



THE

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Spring/Summer 2014

PULSE
DIGITAL EDITION



New Horizons - Belize 2014

Belizean native returns home in U.S. uniform

PLUS

Serving animals in need



by Command Sgt. Maj. David Davis



I am often asked by Soldiers and senior NCOs, "Sergeant Major, what do I need to do to get promoted?" My response is usually followed with three questions: 1) Are you qualified for promotion? 2) Do you know when you're eligible for promotion? and, 3) What are you doing to get promoted? Most of the time, I get this deer-in-the-headlights stare from the Soldier or NCO followed by the awkward response of, "huh?"

Contrary to some, the Army promotion system is one of the most fair and impartial systems used to promote the best qualified Soldiers. It doesn't matter who your father or mother is. It doesn't even matter who your last CSM may have been. You can't "buy" your way into the next rank. Generally speaking, if you have the aptitude and do the hard work that it takes to separate yourself from your peers, the system will reward you by recognizing your commitment and effort.

To fully appreciate the process, one must first understand that the decisions made by promotion boards are only as good as the information provided to them. With that said, I find much of the fault lies with command sergeants major, sergeants major, first sergeants and first line leaders not taking the time to mentor and educate Soldiers in what it takes get promoted. Regardless of where the blame lies, the following quantifies some of my personal observations regarding active and Army Reserve Soldiers and why Soldiers are not being selected, especially in the senior grade, for promotion to the next level.

First, many Soldiers, especially senior NCOs, are not doing the hard work it takes

to get promoted. There appears to be a lack of individual responsibility and ownership of their respective careers. This is often evident when Soldiers wait until the last minute to start preparing their promotion packet. This is evident when the Soldier's Enlisted Record Brief or DA Form 2-1 is out of date. If you cannot update your ERB or 2-1, then a Letter to the President of the

Board is in order explaining what is missing.

Second, the NCO Evaluation Report or NCOER is one of the most significant documents in the promotion file when combined with assignment history and a current photograph. Few evaluations are consistent with "1s" in the promotion and potential sections and "Among the Best" ratings over a period of time and across a variety of raters. Too many Soldiers -- especially Army Reserve Soldiers -- often have the same rating chain year after year which does not give the board members a good picture on how well the Soldier performs while working with different people. This is often apparent when it comes time for the Soldier's annual evaluation, which becomes a colossal struggle in preparing an adequate evaluation expressing the Soldier's accomplishments and potential. Most alarming is that many Soldiers fail to have an official photograph on file or their photograph is outdated. For example, a master sergeant competing for sergeant major is still displaying sergeant first class stripes in his or her official photograph. For Army Reserve Soldiers, a photograph speaks volumes. Since the Soldier does not appear before the promotion board, their photograph is what represents them. No

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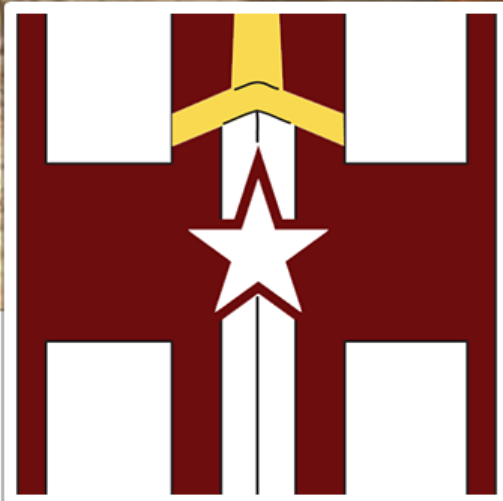
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On the Cover:

U.S. Army Sgt. Karen Burbank, medic, checks the blood pressure of a Belizean infant at the Chunox Roman Catholic Pre-School in Chunox, Belize. Burbank, a Belize City native, is deployed from the 349th Combat Support Hospital, a Reserve unit in Los Angeles, California. The care was provided as part of a medical training exercise, or MEDRETE, that offers U.S. and Canadian military doctors and nurses the opportunity to train and interact with their Belizean counterparts. (U.S. Air Force photo by Tech. Sgt. Kali L. Gradishar/Released)

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Have a story idea? Take some photos during your training event? Got a great idea for a column?
The Pulse is always looking for submissions from the field!
Contact Capt. Chad Nixon for more information at chad.m.nixon.mil@mail.mil.

Baby your brain: know the symptoms of TBI

WIESBADEN, Germany - Blurry vision, dizziness, mood swings, sleep problems and memory problems: these are all symptoms of traumatic brain injuries, or TBIs, and can last from a few days to a lifetime, depending on the treatment and severity.

A brain injury can happen anytime, anywhere, to anyone. Brain injuries do not discriminate. Approximately 2.4 million people sustain brain injuries in the United States each year. An injury that happens in an instant can bring a lifetime of physical, cognitive, and behavioral challenges.

"It's a multi-system dysfunction that also affects the family," said Col. Debra McNamara, optometrist and TBI specialist at the Wiesbaden Army Health Clinic. "The quicker you get treatment, the quicker Soldiers and their families rehabilitate."

A brain injury can affect a person physically and psychologically, and sometimes the symptoms-like memory problems or emotional and behavioral changes - don't appear immediately. Everyone in the family is affected by TBI and changes in relationships, behavior, finances and social life can add stress to family life.

For example, if a child isn't sleeping well, he or she will be sleepy in school and grades might slip, causing stress for the child and his or her parents. Early and

adequate access to care will greatly increase overall quality of life for the patient as well as the family members, who play an important role in the care and rehabilitation of individuals with TBIs.

Vision therapy is an integral part of treatment for post trauma vision syndrome, a problem of up to 75 percent of people with a TBI experience. Brain swelling can disrupt ocular motor nerves in the brain, preventing eyes from moving in the same direction at the same time.

When this happens, patients will often tilt their head to avoid seeing double, sending poor information to the vestibular system. The result is poor balance, dizziness and headaches.

Post trauma vision syndrome is often overlooked. Until the vision problems are treated, patients may find reading, computer work, driving and shooting

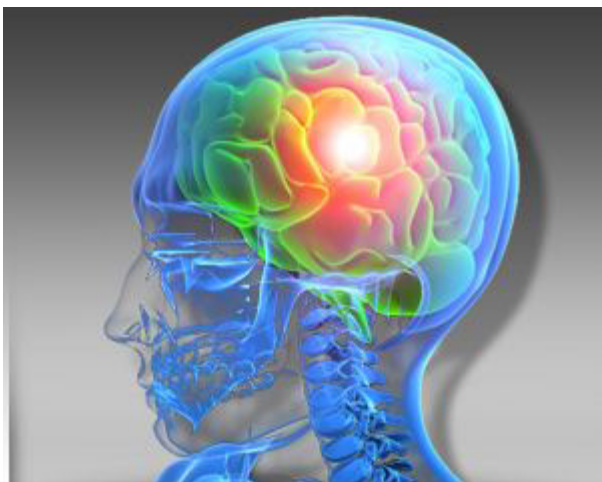
difficult. They might see perfectly with one eye, but not so well with both.

"People will tell me, 'I thought I was crazy -- I didn't know how to explain something was wrong with my vision,'" recounted McNamara.

Most of the time, the problem can be fixed with a pair of glasses, prism and/or vision training. Some of the near-focusing problems resolve after systemic medications are discontinued. Headaches also will disappear.

"Alleviating vision problems significantly improves quality of life, so optometry is a rewarding role to play in TBI rehabilitation," she said.

Other common problems associated with mild TBI include changes in sleep, mood, energy, behavioral and cognitive patterns.



During the height of combat, the numbers of service members who experienced a TBI increased by approximately 10,000 per quarter and the majority of these (80 to 85 percent) have been classified as mild TBI, or mTBI. Although most patients with mTBI recover completely within three months of injury, some patients experience persistent symptoms and have trouble rehabilitating, particularly when they have co-occurring conditions, like Post-Traumatic

Stress Disorder -- or suffer another TBI soon after.

As the war winds down, most new TBIs result from fights and ski, bicycle, and other sports accidents.

"If you take a fall and hit your head while snowboarding and end up with a headache, the worst thing you can do is get back on the board and risk taking another fall on the slopes," said McNamara.

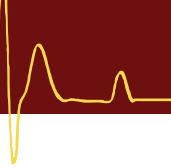
Brains need darkness and rest. In Afghanistan, she said, TBI patients would rest in "TBI tents" for up to 72 hours to let their brains heal.

The Defense Centers of Excellence for Psychological Health and Traumatic Brain Injury Information & Referral hotline (1-866-966-1020) is staffed 24 hours/day, every day of the year, as is the Crisis Intervention line (1-800-273-8255). Visit the Defense and Veterans Brain Injury Center (DVBIC) online at dvbic.dcoe.mil or brainlinemilitary.org for more information.

Ten facts to keep in mind about Traumatic Brain Injury:

1. Approximately 2.4 million people suffer a TBI in the U.S. every year.
2. Blasts are a leading cause of TBIs in a war-zone. Otherwise, falls account for 35 percent of TBIs; motor vehicle crashes, 17 percent.
3. TBI is a contributing factor to a third of all injury-related deaths in the U.S.
4. TBIs can increase the risk for epilepsy, Alzheimer's disease and Parkinson's disease.
5. Males are about 1.5 times as likely as females to sustain a TBI.
6. Children aged 0 to 4 years, teens aged 15 to 19 years, and adults aged 65 years and older are most likely to sustain a TBI.
7. Having a concussion increases the risk of having another, and those with multiple concussions take longer to recover.
8. Kids who suffer a concussion may have a much slower recovery if they've sustained one or more blows to the head in the past, according to studies.
9. Studies have also shown that kids who have the most mental activity after a concussion took the longest time to fully recover -- an average of 100 days.
10. Bicycling, football, playground activities, basketball, and soccer are associated with the greatest number of TBI-related emergency room visits.

(Information courtesy of the [Brain Injury Association of America](http://BrainInjuryAssociationofAmerica.org) and www.webmd.com)



Days of Remembrance

The Department of Defense designates the month of April as the Days of Remembrance. Memory is sacred; we remember the tragic events of history in order to learn painful lessons. We reflect on the events of the Holocaust, when the world descended into darkness. Six million

Jews along with 11 million other children of God were murdered by the Nazi machine.

When Nobel Laureate Elie Wiesel was asked, what is it that we can learn from the Holocaust, he offered this ominous reply, "That you can get away with it." As members of the military community, we take special pride in our role as the guardians of democracy and the defenders of those who are threatened wherever tyranny raises its ugly head. "We have learned," Wiesel concludes, "not to be neutral in times of crisis, for neutrality always helps the aggressor, never the victim. We have learned that silence is never the answer. We have learned that the opposite of love is not hatred, but indifference." We must never be indifferent.

The will to live sustained the victims of the Nazis under unimaginable conditions, and, in a situation where merely to survive was an act of triumphant resistance. Prisoners managed to subvert the system at every turn—stealing bread, substituting corpses for the individuals condemned by the Nazis, smuggling clothing, and maintaining a religious life. Such acts of heroism are a testimony to the depth and majesty of the human spirit.

One of the most famous victims of the Nazis was Anne Frank, a young girl in Amsterdam, Holland who perished in Bergen Belsen concentration camp at the age of sixteen. Her diary, which has become an international bestseller, survives as an historical reproach— "It's really a wonder," she writes, "that I haven't dropped all my ideals, because they seem so absurd and impossible to carry out. Yet I keep them, because in spite of everything, I still believe that people

are really good at heart. I simply can't build my hopes on a foundation of confusion, misery and death. I hear the approaching thunder, I can feel the suffering of millions, and yet, if I look up into the heavens, I think that it will all come out right one of these days, that this cruelty will end, and that peace and tranquility will return again. In the meantime, I must hold on to my ideals, for perhaps the day will come when I shall be able to carry them out."



Anne Frank

With all due respect to Anne Frank and her legacy, I disagree in one important aspect with the naive teenager. People are not "basically good." Rather, we are all born with the capacity for good as well as the capacity for enormous evil. The choices we make on a daily basis create our character and prepare us for moments of ultimate temptation. When we study the Holocaust, it is not simply to wring our hands over the events of a half-century ago. It is to confront our own evil instinct and the reality of evil in our world and to understand our responsibility to repair this brokenness.

When we study the Holocaust, it is not simply to wring our hands over the events of a half-century ago. It is to confront our own evil instinct and the reality of evil in our world, and to understand our responsibility to repair this brokenness.

In the final months of the war, the Allied Forces came face to face with the unspeakable and unimaginable horror of the Holocaust. Although rumors of the Nazi atrocities were widely circulated, nothing could prepare the troops for their first sight of the concentration camps. "I have just seen the most terrible place on the face of the earth", one soldier reported on August 27, 1944. On April 4, 1945, the Fourth Armored Division's Combat Command A of the American Third Army liberated Ohrdurf. A week later, other units

of the Third Army liberated Buchenwald. The Supreme Commander of the Allied Forces in the European Theater, General Dwight D. Eisenhower, and General Omar Bradley visited General George Patton on April 12, and together they toured Ohrdurf. Eisenhower, in a letter to Chief of

Staff George Marshall, wrote, "The things I saw beggar description. . . The visual evidence and the verbal testimony of starvation, cruelty and bestiality were so overpowering as to leave me a bit sick. In one room, where there were piled up twenty or thirty naked men, killed by starvation, George Patton would not even enter. He said he would get sick if

he did so. I made the visit deliberately, in order to be in a position to give first-hand evidence of these things if ever, in the future, there develops a tendency to charge these allegations merely to 'propaganda'." We who humbly stand as the heirs to this proud military history face an awesome responsibility to unmask the lie of those who seek to deny the reality of the Holocaust.

To remember is painful. To forget is perilous. Nothing can bring back the victims of the Nazis, or the brave Soldiers and citizens who died in the war against evil. We must remember—we are their refuge against oblivion. If we fail to honor their memory, they die a second death.

During these Days of Remembrance, we remember the terrible price of silence and indifference, and we rededicate ourselves to confront oppression wherever it raises its ugly head. ☩

We are all born with the capacity for good as well as the capacity for enormous evil. The choices we make on a daily basis create our character and prepare us for moments of ultimate temptation.



The entrance to the Auschwitz Concentration Camp.

Talking to our kids about going away



I'm a proud father of four beautiful children. More than three-quarters of our team has children, and about two-thirds of us have kids school age or younger. In the nearly three years I've been in the Army Reserve, my family and I have grown accustomed to short leaves and absences from special events. Most of these are due to military schools and the like, with other absences stemming from monthly battle assembly. I haven't been with my family for Father's Day once since joining the Reserves, and this year will continue that tradition. By the time I get home from this deployment, I'll have missed every major holiday at least once, my anniversary twice, and the birth of our youngest child. I will have spent nearly half of our third child's life away from her, and I will get to hold our newest addition for the first time when she's six months old. These are the sacrifices we make when we sign up. We choose to sacrifice -- our children do not get that choice.

Sacrifice is thrust upon our children by the decisions we make. Communi-

cating with our kids about our sacrifices is a challenge that we are poorly prepared for. I knew deployment was going to be difficult, but how do you explain how difficult it will be to your children? I've endeavored to be as honest with my kids as I can be. I encourage them to ask questions and tell me how they feel. It rips my heart out when I see them on Facetime crying for me, but I reassure them that it's okay and I'll be home before they know it. I chose this - they did not.

I talked with my team, and want to pass on some words of wisdom that we have found helpful in talking with our kiddos. Specifically, I asked how they handle certain questions and comments from their kids. Below is a conglomeration of statements from our kids and our responses, from myself, Staff Sgt. Rose, Sgt. Dunbar-Yamaguchi, Spc. Shu, and others.

"I want you to come home."

One of the most common statements I hear from my angels, and one of the hardest to respond to. Typically we say something along the lines of "I'll be home soon" or "before you know it I'll be home," and then the follow up is the more critical piece. I'll be home soon doesn't answer the underlying question, but explaining a bit



further why we're here does. So we will say that mommy/daddy is needed to help care for our soldiers, or that we're here helping to save lives so other mommies and daddies can make it home to their babies (age dependent). I've found that telling the 'why' when responding helps them cope a bit better.

"I miss you."

I love and hate hearing this at the same time. Most folks respond simply with "I miss you too," and that can work. Some of us will expound upon it a bit and talk about the time we'll get to spend together when we return. Sometimes, we will ask why or what they miss and that can help open another conversation that can lead to more fun and positive thoughts. I'm a hugger, and my kiddos miss my hugs, so they hug their daddy dolls when they really miss me. Talking with them about what they

miss helps me get to the motivating concerns or insecurities.

"Why are you gone?"


Kids know that we're Soldiers, but most don't understand what that means. Those children old enough to have seen some movies have a Hollywood view of what Soldiers do. Most of that view is constructed around the war fighters and very

little talks about the medical support provided. Our Team Sergeant, Sgt. 1st Class Fitzpatrick, described our role in the surgical team well. He said we are a confidence builder to ensure our troops know they will get top-notch care, thus giving them the confidence to carry out their mission, and an insurance policy for when bad stuff happens. To translate that to our kids, we say something like "I'm here to help Soldiers when they get hurt."

"When are you coming home?"

Answers to this can be tricky from an OPSEC

perspective and an expectations perspective. I personally overshoot and tell my kids the season after I think I'll be home so if things go sideways I have some coverage. Others will tell their kids that they'll be home in a few months. Still others say that they'll be home when their mission is over. I think in any light, you have to set the kids up to understand that it'll be a while from the get go, and then talk about the fun you'll have upon return.

Knowing that our kids didn't choose a life of service, but that it was thrust upon them, means we have to be more diligent in our communication. Our team takes a very practical and honest approach, whereas others might argue that shielding the kids is better. My take on it is that honest and upfront communication helps you as the parent shape the conversation with your children. I don't tell them everything I get exposed to, see, or have to do, but I do make sure they understand why their sacrifice is important. 

Army Mom/Army Dad addresses Reservist parenting issues. Submissions are welcome -- email Capt. Chad Nixon at chad.m.nixon.mil@mail.mil with your article and photos or for more information.

Army Reserve Teen Panel builds leaders

FORT DOUGLAS, Utah - The children of Soldiers in the Army Reserve deal with geographic challenges unique to them. When their parents deploy, often they don't have others their age they can turn to for support. Often they don't live close to their parent's unit. Family support groups for some units can cover a radius of hundreds of miles.

This geographic challenge not only applies to dependents, but Army leaders as well.

That's why in 2006 the Army Reserve Child, Youth & School Services established the Army Reserve Teen Panel. The goal of the ARTP is to communicate to Army Reserve leadership the issues facing young people in today's society. It is made up of 30 teen and three junior advisers. They are children of Army Reserve Soldiers that meet periodically to discuss ways that leaders can help Army Reserve Families.

Bethany Piehl is an outgoing member of the ARTP. She's currently a college freshman at Wartberg College in Waverly, Iowa. She first learned about ARTP from her older sister Ashley, who served on the panel first.

"You can say I followed in her footsteps," Bethany said. "It was really cool seeing what she was doing and how it affected the youth."

While Bethany was giving back to others, she found that the ARTP was helping her develop her leadership style which would end up paying for her college education.

"Being a member of the ARTP has taught me not only how to lead, but also how to follow and listen," she continued. "When leading, it is my job to encourage my group members to be active in discussions and ideas and to empower them to use the skills they have to contribute to the overall project."

During the scholarship interviews, school



Cadet Ashley Piehl, mother Colleen Piehl, Bethany Piehl, and Maj. Douglas Piehl, pose for a photo after Bethany's high school graduation. Ashley and Bethany were members of the Army Reserve Teen Panel. (Courtesy Photo from the Piehl Family)

personnel asked about the leadership experience she developed while on the ARTP quite a bit. She said the school awarded her the scholarship based on her leadership experience.

"You grow a lot in your leadership skills and don't always recognize it until you have to do something," she said. "You find you're not afraid to take the lead."

Bethany's father, Maj. Douglas Piehl, Equal Opportunity Officer for the 807th Medical Command, recognized a difference in his daughters after they became ARTP members.

"What I saw in both girls was a ballooning in growth of responsibility and leadership. Neither girl has any problem getting in front of a large group of people and speaking about an issue," Douglas continues. "I know that ARTP was a big part of Ashley getting her ROTC scholarship. Bethany's scholarship was due to her leadership skills."

"For both girls, it became a lifelong passion where they made lifelong friends," said Douglas.

Bethany's sister, Ashley, had a similar experience with ARTP.

"For me, it gave me a huge boost in confidence," Ashley said. "While I was involved, I thought it was a wonderful opportunity and

helped prepare me for ROTC. It gave me

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807th partners with GE Healthcare

WAUKESHA, Wis. - Leaders in the 807th Medical Command (Deployment Support) identified a problem with its force in the years leading up to 2011: highly trained and specialized biomedical repair technicians were leaving the Army in alarming numbers. "Attrition was running at around 30

basic combat training required for all soldiers, hopeful 68As undergo another 41 weeks of advanced individual training (AIT) in biomedical repair, costing the unit approximately \$45,000 dollars, and another \$200,000 to the DOD, per soldier. This is before the Army pays for continuing education, advanced



Soldiers with the 807th Medical Command pose for a group photo after graduating from the General Electric Externship Program. The partnership trains Army Reserve soldiers on how to repair biomedical equipment and prepares them for civilian employment within the field.

percent, equating to approximately \$11 million dollars walking out the door annually," said Maj. Jeff Duncan, program manager for the 807th.

In less specialized career fields, the Army has historically responded to this problem by recruiting more soldiers into the career field to keep things moving forward. This was not a viable option for the 807th for more than one reason.

First, a biomedical repair technician, referred to as a 68A, is expensive to train. After completion of the 10-week

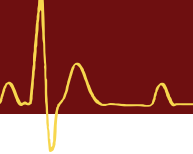
training and job-specific leadership development schools add significantly to the financial investment.

Second, recruits hoping to become biomedical repair technicians must achieve at least 107 points on the electronics portion of the ASVAB (Armed Services Vocational Aptitude Battery). Many still do not make

it through AIT, being eliminated at various stages throughout the 41-week training program.

The civilian sector struggles with

CONTINUE READING (p. 17)



COVER STORY: Belizean native returns home in U.S. uniform

COROZAL, Belize - Born and raised in Belize City, Belize, Karen Burbank had it drilled into her mind by her mother that if she sticks with her education, she will succeed. Now a U.S. Army sergeant, Burbank has had five years of training and experience as a medic and recently deployed to Belize from the 349th Combat Support Hospital in Los Angeles. From April 7-17, Burbank ensured proper care was provided to people from her home nation. Working in the triage section of the New Horizons Belize 2014 medical readiness training exercise, or MEDRETE, Burbank was responsible for obtaining blood pressure and pulse readings, as well as determining a patients' main reason for visiting the temporary clinic.

New Horizons is a multi-faceted exercise geared toward providing mutual medical and engineering training opportunities for the Belize Defence Force, as well as Canadian and U.S. military members. This is Burbank's first time supporting a New Horizons exercise in Belize.

"This is a real emotional and appreciative experience for me because I get to actually take care of my own," Burbank said. "I think it's a real good opportunity for us to learn, to build relationships with another country, and also for [Belizeans] to learn the things we can teach them."

"I'm just happy to be here and be a part of this mission supporting a place where I came from. I know how important it is," she added.

Belizean patients did not immediately recognize



U.S. Army Sgt. Karen Burbank, medic, left, talks with a Belizean girl while checking her in for medical care April 7, 2014, at the Chunox Roman Catholic Pre-School in Chunox, Belize. Burbank, a Belize City native, is deployed from the 349th Combat Support Hospital, an Army Reserve unit in Los Angeles, Calif. The care was provided as part of a medical training exercise, or MEDRETE, that offers U.S. and Canadian military doctors and nurses the opportunity to train and interact with their Belizean counterparts.

her accent as being from Belize, but once they did, their demeanor changed.

The people were really "stunned that I'm actually from Belize but in the U.S. military," Burbank said. "They're amazed... They're happy when they hear me speak the mix of English and Creole."

The path from Belize City to Los Angeles involved a determination to succeed and continuous encouragement from Burbank's mother to value education.

"I raised up with my mom being a single mother having four kids. What she always told us was school is very, very important. It's a way of a better

opportunity. It's a way of getting out of poverty... She also used to tell us that nobody can take your education away," recalled Burbank, who is one of four children in her family. "We realized how hard it was for her taking care of all four of us, so we couldn't let her down. I realized that I had to focus."

In 1999, Burbank's mother passed away, leading to life in the U.S. and, eventually, a life in uniform.

"I decided to join the military because it's something that I thought was a very good opportunity for me and my family. That's how I ended up in the Army from Belize," Burbank explained. "It wasn't an easy path ... however, you have to be determined. You have to want it."

A student of Queen Square Anglican School and Wesley College, both in Belize City, Burbank then received training in the U.S. Army to become a Soldier and a medic. She is still continuing her education today, falling in line with her mother's words of

wisdom.

"My daughter, right now, she looks at me as an example," Burbank noted. "If I didn't make that change for myself or if my mom didn't encourage me, it would have been the same pattern of not wanting more. Now my daughter can see, and she can use me as a positive role model."

"My mom is not here today, but I know if she was she would be very, very proud," Burbank said.

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Soldiers serve animals in need in Belize

COROZAL, Belize - A U.S. Army veterinary team joined with representatives of the Belize Agricultural Health Authority and Belize Public Health officials April 7-17 with the intent to boost the meat production of livestock, as well as the health of all animals in the Corozal region, Belize.

BAHA veterinarian Dr. Joe Myers and Belizean public health inspector Karel Heredia traveled to the villages of Chunox, Progreso and Libertad to meet U.S. Army Capt. Brian Joseph, veterinarian, and Sgt. David Arbiso and Spc. Megan Ladesh, both Army animal care specialists. The U.S. Army team is from the 149th Medical Detachment at Joint Base Lewis-McChord, Washington.

In each location, the Belizean and U.S. team went door to door vaccinating animals and administering vitamins to local livestock and pets as part of the New Horizons Belize 2014 veterinarian and medical readiness training exercises, also called VETRETES and MEDRETES, conducted by Belizean, Canadian and U.S. healthcare professionals.

"Visiting the homes directly, we can see if there are any conditions that are of importance from a public and animal health standpoint," said Myers, who is also in charge of veterinary drug and animal feed administration at the national level. "We had also a one on one with a farmer and found out some of his needs and his thoughts on the whole event.

"It's a win-win situation on their behalf. It's a service being provided free of cost, so to speak, and it's door-to-door," he added.

From cattle, horses and pigs to goats, hunting hounds and pets, the team went through each village tending to animals' needs.

"We're trying to increase meat production and increase the quality of life for the population. We do that by administering anti-parasitical drugs, and we do that for both the dogs and the livestock for different reasons - for the dogs for public health reasons and for the livestock to increase meat production," said Joseph, VETRETE officer in charge.

Having the BAHA representatives on site with the U.S. veterinary providers was one aspect of the VETRETE that made the mission truly successful, meeting goals established prior to the exercise.

While it's important that the U.S. deployed to support the Belizean people, Myers said, it was even more important for Belizean officials to be present to show how cooperation and coordination between the two countries leads to greater care provided to people, as well as their animals.

"I had been in communication long before [the exercise started]," Myers added. "I'm always willing and

excited to cooperate."

That excitement was reciprocated by Joseph and his team. "One of the best parts of these MEDRETE missions is the coordination with the host nation... Rather than us deciding what the mission is, we work back and forth and we ask, 'What are the animals in your local area? What are the demographics of the animals? What are your needs?'" said Joseph. "We work back and forth until we establish a plan, and then when we're in the field, we actually work with the local veterinarian."

"We're all on the same team," Joseph added.

"We worked amazing together," agreed Ladesh, a Reservist with four years of experience. "That was probably the best thing we had, as far as being their counterpart. They knew the people. They knew the animals. They knew the location."

An added VETRETE goal for Joseph was to provide both animal care specialists a valuable training opportunity

PHOTOS AND ARTICLE CONTINUATION ON FOLLOWING PAGES



U.S. Army Sgt. David Arbiso, an animal care specialist from the 149th Medical Detachment at Joint Base Lewis-McChord, Washington, vaccinates a pig during the VETRETE in Chunox, Belize.



U.S. Army Spc. Megan Ladesh, an animal care specialist from the 149th Medical Detachment at Joint Base Lewis-McChord, Washington, left, and Dr. Joe Myers, Belize Agricultural Health Authority veterinarian, center, team up to vaccinate piglets during a veterinary readiness training exercise in Chunox, Belize.

Dr. Joe Myers, Belize Agricultural Health Authority veterinarian, lures a pig closer to administer vaccinations during a veterinary readiness training exercise, or VETRETE, April 8, 2014, in Chunox, Belize. Goals of the VETRETE included providing ample training for U.S. and Belizean veterinary technicians, as well as boosting meat production of the local livestock. The VETRETE was held in conjunction with a medical readiness training exercise, or MEDRETE, which offered U.S. and Canadian military doctors and nurses the opportunity to train and interact with their Belizean a while providing medical care to the community.



(Continued from page 10)
and experiences they can apply to future endeavors. Working with Joseph and Myers, the two received exactly that.

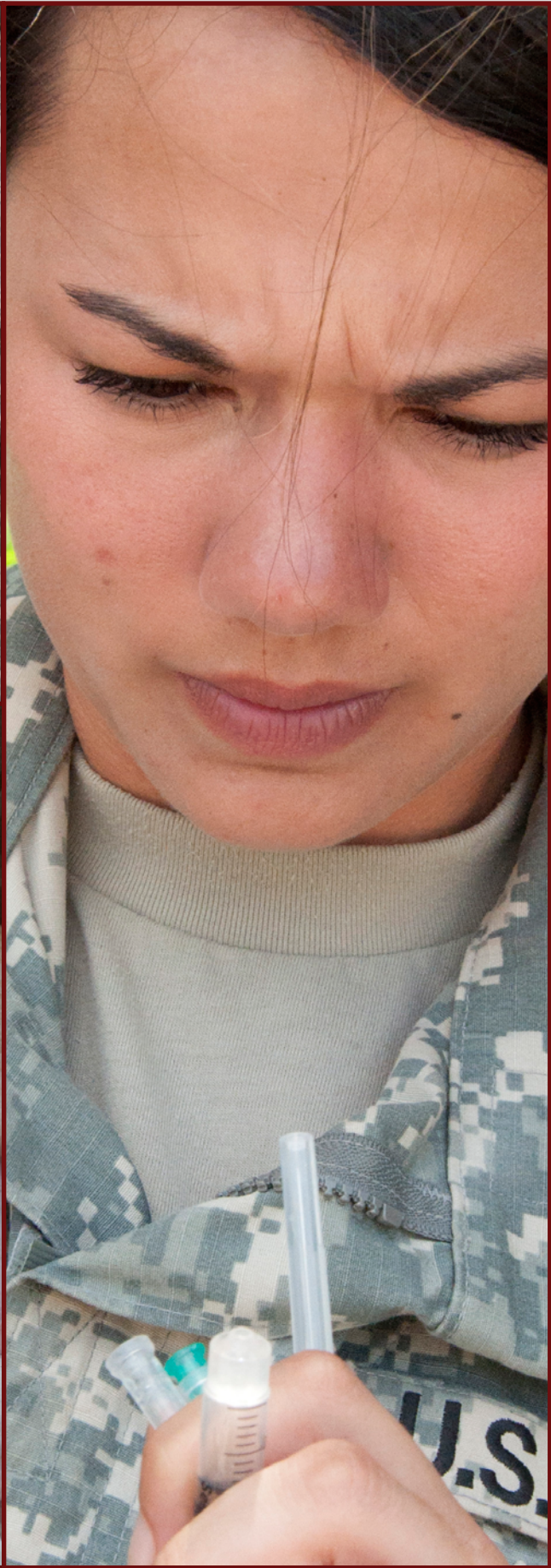
Both Ladesh and Arbiso had worked mostly with military working dogs, and neither had extensive experience with livestock.

“They’re learning how you safely restrain pigs, how you safely restrain dogs in the field, how you safely restrain goats, how you work with the indigenous population, how you work with local authorities,” Joseph explained. “Then, they’re learning the technical things of how you give an injection to a pig, which is very much different into a dog.”

The result was increased knowledge, experience and confidence.

“It’s been a great, positive influence that we were out there together. Between Dr. Myers and Captain Joseph, the knowledge they have together was just mind blowing. They knew everything,” Ladesh recalled. “[They’re] very knowledgeable about every single animal we’ve touched, and Sergeant Arbiso has more experience, so his input was great.

“If I continue to do these missions in the future, it will be great for me to be able to share my experiences with the livestock,” said Ladesh. “I think the overall mission is great - to take care of the people and their animals. ... It was a great mission. I would do it again in a heartbeat.”



U.S. Army Capt. Brian Joseph (top), veterinarian from the 149th Medical Detachment at Joint Base Lewis-McChord, Washington, and U.S. Army Spc. Megan Ladesh (right) prepare vaccinations on the final day of a veterinary readiness training exercise, or VETRETE, April 17, 2014, in Libertad, Belize; Pigs and piglets (bottom) were vaccinated by a Belize Agricultural Health Authority and U.S. Army veterinary team during a the VETRETE. Exercise goals included providing ample training for U.S. and Belizean veterinary technicians, as well as boosting meat production of the local livestock.

U.S. forces partner with Guatemala to train and provide free medical care

ZACAPA, Guatemala - People lined the streets awaiting free medical treatment during a joint Medical Readiness Training Exercise (MEDRETE) and humanitarian aid mission at Caseria Los Limones, conducted by U.S. Air Force, U.S. Army and the Guatemalan Military during operation Beyond the Horizon - Guatemala, Monday, April 21, 2014.

In partnership with Guatemala, U.S. Army Southern Command is executing Beyond the Horizon, a focused humanitarian assistance operation conducting various engineering assistance, medical, dental, and civic action programs.

"The biggest issue is going to be patient flow through the site," said Army Reserve Maj. Phillip Sanchez of the 145th Multi-Functional Medical Battalion, a medical planner for the MEDRETE, "getting people in and out quickly so we can treat patients. We have about 35 medical personnel and

three medical providers from the host nation."

The MEDRETE site at Los Limones is expecting approximately 800 patients a day. The site was split into sections offering Dermatology, Dental, Family and General Medicine, Pediatrics, Obstetrics and Gynecology, Optometry and a Pharmacy. Sanchez said the pharmacy was the last station patients would go through before leaving.

"It was awesome!" Remarked Air Force Maj. Charles Snow, who works as a gynecologist at Offutt Air Force Base. "I had a nurse from the Guatemalan Army named Gloria who was very helpful to work with."

"The people here are very friendly," said Senior Airmen Osniel Diaz, a native of Cuba and a public health specialist with the 10th Aeromedical Squadron from the United States Air Force Academy. "Their military is very friendly and respects us as we respect them."

The MEDRETE began April 21 and ended on April 26 offering free medical treatment to locals at the site. The site at Los Limones received over 600 patients on their first day.

Air Force Capt. John Mallya, a dentist with the 22nd Aeromedical Squadron said, "The overall training purpose, with the humanitarian aid thrown in, makes it really an honor to come and assist these people and knowingly have their support."



Patients wait in line for free dental care during the MEDRETE at Caseria Los Limones in Zacapa, Guatemala. Beyond the Horizon 2014 provides support by conducting medical, dental and engineering assistance programs, in response to the Government of Guatemala's requests and requirements.



A local woman is surprised after receiving her prescription from the pharmacy portion of the Medical Readiness Exercise being conducted at Caseria Los Limones as part of the humanitarian aid mission of Operation Beyond the Horizon.



Army Reserve Soldiers get their hands dirty on real pig lungs

BARTONVILLE, Ill. - Keeping Soldiers' medical skills sharp in the Army Reserve takes dedication, training, and sometimes a bit of ingenuity. Soldiers with the 801st Combat Support Hospital used pig lungs to maintain their skills during a battle assembly weekend last January.

With the help of Saint Francis Medical Center and their affiliated College of Nursing in Peoria, Soldiers had the opportunity to witness instructors ventilate fetal pigs' lungs. This training provided Reserve medics and nurses a firsthand opportunity to ask questions about respiration and lung function. This classroom environment gave soldiers firsthand experience from past deployments and gain new insights from the Saint Francis respiratory staff.

"It was great to see our troops getting their hands dirty," said Sgt. Brandon Clinard, an operating room specialist with alpha company. "Flesh and blood brings so much more focus to the table than plastic does."


Maj. Valentina Fillman, head ICU nurse for Alpha Company wanted to continue creating unique training opportunities, so with the help of a local butcher, she did just that.

When Soldiers arrived the next month, they found donated pigs lungs and hearts they could han-

dle so they could practice medical techniques.

One set of the lungs came with its own "sucking chest wound." This led to a discussion on how to treat a chest wound in a real fallen soldier. When this wound was closed by a gloved hand, the lung inflated perfectly. This set of lungs was then put inside a plastic bag to simulate the chest cavity. The "sucking chest wound" then became a "tension pneumothorax." Eyes brightened and smiles hit the young soldiers when they realized the answer to fixing this pig-patient was a needle decompression. A needle to the plastic bag let the plural air out and the lungs easily inflated again. The lungs were intubated and ventilated by the soldiers. Once filled with air, the soldiers detected a knife wound and could begin treatment methods.

"This training is as real as it gets without having cadavers or real injured patients to work with," said Spec. Carl Ellis, a medic with the 801st. "Kudos to Major Fillman -- this is the best training I've had since joining the Reserves."

Not all Army Reserve medics have civilian jobs in the medical field. Creative training makes the most of a battle assembly weekend so that Soldiers can keep their skills sharp when called up to active duty. 

807th MCDS senior leaders visit Soldiers in Kuwait



Brig. Gen. William Lee, deputy commander, professional services, 807th Medical Command, steers "Churubusco," an Army Reserve landing craft utility boat, in the open water of the Arabian Gulf at the Kuwait Naval Base, Kuwait. Lee and Command Sgt. Maj. David Davis, division command sergeant major, 807th MCDS, visited with Army Reserve units to show their appreciation for the soldiers and to see the strategic progress of their missions.

CAMP ARIFJAN, Kuwait - Brig. Gen. William Lee, Deputy Commander, Professional Services, 807th Medical Command (Deployment Support), and Command Sgt. Maj. David Davis, Division Command Sergeant Major, 807th MC (DS), visited with soldiers and senior leadership in Kuwait, Feb. 8.

The senior leaders from the 807th MC (DS), headquartered at Fort Douglas in Salt Lake City, Utah, traveled throughout Kuwait to receive mission updates and to show their appreciation to deployed Soldiers.

"You want to make sure everybody understands you remember they're there," said Lee. "It never hurts to see people from your chain of command, people from home."

After visiting with Army Reserve units at Camp Arifjan, Kuwait, they traveled to the Kuwait Naval Base where Chief Warrant Officer 2 Michael Byrne welcomed them aboard "Churubusco," an Army Reserve landing craft utility boat.

Byrne, vessel master, 81st Regional Support Command, gave a tour of the boat and along with his crew, explained the ins and outs of its inner workings.


"This is my fourth trip, so I've kind of seen everything," said Davis. "What changes are

the Soldiers: this for some is their first deployment. My purpose is just to flash the patch and let them know they're still our Soldiers even though they're 7,000 miles away."

A clear blue sky and the calm waters of the Arabian Gulf were the perfect conditions for Lee and Davis to take the wheel of Churubusco and steer a ways.

After sailing around the port, the senior leaders expressed their gratitude for the Soldiers' hard work by giving them command coins.

For the last stop on the tour, Lee and Davis visited the newest Army Career and Alumni Program center, which opened at Camp Arifjan in 2012. There they received an ACAP brief on how Army Reserve retention is faring in the first quarter of fiscal year 2014.

"I think mission relevance does its own recruiting," said Lee. "If you take reservists and train them right, you challenge them, give them good missions, they're going to stay in." 

Army Reserve fills need with blood donation

FORT DOUGLAS, Utah - Blood donation is a simple way to impact the local community. With January being National Blood Awareness Month, soldiers and civilians at Fort Douglas, Utah, wanted to do just that.

While researching information on how to hold a blood drive, Capt. Addie Randolph, an Army Reserve Soldier with the 76th Operational Response Command, discovered that even the weather can wreak havoc with blood collection.

"There has been unpredictable weather on the east coast causing the Red Cross to cancel blood drives," said Randolph. "These closures require the Red Cross to reach to the west for support."

With a little hard work and coordination, Randolph recruited volunteers from Reserve units stationed at Fort Douglas.

Capt. Erik Thomasgard, assigned to the 807th Medical Command, was first in line to volunteer support.

"As commander it is my job to set the example for others to follow," said Thomasgard. "If 15 minutes of my day can potentially save a life, then it's well worth it."

The American Red Cross began collecting blood donations in 1940 and conducts on average more than 200,000 drives per year.

According to Andrew Brown, a Team Donation supervisor with the Red Cross, blood donation does more than just provide transfusions.

"One donation can potentially help three different people," said Brown. "Red cells, plasma and cryoprecipitate can all be removed to help treat multiple diseases."

To date medical science is still unable to create blood, making donations vital to fill the need.

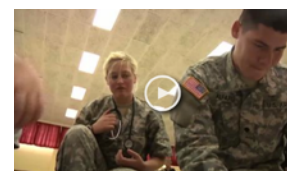
"Every two seconds someone in the United States needs blood," said Brown. "The actions of the few can help the many." 



Capt. Erik Thomasgard, 807th Medical Command Headquarters and Headquarters Company Commander, does his part to help people in need by donating blood for the American Red Cross at a blood drive held at Fort Douglas, Utah.

For more facts and information on blood donation, visit:

<http://www.redcross.org/>



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photograph or an outdated photograph sends a clear message to the board that the Soldier is not serious about advancing to the next level.

Third, in my experience many senior NCOs fail to seek out the tough jobs. Many refuse to accept positions in other areas or states listing only 50 miles as their maximum distance they are willing to travel for an assignment. Many appear complacent in their current duty assignment displaying minimal effort resulting in mediocre evaluations. Additionally, to be taken seriously, in my opinion a senior NCO should consider listing 350 or more miles on their Mileage Declaration Statement. Without a significant mileage declaration, Soldiers are often not competitive.

Fourth, very few NCOs have advanced degrees, if any degree at all, from a regionally accredited college or university. I see too many packets from senior NCOs with 18 years in the military and only a high school diploma. In today's Army, having an advanced degree makes one a better, more relevant and well-rounded leader. Do I feel that an advanced degree generally makes a person a better NCO? Sure. Do I feel that those lacking such a degree are less of a Soldier or NCO? Absolutely not. Regardless, I find it hard to understand why someone would not seek higher education, especially when tuition assistance and the GI Bill are available to most. Nevertheless, at some point your military career will come to an end and you need to ensure you set yourself up for life after the Army.

Fifth, many Soldiers are not selected for promotion because they lack the Professional

Military Education (PME) courses to stay current with MOS, policy, regulations, or standards. Few complete NCOES or other courses, such as Structured Self Development, Warrior Leader Course, Senior Leader Course, Battle Staff, Joint Senior Enlisted Education, etc., necessary for the rank they are seeking to attain. Soldiers should be knocking on the first sergeant's door asking to attend school, not the other way around. We have a systemic problem across the formation with under utilization of school quotas – both officer and enlisted. If you want the best opportunity for promotion consideration, then attend your required NCOES or OES early in your career and not months or weeks before your packet goes before the promotion board.

Promotion success in the Army is based on individual merit. Can you get promoted without some of the comments made above? Sure, but not many Soldiers do. Are there “select objectives” that no matter how good the Soldier looks on paper, he or she is just not going to get selected? Certainly, that happens. Nevertheless, Soldiers are promoted on the basis of their ability and potential for increased responsibility, not on some other arbitrary basis or someone else's performance.

Finally, there is a great quote from Vince Lombardi, best known as the head coach of the Green Bay Packers during the 1960s that pretty much sums up what it takes to get promoted. He said, “The quality of a person's life is in direct proportion to their commitment to excellence, regardless of their chosen field of endeavor.”

Soldiers First!

(Continued from [YOUTH, Page 8](#))

experience in planning and working with a team.”

Cadet Ashley Piehl is an ROTC student at Pacific Lutheran University and ultimately wants to be an Army chaplain.

Many of CYSS' core programs were developed by CYSS staff to address needs and issues identified by the members of ARTP. These include: YLEADs (Youth Leadership Education and Development Summits), ARECs (Army Reserve enrichment Camps),

Weekend Youth Enrichment Programs, and School Break.

“One of my best friends I met at the 2009 Seattle YLEAD, and later we both served on ARTP. Though our home situations were very different we both understood at least some of what the other was going through, as my dad was deployed at the same time as Alex's mom was mobilized. Even though at that point we had only been together for four days at the YLEAD, we knew that we

could count on the other one to be there, even if it was 2 a.m. Having that kind of support system is very hard to come by when a teen doesn't live by any other AR youth that he may know or by his parent's base,” said Bethany.

The ARTP meetings last more than four days. They also saw historical sites at their last meeting in Washington, D.C., and built their confidence on a ropes course in Raleigh. They also volunteer their time to

the community hosting the event.

“We built a memorial garden for fallen Soldiers at Fort McPherson in Atlanta, participated in a Healthy Kids Day at the YMCA in Dallas, volunteered for Habitat for Humanity in Raleigh and packed care packages for troops and their families,” said Bethany.

For more information on the Army Reserve Teen Panel go to <https://cyssevents.com/artpasp>.

(Continued from PARTNERSHIP page 8)

manning this critical part of our health care industry as well. It was from this mutual need that the relationship between the 807th and General Electric Healthcare was born.

The solution took the shape of a partnership and externship program in which the Army provided a qualified biomedical technician, and GE would provide real world training and school house instruction designed to groom these soldiers for civilian careers in the biomedical field.

"It inspires me to see the enthusiasm these soldiers demonstrate," said Karin Ludwig, a GE Healthcare Training Coordinator in Waukesha, Wisconsin. "They come with life experience, leadership and teamwork. A lot of what they bring to us can't be duplicated in school alone," Ludwig said.

Sgt. Robert Holt, a Polo, Missouri native, and recent graduate of the joint externship program, says he is both impressed with the training and experience he gained from the program and excited about the opportunities it afforded him moving forward.

"GE Healthcare had me training and learning how large civilian trauma centers operate," said Holt. "It's hard to keep up with training requirements if you work outside of health care [in the civilian sector]."

Prior to this program, Holt worked as a mechanic when he wasn't in uniform on Reserve duty.

"This training program opened doors for my career, and also helped me become a better soldier by giving me the ability to work in my chosen profession both in civilian and military life," he said.

Holt is currently completing a paid internship in Columbia, Missouri, while he continues to maintain a commitment to the Army Reserve in this critical, hard-to-staff job field.

Program benefits, however, are

not just limited to employing and improving medical skills.

"What makes this program so valuable to us is that we're creating critical thinkers who will become senior leaders in the Army," said Duncan. "They will lead during a period when we will need leaders who can think for themselves and lead from a perspective beyond what the Army usually teaches."

Duncan also said the program has already been a success in positively affecting attrition.

"It is going well," he said. "Last year the annual rate of attrition was down to seven percent, or only about two million dollars."

Master Sgt. Michael Steward, 807th Medical Command's senior operations NCO, says the program's success is garnering interest beyond the command.

"Validation of this program comes from the interest it is drawing from the other medical commands, the Army National Guard and the Navy Reserve," he said. "Most are planning to participate, or maybe duplicate the program."

These future partnerships have the potential to reach beyond the medical field.

"It opens up the possibility of conducting training with industry externships in other fields like aviation, medical logistics or water purification to name a few," said Duncan.

All the career, training and fiscal benefits notwithstanding, one GE employee takes the importance of this program personally.

"Being part of something bigger than myself is why I do what I do," said Ludwig. "The field engineers I help while they're in this program may end up working on a piece of GE technology that saves my mother, or maybe one day even my own life."



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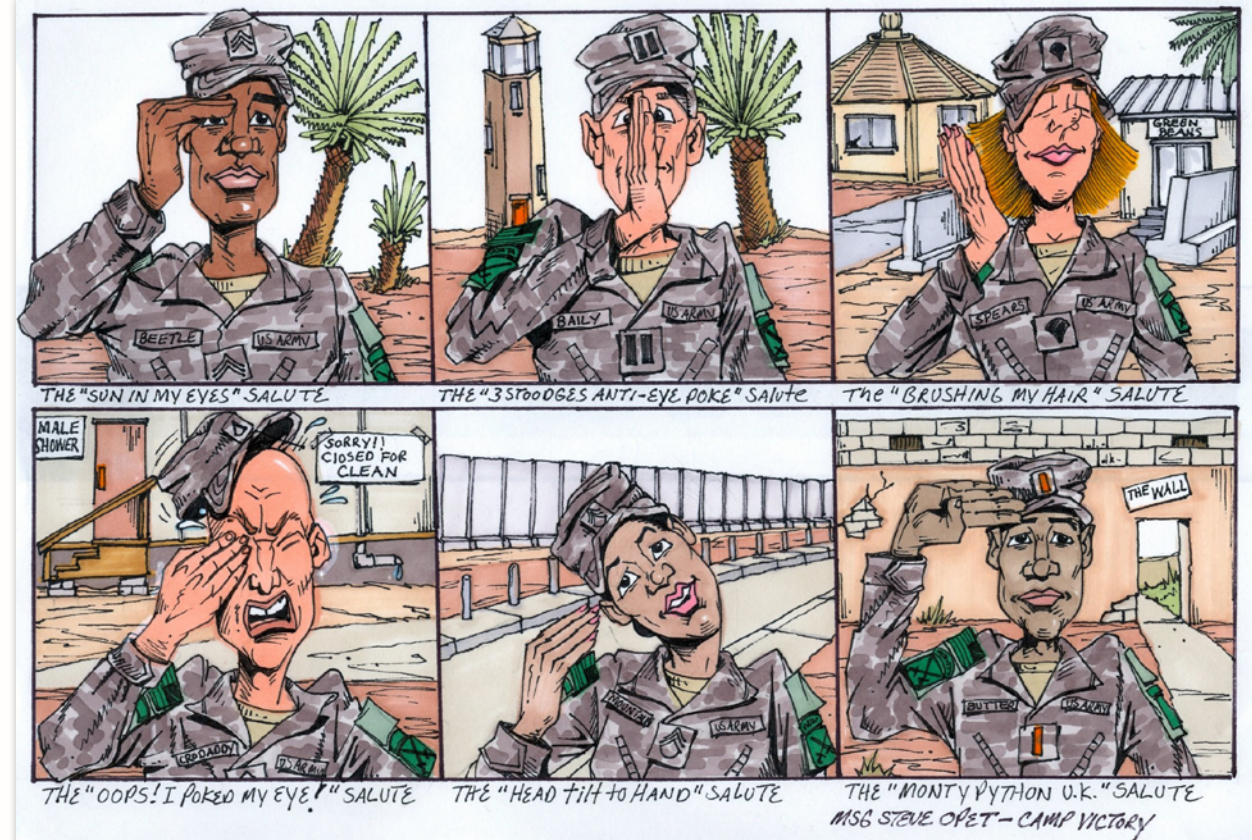
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