn to distinguish between what can and what cannot be changed. We only create misery for ourselves when we allow dissatisfaction over what cannot be changed to become an obstacle to our happiness – miserable people are not spiritually fit people.

3. See yourself and others as the image of God.

Biblical commentators suggest that only one person was created in the Genesis story so that no one can think that he or she is better than others. Each of us has within ourselves a soul that is given to us as a pure spark of the Divine. It is spiritually draining to live with the challenge and disappointment that necessarily comes from living with other people. Chris Cleave put it this way in the book, *Little Bee*: “There’s eight million people here pretending the others aren’t getting on their nerves. I believe it’s called civilization.” If we can remind ourselves of the essential holiness of each person that we meet, we will become more compassionate and more spiritually fit.

4. Let it go.

Not everything can or should be an issue. Anger is antithetical to spiritual well-being. Righteous indignation is so tempting and so invigorating. The battle cry of, “But I am right!” is irresistible. There are things worth fighting for, as individuals, and, as we as Soldiers know, as a nation. But we will destroy ourselves if we allow ourselves to be consumed by passion. Rabbi Shlomo Carlebach had to flee Vienna, Austria as a young man. He grew to be an internationally known singer/songwriter, and was invited to return to his home country. People were shocked when he said yes. “Don’t you hate those people?” they asked. He replied, “If I had two hearts, I would devote one to hating. But, since I only have one heart, I don’t want to poison my own essential being with hatred.”

5. Accept imperfection – your own and that of others.

Forgiveness is, for many of us, the greatest spiritual challenge of our lives. In *The Secret Life of Bees*, Sue Monk Kidd writes that “People in general would rather die than forgive. It’s that hard. If God said in plain language, ‘I’m giving you a choice, forgive or die,’ a lot of people would go ahead and order their coffin.” If we can’t or won’t forgive, we will die spiritually—it’s that simple. None of us is perfect; we all require grace and mercy throughout our lives. A little kindness and understanding are the foundation of our spiritual well-being. And we need to forgive ourselves just as much as we forgive others. Rabbi Harold Kushner says that the four holiest words in the English language are, “I may be wrong.” Practice saying them.

6. Pray.

Communication is fundamental in any relationship, and our relationship with God is no different. We should never be shy about asking for what we want and expressing our needs, whether in the words of a traditional liturgy or in the words of our heart. Elizabeth Gilbert expresses this so beautifully in her book, *Eat, Pray, Love*, where she addresses her main character: “Where do you get the idea you aren’t allowed to petition the universe with prayers? You are part of this universe, Liz. You’re a constituent – you have every entitlement to participate in the actions of the universe, and to let your feelings be known. So put your opinion out there. Make your case. Believe me—it will at least be taken into consideration.” It will at least be taken into consideration, and, as Moses Maimonides notes, “When you pour out your heart, it feels lighter.” When you’re done praying, think of these words: “Pray as if everything depends on God, act as if everything depends on you.” Prayer is important, but it does not replace our responsibility to act.

7. Develop an understanding of good and evil.

The world is full of suffering. None of us escapes pain and many of us experience deep tragedy. Whether we are religious or not, we need to find some way of reconciling why bad things happen to good people—some framework that provides a foundation of peace in times of challenge. The Chinese have an expression, “You cannot prevent the birds of sorrow from flying over your head, but you can prevent them from building nests in your hair.” Each of us must seek an answer for ourselves that we find cohesive and meaningful.


8. Study spiritual teachings.

We are not the first ones to ask these questions, and we won’t be the last. Explore the writings of some of the great thinkers who have explored spiritual themes throughout the ages. Subscribe to a website that provides a daily or weekly devotional. We don’t have to forge a path on our own. Wise thinkers have provided guideposts along the way, and we should cultivate the practice of reflection and meditation on their teachings. Rabbi Louis Finkelstein said, “When I pray, I speak to God; when I study, God speaks to me.” Open yourself to hearing the voice of God.

9. Remember the Sabbath day to keep it holy.

It’s in the Biblical Ten Commandments. God created the world in six days and rested on the seventh. Even God needed a day of rest! In our incredibly fast-paced, 24/7, hyper-connected world, even more so! If you’re wondering how you are going to find the time to develop spiritual resilience, remember that time for spiritual reflection and growth is built into the framework of creation itself, if only we would take the notion of Sabbath seriously. Give yourself this gift—you deserve it!

10. Know that you are God’s Public Affairs Officer.

Because you are! If you claim to be a religious person, people are watching your behavior to see what kind of person your religiosity leads you to be. If you are a jerk, it really doesn’t reflect well on your commanding officer. So be good, do good, let your goodness shine. As the prophet Micah expressed it, “Love goodness.” In every moment of your life you have a choice: will the consequences of your next decision, of your next action, bring holiness into the world, or will it desecrate God’s name? The choice is in your hands—be a blessing! 

Innovative Readiness Training brings care to North Carolina



Army Reserve dentist Maj. Jax Baylosis from the 185th Dental Company treats a local North Carolina patient with help from active Army Spec. Rashon Brady from the 257th Dental Company during the Innovative Readiness Training - Appalachian Care in Murphy, N.C., June 5. This exercise provides free dental services to local civilians in surrounding areas, as well as basic medical, optical and veterinary care for the local civilian population.

MURPHY, N.C. - Soldiers from the 807th Medical Command (Deployment Support) led Innovative Readiness Training (IRT) mission Appalachian Care 2014, to provide medical, dental, optometry and veterinary services to rural North Carolina communities in need of medical treatment June 2-12.

In 10 fast-paced days, the Appalachian Care team consisting of 170 service members provided medical assistance to more than 7,000 local residents and serviced approximately 2,150 cats and dogs in Murphy, Andrews and

Bryson City.

Appalachian Care 2014 is a training event consisting of active, reserve and National Guard service members. The mission provides significant, valuable and realistic training in a deployed environment while helping civilians receive medical treatment in rural locations.

The coordination and planning for Appalachian Care was a two year process involving the Department of Defense, North Carolina Department of Health and Human Services, Swain and Cherokee County Health Departments and more

than 80 other government and volunteer organizations.

"This has truly been an incorporation of civilian and government offices working together to provided much needed support to the people of North Carolina," said Army 1st Lt. Elena Naumova, safety officer for the 172nd Multifunctional Medical Battalion, 807th Medical Command, Ogden, Utah.

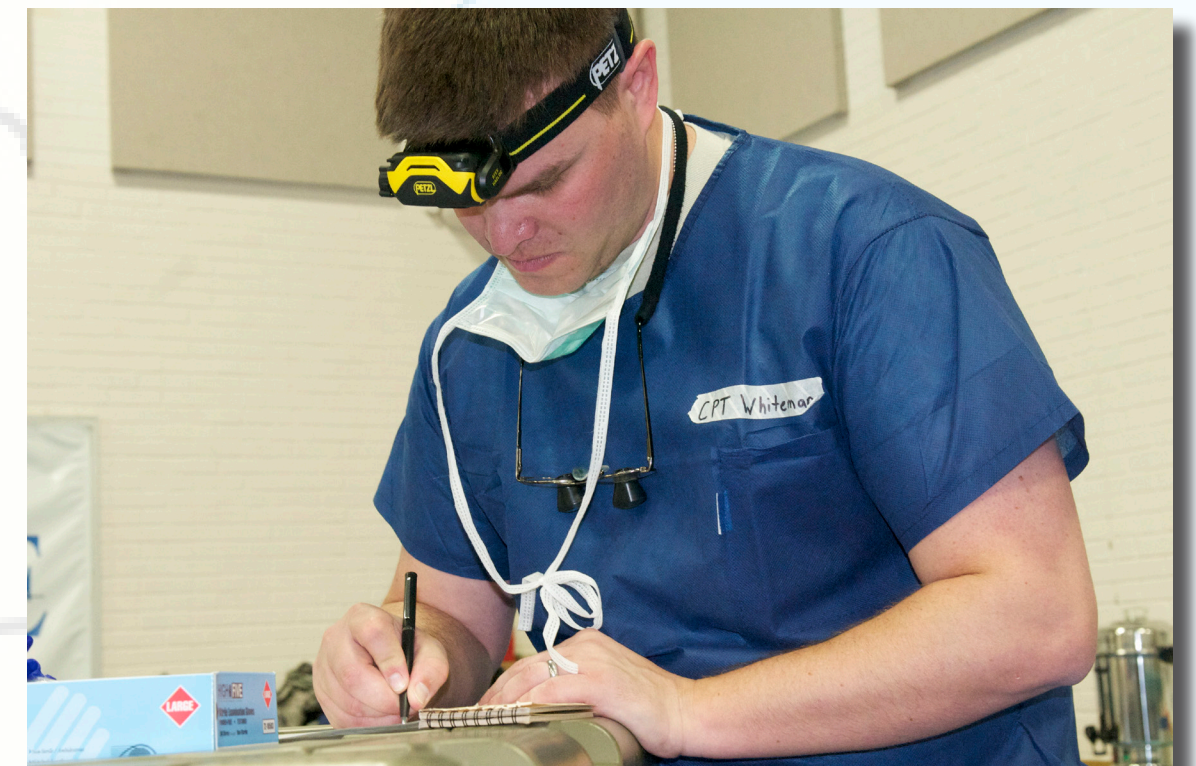
"The Soldiers were very friendly and helpful," said Jonny Uccellini, a local painter from Murphy. "It's been 14 years since my last dental exam due to lack of medical insurance."

See IRT, Page 10

(Right) Sgt. 1st Class Mark Jandl, an Army Reserve Optical Fabrication Soldier with the 410th Medical Logistic Company, uses a Lensometer to verify a proper lens prescription during Innovative Readiness Training - Appalachian Care in Bryson City, N.C.



(Below) Army Reserve Capt. Joel Whiteman, a dentist with the 185th Dental Company, maintains his patient log during Innovative Readiness Training - Appalachian Care in Murphy, N.C. Dentists track completed procedures to give local government facts and statistics on what types of services are needed within the community.



IRT, continued from page 8

When asked if he would ever use the military for treatment again, Jonny laughed and stated, "I hope I never need it, but if I do, I will be first in line."


Many local residents have been hit hard during the last few years due to a drop in the economy and changes in industrialization. According to the Bureau of Labor Statics, both Cherokee and Swain Counties fall above the average state unemployment rate of 6.3 percent, reaching as high 8.5 percent.

"I grew up here in the 60s," said Andrews Mayor Nancy Curtis. "We had plants and we had jobs. However, when the new road bypassed our downtown, it hurt us."

Curtis continued to speak about the positive feedback she received from locals.

"Everybody I've talked to that's been here says how much they like you and how terrific you all are - we're really happy you're here."

In the past, 807th Soldiers have deployed to overseas locations like Honduras, Belize, Guatemala and the Dominican Republic to provide medical resources not readily available. This year efforts are being expanded to areas like South Dakota and Montana to emphasize domestic training and humanitarian capabilities.

"It's heartwarming to conduct a training mission that affects Americans in such positive way," said Capt. Lee Jackson, a nurse practitioner with the 325th Combat Support Hospital, Kansas City, Missouri. "Everyone from the patients to local shop owners has welcomed us with open arms." 



Army Reserve Spc. Sierra Chandel, an Optical Laboratory Specialist with the 362nd Medical Logistics Company, uses an autorefractor to measure the eye curvature of a North Carolina native during Innovative Readiness Training - Appalachian Care in Bryson City, N.C., June 7. This exercise provides free optical services to local civilians in surrounding areas, as well as basic medical, dental and veterinary care for the local civilian population. (U.S. Army Photo by Capt. Chad Nixon)

Army Reserve medics get realistic training

"My goal is to create an environment where stress can seem overwhelming..."

SACRAMENTO, Calif. - The sheer havoc and demand placed on a medic in war can be stressful to say the least. Those are the conditions instructors from the 328th Combat Support Hospital, 807th Medical Command tried to emulate during combat medic training April 13 at the B.T. Collins Army Reserve Center.

During a weeklong Army Specialized Training Program (ASTP) course, instructors provided medical training to combat medics in order to sharpen their skills and complete required training to maintain their Emergency Medical Technician license (EMT) and 68W military occupational specialty (MOS).

Classroom instruction consisted of topics such as treating abdominal trauma, pharmacology and casualty movement as well as student teaching where instructors evaluated the medics' subject knowledge and presentation skills.

"The student teaching portion was very interesting," said Spc. Tammy Walker, a combat medic with the 328th. "Even though we picked the subjects we have to be very confident of the material."

The week long course concluded with the hands on skills evaluation phase where instructors created a live exercise using medical mannequins and other materials to simulate an emergency situation for students to react.

"My goal is to create an environment where stress can


seem overwhelming," said Staff Sgt. Christina Machado, lead instructor for the 328th. I want my students to receive the most realistic training they possibly can to help them save lives when they are called upon.

During class instructors ran in and alerted students of an explosion that has taken place and that they were to expect casualties. Within moments students found themselves in a dark room with flashing strobe lights and loud gunfire.

Students reacted by removing the wounded from the blast site to a safe area where medical treatment can begin.

"We yell and scream to make it feel as real as we can," said assistant instructor Sgt. Matthew Landeros. "We even give them wrong medical advice to see if they have the guts to correct us with proper techniques."

After the wounded are treated and the notional medevac helicopter has transported the patients for further medical care, instructors provided feedback on student performance and asked for ideas on how the training can be improved.

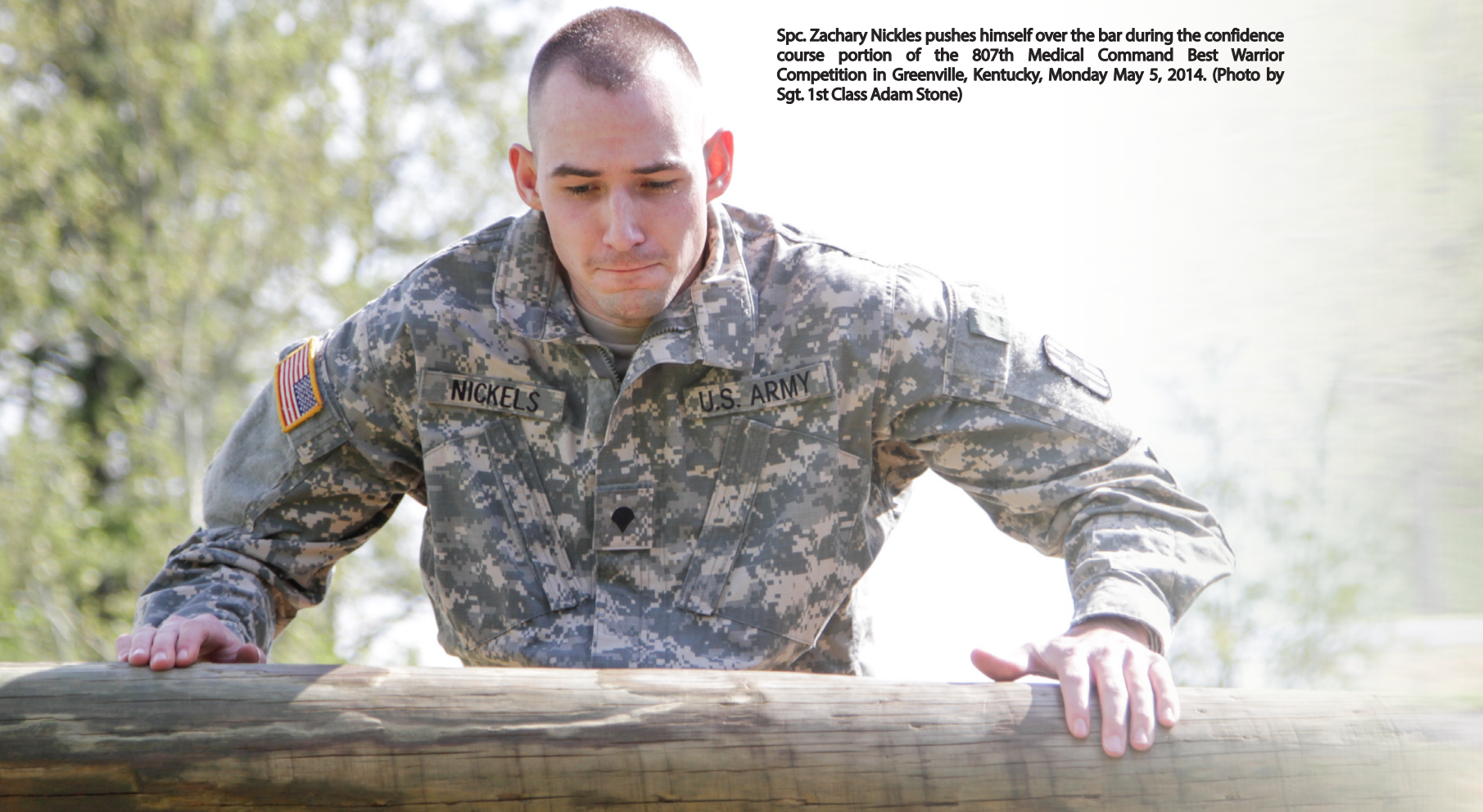
"I have 2 goals when I instruct," said Machado. Give Soldiers the tools they need to help save lives and inspire my students to continue serving as a combat medic. "If I can leave here knowing I have reached these kids and motivated them to continue growing as a medic and Soldier, then I have done my job." 



Spc. Tammy Walker, a combat medic, checks for breathing on a patient she is evaluating for medical care. Staff Sgt. Christina Machado, head instructor for the course, watches closely to evaluate proper medical techniques.

Top Soldiers compete at Best Warrior

Spc. Zachary Nickles pushes himself over the bar during the confidence course portion of the 807th Medical Command Best Warrior Competition in Greenville, Kentucky, Monday May 5, 2014. (Photo by Sgt. 1st Class Adam Stone)



WENDELL H. FORD REGIONAL TRAINING CENTER, Kentucky - Nine Soldiers met on the field of competition to determine the best warrior in the 807th Medical Command at Wendell H. Ford Regional Training Center, Kentucky, May 4-9.

The four-day competition challenges noncommissioned officers and junior enlisted soldiers in warrior tasks, physical endurance and mental toughness. One NCO and one junior enlisted Soldier will move on to the U.S. Army Reserve Command competition at Joint Base McGuire-Dix-Lakehurst, New Jersey, in June.

During the competition, Soldiers were faced with complex challenges for both the body and mind. The competition included the basics of land navigation, a physical training test, weapons qualification, Army basic warrior tasks and a ruck march.

The competition also held some surprises for the candidates to see how they would handle stressful, unexpected situations.

On day one, after many exhausting hours including a PT test and traversing an obstacle course three times, they had to assemble a quick reaction force for an unexpected event as they were getting ready to go to bed. Competitors had to prove they could move as a convoy, dismount their vehicles and move efficiently as a squad, even though they were competing against each other.

In the middle of day two, after what seemed like walking the length of Kentucky on the land navigation course, they had an opportunity to test their protective masks in the CS gas chamber. Afterward, they had to demonstrate their knowledge of basic warrior tasks and conduct night land navigation.

"Land nav has been the toughest—that's the biggest course I've ever done," said Spc. James Scott, who holds a military occupational specialty of 68C, or practical nursing specialist, and is assigned to the 322nd Medical Company, 307th Medical Brigade, 807th Medical Command in Grand Rapids, Michigan. "I've never practiced on a non-self-

See *BEST WARRIOR*, page 14



Sgt. Francisco Vargas, in the green shirt, makes an effort to pass Staff Sgt. Victor Ramos of the Legal Command at the end of the APFT 2-mile run. Vargas won the NCO best warrior competition and went on to represent the 807th at the US Army Reserve best warrior competition at Fort Dix, NJ. (Photo by Sgt. Jacob Lemoine)

BEST WARRIOR (continued from page 12)

correcting course. That's the first time I've just had to shoot and hope that my calculations and pace count were correct."

Sgt. Blake Vaneaton, a biomedical repair technician from Lincoln, Nebraska, says he's been practicing each warrior task lane individually at his home unit in preparation for the competition.

"Here, we did them one after another and simulated a real-world application that was realistic – Army training at its finest," said Vaneaton. "I believe that needs to be the standard at all units."

The third day was the rapid-fire board. During this and other similar boards, five sergeants major sit behind a table and ask each individual Soldier questions in a quick manner to test that Soldier's knowledge on a broad range

of Army topics and see if they can think on their feet.

The final day of competition consisted of weapons qualification and a six-mile ruck march over the rugged Kentucky terrain that the competitors felt was tough, but rewarding at the end.

"I knew it was going to be intense—that the pacing would be quick. I knew over four days there was going to be a lot to train for," said Vaneaton. "I haven't been disappointed yet."

"The best part about it is meeting new Soldiers," Scott said. "And you're with them 24/7, so you know how they are and how they aren't. You make new friends very quickly."

In the end, Sgt. Francisco Vargas of the 2nd Medical Brigade in Garden Grove, California, and Spc. Zachary

Nickles of the 330th Medical Brigade in Fort Sheridan, Illinois, took home titles of 807th Best Warrior, for the NCO and junior enlisted levels, respectively.

"I don't know how many Soldiers there are in the 807th, but I am the top junior enlisted Soldier and that means a lot to me," said Nickles. "All of my hard work is showing through." Nickles is assigned to the 801st Combat Support Hospital, 330th Medical Brigade, 807th Medical Command in Fort Sheridan, Illinois.

"I always try to be a role model to younger soldiers and even younger NCOs," said Vargas. "Hopefully this win will help me be that role model to all those people that look up to me."

Vargas is a motor pool sergeant from the 113th Medical Detachment (Combat Stress Control), 2nd Medical Brigade, 807th Medical Command in Garden Grove, California. 

(Right) Spc. Zachary Nickles feels the effects of CS gas after going through the confidence gas chamber. The confidence chamber is designed to give Soldiers confidence in the protective mask should they ever need to don it. (U.S. Army Photo by Sgt. 1st Class Adam Stone)

(Left) Sgt. Francisco Vargas from the 2nd Medical Brigade in Garden Grove, California and Spc. Zachary Nickles from the 330th Medical Brigade in Fort Sheridan, Illinois, won the 807th Medical Command 2014 Best Warrior Competition for the NCO and junior enlisted categories, respectively. (U.S. Army Photo by Sgt. Jacob Lemoine)



349th Combat Support Hospital teaches Guatemalans first aid

ZACAPA, Guatemala - Reservists from the 349th Combat Support Hospital taught Guatemalan Soldiers Combat Lifesaver Course (CLS) during Operation Beyond the Horizon April 30, 2014.

Beyond the Horizon is a humanitarian and civic assistance mission deploying U.S. military engineers and medical professionals to Guatemala for training and to provide humanitarian services. One of Army South's goals for the Beyond the Horizon mission is to demonstrate the U.S. commitment to fostering cooperative partnerships with the region. Training local soldiers is one such demonstration of cooperative partnerships.

"What's good about this type of training, is that anyone can use it," Capt. Celine Fernandes, a Registered Nurse with the 349th CSH, said. "These are Military Policemen, so we're giving them basic buddy aid. At the point of injury they can treat their partners and stabilize them before they reach a medic."

The soldiers were shown how to check for basic vital signs, to make improvised tourniquets, properly place a tourniquet, apply a field dressing and watch for respiration control. All these skills are valuable at a moments notice.

"At any moment anything can happen. So when it does everyone will know what to do, which is really good," 2nd Lt. Baker Ejcalon, a Guatemalan officer from the Civil Squadron, said. "It's this knowledge that can help them and that's what is important in this kind of organization."

Spc. Doreen Ferris, a Health Care Specialist with the 349th CSH, who was the instructor for the CLS class said, "We wanted to do cross training for the Guatemalan soldiers, teaching non-medical personnel skills that they can perform."

"I feel great about having them learn these skills," Fernandes said. "Anytime we can give knowledge on something that can save somebody's life it is a great feeling."



(Above) Spc. Doreen Ferris, a health care specialist with the Army Reserve's 349th Combat Support Hospital, teaches Guatemalan Soldiers how to make an improvised tourniquet at a Combat Life Saver (CLS) course during Operation Beyond the Horizon April 30, 2014. The Beyond the Horizon team is dedicated to working together with our friends, partners and the regional community in support of host nation efforts to help the people of the region.



(Below) Capt. Celine Fernandes, a registered nurse with the 349th Combat Support Hospital, teaches Guatemalan Soldiers the proper placing of a combat application tourniquet during a Combat Life Saver (CLS) course.

Beyond the Horizon 2014 connects dental services to Dominicans

VICENTE NOBLE, Dominican Republic - People eagerly waited in line for up to five hours for the chance to improve their smile. For more than 70 Dominican villagers, the wait provided them with access to dental care they might otherwise go without.

Beyond the Horizon 2014 allowed dentists and dental hygienists of the U.S. Army Reserve's 143rd Dental Company a chance to polish skills and teeth at the same time during a dental readiness training exercise in Vicente Noble, Dominican Republic, June 2, 2014. In addition to dental cleanings, the tooth and mouth specialists performed extractions and root canals, filled cavities, X-rayed mouths and conducted general exams for the villagers who ranged in age from toddler to senior citizen.

"It feels good to be able to alleviate the pain in some small way," said Capt. David Bennett, a dentist with the 143rd Dental Company. "The people are very receptive (to the dental care)."

The 143rd Dental Company, based out of Denver, is here to conduct its annual training requirement and improve its skills as a team and multinational partner.

"It's not just about training our Soldiers here. It's training other

people from other countries. It's a great way to build relationships," said Bennett, a Pleasant Grove, Utah, native.

For some hygienists, the dental readiness training exercise is an opportunity to practice skills they have only used sparingly since completing Advanced Individual Training. For others, it's a chance to take a leadership role and demonstrate skills they honed

skills benefits the Soldiers of the 143rd Dental Company as well as the Dominican people.

"I think it's awesome because they have a need for it, and our dentists are trained so well. It's great for the community to get really good work done," said Kelley, a Farmington, Utah, native.

Beyond the Horizon 2014 is a



Dental hygienists from the U.S. Army Reserve's 143rd Dental Company, based out of Denver, clean the teeth of Dominicans in the village of Vicente Noble, Dominican Republic, June 2, 2014. The Soldiers are part of Beyond the Horizon 2014, a bilateral exercise that focuses on improving the infrastructure of and relationships with partner nations.

either through the military or in a civilian career.

"I help out as far as setting things up and explaining how to do the cleanings," said Spc. Megan Kelley, a dental hygienist with the 143rd Dental Company who works as a dental assistant for a civilian dental agency when she is not performing her military duties.

Improving dentist and hygienist

bilateral exercise that focuses on improving the infrastructure of and relationships with partner nations. This year, the United States is collaborating with the Dominican Republic to rebuild schools and other basic engineering needs. Additionally, medical personnel have conducted missions to help improve the physical health and dental work of the local population.

328th CSH trains to retain Army Reserve Soldiers

CAMP WILLIAMS, Utah - Nearly 200 Army Reserve Soldiers from the 328th Combat Support Hospital located in Salt Lake City participated in a Field Training Exercise, primarily focused on leadership skills and team building May 27 - June 6.

In 11 action-packed days, Soldiers conducted weapons qualifications, completed day and night land navigation courses, overcame team obstacle courses and tackled a road march. In addition to building team events Soldiers got hands on experience with troop leading procedures and leadership development, all supervised by the unit's noncommissioned officers.

"My vision was to create a training exercise that included all the training opportunities that inspire Soldiers to remain in the Army Reserve," said Col. Kenneth Locke, commander of the 328th CSH. "It's vital that the medical leadership balance both lifesaving and Army Warrior Tasks to keep our Soldier skills sharp."

With assistance from Detachment 2, Charlie Company, 5-159th Aviation of the Utah Army National Guard, selected Soldiers had the opportunity to fly in a Black Hawk helicopter and practice medical evacuation techniques.

"Seeing the joy on the Soldiers' faces made the training worthwhile," said Master Sgt. Alejandro Madrigal, exercise noncommissioned officer in charge. "This, by far, was one of our best Extended Combat Training events in a very long time."

Soldiers concluded the two-week training event by braving a 60-foot rappel tower in coordination with instructors from the University of Utah's Reserve Officer Training Corps.

For many Soldiers, the last time they went down a rappel tower was during basic training.

"I was very nervous," said Pvt. Jessica Rosson, a dental assistant with Alpha Company, 328th Combat Support Hospital. "My platoon sergeant, Sgt. Joseph Arlege, got me pumped and helped me find the motivation I needed."

At the end of all training exercises, leaders hold an after action review to discuss lessons learned during an exercise to gain firsthand knowledge from Soldiers on what items should be maintained or changed for future training.

"This is the type of Army Reserve training I look forward to," said Rosson. "When we combine our minds, muscles and team building skills, we are learning techniques used in real world situations."

(Additional photos on pages 20-22.)

Pvt. Jessica Rosson, an Army Reserve dental assistant with the 328th Combat Support Hospital, 139th Medical Support Brigade, 807th Medical Command (Deployment Support), receives last minute instruction from Sgt. 1st Class Joe Spier before beginning her descent down a 60 foot rappel tower during extended combat training at Camp Williams, Utah, June 2014.



Soldiers from the 328th Combat Support Hospital, 139th Medical Support Brigade, 807th Medical Command (Deployment Support) engage the enemy at an improvised explosive device range during extended combat training at Camp Williams, Utah, June 2014. See article on page 18.

Pop quiz with gunfire

SALT LAKE CITY - During a combined training exercise held at Fort Douglas, three service members posing as active shooters entered multiple buildings in an attempt to test the Soldiers' and Civilians' responses. They caused more than 30 simulated casualties in just ten minutes using .22 caliber starter pistols containing blank ammunition, which looks and sounds like a real bullet when fired but does not have a projectile.

The exercise was a combined effort prepared by the 76th Operational Support Command, the 807th Medical Command (Deployment Support), and the University of Utah Police Department. The purpose of the exercise was to test University police and Fort Douglas personnel on skills learned during a fort-wide active shooter training held last May.

"It's important because it's something that is escalating throughout the nation," said Detective John W. Thompson, sergeant in charge of investigations at the UUPD. "You see all the time that people are involved in shootings that are happening and it has become something that is not as rare as it used to be."

The exercise began with shooters entering numerous buildings located on post. As they entered buildings the announcement, "Exercise, Exercise, Exercise. Active Shooter, location unknown," was broadcasted over loud speakers.

"We know of thefts, insider threats, and other unauthorized access by outsiders in our Reserve Centers. We hear about the shootings at Fort Hood and in National Guard Centers in Tennessee. We even had a local active shooting event here in Trolley Square in downtown Salt Lake City in 2007. It's not a question of if, it's a question of when," said Jeffrey Black, 807th MCDS representative of the Fort Douglas Provost Marshal Office.

According to the training, all personnel should do one of three things upon hearing this announcement: run, hide, or fight. This means that you get out of the building if you can and you know where the shooter is; if you do not know where the shooter is, you lock or barricade the door, turn off the lights, hunker down, and remain quiet until the police come and get you; or if the shooter comes into your room, you fight.

Upon entering the buildings, the shooters found some offices secured but others were not. When they found unsecured personnel, they shot them using the blank ammunition.

David Lecaros, a unit administration technician assigned to the 807th stated, "I heard the announcement and then the shots. It took me a couple of seconds to process what was going on. I stood up to barricade the door, but the shooter shot me before I could. I was surprised by how fast they got to me."

One of the shooters, Master Sgt. Kenneth R. Hiler, said, "I found some doors closed but when I pushed against them they opened easily. I shot the people inside."

Staff Sgt. Merrill Bryner, another shooter, said, "I tried one of the doors and found it locked but I could hear someone on the other side. I knocked and she opened her door. I shot her and moved on."

The exercise ended with the response of the police department's team. They arrived only three minutes after the first call. They quickly analyzed the situation and reacted. Some of the casualties told them the shooters had moved to building 103. They entered the building and started clearing the rooms along the hallway.

After just a couple of seconds, they heard shots from upstairs. The team immediately changed their tactics and headed quickly up the stairs only briefly checking the rooms as they passed them.

"Get your hands up," yelled one of the officers as a shooter lunged out at them.

When the smoke cleared, one officer was down and the shooter was dead or at least that is what would have happened if they hadn't used blanks.

"One shooter down," said an officer as the rest of the team secured the area.

By arrangement, the exercise ended once the police quickly located and neutralized one of the shooters.

After the exercise concluded, participants gathered and discussed how they will respond in the future.

Sgt. 1st Class Herbert Phinney, an operations noncommissioned officer with the 807th, stated, "I knew it was an exercise but seeing the gunman come around the corner of my cubicle and the muzzle flash raised my heart rate

and added a sense of realism."

"The Army Reserve's Soldiers and Civilian workers are our greatest asset--one that can't be replaced," said Maj. Daniel L. York, commander of the 76th Operational Response Command. "The training received today may very well save a life should they be tragically involved in a shooting incident."



I found some doors closed, but when I pushed against them they opened easily. I shot the people inside...

Story on page 18



(Above) Soldiers from the 328th Combat Support Hospital, 139th Medical Support Brigade, 807th Medical Command (Deployment Support) practice medical evacuation techniques during extended combat training at Camp Williams, Utah, June 2014.

(Below) Soldiers from the 328th Combat Support Hospital, 139th Medical Support Brigade, 807th Medical Command (Deployment Support) practice tactical movements through the cover of smoke while building leadership skills during extended combat training at Camp Williams, Utah, June 2014.



Sgt. 1st Class Prenness Taylor, from the 139th Medical Brigade, discovered there is more than just sunny weather, beaches and surfing in Cocoa Beach, Florida, while becoming the most recent graduate from the Equal Opportunity Advisor course at Patrick Air Force Base.

I had the opportunity to sit down with Sgt. 1st Class Taylor and Greg Rogers, the Equal Opportunity Advisor for the 807th Medical Command (Deployment Support) and ask questions about the course and its importance to the Army Reserve.

Q. To help readers better understand, what is the roll of an EOA?

A. Rogers: We are an outlet for soldiers to learn and understand diversity. We travel to units and teach classes on race, religion and culture. We can establish and record focus groups to give commanders an estimate on the attitudes and command climate.

Q. What if a Soldier has an issue, do you handle complaints?

A. Rogers: EO complaints that are based on Race, Color, Nation of Origin, Gender, or Religion can be brought directly to the first level Equal Opportunity Advisor (EOA) as a formal or informal complaint. The complaint is based on the Soldiers perception not the EOAs. It is the EOAs job to advise them, but remain a neutral party between the command and the Soldier. The EOA will insure that "Due Process" is provided on the complaint.

Q. Why volunteer to become an EOA?

A. Taylor: I like the idea of teaching diversity to Soldiers and civilians. Assisting unit commanders to build team cohesion increases the success of the unit, and I am proud of that.

Q. What did you like most about the course?

A. Taylor: Working in a joint setting with all branches and services was great. This was my first class in a joint environment and learning from the other services is something I will never forget.

Q. Why is it important for Soldiers to attend the EOA course?

A. Rogers: when it comes to filling EOA positions, the 807th is at only 50 percent strength for the entire

command. We need to spread the word so Soldiers can learn about becoming an EOA and the opportunities it can bring to their career. Building cultural relations removes barriers and helps units function stronger than before.

Q. Can anyone become an EOA and what are the requirements?

A. Rogers: For enlisted the MOS is nonspecific with a rank requirement of promotable E6 to E9. For officers in the AG branch that are an O4 to O5, they can serve at the division level. Once you become an EOA you are required to serve in the position for 3 years. The first step is completing the online training, then attending the 4 week resident portion in Florida.

Q. What surprised you most about the course?

A. Taylor: To help others you must first learn about yourself. The course helps you discover your own filters, prejudices and bias's, breaks them down and makes you self aware. Once you understand you, then you can better understand others.

Q. Be honest: was this class an excuse for you to live next to the beach?

A. Taylor: Funny you should say that. This is my first time seeing the ocean and it is beautiful here. However, the instructors push for more. Volunteering in the community is

important and giving back is highly encouraged. I spent time working with Habitat for Humanity helping build houses. Owning a home is part of the American dream and I feel good being a part of that.

Interested in becoming an Equal Opportunity Advisor? Contact your division EOA, Mr. Greg Rogers at 801-656-3668 or gregoryp.rogers.civ@mail.mil.



Sgt. 1st Class Prenness Taylor poses for a graduation photo with Col. Reese Turner, Commandant for the Defense Equal Opportunity Management Institute. Taylor is the most recent 807th Medical Command graduate from the Equal Opportunity Advisor course at Patrick Air Force Base, Cocoa Beach, Florida.

Fort Douglas celebrates Asian and Pacific Islander Heritage Month

FORT DOUGLAS, Utah - Performers majestically swayed to the beat of Hawaiian music as they displayed their dancing talents at the Fort Douglas Asian-American and Pacific Islander Heritage Month Observance hosted by the 807th Medical Command and 76th Operational Response Command, May 22.

Soldiers watched performances from the local Ili O' Polynesia dance group, who volunteered their talents to educate reserve members on traditional Asian and Pacific Islander dance routines.

"I am pleased to spread cultural awareness and influence the attitudes of Soldiers," said Malia Misleng-Darden, owner of the Ili O' Polynesia dance studio.

A post committee was formed to host the event and it was only natural to invite Malia and her team. Her daughter Salia, is an 807th Soldier currently deployed with the 719th Veterinarian Detachment in Kuwait.

Children of the performance group danced in authentic costumes from various cultures to include the Hawaiian dance Ke Aloha and the Samoan dance Pei O Uma.

Soldiers also had the opportunity to show off their dancing skill. Staff Sgt. Tiaoalii Ameperosa concluded the ceremony by performing the Tauluga, a traditional Samoan dance historically used to conclude important events and festivities.

In addition to dancing, a true islander feast was provided along with displays to highlight Asian



Staff Sgt. Tiaoalii Ameperosa, a Soldier with the 807th Medical Command (Deployment Support), performs the Tauluga, a traditional Samoan dance that is frequently performed as the grand finale of an evening of entertainment or as the concluding number at Samoan wedding receptions, social functions, and other festivities, at the Fort Douglas, Utah Asian and Pacific Islander Heritage Month Celebration, May 22. (Photo by Capt. Addie Randolph)

and Pacific Islander heritage.

"This food really makes me miss my days living in Hawaii," said Col. Elizabeth Baker, 807th chief of staff.

The celebration concluded with certificates of appreciation for the participants and permitted time for everyone to meet and talk with the performers.

"America is comprised of multiple races, cultures, and ethnicities," said Greg Rogers, 807th equal opportunity program manager. "The continuation of observances that expand and promote diversity knowledge within the Reserve is paramount to its success."

Commanders and Family volunteers train together for the first time

Whitney Worley, on the left whose husband is in the 139th Medical Brigade, 807th Medical Command, in Independence, Missouri, and Shawna Reagan, whose husband is in the 325th Combat Support Hospital in Springfield, Missouri, take notes on how to create a newsletter during "Family Readiness Group in the New Era" training at the DFW Westin in Irving, Texas, Saturday May 31, 2014. For the first time, Army Reserve Family Programs held training at the same time for commanders and family readiness groups in order to have a more collaborative weekend.



IRVING, Texas - For the first time, Army Reserve Family Programs held a joint chain of command and family readiness group in the new era volunteer training conference at the DFW Westin May 30 - June 1.

"We are trying to maximize our resources, this is the first time it's ever been done," said Kathryn Stetson, the Family Readiness Program coordinator for the 807th Medical Command.

The 63rd Regional Support Command Army Family Programs hosted the 807th's Chain of Command Training session along with trainers, commanders and senior enlisted advisers from the 75th Training Command's FRG in a New Era training with support from the 79th Support Sustainment Command, the 9th Mission Support Command and the 108th Training Command.

The Chain of Command training is designed to make commanders and senior enlisted advisers aware of what makes a good family readiness plan. The training takes place over an entire weekend with a little time for travel.

"A lot of it hinges on families. Take a Soldier away from their home and take their family out of it, then there's not that understanding of separation. I think with FRG, it's great we have that education and training for the family members," Capt. Denise Sons, the commander of B Company, 325th Combat Support Hospital, 807th Medical Command, continues, "this training helps me understand my responsibilities more. It's a commander's program and so I need to know what kind of program I'm running."

"It's important the command supports it, otherwise it'll never take off," said Sons.

Not every unit has a functioning family readiness plan. At this training, commanders get tools on how to recruit volunteers, funding family support groups and maintaining communication through newsletters, phone trees and social media.

"I want commanders to leave here with a unit family readiness plan," said Stetson.

What five of these units have in

common is they all fall under the 63rd which has geographic control of units from California to Texas.

"What we are trying to do more on a regional level is to get more bang for the Army's dollars and be more effective as a regional family program," said WK Jones, Army Reserve Family Programs Director for the 63rd.

When we have these two training weekends at the same time, which we haven't done before, there are times when they can come together and collaborate. Typically they aren't training in the same place, they have to wait until they get back to the unit to collaborate, said Jones.

Ultimately, bringing the commanders and the FRG volunteers together shows them they are in this together.

"You can never assume a service member works autonomously. They do not work without the support or influence of the family. I'll be honest with you, a disgruntled family can pull a service member out of the service," said Jones.

Are my boots unauthorized?

DA PAM 670-1 EXCERPT:

a. Boots, combat, tan, leather. The Army combat boots (HW and temperate weather) are clothing bag issue items.

(1) Description. The two types of issue Army combat boots (HW and temperate weather) are made of flesh-side out cattle hide leather with a plain toe and tan outsoles. Soldiers are required to possess two pairs of issue Army combat boots (HW) and one pair of issue Army combat boots (temperate weather) (specification) boots.

(a) The issue Army combat boot, HW, is made of tan-colored, flesh-side out cattle hide leather and nylon duck upper, removable cushioned insert, a closed loop speed lace system, and drainage eyelets.

(b) The issue Army combat boot, temperate weather, is made of tan-colored, flesh-side out cattle hide leather and nylon upper, a weatherproof-breathable membrane with limited flame resistance, conduction heat resistance and liquid fuel penetration protection, removable insert, and a closed loop speed lace system.

(2) How worn.

(a) The boots are laced diagonally with tan laces, with the excess lace tucked into the top of the boot under the bloused trousers or slacks, or wrapped around the top of the boot. Metal

or plastic cleats and side tabs are not authorized for wear. Sewn-in or laced-in zipper or Velcro inserts are not authorized.

(b) Rubber or pure polyether polyurethane soles are the only outsole material that currently meets the need for durability and traction on surfaces in multiple environments and temperature ranges. Other materials (that may be of a lighter weight) may have significant problems in these areas.

(3) Optional boots.

(a) As an option, Soldiers may wear commercial boots of a design similar to that of the Army combat boot (tan), as authorized by the commander. The boots must be between 8 to 10 inches in height and made of tan flesh-side out cattle hide leather, with a plain toe and a soling system matching the color of the tan upper materials. Rubber and polyether polyurethane are the only outsole materials that are authorized. The soling materials will not exceed 2 inches in height, when measured from the bottom of the outsole, and will not extend up the back of the heel or boot or over the top of the toe. The exterior of the boot upper will not contain mesh but will be constructed of either all leather or a combination of leather and nonmesh fabric. Soldiers may wear optional boots in lieu of the Army combat boot (tan), as authorized by the commander; however, they do not replace issue boots as a mandatory possession item.

Examples of UNAUTHORIZED BOOTS:



This is not an all inclusive listing. These are boots known to be outside of regulatory guidance. Check out the DA PAM 670-1 updates for more information.

More than 100 wounded, ill and injured service members and veterans from across the United States joined together at West Point to train and compete in the Army Warrior Trials, June 15-20. The event is hosted by Warrior Transition Command and includes athletes from the Army, Marine Corps and Air Force who face off in archery, basketball, cycling, track and field, swimming, shooting, sitting volleyball and wheelchair basketball.

Participants in the trials include athletes with spinal cord injuries, traumatic brain injuries, visual impairment, serious illnesses and amputations.

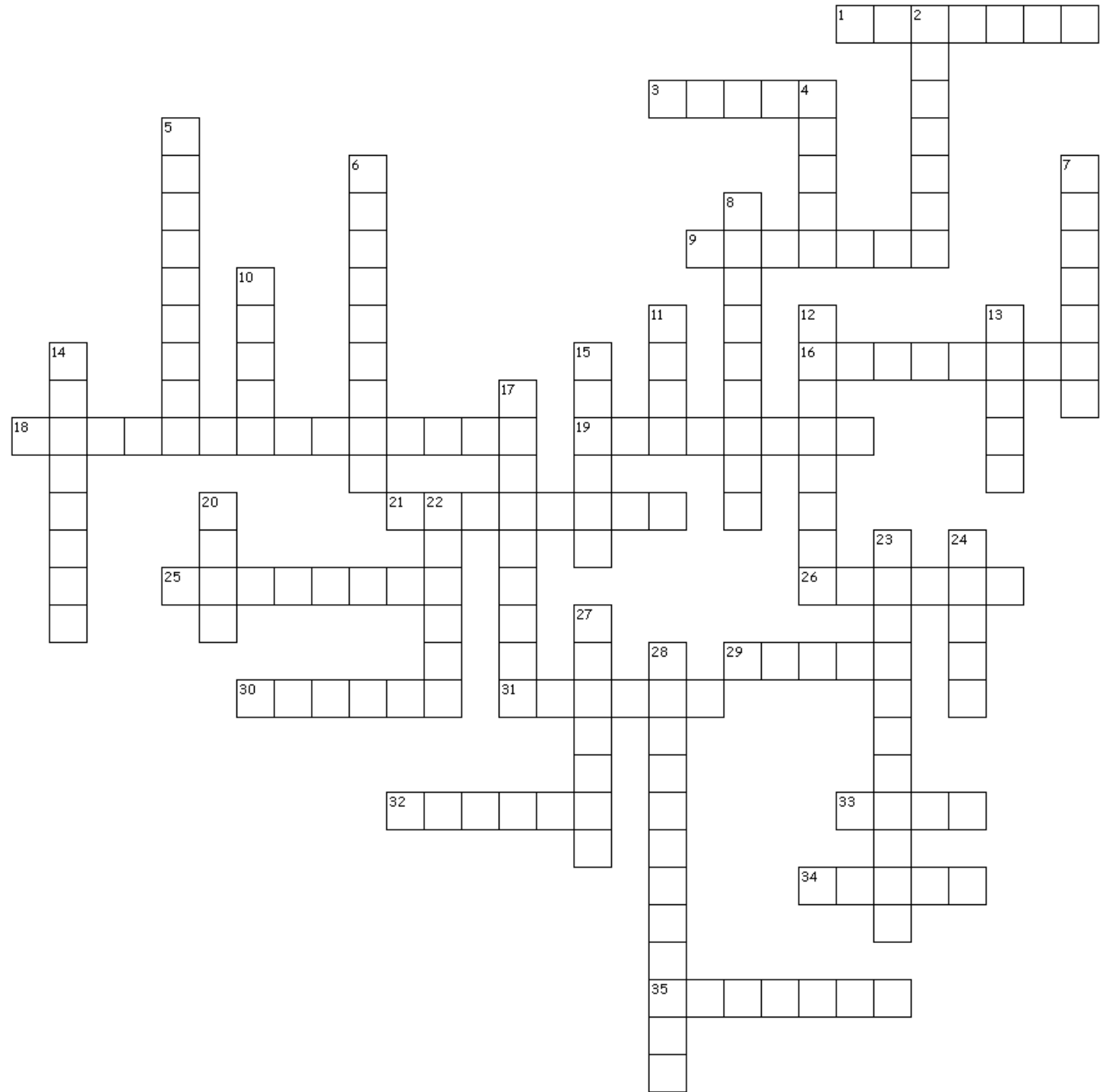
The Army Warrior Trials help determine the athletes who will represent Team Army in the 2014 Warrior Games slated for Sep. 28-Oct. 4, Colorado Springs, Colorado.



(Right) Army Reserve Sgt. 1st Class Samantha Goldstein, 325th Combat Support Hospital, Independence, Missouri, rotates her body in a dance-like exercise to safely stretch her muscles during practice for the the 2014 Army Warrior Trials, West Point, N.Y.



(Left) Sgt. 1st Class Samantha Goldenstein races through the course to complete three laps and finish with what she hopes is a time that will send her to the 2014 Warrior Games.



ACROSS

1. Birthplace of Gen. Patton: San _____, California

3. Xe on the Periodic Table

9. Home of the Infantry: Fort _____

16. 23rd U.S. President

18. German marksmanship badge

19. S.D. state bird: Ring-Necked _____

21. Star of Lone Survivor: Mark _____

25. 139th Medical Brigade location (state)
26. Name of Stewie Griffin's bear

29. 2014 Winter Olympics location

30. Host of 2016 Summer Olympics

31. Chief of the Army Reserve

32. First Civil War Battle: Battle of Fort _____

33. Capital of Ukraine

34. 807th Medical Command Publication: The _____

35. United States Military Academy location (state)

DOWN

2. U.S. Marine Corps animal mascot

4. 807th Public Affairs Captain

5. 46R: _____ Specialist

6. Location of the 307th Medical Brigade

7. James Bond drink of choice

8. Third U.S. President

10. M.A.S.H. 4077th Commander: Henry _____

11. Army birth month

12. CSM of the Army

13. Military aptitude exam

14. Social media site
15. Advanced Engineer School graduate

17. 60K Medical Officer

20. 2002 NCAA Football Champion: _____ State

22. 91T: _____ Care Specialist

23. Simpsons hometown

24. Longest running TV show: Meet the _____

27. Comedy Central news: The _____ Report

28. First U.S. Medical College: University of _____



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EBOLA, (continued from page 3)

hopeful some of that will be useful in studying the West African Ebola. Working in West Africa is particularly challenging, he explained. “We have to bring almost everything with us,” he said. “When we arrived here in Liberia, we had to set up the entire laboratory, train the staff and then supervise them as they help fight the disease in their own country.”

Diagnostics, Schoepp’s specialty, is detective-like work. The strategy involves using a molecular assays such as PCR, or Polymerase Chain Reaction, that looks for particular signatures in the genome of the virus, he explained. Another approach, he said, involves the use of immunodiagnostics to detect either the virus or detect the antibodies in an infected person. He credits USAMRIID with testing some of the early antibodies IgM, or Immunoglobulin M, and the later antibodies IgG, or Immunoglobulin G, which appear after the Ebola virus attacks.

Researchers at USAMRIID are “trying to continue to improve on those assays to make them easier and more specific and sensitive,” he added. One of the biggest hurdles to fighting the Ebola, he said is not medical, but rather cultural. Most who contract Ebola get it when preparing the bodies of loved ones for burial. “In Africa and other regions of the world it’s traditional to wash the body, to caress the body, to kiss the body,” he said. In some of the more isolated societies, people even drink the blood of the dead as a way to honor them, he added. So these practices “are leading to an increase in the number of infections we’re seeing,” he said. These cultural practices are “very delicate to deal with in West African societies. You have to tread very lightly and bring it to them in a way they’ll understand so they consider changing those practices. We haven’t made it to that point yet. That’s why we’re seeing this outbreak continue.”

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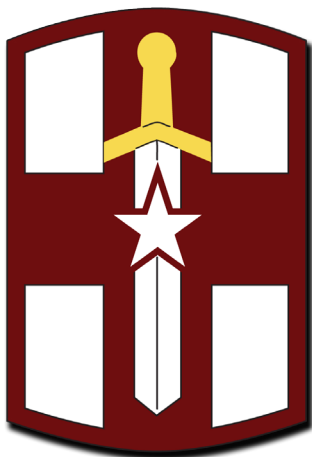
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U.S. Department of Veterans Affairs

Department of the Army
HQ, 807th Medical Command (Deployment Support)
Public Affairs Office
106 Soldier's Circle
Fort Douglas, Utah 84113



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