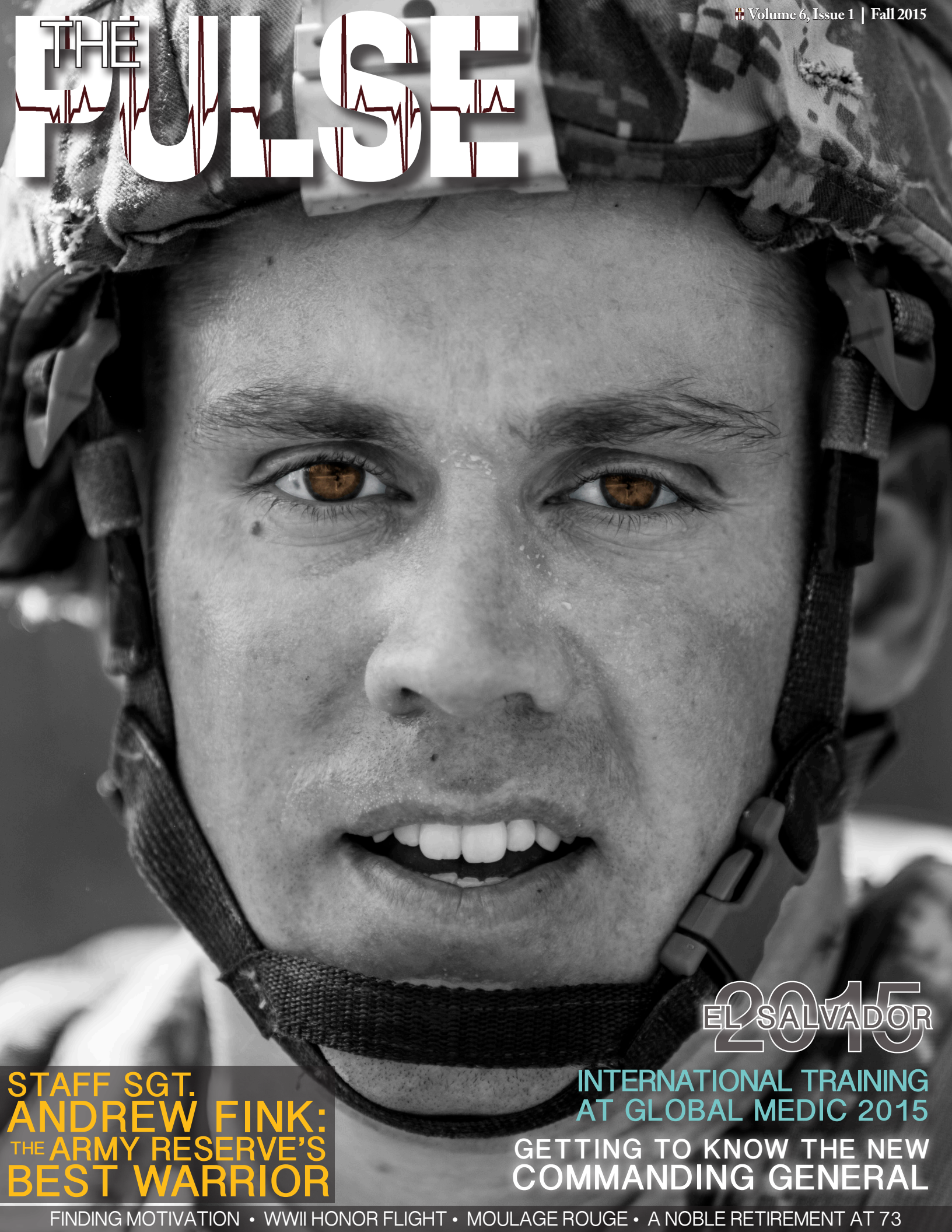


THE PULSE



EL SALVADOR
2015

STAFF SGT.
ANDREW FINK:
THE ARMY RESERVE'S
BEST WARRIOR

INTERNATIONAL TRAINING
AT GLOBAL MEDIC 2015

GETTING TO KNOW THE NEW
COMMANDING GENERAL

LEADERSHIP

by Command Sgt. Maj. Robert B. Breck
807th Medical Command (Deployment Support)

Soldiers, NCOs, Officers, Civilian Employees, Family members, and friends of the 807th Medical Command (DS), it has been a privilege for the last year to be associated with you and the leadership of this great organization. I am very grateful to Maj. Gen. Craig Bugno for giving me the opportunity to serve as the command sergeant major of the 807th. I have been able to visit with some of you in the last year and will make every effort to visit even more of you so that I can share my knowledge, experience, ideas and philosophies while learning yours too.

Over the last year I have seen the excitement, enthusiasm and dedication of everyone that is part of this organization. I have been impressed with the way in which you take care of each other and look after one another. I would ask that you continue to take care of each other and never be afraid to communicate your concerns with each other, especially when it comes to the health and welfare of any member of the 807th family.

Leaders at all levels, it is my expectation that you will take those positions of authority and do everything in your power to support the needs of the command and your Soldiers. You have a responsibility to put your Soldiers' needs before your own and lead by example. As for everyone else, the expectation is you will put forth every effort to maintain the Army standards no matter what situation you might find yourself in.

Readiness is the key to the success of our military force. Please understand that even if one of us is not prepared to serve it will hinder our success. Readiness is the number one priority of our military leaders and it should be yours as well. I know that there are some of you that struggle with height, weight and the physical fitness test. Do not allow your body to dictate the outcome of what your mind has the power to overcome. You have that power. All it takes is dedication and discipline on your part and the part of your first line supervisor to assist and


help in your success.

I started the 807th CSM Cardio Challenge and the 1st iteration was a partial success. We will continue to build upon this new program, and as such I encourage every leader to look into it and to challenge not only yourself but also your subordinates, families and friends to compete in the program. Ensure everyone knows about it, and foster a team environment to hold each other accountable. This program is only a tool, but a very good tool that can help us maintain a successful fitness level for the long haul.

I have been impressed with the leadership programs that are available to company and field grade officers, CGOLD and FGOLD, to help in their transition into those leadership positions or future positions. It is very important to understand that if you are in a leadership position, no matter what your military occupation specialty or branch is, you are a leader first and foremost.

I want to thank the civilian staff members that help to make the 807th so successful. These individuals - many of which are members of the Army Reserve or former members of the armed forces - are the experts that are a very big part of the driving force that makes the 807th the best medical command in the United States Army. We are able to concentrate on training and readiness due to their hard work and dedication. Thank you!

Lastly, I wish to thank all of our family members for their dedication and support of their Soldiers' careers in the service of our country. As you have heard many times, the strength of our Army is the Soldier, and the strength of the Soldier is their family. I hope all our Soldiers understand that when you became a member of the 807th, so did your family.

Thank you all for your hard work, dedication and willingness to serve and sacrifice for this great nation of ours. 



Command Sgt. Maj. Robert B. Breck, center, poses for a group photo with competitors at the 807th MC(DS)-level 2015 Best Warrior Competition. (Courtesy photo)

Spec. Tobias MacDonald, 330th Medical Brigade, 807th Medical Command and a resident of Crystal Lake, Ill., nears the halfway mark of the road march during the 807th Medical Command Best Warrior competition at Wendell H. Ford Regional Training Center near Greenville, Ky. March 24. MacDonald won the 807th Medical Command Best Warrior junior enlisted category and went on to compete at the US Army Reserve Best Warrior competition in May. (U.S. Army Photo by Sgt. 1st Class Adam Stone)

Cover Story

Fink wins Army Reserve Best Warrior competition

807th MCDS Soldier takes the Army Reserve title and is now on his way to the all-Army level later this year.

STORY AND PHOTOS BY BRIAN GODETTE
(ORIGINAL COVER PHOTO BY SGT. 1ST CLASS MICHEL SAURET, USARC; PHOTO ILLUSTRATION ADDED BY SGT. 1ST CLASS STANLEY MASZCZAK)

From the Cover

Getting to Know Maj. Gen. Dire

The 807th MCDS's new commander is a Chiefs fan and a World War II buff. Who knew?

BY SGT. 1ST CLASS STANLEY MASZCZAK

807th Continues Aid in Central America

Mission updates from El Salvador.

STORIES BY STAFF SGTS. LINDSEY SCHULTE AND SCOTT GRIFFIN

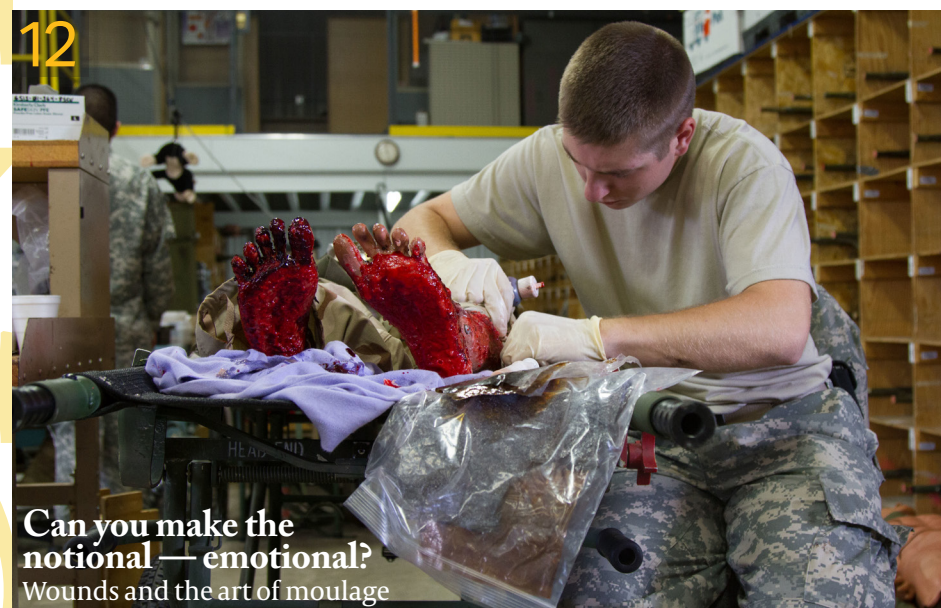




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Angel Flight
Major Turns Flight
Hobby into Service



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Wounds and the art of moulage

Global Medic 2015
Training with
international forces

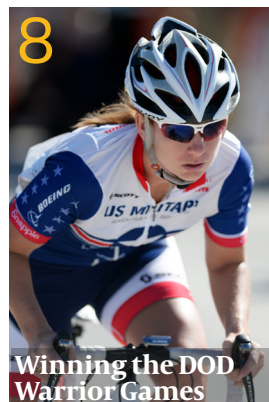


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807TH MC(DS) LEADERSHIP

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COMMAND CHIEF WARRANT OFFICER
CHIEF WARRANT OFFICER 4
RANDALL T. WILKERSON
DEPUTY COMMANDING GENERAL, OPERATIONS
BRIG. GEN. SANDRA L. ALVEY
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THE PULSE STAFF

EDITOR IN CHIEF
CAPT. CHAD M. NIXON
CREATIVE DIRECTOR, EDITOR
SGT. 1ST CLASS STANLEY E. MASZCZAK
MANAGING EDITOR
SGT. 1ST CLASS ADAM R. STONE
BROADCAST FIELD CORRESPONDENT
STAFF SGT. ERIK FARDETTE

THE PULSE invites articles, story ideas, photographs, or other materials of interest to members of the 807th MC(DS). Manuscripts and other comments to the editor should be addressed to Commander, 807th MC(DS), ATTN: Public Affairs (*The Pulse*), 105 Soldier's Circle, Fort Douglas, UT 84113. All articles must be submitted electronically. Submissions should be sent to chad.m.nixon.mil@mail.mil. Unsolicited manuscripts and photographs will not be returned. Comments to the editor should also be sent to that e-mail address.

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from the LETTER EDITOR



I t's been three years since I discovered I would be moving to Utah and taking on the role of editor for a command magazine. Truth be told, I was nervous about taking on the responsibility. Publishing a magazine was unfamiliar territory and I had zero experience in design and layout work. Now I fast-forward to 2015 and this is my third and last magazine for the 807th. I can tell you all, it's been a wild and fantastic ride. I never in a million years would have thought I could recruit a team capable of winning DOD-level awards for best magazine.

So before I leave, I want to personally thank Master Sgt. Jeff Duran, Sgt. 1st Class Adam Stone and Sgt. 1st Class Stan (The Man) Maszczak for all the hard work and support. I could always call on you and you always answered the call. And to everyone who reads *The Pulse*, thank you for the kind words and support along the way. Last and definitely not least, I want to thank my family. You supported me during late nights and travel away

from home. Without you, keeping my head above water would have been impossible. Thank you for keeping me sane and forcing me to get out and experience life. Utah is a beautiful place with scenery right out of a Wild West painting. I will never forget all the camping, hiking, and most importantly our underwater fun at Bear Lake.

Before handing over my responsibilities and moving on to the next great adventure, I want to leave all of the Soldiers and civilians of the 807th with this: we are all communicators, and information is vital to the success of our great military. You don't have to be part of a public affairs team to tell the Army story. With social media and emerging technologies, commanders at all levels have tools available to share information about the great work their soldiers perform on a daily basis. There is no greater asset in telling the Army story than the individual Soldier. I promise you, my team and I are honored to tell yours.

ARMY STRONG.

Chad M. Nixon

CAPT. CHAD M. NIXON
Editor in Chief

TOP 10 sleep habits for adults

1. **Create** a quiet, dark, comfortable sleeping environment.
2. Use the bedroom only for **sleep** and **sex**.
3. **Stop** caffeine at least 6 hours before bedtime.
4. Don't drink **alcohol** before bed.
5. Get your **exercise** in by early evening.
6. Don't go to bed **hungry**.
7. Maintain a consistent regular **routine** that starts with a fixed wake-up time.
8. **Get out of bed** if you can't sleep.
9. **Nap wisely** (preferably in the late morning/early afternoon, for 30-60 minutes).
10. **Move** the bedroom **clock** to where you cannot see it.

About one-third of life is spent working, another third with family and friends, and another third sleeping. Sleep is vital for health, performance, and well-being - and the better the sleep, the greater its benefits. This is why **proper sleep hygiene** practices (i.e. **those that promote optimal sleep duration and quality**) are important for all adults.

HOW MUCH physical activity do I need?

To receive positive health outcomes strive for at least:

- 150 minutes of **moderate-intensity** aerobic activity per week.
- Two days of **muscle strengthening** activities (e.g. weight/resistance band training, calisthenics, yoga).
- **10,000 steps** (about five miles) during your everyday routine. (Most smart phones have software or apps available that will track your steps for you.)
- Save time by **bumping** up the intensity. Do 75 minutes of **vigorous-intensity** activities per week (e.g. jogging, swimming laps, or hiking uphill).

Did you know?

- 150 minutes is also 2-1/2 hours, which is 30 minutes per day, five days per week **OR** 10 minutes of activity, three times per day, five days per week.
- **Moderate-intensity activities** include: brisk walking, doubles tennis, golf, and leisure biking... pick things you enjoy!

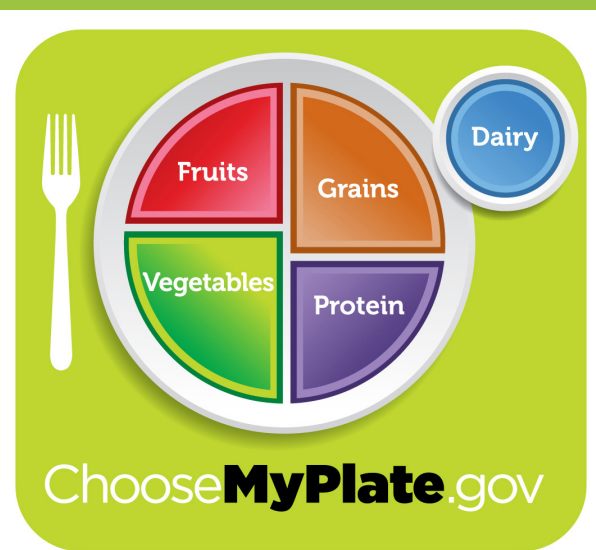
PLAN YOUR MEALS like you plan your workouts.

Fruits and vegetables are loaded with carbohydrates, natural antioxidants, vitamins, and minerals that enhance recovery and support your immune system.

Carbohydrates are the primary fuel source for your muscles (especially after high-intensity activities) and the only fuel source for your brain (helps you focus). Whole-grain sources have more fiber and vitamins essential for energy metabolism. Sources: whole-grain breads, cereal and pastas, rice, oatmeal, legumes (beans), and fruit.

Lean proteins provide the amino acids your muscles need to grow, repair, and recover. Sources: skinless poultry, fish, lean beef, and pork; low-fat milk and yogurt; legumes (beans), eggs, and tofu. Nuts and seeds are also a good protein (and healthy fat) source.

Healthy Fats — Unsaturated fats, especially omega fatty acids, can be healthy when eaten in small amounts. Sources: olives, salmon, walnuts, almonds, flax, and avocados.



PERFORMANCE TRIAD

- Get Quality **Sleep**
- Engage in **Activity**
- Improve **Nutrition**

DEPARTMENTS

DEPARTMENTS

Next Generation of Prosthetics Restores Capabilities — and Even a Sense of Touch

Courtesy Story, Military Health Systems Communications Office

While athletes at the recently completed Warrior Games were able to run, jump and throw using some of the latest prosthetic arms and legs, the next generation of this technology will allow them to do much more.

"We have developed prosthetics that interact directly with the brain and move much like a real limb. Beyond movement, these advances will restore the sense of touch," said Michael McLoughlin, chief engineer for Research and Exploratory Development at the Johns Hopkins University Applied Physics Laboratory in Laurel, Maryland. "This will give wounded warriors and all who have lost use of their arms by amputation or paralysis much better options in the future."

McLoughlin's lab is supported by the Defense Advanced Research Projects Agency (DARPA), the military's primary research and development office for cutting edge technologies. DARPA, in turn, is one of the agencies that work with the Military Health System to make

sure wounded warriors get the prosthetics needed to live as normal a life as possible. Much of what he talks about in how the artificial limbs interact with the body's own nerves is futuristic, but he says some of technology is available now. "Today we are working in the lab. In a few years, we expect the technology to be much more common."

But McLoughlin is quick to point out that this is not easy. As an example, he said, "Hold your hand up and wiggle your fingers." While this is an easy, natural task for the brain to accomplish, imagine translating each

little motion of a finger, all independent of each other, into pushing buttons on a video game controller. Even the best gamer would find it impossible to replicate this simple motion.

"If you're just trying to do something simple, such as operating a hook or rotating the wrist, that's easy," he said. "We're unlocking the power that already exists in your brain to make the prosthetic work more like a natural hand."

Besides the advantages of more natural motion with a prosthetic arm or hand, McLoughlin said these prosthetic limbs might help diminish phantom limb pain, a condition many amputees experience. Having



Future generations of prosthetics could include sensors that send signals back to the brain so amputees can feel with their artificial fingers. Photo courtesy Defense Advanced Research Projects Agency/Johns Hopkins University Applied Physics Laboratory (DARPA/JHUAPL).

the more natural artificial limb connected to the nerves helps the wearer develop a sense of embodiment. "When the brain sends a command to move the hand and sees the prosthetic hand opening and closing as expected, it can help end the disconnect that is believed to contribute to phantom pain."

In addition, the next generation of prosthetics will use sensors to send signals back to the brain so amputees could actually feel through their artificial fingers.

McLoughlin believes this will make a tremendous difference in the lives of injured service members and civilians alike.

"Many are young men and women in their 20s," he said. "They have a lot of great experiences ahead of them—careers, getting married, having children. This could give them back something personally: a chance to gain back some of what was lost due to the injury."

Motivation: Defeating the 10-year Wall

ARMY MOM / ARMY DAD

by Capt. Chad M. Nixon, 807th Medical Command (Deployment Support)

MACOMB, Ill. — Like faith and trust, we can't touch or taste motivation. Unlike household items, we can't go to the store and buy them. Still, all three are important to each of us. They are equally powerful tools that enable people to achieve great things and create revolutionary ideas that can change the world. On a smaller scale, they can be part of a simple thought that gets us through hard times and on to the next day. Since faith and trust can be tricky and sometimes controversial topics, I leave them to our trained clergy and mental health professionals to expound, and I will stick to motivation.

negative. I still recall being told that I better "find motivation" or the man in the brown round hat yelling at me would be more than happy to "find it for me."

Fast forward to 2012: I just made captain, and I was about to return from company command in Afghanistan. Life was good, and most importantly, none of my soldiers were injured. My motivation levels were at an all-time high— I was in the best shape of my life and happy to be home.

I can tell you though, this type of high is hard to maintain— I was quickly back to the normal life of carpools and office work. Soon the luxury of spending hours in the

from the Reserve to AGR, and things were going well.

Years passed by with no big issues until it hit me like a ton of bricks: the 10-year wall.

Oh, the 10-year wall: the time in many service members' career when they stop and ask themselves, "Why am I still doing this?" It's the time in a lot of people's lives where they sit back and think, "If I have to attend one more meeting so we can discuss the next meeting, I will lose my mind."

I began to daydream during staff meetings and envisioned Bill Lumbergh from the Office Space movie standing over me with a coffee cup, reminding me, "Sunday is a work day, too."

I've never been afraid to admit my own self-truths, and the truth is, I was in a slump. My motivation was slipping and it was reflecting in my daily activities at work and home. I was no longer concerned with going the extra mile and started checking the block to complete tasks.

For some, the idea of admitting fault or pointing out organizational imperfections is wrong, especially in the military. But let's face reality, nothing is perfect— It's up to the individual to find the motivation needed to either continue or move on to a new passion. And I was about to do just that.

Just this year, Congress released statistics stating that only 17% of service

members complete 20 or more years of service. When I hit that 10-year wall, I started thinking to myself, "I have a couple of fancy pieces of paper on my wall and a few shiny awards. Maybe it's time to ride out my last year, hang up my



Members of the 330th Medical Brigade, 807th Medical Command (Deployment Support) pose for a group photo after competing for the German Armed Forces Proficiency Badge at Western Illinois University, March 30. This 3-day event tested the strength, sprinting, running, swimming, pistol marksmanship and ruck marching abilities of each competitor.

I don't remember using the term "motivation" as a child. The word didn't enter my everyday vocabulary until I began military service in 1997. It was there that I quickly learned the term could be used as both a positive and a

gym was gone and I was back to doing my own cooking and laundry. After some soul searching, I reached the conclusion that I missed active service and decided to apply to the Active Guard Reserve (AGR) program. I made the transition

ARMY MOM / ARMY DAD

boots, and move back to the civilian world." My wife said she would back any decision, and I was almost convinced to separate — until I received an invitation.

A Soldier I've known for years called and invited me to write an article about a group competing for the German Armed Forces Proficiency Badge (GAFPB) in Macomb, Illinois. I will leave the Soldier's name out of the article because she asked me to and she never seeks any recognition. She is good at her job and a strong leader, so let's just call her "Master Sgt. R."

With research I discovered the GAFPB test is a three-day event consisting of fitness tasks, swimming, marksmanship, road marching, and a few other challenges sprinkled in. If you score high enough you earn a bronze, silver or gold badge that is authorized for wear on your dress uniform.

Immediately I realized this was a good story idea and an opportunity many Reserve soldiers wouldn't have, so I agreed, booked travel and was all set to go. Two days before leaving I was told that a slot had opened up and Master Sgt. R. wanted me to compete also, so we didn't "lose the slot."

Now, this wasn't my first rodeo when it came to foreign proficiency badges. Years ago a group needed a fourth person to compete as a team for the Norwegian Ruck Marching Badge. The Norwegian is an 18.5 mile ruck march for which I had done zero training. I felt like I almost killed myself by the time I finished. I couldn't walk unassisted, and had golf-ball-sized blisters for days after. To make matters worse, one member rolled an ankle and couldn't finish. As a result, the judges added a 25 minute penalty. The penalty put me past the allotted time and, besides the blisters, all I left the competition with was a "learning experience" and no badge.

Have you ever heard the saying, "Fool me once, shame on you; fool me twice, shame on me?"

I decided there was no way I was doing another competition like that with zero training. ROTC



Shatana, Chad, and Xavier Nixon enjoy moustache day while relaxing at Snow Bird Ski Resort, Cottonwood Canyon, in the Wasatch Range of the Rocky Mountains, 2013. (Courtesy Photo)

programs run these events, and their students practice all year to compete. There was no way I was doing it! But — I'm still a soldier with a competitive edge, so I thought to myself, "What if I do a practice test just to see where I am?"

Off to the gym I went with family in tow to serve as time keepers. I only dared attempt the fitness portion and saved myself the embarrassment of the swim test. To keep this story short, I hadn't been in a swimming pool in years and swam like a rock.

...my 10-year-old son, who had just witnessed my less-than-stellar performance, walked up to me and said, "I am very proud of you."

I finished up and discovered I could meet the minimum requirements in all the events but not enough in one event to qualify for a medal. I know many military members cringe at the term "minimum standards," but stay with me — I promise a happy ending.

That night as I lay on the sofa trying to decide if I should compete, my 10-year-old son, who had just witnessed my less than stellar performance, walked up to me and said, "I am very proud of you." Slightly confused, I asked him why he was proud. His response was a motivational speech stronger than any 80s comeback movie.

"I am proud of you because you're trying something new and I know new things can be scary. I can tell you've had a lot on your mind lately, and you're nervous because you didn't prepare. But you're the strongest guy I know, and I know you'll do great."

Then he hugged me and just walked away.

At that moment it hit me like a freight train: I had been acting like a jerk. I quickly realized that my negative thoughts about my career and position in life had become transparent to the person that means the most to me. All it took was a 10-year-old to wake me up from my slumber, remind me of the important things in life, get me back into the game mentally, and help me climb my 10-year wall. I can promise you, at that point then and

See *MOTIVATION*, page 45

DEPARTMENTS

DEPARTMENTS

Soldier Sprints Way Onto Team for Warrior Games

by Shannon Collins, Joint Hometown News Service

EL PASO, Texas — As the sun beat down, the Soldier put her right foot in the block and got ready for the burst of energy she'd need to sprint her way to a medal win during the Army Trials for the DoD Warrior Games.

Sgt. 1st Class Sam Goldenstein, a radiology technician with the **325th Combat Support Hospital** in Independence, Missouri, took a gold medal in the women's 400-meter and a silver medal in the women's 1500-meter, 200-meter and 100-meter. She also took a silver medal in women's upright cycling during trials at Fort Bliss, Texas, during the last week of March. For her, adaptive sports give her a chance to transition from being a distance runner to a sprinter and to being a cyclist.

"I used to be a distance runner," she said. "I used to love to do half marathons. The Army Ten-Miler was one of my favorite races. The doctors told me to quit running. I always identified as being a runner. I would always go running. I miss it, but the Warrior Transition Unit pointed me to cycling, and now I absolutely love it now, and I honestly wouldn't have tried it. Cycling is great exercise and keeps my pain down."

Over her 12 years in the Reserve, Goldenstein has developed a hip impingement and has grade-four arthritis. She requires

hip replacements. She said it can be challenging, but she is more focused on being competitive.

"I'm a 33-year old female," she said. "I thought my competition days were over, but when I found out about Warrior Games and the Army Trials, I was like, 'Wow, I can actually be competitive again.' When I ran, I never ran for personal records. I never thought I could be competitive again after I lost the running and especially after picking up a new sport at my age. Now I've actually hired a coach. I'm going into my first racing season this year and will see how that goes. It's shown me that I can still do this, no matter what my disability is. It's never over."

Goldenstein is also the adaptive sports site coordinator at Fort Leonard Wood and encourages other wounded warriors to participate in adaptive sports and to try out for future Army Trials and the Veteran Affairs' Valor Games. She uses one of her own teammates at the Army Trials as an example.

Staff Sgt. Cory Davis, an avionics mechanic who served for 21 years, after six weeks of training with Goldenstein, went to the Valor Games in October with a team from Fort Leonard Wood and medaled in shooting. He also did well in archery, though he had never shot a bow before. *See GAMES, page 53*



Army Sgt. 1st Class Sam Goldenstein runs track during Army Trials at Fort Bliss in El Paso, Texas, April 1.

IN SPIRIT

"It is not good for humans to be alone."

by Chaplain (Col.) Bonnie Koppell

Command Chaplain, 807th Medical Command (Deployment Support)

On May 19, 2015, my beloved husband of almost 30 years, David Rubenstein, succumbed to metastatic renal cell carcinoma. He died following a valiant 9 month struggle; he wanted to live in the very depth of his being. Yet, it was not to be. He will not meet his new granddaughter, whose birth is imminent, nor will he walk our youngest down the aisle at her upcoming wedding.

Each and every day, I want to email him, call him, consult with him. He was my best friend and partner – irreplaceable. How fortunate to have the support of an incredible community, both military and civilian, whose kindness and caring is unsurpassed. One of the many joys of military life is the sense of camaraderie that being a part of the Army family provides. I have been thinking a lot of the words of Jane Howard, who wrote, "Call it a clan, call it a network, call it a tribe, call it a family. Whatever you call it, whoever you are, you need one."

We need clans, networks, tribes, families. Despite the slogan, we are not armies of one. We are hard-wired to live in community. In the book of Genesis, as God forms the universe, God pronounces each day of creation to be good. Water, land, trees, animals- "and God saw that it was good." The very first thing that God says is not good? "It is not good for humans to be alone." As I reflect on how I have been lifted up

by community, I beg you not to wait for a tragedy to connect with those who share your commitments and values. If you wait until you need that community, it will be too late, and time is promised to no one.

As a Soldier, Psalm 29 verse 11 has always held special meaning, "God will give strength to the people, God will bless the people with peace." I have always interpreted this verse through the lens of national security strategy. Peace is built on a foundation of strength. The perception of weakness can be an invitation for bad actors to take advantage of our lack of readiness. Strength must precede peace.

With David's death, I came to this verse as a wounded warrior. Instead of hearing the words of the psalmist addressing the nation, I heard them speaking to my soul. I prayed that God would give me the strength to endure the profound sadness I felt- strength from faith, strength from the support of family and community, strength from the experience of watching so many others find ways to choose life in the face of darkness. A whole lot of strength is required when a loved one is gone.

In her profound novel, Gilead, Marilynne Robinson writes of her main character's courage: "That's her courage, her pride, and I know that you will be respectful of it, and remember that a very, very great gentleness is called for, a great kindness. Because no one ever has that sort of courage who hasn't needed it."

In the military world, in our civilian lives, we don't innately have courage. We find it when we need it. If we have courage, it is because we had no choice but to persevere.

"Courage," wrote Socrates, "is endurance of the soul." A well-meaning friend attempted to comfort me with these words- "You must want to get back to normal." I replied, "There is no getting BACK to normal. There is only moving forward to a new normal."

A well-meaning friend attempted to comfort me with these words:
You must want to get back to normal.
I replied,
There is no getting back to normal.
There is only moving forward to a new normal.

Each of us suffers. Pain and loss are part of life. Bertrand Russell wrote in his autobiography that, "We stand on the shore of an ocean, crying out to the night and emptiness; sometimes a voice answers out of the darkness. But it is a voice of one drowning; and in a moment the silence returns. The world seems to me quite dreadful; the unhappiness of most people is very great, and I often wonder how they all endure it. To know people well is to know their tragedy; it is usually the central thing about which their lives are built."

While it is true that we all suffer, we cannot build our lives around tragedy. We must treat each other with gentleness and kindness, not knowing the battles each one is fighting. Yet, we are sustained by the strength we gain from being together in the fight. May we be blessed with strength, may we be blessed with courage, may we be blessed with meaningful relationships, may we be blessed with peace.✠



DEPARTMENTS

Some Patients Have Four Legs

by Lt. Col. Jenny Lynn Griffin, 228th Combat Support Hospital

SAN ANTONIO — Capts. Robert Miller and Amber Hampton, veterinarians assigned to the 994th Veterinary Detachment, located in Round Rock, Texas, trained members of the 228th Combat Support Hospital on how to treat military working dogs during battle training assembly.

These sister units under the 807th Medical Command, separated by less than 100 miles, trained together to share lessons learned while deployed overseas.

“Treating and providing care to military service dogs is similar to treating human patients,” said Capt. Jared Carter, a nurse assigned to the 228th.

While deployed overseas with the 228th, Carter treated his first four-legged patient when he received a request to treat a German shepherd service dog with a paw abscess.

“The dog handler’s vet called us about the dog’s condition, so we knew to be prepared,” said Carter. “This dog was treated the exact same way that another Soldier would have been treated. He received a bed in the ER, was consciously sedated and received much of the same medications that a human patient would have. After sedation, his wound was irrigated and cleaned. He was then bandaged and released to the care of the dog handling team.”

Carter, a former enlisted medic, explained that when animals came through his EMT door, the medical staff was always ready to provide exceptional, compassionate care.



2nd Lts. Alanna White and Marco Saldana, both assigned to Alpha Company, 228th Combat Support Hospital, 807th Medical Command get hands on IV training while practicing with a simulated animal. The simulation dog provides Soldiers a more realistic subject to practice invasive techniques that would hurt or discomfort a real animal.

“I was really impressed with what they did for the dogs. It was obvious to me that these IED detection dogs, who saved hundreds, if not thousands of lives in the Iraq and Afghanistan campaigns, deserved the best treatment possible,” he said.

FROM THE FIELD



Cpl. Jason Moyer, right, a combat medic with the 228th Combat Support Hospital, 807th Medical Command listens to Stella’s heartbeat during animal training held during battle assembly in San Antonio, Texas. This training provided soldiers their first opportunity to learn medical care for military working dogs that provide necessary services for the armed forces.

A 68W Soldier since 2008, Cpl. Jason Moyer stated this type of one-on-one education provided a new and enjoyable experience for him. He said it was not only fun, but also meaningful for him — he owns two large dogs himself.

“This kind of training is not taught in AIT, so this instruction was really good for me personally,” he said. “I would love to do it again.”

Moyer is currently studying the prerequisites to enter nursing school. He hopes to attend the University of Texas Health Science Center in San Antonio.

“Well, that’s my goal,” he said, smiling. “All my Army training will certainly help me with my college degree — especially this,” he said as he asked about signing up for the next veterinary training course.

Staff Sgt. Patrick Braun, a Licensed Vocational Nurse (LVN) with 18-years of military service, who also earned a Combat Infantryman Badge (CIB) when he served in combat arms, agreed with Carter’s medical observations.

“When we were at WAREX last summer, we were challenged in our care of the military dogs,” he said. “Through this experience, we learned how to stabilize them so they can get the proper follow-on care at the next level.”

“These dogs are not just dogs — they’re more,” said Braun. “They and their handlers are all part of the family.”

DEPARTMENTS

FROM THE FIELD

Annual Training — Hawaiian Style

By Maj. Jericho Guarin and Capt. Joe Ford, 256th Combat Support Hospital



Tripler Army Medical Center is the headquarters of the Pacific Regional Medical Command of the armed forces in the state of Hawaii. It is the largest military hospital in the Asian and Pacific Rim region and serves sailors and other members of the military and their dependents. (U.S. Navy photo by Mass Communication Specialist 1st Class Daniel Barker)

HONOLULU — Eighty-three service members of the 256th Combat Support Hospital, 307th Medical Brigade, 807th Medical Command, as well as the 146th Medical Group, California Air National Guard, conducted more than 3,200 clinical encounters during annual training at Tripler Army Medical Center, Joint Base Pearl Harbor-Hickam Field, and Schofield Barracks, Hawaii, over a two-week period in 2015.

According to Lt. Col. Derek Morton, this was the first time that Army Reserve and Air National Guard personnel performed deployment-related medical training in a joint services environment at Tripler AMC.

“This was a great opportunity to cross-train our low-density military occupational specialties (MOS), such as physical therapists, operating room technicians and dieticians,” said 1st Sgt. Dolly Conductor, noncommissioned officer in charge of the 256th Soldiers at Tripler Army Medical Center.

Personnel were assigned to various clinical and support departments, including surgical services,

aeromedical evacuation, critical care services, and 15 other departments.

“Even more critically, our Soldiers and Airman counterparts were given the opportunity to provide patient care in one of the most advanced medical centers in the world,” said Conductor.

Army Reserve physicians, dental personnel, and medical specialists utilized their extensive military and civilian medical expertise to enhance the services provided by the 15th Medical Group and the 25th Infantry Division at Schofield Barracks.

“It was great to see the collaboration of both military and civilian personnel with a patient-focused mission,” said 1st Lt. Sherita Caldwell, a registered nurse with the 146th. “It was also a great honor to not only be a nurse for current military members, but to also have the privilege of serving military Veterans and their Family members. It was wonderful to be an additional resource to the staff and patients on the hospital floor. We are truly grateful for this experience.”

Soldiers have always been the **best asset** in telling the Army story, and we need your help. Soldiers interested in writing and photography can request to be a **Unit Public Affairs Representative (UPAR)** through their chain of command. We are always looking to share photos and articles about the great things you do. Submissions can be sent to Capt. Chad Nixon at: chad.m.nixon.mil@mail.mil.

DEPARTMENTS

Can You Make the Notional Emotional?

Story and photos by Sgt. 1st Class Adam R. Stone, 807th Medical Command (Deployment Support)

FORT MCCOY, Wis. — Most training exercises are conducted notionally. This means made-up country names, invented civil unrest, or fictional injuries where a soldier is told by an exercise referee that he has a wound, but displays no visual symptoms. But for citizen soldiers leaving their civilian medical worlds to conduct annual training at the Army Reserve's Global Medic 2015 exercise — how do you get them to really buy in?

Moulage artists from the 807th Medical Command's 94th and 228th Combat Support Hospitals help create that buy-in when other soldiers experience their creations — staged, bloody, messy broken limbs; slimy eye balls dangling from empty sockets; burned and charred skin; and sucking chest wounds that suck a little too well. By the time the 2015 Global Medic Exercise is over they'll have supported more than 700 scenarios that involve mannequins, robots, and real-life role players.

Fort McCoy has a warehouse full of mannequins and work benches dedicated to the moulage details. The units participating in the exercise provide Soldiers to the detail who dress up mannequins or act as role players, so the range of experience for soldiers coming into moulage runs the gambit from combat medic,

to licensed vocational nurse, to physical therapy techs. Each one of these Soldiers comes in with very little experience actually creating wounds. They are used to seeing the wound after it's made.

"When I was with First Army, back in 2008, we were pushing Army Reserve and National Guard medics through a 21-day refresher course and we'd just slam them," said Sgt. 1st Class Kristina Boetner, the sergeant in charge of the moulage detail. "It's where I got into the moulage and make-up, the whole nine-yards, to make it more realistic and build that part up so the medics would really feel stressed."

The mannequin shop operates 24-hours-a-day in order to prepare enough casualties to properly exercise the capabilities of the 807th's combat support hospitals.

"It's a great experience," said U.S. Army Pfc. Muguel Rodriguez-Estrada Jr., a native of Dallas and a generator mechanic for the 94th Combat Support Hospital. "I think I could put this thing in a movie and say, 'here you go.'"

"I do enjoy working with the junior enlisted because a lot of times we get these augmentees from sections that don't have a role in the exercise. And this is brand new to them and they never knew it existed. The units they are in, like the CSHs [combat support hospital] and

area support medical companies, they've never seen this side of the house, they never know the work and planning that's involved to kick this off. It's an eye opener to them," said Boetner.

The detail does not just dress up department store mannequins. These are realistic mannequins that weigh over 150 pounds, cost anywhere from \$3,000 to \$19,000, and can be made to look like they have from one to a couple hundred different injuries. They also have mannequins that move and squirt blood.

The epitome of animated mannequins is one called a

Emotional?

SIMMAN — an approximately \$140,000 dummy that can simulate breathing, blink his eyes, replicate a heartbeat and showcase dozens of problems while being controlled by a soldier at a computer.

"This exercise is for the nurses and the medics—it's not to teach the doctors how to practice medicine. Look how much everyone is engaged! That's what I like about it," said Lt. Col. Foster Kordach an emergency room doctor with the 94th. "The hardest thing about the mannequin is knowing what you get from the mannequin or the observer controller. No one is standing around just looking at the patient, and they are all engaged."

Allied military forces who send their soldiers to Global Medic also benefit from the specialized training with SIMMAN.

"They have a good role in training. They get all the information, lets you intubate, practice your skills on them. It gives you a bit more feedback than as far as the vital signs. It helps you improve your clinical direction and practical skills," said British army reserve Capt. Beth Squire, 207th Field Hospital, Manchester, British army reserve.

One way the moulage artists approach their task is to dwell upon and internalize the backstories. Spc. Bill Koehler, a resident of San Antonio and a licensed vocational nurse of the 228th Combat Support Hospital, gets creative in order to make the training even more personal. Koehler invents backstories for each mannequin, like characters in a novel.

"If I believe it's real, then I do a better job on the mannequin and maybe that makes the difference so that those guys out there training will think it's real," Koehler said.

"My favorite is Charlie. He's dug himself into a pretty deep hole, credit-wise, but acting as a casualty is one way he can build back his credit. It's a heart-warming American dream story," said Kohler.



U.S. Army Pfc. Miguel Rodriguez-Estrada Jr., a native of Dallas, and a member of the 94th Combat Support Hospital, 807th Medical Command, helps create a burn victim with copious amounts of fake blood during the 2015 Global Medic Exercise.

Most of the role-playing scenarios are planned, but sometimes the exercise heads in a different direction.

"The biggest challenge is just being flexible. Sometimes we get an order for an injury an hour before an inject," said U.S. Army Pfc. Alex Campbell, a resident of Midlothian, Texas and a medic in the 228th. "Because waking up early isn't really much of a challenge."

"We can make cool stuff like blast burns, lacerations, broken bones and occasionally we get to act crazy," said Campbell.

"The best part about this detail," said Sgt. Nicole Rodriguez of the 228th and a resident of San Antonio, "is that we get to create death on a daily basis."

The 2015 Global Medic Exercises are hosted annually by the Medical Readiness and Training Command at Fort McCoy, Wisconsin; Fort Hunter-Liggett, California; and Joint Base McGuire-Dix-Lakehurst, New Jersey. Personnel from these locations collaborate to create the Army's premiere training events for military medical professionals. Global Medic events are the only Army Reserve-led exercises accredited by the Pentagon for participation by all branches and both active-duty and reserve components.



Sgt. Nicole Rodriguez, a resident of San Antonio and a member of the 228th Combat Support Hospital, applies makeup to Pfc. Matt Woodard, a resident of Plano, Texas, and a member of the 94th Combat Support Hospital, so he can role-play an injury during the 2015 Global Medic Exercise. Global Medic is the only joint accredited exercise conceived, planned and executed by the U.S. Army Reserve. During Global Medic, service members from multiple DoD branches and allied nations train together in a joint force environment, strengthening their abilities to serve together overseas.

Family of 92nd Infantry 'Buffalo'

Story and photos by Sgt. 1st Class Anthony L. Taylor, 85th Support Command

CHICAGO — In a weekend full of flood advisories and heavy downpour, the cloud clusters subsided over Lincoln Cemetery, on June 14, where soldiers, veterans, local residents and the family of World War II Army Sgt. Lawrence V. Blanchet stood below to pay honor and recognition to Blanchet 70 years after the war.

Blanchet enlisted into the Army immediately after graduating from high school and served fighting in Italy during WWII with Bravo Company, 365th Infantry Regiment, 92nd Infantry “Buffalo” Division.

On Feb. 10, 1945, Blanchet was killed in action (KIA) during a push forward by his company after bypassing several German snipers and a machine gun nest. Blanchet exposed himself to kill all enemy snipers except one after three members of his company were killed, and several had been wounded according to his award citation. Within 10 yards of the last enemy sniper, Blanchet raised himself to throw a grenade and was killed by enemy fire.

Blanchet was buried there with one of his identification tags, and reported KIA to Headquarters Company. Six years later, an Italian farmer found his remains, notified authorities, and Blanchet’s remains were returned to Chicago in 1951 where he was interred.

Blanchet was posthumously awarded the Silver Star on May 12, 1945 by Headquarters Mediterranean Theater of Operations. The War Department sent the medal and

citation to the Blanchet family in Chicago, but Philip R. DePriest, Blanchet’s nephew, said no formal military ceremony was conducted.

“I moved back to Chicago in 1996 and have been taking care of [Blanchet’s] grave since I moved back,” said DePriest. “I [come] out here about three or four times a year [during] Memorial Day, Veterans Day, and clean up his stone, [and] place a flag on it— but it’s always bothered me that there’s no recognition of him being awarded the Silver Star on his headstone.”

DePriest further explained that he was undergoing the process to have his uncle’s award engraved onto his headstone, but a formal military ceremony was important to bring closure for the family and to give his uncle the proper recognition.

In his coordination, DePriest reached out to his brother, retired Army Brig. Gen. Oscar DePriest, currently Army Reserve Ambassador for the State of Massachusetts, and asked him for guidance on obtaining the recognition for their uncle.

O. DePriest, also in attendance, shared that this bothered his brother for a long time and it was closure especially for his mother, Betty Jane DePriest, 86, Blanchet’s sister.

“I’m very moved and very proud and hope that I don’t cry,” said B. DePriest. “I’m glad to be here. I never dreamed

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Division Presented Silver Star



Army Reserve soldiers from units across the Chicagoland area conduct funeral military honors for Army Sgt. Lawrence V. Blanchet, WWII Veteran, who was killed in action on the Italian front in 1945. During the ceremony the Blanchet family received Blanchet’s Silver Star in a formal presentation as well as a U.S. flag. The ceremony also included three volleys of shots fired, taps played and a flag folding presentation.



SILVER STAR, (continued from page 14)

that this would happen, but my youngest son, Philip was always hoping to do something for my brother, and he got this together with his brother and they all pitched in – and here we are.”

B. DePriest explained that six years passed between the period where her brother was killed and when his body finally returned home. She stated that her brother would have turned 90 this October.

“It was so good to have him come home. It was so good,” she said. “He was an exceptional young man, really. He was a great loss to humanity.”

In the planning and coordination, the DePriest family connected with the Army Reserve Command and the 807th Medical Command (Deployment Support) providing military honors for Blanchet. Chicago land’s Army Reserve soldiers from the 330th Medical Brigade; 337th Military Intelligence Battalion; 378th MI BN; 379th Chemical Company; 4th Battalion, Chemical, 100th Regiment; and the 85th Support Command came together to give Blanchet his military funeral honors. A rifle team conducted three volleys of shots, taps was played and a flag folding presentation was performed,

surrounded by a flag line by the American Veterans Motorcycle Association, Chapter Seven.

Rev. Michael Sykes, cousin of P. DePriest, also participated giving the invocation and benediction for the ceremony.

Col. Albert F. Gruber, 330th Medical Brigade, presented the Silver Star to Blanchet’s sister following a reading of the citation by Maj. Paula Y. Wilson, 330th MB. An American flag was also presented to B. DePriest by Lt. Col. Robert Y. Moore, 330th MB.

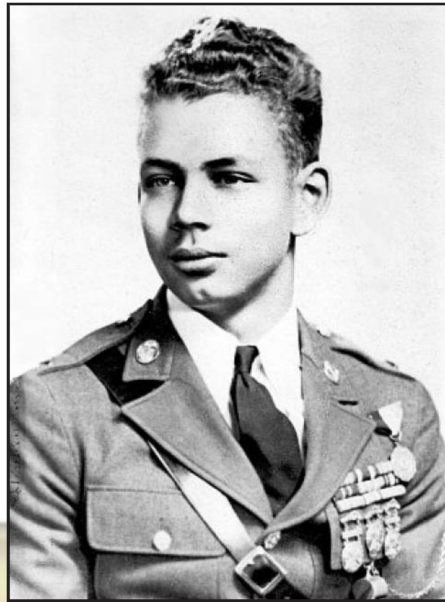
“I volunteered,” said Spc. Nicole Flannigan, 378th MI BN. “It meant pure honor – that we get to do something for a fallen soldier.”

P. DePriest shared his thoughts for the ceremony that took place there.

“It’s almost surreal. – And it was just a thought in the back of my mind come reality. I did it for my uncle and I did it for my mother. That was her only brother. He was an only son. He didn’t have to be in a combat unit, and he volunteered to be in a combat unit,” he said. “That is just a reflection of his character. He loved being a soldier.”



Army Reserve Col. Albert F. Gruber, left, 330th Medical Brigade, presents the Silver Star to Betty Jane DePriest, 86, during a military funeral honor ceremony recognizing Army Sgt. Lawrence V. Blanchet, WWII Veteran, killed in action on the Italian front with the 92nd Infantry “Buffalo” Division in 1945. The ceremony also included three volleys of shots fired, taps played and a flag folding presentation.



Sgt. Lawrence V. Blanchet (Courtesy photo)



The Silver Star is the third-highest military combat decoration that can be awarded to a member of the United States Armed Forces. It is awarded for gallantry in action: while engaged in action against an enemy of the United States; while engaged in military operations involving conflict with an opposing foreign force; or while serving with friendly foreign forces engaged in an armed conflict against an opposing armed force in which the United States is not a belligerent party.

ASTP Success Continues to Grow

Story and photos by Capt. Chad Nixon, 807th Medical Command (Deployment Support)

FAIRCHILD AIR FORCE BASE, Wash. — The War Room, the House of Pain and the Kill House are just a few of the names given by noncommissioned officers to describe the final day of testing during the six-day Army Specialized Training Program (ASTP), which took place in April and May.

The 396th Combat Support Hospital, 807th Medical Command (Deployment Support), provided combat medics classroom instruction with hands-on training that culminated with the final phase of testing simulating some of the difficulties medics may face during combat.

“I create a training scenario and what you see is what you get,” explained Staff Sgt. Derek Doball, an instructor with the 396th. “Once the evaluation starts, soldiers are on their own to use the items they have and the skills we taught them.”

The idea of providing medical care to a wounded Soldier during battle would be taxing enough, but when you add in other soldier skills like leadership, the scenario can quickly become overwhelming.

Spc. Kyler Hood, a medic and team leader for the final phase, learned how quickly chaos can ensue.

“As team leader for the exercise, I was mentally preparing myself for the unexpected,” said Hood. “The idea of having to take over as squad leader was in the back of my mind, but I hoped it wouldn’t happen.”

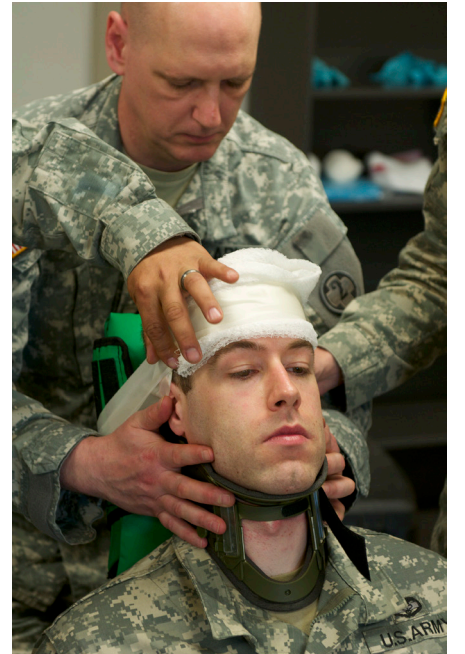
Within seconds of the exercise, Hood found himself in charge once instructors wounded his squad leader, forcing him to take the lead.

“Things were quickly changing - my entire scope changed,” stated Hood. “I was no longer just in charge of providing medical care. I had a team to direct, orders to give and it became chaotic.”

Unlike many other job fields in the Army, medics are required to attend this training yearly to maintain their Military Occupational Specialty (MOS).

“Our program is designed to meet the annual training and sustainment requirements for our combat medics,” said Master Sgt. Joshua Davis, the noncommissioned officer in charge of plans and training for the 807th Medical Command based in Salt Lake City. “Ultimately, our medics must maintain their certification with the National Registry of Emergency Medical Technicians to be considered job qualified in the Army.”

Davis, who currently manages the



Spc. Kyler Hood, a combat medic and student in the Army Specialized Training Program, secures a patient to a Kendrick Extrication Device during a training demonstration. All Soldiers serving as combat medics are required to attend this yearly 48-hour training in order to maintain the skills necessary to perform lifesaving tasks.

program sees many positive aspects that the training brings.

“We currently maintain 20 accredited training sites across the western two-thirds of the United States and are successful for a number of reasons,” explained Davis. “The biggest two are the leadership emphasis from our noncommissioned officers, and our nurses, physician assistants and doctors who help execute this training.”

Having available training sites across the country can assist Soldiers outside of the reserve component meet their requirements also.

“There aren’t a lot of medical units in the state,” said Sgt. James Hanrahan, a combat medic assigned to the 144th Army Support Liaison Detachment with the Washington National Guard. “Having this class helps myself and other guard medics get the training we need to stay current, keep our MOS and practice the lifesaving skills needed to care for Soldiers.”



Army Reserve medics from the 396th Combat Support Hospital, 807th Medical Command (Deployment Support) traverse a low crawl obstacle while moving a 150-pound mannequin to safety during an iteration of the Army Specialized Training Program (ASTP) for combat medics.

GETTING TO KNOW the 807th's new COMMANDING GENERAL

by Sgt. 1st Class Stanley E. Maszczak, 807th MC(DS)

The *Pulse* magazine got a chance to chat with the 807th Medical Command's new commanding general (CG), Major Gen. Daniel J. Dire, who took command of the 807th on June 21st after serving as the 3rd Medical Command's Deputy Commanding General for Operations (DCGO). We were going to try and carve out some face-to-face interview time during the recent Battle Training Assembly (BTA) weekend in Salt Lake City, where the 807th is headquartered, but — well, if you're a Reserve Soldier, you know how packed those weekends can be. Instead, we made some time during the week to chat on the phone about family, history, sports, and leadership.

It's about four in the afternoon on a weekday when Maj. Gen. Dire calls at our scheduled time, not too long after he's woken up to start his day following a night shift at a hospital.

Thanks for making time for me today, Sir — and after working a night shift, no less.

Of course — always glad to support The Pulse.

Let's get started with some talk about your early life — tell me about your upbringing. Where did you grow up?

I was born in Anaheim, California, but I really claim St. Joseph, Missouri as my hometown — I spent fourth grade through college there. It's a small town of about, well, less than 100,000 people, an hour north of Kansas City. I grew up with a twin brother and three sisters.

It sounds like you didn't move around a lot growing up — does that mean you're the first from your family to join the military?

No, not at all. My father died when I was eight years old, and he was a World War II Veteran. My maternal grandfather was in the Army in World War II. Both of them served in the South Pacific, but not with each other. My twin brother is a retired Coast Guard officer — he actually served half of his time in the Navy, and then the other half in the Coast Guard.

My son is an Infantry Officer in the Army National Guard, and my twin brother's son is an Army captain and currently an intern at Fort Sam Houston at Brooke Army Medical Center. So actually, there's been quite a few servicemembers in the family.



Did a lot of the veterans in your family work in the medical field?

No, not at all. My father was a fireman on a destroyer. My paternal grandfather in the Army was a Specialist 5th Class Army photographer, and he photographed the battles during the island hopping in the Pacific theater.

That's quite a rich military history. Is that something you focus hobby time on, or have just learned over the years?

It's been fun studying my lineage. It's definitely been over the years. My brother and I didn't know any of my father or grandfather's military history, so we were able to secure their military records — one from the Department of the Navy archives, and the other from the Department of the Army archives.

I bet that was helpful in learning more about their service.

It was. And subsequently, my grandfather had left me a box of original World War II photographs that he took overseas. And I've become somewhat of a World War II history buff. I have a nice collection of World War II non-fiction books.

That sounds interesting — I want to talk a little more about what you read later on. Before we get to that, can you tell me how long you've been married and about your children?

Let's see — I was married when I was 19 and I was a second lieutenant when I was 20. And now I have one son, three daughters, and five grandchildren.

Sounds like a great family! But wait — a second lieutenant at 20? That seems early. Did you finish college earlier than normal?

Well, I actually don't have an undergraduate degree. The only degree I have is a Doctor of Medicine degree. I went to three years of pre-med and then started medical school. And so, four years after that, I graduated — I went through seven years of school to become a medical doctor, and that's my only degree.

That's interesting to me — I didn't realize medical education could work like that. So after you earned your MD, what did your career look like and grow into?

Well, I did two specialties — I did a residency in emergency medicine at Fort Hood's Darnall Army Hospital. And then subsequently I trained in pediatric emergency medicine, so I'm board certified in both emergency medicine and pediatric emergency medicine.

Wow.

Most of my career, I have been in academic medicine.

What does that mean?

It means I've worked as medical school faculty. More recently for the last six years, I've been on faculty at the University of Texas Health Sciences Center in San Antonio.

And what does that mean on a day-to-day basis for you?

Well, I have a combination of teaching, research and publications, and providing clinical supervision over medical students and residents, as well as PA students, many of whom are military from Ft. Sam Houston.

Do you enjoy that environment?

Oh, absolutely. I probably enjoy teaching the most.

What was it that prompted you to join the Army Reserve?

I actually joined the Army initially in 1984 as a direct commission in the Army Health Professional Scholarship Program for medical school. And then when I finished my active duty service obligation in

See DIRE, page 20



Brig. Gen. (P) Daniel Dire, the incoming commanding general for the 807th Medical Command; Col. Elizabeth Baker, the 807th chief of staff; and Maj. Gen. Craig Bugno, the outgoing commanding general of the 807th, inspect the troops prior to the change of command at Fort Douglas, Utah June 21, 2015.

DIRE, (continued from page 19)

1991, I stayed in the Army Reserve.

How long was your initial obligation?

It was four years post-residency. So I initially completed a three-year emergency medicine residency on active duty, then paid back the four year service obligation after that, and had four extra months because of the stop loss during Desert Storm. So my first active duty tour was seven years, four months, and 11 days.

Do you also know how long you've been in the Reserve down to the day?

Well, my total military service combined active duty and Reserve, is 35 years on July 7th.

That's quite an accomplishment — happy 35th anniversary!

Thanks.

I noticed on your bio that you've spent some time at the 807th Medical Command prior to your last tour over at the 3rd Medical Command. How does it feel to be back now at the 807th?

You know, I've worn the 807th patch more years than any other patch on my left shoulder throughout my entire career — and I'm proud to wear it again. I've been proud to serve under both commands.

Is there anything that you're looking forward to, moving forward in your new role as the CG at the 807th?

I'm looking forward to working with all of the Soldiers in order to make them the best Soldier-medics that we have in the Army.

Let's talk leadership. Do you have any defining moments in your career as an Army leader?

Wow — well, I can tell you that the time I spent overseas on deployments, both in Bosnia in 2003 and Kosovo in 2007-8 as the Task Force Med Commander, were probably the most professionally rewarding experiences I've had in my military career so far.

Why is that?

Well, it was multifactorial — the combination of being a part of a NATO operation in both of those countries in peacekeeping; working with the host nations' medical communities; and working with the other NATO and non-NATO partners that were a part of the operations.

What kinds of things were you doing over there? What was that like?

I was working with a great team of Army Reserve, National Guard and Active Component Soldiers in my task forces. In both deployments I was dual-hatted as the task force med commander and the hospital commander. It was a lot of responsibility, but at the same time, extremely professionally rewarding. And it was a learning experience to help refine my leadership skills.

Can you think of a specific situation that helped develop you as a leader?

It's just been one event after another that have each become additive on each other. I can't think of a single event. But I can tell you that every time I did my increasingly higher level Army officer education courses, and having command tenures at increasingly higher echelons during my career; they built upon each other.

I've had command positions most of my Army Reserve career since 1991. So it's been a combination of on-the-job-training, military education, and having great mentors. Of course I mentioned some of those mentors at the change of command.

Were these mentors people who supervised you, or people you sought out?

I mainly worked for them. Most of the people that I thought were my best mentors

were prior commanders, many CGs of the 807th that preceded me. I spent much of my time commanding various units in the 807th. Most of the units I commanded are now either deactivated or no longer under the 807th, but I've been here a while.

What are the qualities you believe are the makings of a good mentor?

A good mentor is somebody who has excelled in their own professional career, is willing to guide me and give me feedback of the things that I do right and wrong, and recommendations for improvement of my performance. A mentor is somebody who is wise and a good listener.

Do you have any secrets to success in balancing your civilian career with now being the commanding general of a division with more than 100 units and about 10,000 Soldiers? It seems like that would be a lot to manage. How do you maintain balance?

Well, I have to multitask and stay fairly organized. And I've got to confess, too, that I'm no longer working 100% full-time at my civilian job. I could not do this job and work 100% full-time, so I actually dropped down to 80% in my civilian career. And I actually did that a year and a half ago when I became the DCG for Operations at the 3rd. It was just impossible to dedicate the amount of time I needed to my military career and maintain my full load of responsibilities at my civilian job.

Apart from those things, it also takes a very understanding wife and family. A lot of the things I do with the military come at the sacrifice of spending time and doing activities with them.

It definitely makes a huge difference when you have that support from your family. Speaking of family, I understand that your wife is taking on a new volunteer role within 807th Family Programs.

Yes, she's been very active in Family Programs over the years as I've gotten senior level command positions, and she enjoys it — she really enjoys working with Soldiers. Especially since we also have another Soldier in the family.

It's always great to see spouses and Family members get passionate about working with Soldiers.

All right, just a couple more things before we wrap up, Sir. Shifting gears a bit — is there any



Brig. Gen. (P) Daniel Dire gives remarks as he assumes command of the 807th Medical Command at Fort Douglas, Utah, June 21, 2015.

specific kind of book you like to read? What kind of reading do you do?

Well, besides my theological books — I'm very active in my church — I enjoy military history, specifically World War II history; and I enjoy reading suspense novels. I'm reading one right now that one of the other general officers from the National Guard brought me as a gift at the change of command. It's a book by Brian Haig — a suspense novel that's got a CIA and military theme to it called Man in the Middle. Brian Haig is the son of retired four-star general and former Secretary of State Alexander Haig, and Brian Haig is also a West Point grad, and a retired colonel himself.

I'm only about 100 pages into the book, but I like his writing style because he puts a lot of subtle humor into it. Its fun reading — most of the authors who write this genre of a book, in my experience, don't put as much humor as this retired officer does. I plan to read his other three books next.

In terms of officer development, do you use any kind of professional reading list for your staff, or do you have any specific reading you encourage your staff to do?

See DIRE, page 22



Brig. Gen. Daniel Dire and U.S. Army Lt. Col. Jacqueline Ojimba converse with a patient during a dental exam during Tropic Care 2014 at 'Ele'ele Elementary School, 'Ele'ele Hawaii, June 19, 2014.



was a big Eagles flag on the wall. I just wanted to find out if that was your doing — are you a big Eagles fan?

Oh — that was taken at the DFAC [Dining Facility] in North Fort Hood, and I think it was just by chance the photographer captured that. There are sports team banners all over the DFAC. Personally from growing up in northwest Missouri, my wife and I are Kansas City Chiefs and Kansas City Royals fans. And of course I went to medical school at Mizzou, so we're also Mizzou Tigers fans. A good sports weekend is when we can go to a Mizzou football

game and a Chiefs football game the same weekend. We had that opportunity once last fall in October.

That sounds like a blast.

It was!

All right, last one to wrap up. Of all the places the Army has sent you, to which would you gladly return?

DIRE, (continued from page 21)
You know, I've never done that. I do recommend reading military history books. A couple I've recommended recently that I've learned a lot from include an autobiography written by General James Doolittle. He wrote the book when he was 95 years old. The book is called I Could Never Be So Lucky Again. And another one that I just got through reading that I've recommended is a book called Heroes of World War Two: True Stories of Medal of Honor Winners, by an author named Edward Murphy. It's a chronological history of World War Two in both the Pacific and the Europe theaters, written in the order of the Medal of Honor winners. Just an outstanding book of the heroism of what I and many others consider the greatest generation.

I finished that book and ordered a follow up book he wrote about Vietnam Medal of Honor winners, and I'm reading that one at my ranch on the weekends. I'm always reading three or four books at one time — they're sitting on the side of my recliners waiting for me to pick them up for a few minutes at a time.

You might gather I probably read

three or four books a month.

It's a great habit — I'll have to check out some of those titles to add to my own list.

Let's talk sports, and I'll tell you why -- I did a search for you on dvidshub.net and found just a few photos of you there. There was one in particular of you and your wife seated and eating lunch with some of your Soldiers from the 3rd, and there



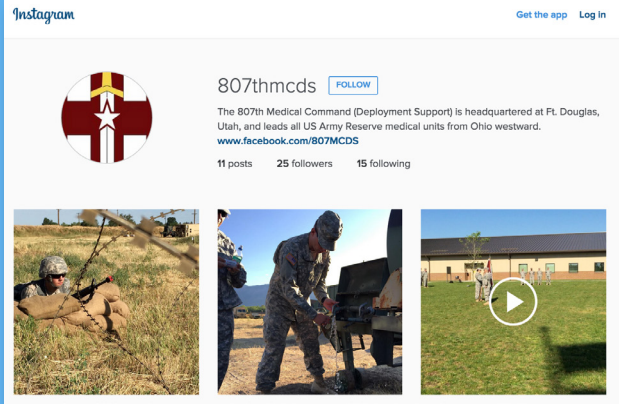
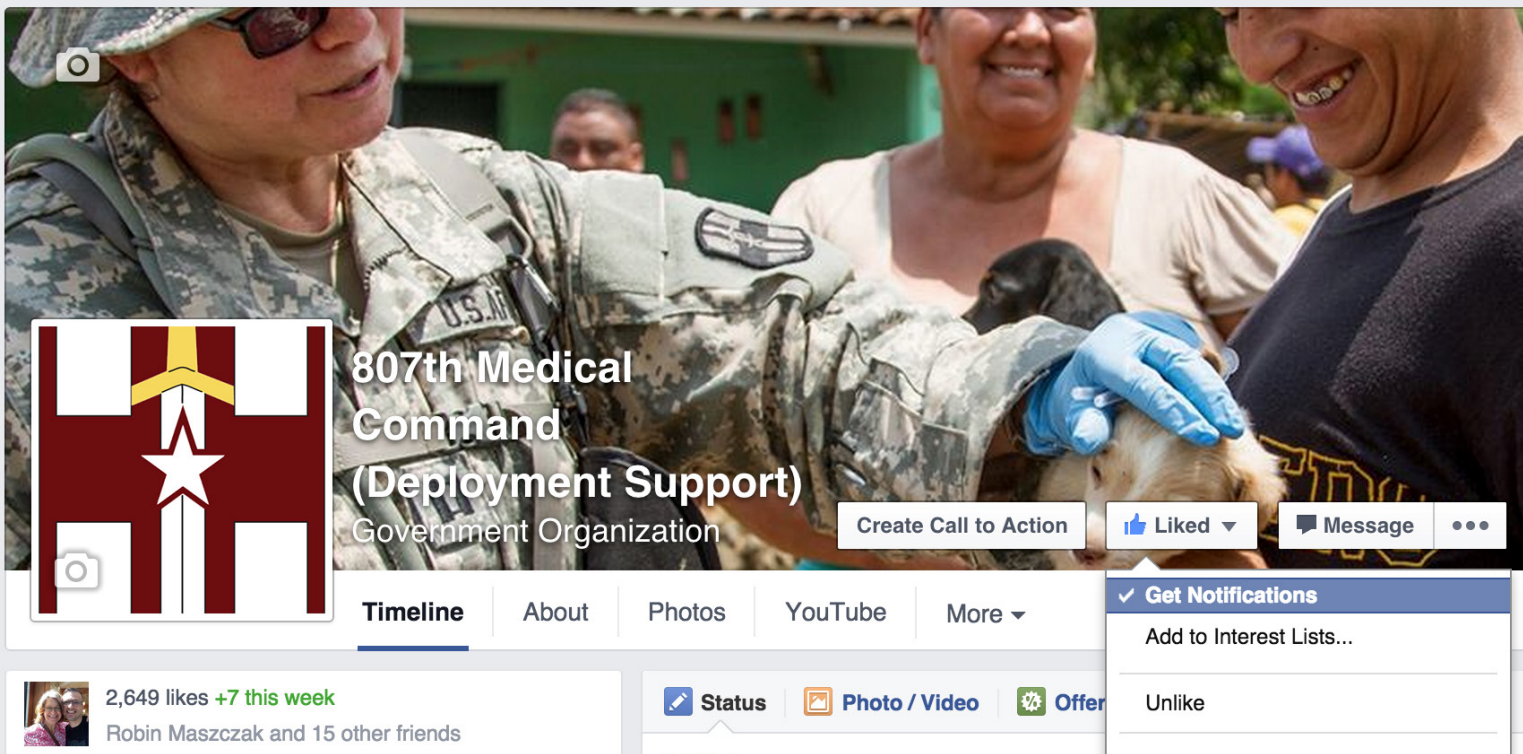
Brig. Gen. (P) Daniel J. Dire (right) and his twin brother, retired U.S. Coast Guard Cmdr. James R. Dire, commission 2nd Lt. Christopher J. Dire into the U.S. Army Medical Corps and promote him to Captain.

I would love to go back and visit all the friends I made in Kosovo. I spent my longest tour there, and I still correspond via email or Facebook with multiple local physicians that I met there, as well as some of the NATO physicians that I worked with there. I actually just got an email from a German navy captain that I worked with in Kosovo, who's retired now. He actually emailed me because he saw the change of command stuff on DVIDS.

That's great — our online media is getting out there! Hopefully we'll get some more pictures of you and all your Soldiers up there.

Well, I think that's about it for now, Sir — I know you've got a busy day ahead. Thanks so much for your time.

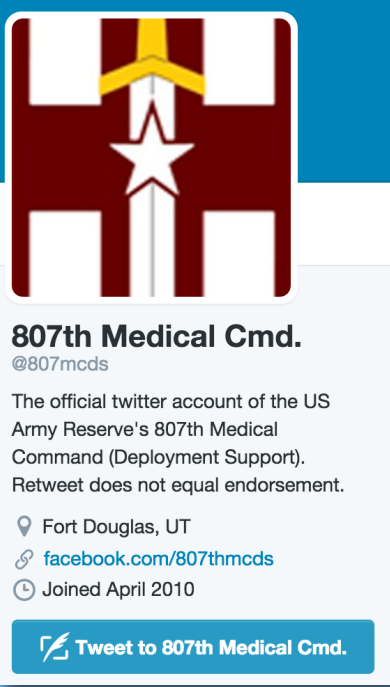
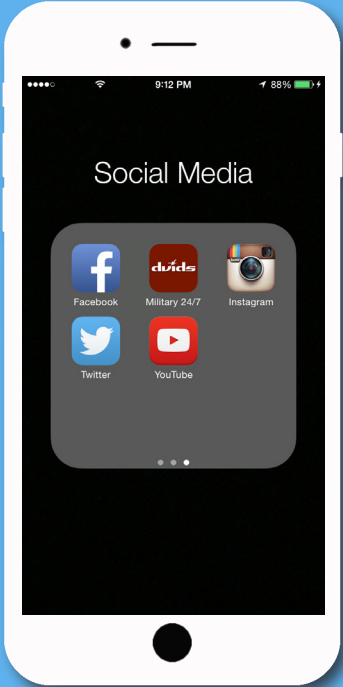
Absolutely — thanks for all you do with *The Pulse*. 🇺🇸



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Stories and Families: A Retiree Retires Again

Story and photos by Sgt. 1st Class Stanley E. Maszczak, 807th MC(DS)

VANCOUVER, WA — Larrie Noble, a retired Army Reserve Colonel, has stories for days — like the time back in the 80s when she planned a training exercise and got into a little bit of trouble for putting a Soldier and her nursing baby up into a tree. (It was a plane crash training scenario and ended up being some of the best training they'd ever had.) Or the time she and other passengers on a commercial flight were deplaned before an unclaimed suitcase was blown up on the tarmac — while she was secretly carrying classified documents from an undisclosed location back to her commander. Or the time the catered retirement ceremony and reception she and the Family Readiness Group (FRG) were hosting turned into a catered, surprise urinalysis.

Her 25-year career as an Army Reserve nurse beginning in the early 1970s lends plenty of stories of its own, but the stories Soldiers and their Families celebrate now involve her last 15 years serving as FRG Leader for the 396th Combat Support Hospital (CSH, pronounced “cash”), 807th Medical Command (Deployment Support).

Retiring from this volunteer post now at age 73, Noble has children, grandchildren, and even two “great grandbabies” of her own. She worked as a public health nurse for Multnomah County, Oregon, for just shy of 50 years, and has experienced everything between tragedy and celebration during her time in service to her community, the Army Reserve, and its Families.

“Sometimes Soldiers have hardships, with employment, with health, with family members’ health — and part of our job is to be there when it happens, to notice when things are different, connect

them to resources, and support them and their families however we can,” she said.

Noble travels monthly to Vancouver, Washington for Battle Training Assembly (BTA) weekends for the 396th CSH. She no longer likes getting up at 3 a.m. to drive in the dark to BTA, so she started paying for a weekend hotel room out of pocket. She leads a small team in staffing the FRG’s donation-run snack bar at their Armed Forces Reserve Center (AFRC), and invests her time and energy in building relationships with anyone who stops or passes by the high-traffic area where their booth is set up.

“Because we sit here, we hear things,” she says.

The things she hears are part of what helps her to be one of the most involved FRG Leaders some Soldiers say they have ever seen.

Col. (Retired) Peter Gould, former 396th commander, says Noble started doing the work long before she had a formal FRG leadership title.

“She and her predecessor said, ‘We love Soldiers, we’re going to do some stuff to take care of them and be there on a regular basis: feed them, talk to them, get a sense of their morale,’” Gould shared. “She’s really taken that to heart.”

Noble insists when she’s at BTA, she’s “just Larrie — or Ms. Larrie, if that’s what they’re comfortable with.”

“I try not to let it get out too much that I’m a retired Colonel,” she said. “I want the Soldiers to be able to relax around me and not feel so rigid... people share more with me that way, I think.”

June Stanfield is the Family Readiness Support Assistant (FRSA) for the 2nd Medical Brigade, which covers the 396th, and says

building relationships with Soldiers and their Family members was one of the ways Noble was able to be so effective.

“As the FRG Leader, Larrie was emotionally connected to the CSH, its soldiers, and its families,” said Stanfield. “In our program we try to stress more of connecting soldiers and families to programs and services. Larrie does that — she is well-connected. I see her as the wise, grandmotherly type who advises them all informally on how to balance soldier and family. She has talked the talk and walked the walk.”

Running a Family Readiness

Group can be a challenge for its leaders and members, all of whom are volunteers. Civilian volunteers and soldiers shared that some family members — and even some soldiers — don’t always see the value of an active FRG before deployment time.

“The major pitfall of every FRG in my experience has been, ‘Oh my gosh, we’re getting deployed, let’s get the FRG running,’” shared Command Sgt. Maj. Richard Wilson, battalion command sergeant major for the 396th. “The time to get the FRG running is when you’re home and it’s nice and calm, so you have a solid foundation before it’s time for the Soldiers to leave home for an extended period of time.”

Noble spent the last 15 years working to keep that foundation strong following her retirement as the CSH’s Chief Nurse, where she mentored some of the Soldiers recently and currently in leadership at the 396th.

“When I was a lieutenant,” shared Gould, “she was my Chief Nurse. She taught me a ton, and was instrumental in my formation. She’s been that all along the way, and in the years of the stress of being a commander, she made it easy because she just knows how to do that.”

Her sense of post-retirement volunteerism seems to have been contagious. At BTA she is surrounded by three other volunteers who were formerly in uniform at the 396th: Cindy Ping, a retired master sergeant; Ray Spielman, a retired Captain who also served 22 years enlisted and received a commission when he was a sergeant first class; and Kristine Pitner, who ended her enlistment after serving in the rank of staff sergeant.

“It does my heart good to see all these young people willing to come in here and do this in light of all that’s happening in the world,” shared Spielman. “It’s heartening to know there’s still people willing to do that.”

See NOBLE, page 26



Retired Col. Larrie Noble addresses the 396th Combat Support Hospital (CSH) formation after being recognized for 15 years of dedicated Family Readiness Group volunteer support and leadership, following her 25 years of service as an Army Reserve Soldier and nurse.



NOBLE, (continued from page 25)

And if I can support them in some way, then that's good for them and good for me."

Other FRG volunteers and potential volunteers may not be seasoned, retired Army officers or noncommissioned officers, or have 50 years of professional public health experience. But Noble and her compatriots say there are just a few things a person needs to be a successful volunteer with their local FRG.

"You have to care, and you have to have flexibility, responsibility and commitment — those are probably the biggest things we need in the FRG," Noble said.

"You have to care about soldiers — you have to have that in you," Ping stressed.

A potential volunteer typically doesn't come to every BTA and spend the entire weekend there. Some volunteer for a day, or for a couple of hours for an event, or simply attend a meeting and help plan and execute events that build the FRG support system and care for families.

"The Family Readiness Group function is very little about fundraising," said Ricqué Robinson, Family Programs Coordinator at the 807th Medical Command (Deployment Support). "It's so much more about building relationships, supporting soldiers and families, and working with the commanders to take care of families."

Leaders say they hope more volunteers will step up and give their time and energy to the program — dedication is key.

"Larrie just draws people in," added Wilson. "It's amazing how dedicated the FRG is and how much they reach out to people. If you could somehow package what they've got here, it would be a great model to just inject into other units."

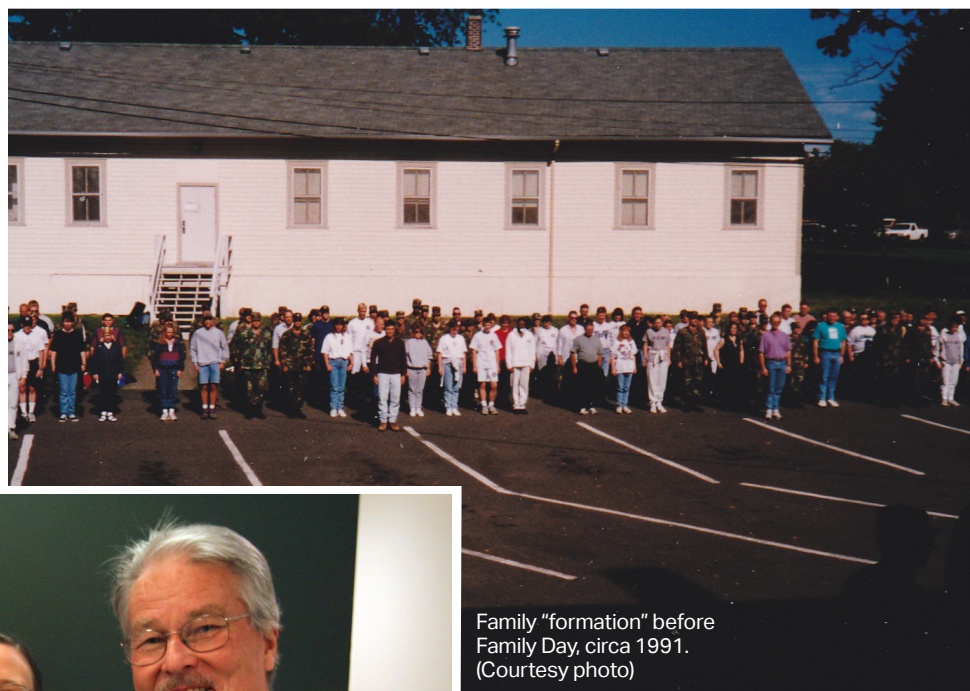
For more information about Army Reserve Family Programs or FRG training, go to <http://www.warfp.org/>, or talk to your soldier about joining your unit's Family Readiness Group. 🇺🇸



Noble and Kristine Pitner, FRG volunteer and former Army Reserve Soldier, operate a snack bar during battle assembly.



Noble salutes Col. Peter Gould, 396th Combat Support Hospital commander, after he calls for her to "report" to the front of the formation to receive her volunteer award. Noble was one of Gould's mentors and his Chief Nurse for many years before she retired from the Army Reserve as a Colonel.



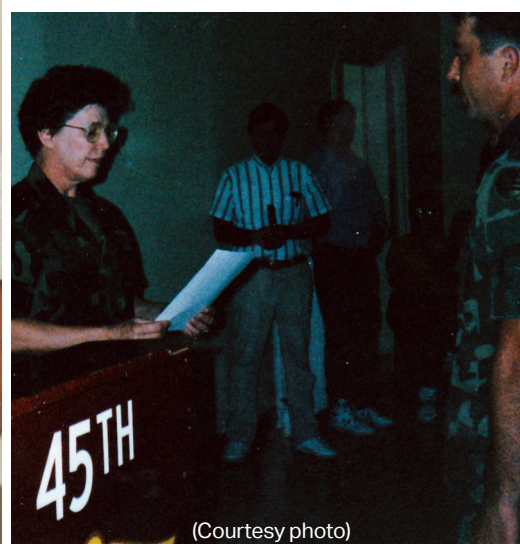
Family "formation" before Family Day, circa 1991. (Courtesy photo)



Noble hosts a Family Readiness Group meeting in her home. From left: Grant, Noble, Tiesa and Bea Gaston. (Courtesy photo)



Noble poses for a photo with retired U.S. Army Reserve Master Sgt. Cindy Ping, former U.S. Army Reserve Staff Sgt. Kristine Pitner, and retired U.S. Army Reserve Capt. Ray Spielman during Battle Assembly for the 396th Combat Support Hospital (CSH), 807th MCDS.



(Courtesy photo)



(Courtesy photo)



(Courtesy photo)

AN ANGEL EARNs HIS WINGS

Story and photos by Capt. Chad Nixon, 807th Medical Command (Deployment)

SALT LAKE CITY — For Maj. Albert Lehmann II, Facilities Engineer for the 807th Medical Command, the love of flying came at an early age. At age five, Lehmann would travel with his father in his Beechcraft Bonanza airplane. At 12 he began private lessons with the dream of one day earning his license.

As Lehmann grew and time passed his love for flying never faded. After returning from Afghanistan in 2012, he and his wife Martha looked to purchase their first plane.

“It took a little convincing,” joked Lehmann. “I bothered her a bit but she was kind enough to give in.”

It didn’t take much because after a little more flight training Lehmann earned his license and they bought a 1969 Cessna Turbo 210 Centurion.

“I believe everyone should pursue their dreams,” said Martha. “Flying allows Albert to concentrate on his personal goals, and when he flies he is in control of his destiny.”

After some flight time and additional training to increase his flying skills, Lehmann began to feel like something was missing.

“Flying for fun is exciting and serving in the military is rewarding, but I felt like I was missing a sense of mission,” said Lehmann. “While visiting an airport last year, I found a flier about Angel Flights and quickly realized

that this is the purpose I was searching for. I could use my love of flying to help others in need.”

Angel Flight West (AFW) is a nonprofit, volunteer-driven organization that arranges free, non-emergency air transportation within the 13 Western states for children and adults with serious medical conditions. AFW matches up volunteer pilots to people in need, enabling them to receive medical treatment and other vital care that might otherwise be inaccessible because of financial, medical, or geographic limitations.

Angel Flight West (AFW) links volunteer pilots in private aircraft and our commercial airline partners with people in need whose health care and other circumstances require them to travel to and from facilities to access services. The costs of all flights are donated. There is never a charge for an Angel Flight West mission.

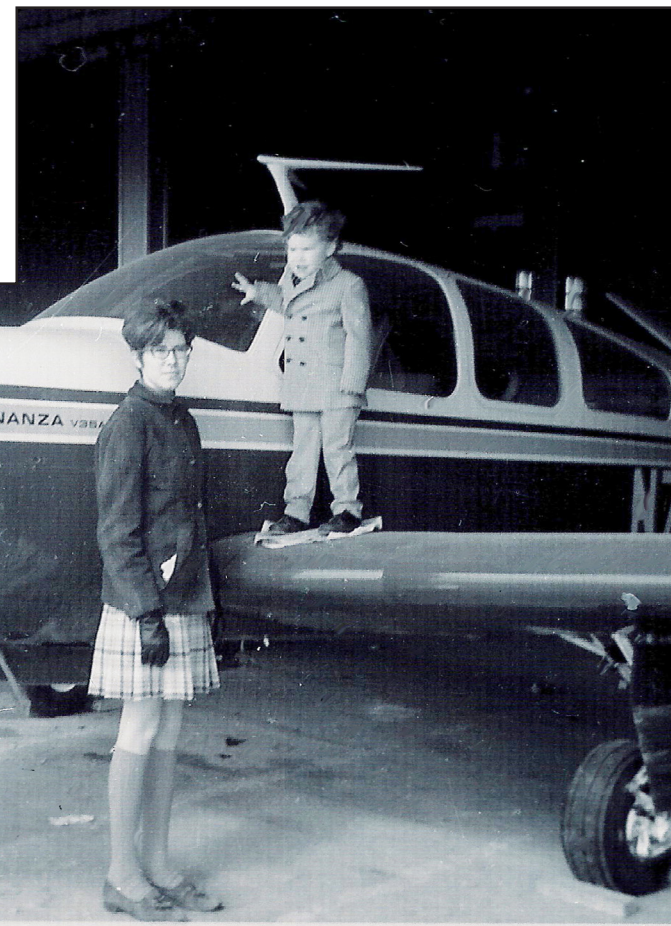
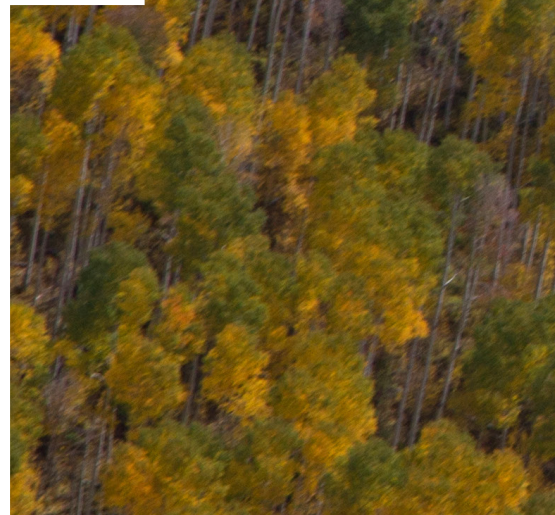
In addition to medical flights, they arrange transportation for other humanitarian purposes, such as individuals and families escaping domestic violence; injured military personnel taking part in therapeutic programs offered by veterans’ organizations; and prospective parents hoping to adopt a child. Because not all healing takes place in the hospital, Angel Flight West also serves as the “official airline” for a number of children’s special needs camps attended by youngsters and teens.

Though not qualified in 2014 to fly for Angel Flight he continued to work toward his goal of achieving enough flight hours to be an Angel Flight Command Pilot. Lehmann completed the requirement and began flying Angel Flights this year.

“What could be better than to do what I truly love and help people while doing it?” said Lehmann. “Angel Flight West gives me the opportunity to volunteer and help make a difference in the world while being able to exercise my passion of flight.”

Chasing his dream of being a pilot has opened up new opportunities for the Lehmann family.

“I fly with him wherever he goes and we have adventures,” said Martha. “Albert has always taken care of his soldiers and Angel Flights allows an extension of his caring. It’s been our pleasure to help those in need.”



(Clockwise from top) Albert F. Lehmann poses for a picture with his Beechcraft Bonanza airplane in Bridgeport, Conn. Lehmann credits his love of flying to his father and their time spent together; Albert Lehmann II, and his wife Martha flying over the autumn trees in their 1969 Cessna Turbo 210 Centurion while taking a trip to Rifle, Colo.; Lehmann signals a thumbs up after completing his pre-flight checks before taking off on his first Angel Flight voyage at Salt Lake City International Airport. Lehmann serves as a volunteer pilot donating his time and airplane to transport people in medical need; Young Albert and his sister Bryarly C. Lehmann pose for a photo at Bridgeport Airport, now named Sikorsky Memorial Airport in Bridgeport, Conn.; An aerial photo overlooking Desolation Canyon, Utah on the way to Rifle, Colo.



SPEAKING THE UNIVERSAL GLOBAL MEDIC 2015

Global Medic is the premier medical field training event in the Department of Defense, and is the only joint accredited exercise conceived, planned and executed by the U.S. Army Reserve. During Global Medic, service members from multiple DOD branches and allied nations train together in a joint force environment, further strengthening their abilities to **serve together around the globe.**

Story & Photos by Brian Godette
U.S. Army Reserve Command



Soldiers with the U.S. Army Reserve 228th Combat Support Hospital, alongside British Army Reserve Soldiers with the 207th Field Hospital, support several simulated medical functions during the 2015 Global Medic Exercise at Fort McCoy, Wis., June 17.

(Right and below) Soldiers with the U.S. Army Reserve 228th Combat Support Hospital, alongside British Army Reserve Soldiers with the 207th Field Hospital, support several simulated medical functions during the 2015 Global Medic Exercise at Fort McCoy, Wis., June 17.



(Right) British Army rank structure is displayed in the simulated intensive care unit of a combat support hospital during Global Medic 2015.



(Left) Staff Sgt. Cory Jenkins, observer/controller with the Medical Readiness and Training Command provides feedback to Soldiers with the 94th Combat Support Hospital and British Army Reserve medical Soldiers as they operate on an injured Soldier in a "cut suit" after a simulated attack during the Global Medic Exercise at Fort McCoy, Wis., June 18, 2015.



FORT MCCOY, Wis. — Two military cultures, divided by a common language and united through medicine, recently found a common training stage. The real-world, scenario-based training at this year's Global Medic highlighted much of that strengthening at various combat support hospitals set up on several forward operating bases, where Air Force, Navy, Army Reserve and British Army Reserve Soldiers, were integrated to perform the medical tasks. "We are receiving patients that are being MEDEVAC (medical evacuation) in with serious injuries that they have theoretically sustained in the battlefield," said Lt. Col. Gregory Lacy, surgeon with the 228th Combat Support Hospital.

As they would while deployed, the medical staff at the 228th received communications on incoming injuries from the field, with an estimated time of arrival via helicopter or ground transportation. "What we have to do as a hospital is assess and determine who are the most critical patients going through our facility, and then find the most effective way to get them through the triage process and get them resuscitated so that they can get to the operating room for life saving measures," said Lacy. The atmosphere on the simulated FOB, as well as the hospital, mirrored deployed locations, with a full force of sustainment Soldiers, gate guards, tents, tactical operation command points, and varying service uniforms

conducting their job specific duties. Though the setup was simulated, the medical Soldiers took their duties seriously. "We practice sound medicine and we will never compromise patient care, so that means having the best supplies and maintaining a sterile environment," Lacy said. "If you don't have a functional operating room in a CSH (combat support hospital) then you really don't have a CSH," he added. As patients came in with various trauma injuries surgeons, nurses, and other medical staff fluidly worked together to treat each case. The ocean blue medical scrubs gave the staff an appearance of uniformity, but with closer attention the

differences in uniform and even in accents gave way that some of these Soldiers were part of the British Army. "It's been great working with the U.S. forces. I think we all bring different skills to the party," said Staff Sgt. Debbie Foreham, assigned to the 207th Field Hospital, British Army Reserve. Foreham, who spent 13 years in the British Army as a nurse before joining the British Army Reserve, worked with U.S. forces while deployed in Afghanistan. That interaction led to her appreciation for the cross-training within the medical field. "I think it's real important that we come over and conduct this training with the U.S. troops. If we iron out our problems during training, we establish those relationships, and it makes it easier to do the jobs we all

See **LANGUAGE**, page 34

LANGUAGE, *cont'd from page 33* signed up to do," Foreham said.

The two military cultures worked in 24-hour operations during Global Medic to enhance those relationships.

"At the end of the day, funny enough, even-though we speak the same language, the accents and dialect were the biggest problems. So we would have different names for the equipment or paperwork, but at the end of the day we had the

suits' which contain organs, and are full of fluids, like blood, and we are making surgical incisions. This is as close to the real life patient body as you can possibly get," Lacy said.

The sentiments of the surgeons were echoed by a surgeon's "best friend" in the operating room, the anesthesiologist.

"Working here at Global Medic is really complimentary to what my experiences are in my civilian role as an anesthesiologist," said

202nd Field Hospital, British Army, commanding officer.

"What this exercise is doing, is enabling us to come together, share best practices, move forward, and look at how we can best use each other's skills," Jones said.

To ensure the Soldiers are properly engaging in their duties and best using their skills, observer/controllers with the MRTC, who have practical deployment knowledge in the field, watched and evaluated every scenario closely.

"The O/C's who are evaluating the training have been very good at giving us feedback as to what we are doing good, what we're doing not so well, what we can improve on, and showing some of us who have not deployed, how this is close to real life scenarios," Lacy said.

The O/Cs had a targeted plan of action to assess the Soldiers, both U.S. and British, in order to provide proper feedback.

"At the beginning of the exercise, the commander identifies the commander training objectives and that's exactly what us, as observer/controllers, look at. We look at what that specific commander wants to look at, so if they want to train on laboratory services or radiology, we make sure we cover down on those sections making sure they hit every individual task and are trained on those tasks," said Maj. Amy Reynolds, O/C, HHC, 3rd Medical Training Brigade.

The Global Medic exercise, the premier joint accredited training event for medical professionals, combined the training skills of two nations, working through cultural differences in practice, for the common good of all military.

"We achieve the same objective, even-though we have different people doing it, a lot of our procedures are very similar, but I think it helps if we both understand what the differences are so we can achieve the common goal," Jones said.

"I think the United Kingdom and the U.S. probably are two nations separated by a common language, as stated by Winston Churchill. But over previous years, we've worked very hard to understand each other and also be mindful of the differences in our culture and our language," Jones added. ■

"If we iron out our problems during training, we establish those relationships and it makes it easier to do the jobs we all signed up to do."

same goals and reached the same outcome," Foreham said.

"We know that these medical resources are not infinite, and in the battlefield more of the missions have gone to coalition initiatives. We are sharing these missions with our brethren in the military of various other countries, and the great thing about medicine is it's universal," Lacy said.

The Medical Readiness and Training Command provided the supplies for Global Medic to ensure the realism during training prepared all the Soldiers for what they could encounter in the field, as well as hands-on experience with medical care they might not see in their civilian careers.

"Many of us in our civilian lives have a garrison type practice where we won't see such a high level of trauma," Lacy said. "The Medical Readiness Training Command have been doing a very good job in simulating these critical patients with the material they've been coming into our hospital with, and eventually making it into the operating room."

"For example, we are seeing these patients come in with these body 'cut

Lt. Col. Craig McFarland, lead anesthesiologist, 228th CSH. "In the civilian world we always have more providers and medical professionals then we have patients, here we need to be a lot more inventive, more flexible, and be more clever how we are using limited resources for the good of the most patients."

Both the U.S. Army Reserve Soldiers and British Army Reserve Soldiers, brought civilian work assets to the operating table, with many of them working in the medical field full-time, adding to their military capabilities.

"We have to integrate our assets with their assets to better utilize the resources that we have medically so that we can get efficient care for the Soldiers that need our help," Lacy said.

Global Medic creates the catalyst to enhance those resources and maintain the sound working relationships according to many of the Soldiers involved.

"The real value in Global Medic is to not lose the historical knowledge that we have gained in over 10 years cooperating together, as a joint force, as a coalition force, particularly in Afghanistan," said Col. Owen Jones,

Real-World Training in CENTRAL AMERICA

Story & photos by
Sgt. Lindsey Schulte
364th Press Camp
Headquarters

EL COCO, El Salvador — Soldiers gained real world experience giving medical care at the Medical Readiness Training Exercise on April 19.

The MEDRETE is part of this year's Beyond the Horizon (BTH) mission to provide civic and medical assistance to the people of El Salvador, through June.

"The austere environment here provides plenty of opportunity for training, so if we're overseas, we will have already gained this knowledge," said U.S. Army Spc. Jennifer Donovan a health care specialist, with the 114th Minimal Care Detachment out of San Diego.

Austere environments where the need for medical care is high provide a great opportunity to train as well as contribute to the local populace's medical care.

"There is only so much that can be taught in a classroom. This allows for a lot of experience and allows us to take a load off the doctors," said Donovan.

Here soldiers have to use their skills to overcome

obstacles they have not experienced in the United States.

"We see conditions we don't encounter in the U.S. and don't have meds for here. It teaches our soldiers to think on their feet," said Sgt. Caroline Fuel from Temecula, California, with the 185th Dental Company from Garden Grove, California.

The medical need and austere nature of the local community can broaden a soldier's perspective and improve their work ethic.

"They see what other people have been through and they want to do better. They work harder, train harder and don't complain about what they've been through," U.S. Army Col. Bryan D. Brown from Midland City, Alabama, commander of the 1835 Medical Detachment (Combat Support) from Aurora, Colo.

Training in austere environments during BTH gives soldiers the experience to be more technically proficient when their country calls on them to deploy. ■



U.S. Army Capt. Heather M. Hauser from Anaheim, Calif., with the 349th Combat Support Hospital out of Bell, Calif., hands prescription glasses to a local citizen having trouble seeing at the MEDRETE. The constant reading in low lit areas causes strain on their eyes, said Col. Bryan D. Brown from Midland City, Ala., commander of the 1835 Medical Detachment (Combat Stress) out of Aurora, Colo.



U.S. Army Spc. Jennifer Donovan, a health care specialist with the 114th Minimal Care Detachment out of San Diego, is trained how to remove an ingrown toenail by Maj. Angelo Carter from Arlington, Texas, with the 325th Combat Support Hospital out of Independence, Mo., during the MEDRETE.

Four Countries, One Goal: Healthy Citizens

by Staff Sgt. Scott Griffin, 207th Public Affairs Detachment

EL COCO, El Salvador — More than 30 soldiers from the U.S. Army Reserve provided critical medical services to locals in El Coco, El Salvador, April 13-17. Working in conjunction with personnel from El Salvador, Canada and Brazil, the medical professionals provided thousands of Salvadorans with much-needed vaccinations, dental work, optometry and more.

“We’re doing the MEDRETE in El Coco province, which is getting all the local people from the area – which is around 600 to 1,000 people a day – we get them through general medical, dentistry and optometry,” said U.S. Army Spc. Brock Mitchell Tucker, of Greenville, Texas, a medic with the 144th Minimal Care Detachment in San Diego. “We make sure they can have glasses and, if they have tooth aches, we get their teeth pulled and we also provide general medical treatment.”

“We go into a location and set up, usually at a school – somewhere large enough to hold patients and organize patient flow,” said U.S. Army Capt. Christopher White, officer in charge of the El Coco MEDRETE.

“Typically we’re working in an area where patients don’t get medical services on a regular basis,” White said. “We come into a location where there are no medical providers available within a great distance, so we’re able to provide services for patients who wouldn’t be treated in years – sometimes never.”

Salvadorans waited patiently in the intense heat for the rare opportunity to receive a wide range of important medical services.

“We have dental, optometry, internal medicine, basic medicine,” White said. “There’s a gynecologist, pediatrics and we’re doing vaccinations for the children for hepatitis and tetanus.”

“We’re working with the host nation, so we have host nation doctors here and the Salvadoran air force and army, to provide medical, dental and vision care to the local population,” said U.S. Army Staff Sgt. Summer Ramjak from San Bernardino, California, a medic with the 349th Combat Support Hospital out of Bell, California.

“It’s been great! Communication was a challenge initially, but we’ve breached the language barrier. We have awesome interpreters here and many of our staff and theirs are bilingual,” Ramjak said.

“Most of what we’re treating is just general body pains – aches and pains, back pains, long-term injuries,” Ramjak said. “Some of the treatments

that make the greatest impact are for the patients we treat in dental – if you have a tooth that hurts then you’re in pain so you’re angry, you can’t eat so you’re hungry ... So we’re able to provide pain relief for that and antibiotics to cure any infection that may have developed over time.”

The medics and specialists of the gathered units also benefit from the MEDRETE mission.

“A lot of our specialists – especially our medics – don’t get this training on a regular basis because we’re Reservists,” White said. “It gives them the real-world experience they need to be ready to move into a deployed environment as well as showing our providers what a deployed environment might actually look like.”

White was pleased to see the medical professionals overcome environmental stressors and chaotic working scenarios.

“Morale is really high, everyone seems to be working really well together,” White said. “We’re coming together from approximately six different [medical units], so bringing those people together can be a little difficult but this has been spectacular.”


Working with local and international agencies has gone smoothly as well.

“Working with them has been exceptional,” Ramjak said. “We’ve built incredible morale with the locals and we work very well as a team.”

The gathered medics said they find their labors to be their own reward.

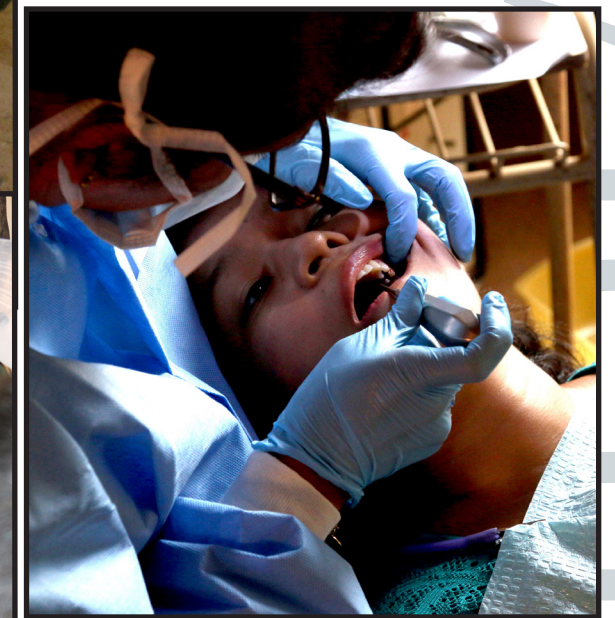
“For us, it’s giving back to the community,” White said.

“Most rewarding for me is interaction with the people – talking with the kids, talking with adults, learning new things about their culture, learning new words in Spanish and just kind of crossing those barriers between their culture and our culture,” Ramjak said. “When there’s a better understanding of another culture, I believe that you can provide better health care.”

U.S. military personnel are conducting comprehensive humanitarian and civic assistance exercises in El Salvador in conjunction with Brazilian, Canadian, Chilean and Salvadoran militaries. Troops specializing in engineering, construction and health care are providing needed services to Salvadoran communities while receiving valuable deployment training and building important relationships with partner nations. 



(Left) Sgt. 1st Class Trini Ta, noncommissioned officer in charge of the medical readiness training exercise at El Coco, El Salvador, measures prescriptions at a temporary pharmacy the medical professionals established here April 13. U.S. military personnel are conducting comprehensive humanitarian and civic assistance exercises in El Salvador in conjunction with Brazilian, Canadian, Chilean and Salvadoran militaries. Troops specializing in engineering, construction and health care are providing needed services to Salvadoran communities while receiving valuable deployment training and building important relationships with partner nations. (Below) A dental professional prepares to extract a tooth of an El Coco resident. (Bottom Left) An El Coco local tries out new eyeglasses provided by optometry professionals during the medical readiness training exercise (MEDRETE).



Needing a Change: Radiology tech

Story and photos by Sgt. 1st Class Adam R. Stone, 807th Medical Command (Deployment Support)

FORT MCCOY, Wis. — It has been said that the older one gets, the quicker time passes. Before he knew it, Spc. Nick Cortez was 28-years old and working as a bartender.

“I knew that I didn’t want to tend bar when I was 40,” said Cortez. “I was just tired of the bar scene. I wanted to pursue a career with greater profit potential, room for advancement and a retirement 401(k).”

He talked to an Army Reserve recruiter and took the ASVAB -- the Department of Defense entry test.

“When my scores came back, my recruiter was impressed and said, ‘OK, what job do you want?’ We went down the list and jobs like truck driver and laundry came up. When I looked further down the list I saw x-ray tech and told him, ‘This is the one I want.’”

At 28, he enlisted and was placed in the 228th Combat Support Hospital, 807th Medical Command in his hometown of San Antonio.

The Army sent him to basic training for 10 weeks and advanced individual training (AIT) at Fort Sam Houston for 24 weeks to be a 68P, radiology specialist.

When he was done with his training he got a job at Methodist Hospital in San Antonio.

“One of my instructors from AIT referred me to his friend who he had served with and who was a radiology manager at Methodist Hospital in San Antonio. I gave him a call. I got an interview and a job as a PRN [temporary] for 5 months. They then offered

me a full-time position [working] overnights. The condition for working overnight was I had to learn CT (computed tomography), and so there’s my in.”

It just so happens that Cortez belongs to the 228th which has the one mobile CT scanner in the Army Reserve.

“The Army taught me X-ray which got me a job, then my job taught me CT which I brought back to the Army, so there’s a bit of reciprocity there.”

During the 2015 Global Medic Exercise, Cortez is responsible for operating the portable X-ray, stationary X-ray machine, and CT scanner at the 228th.

“I met Spc. Cortez the first day we were out just to see how he was preparing for the U.K. soldiers,” said U.S. Army Lt. Col Lawrence Roberman, an observer-controller for 2015 Global Medic and a member of the 4005 U.S. Army Hospital, Medical Readiness Training Command, in Houston. “We measure some things differently, and even though things are in English the nomenclature is different. We sat down to make sure the SOPs were up to date.”

“He’s a really enthused young man. He’s trying to find some more soldiers to train, and he recognizes how valuable this opportunity is,” said Roberman. The Army Reserve is only a small portion of a Soldier’s income. Cortez is an Army Reserve Soldier See *CHANGE*, page 45



Spc. Nick Cortez, 228th Combat Support Hospital, 807th Medical Command, sits at the workstation preparing the only mobile CT scanner in the Army Reserve for use while his radiologist, Maj. Ted Daly, a resident of Amherst, N.H. observes, during the 2015 Global Medic Exercise at Fort McCoy, Wis., June 17. Global Medic is a joint and combined exercise that gives Army Reserve Soldiers the opportunity to practice their medical skills in a mobile hospital environment with members of the U.S. Navy, U.S. Air Force, and the British army reserve.

A Change of Uniform

During this transition period, several uniforms and variations will be authorized in our formations. Presenting a professional appearance is very important to us as Soldiers, but we will not inconvenience or burden you during this calculated transition period.

We will still be the most **lethal fighting force** the world has ever known even if our **belts or t-shirts don't match** for the next few years.
-Sgt. Maj. of the Army Daniel A. Dailey

During Transition	1 July 2015 to 30 September 2019			
	Uniform Name	Army Combat Uniform in Universal Camouflage Pattern	Flame Resistant Army Combat Uniform in Operation Enduring Freedom Camouflage Pattern	Army Combat Uniform in Operational Camouflage Pattern
	Camouflage Pattern	Universal Camouflage Pattern (UCP)	Operation Enduring Freedom Camouflage Pattern	Operational Camouflage Pattern
	Headgear Camouflage Pattern	Universal Camouflage Pattern (UCP)	Operation Enduring Freedom Camouflage Pattern	Operational Camouflage Pattern
	T-shirt Color	Sand	Sand or Tan 499	Sand or Tan 499
	Belt Color	Sand	Sand or Tan 499	Sand or Tan 499
	Boots Color	Sand	Sand or Coyote Brown	Sand or Coyote Brown
	OCIE Camouflage Pattern	Universal Camouflage Pattern (UCP)	Universal Camouflage Pattern, Operation Enduring Freedom Camouflage Pattern, or Operational Camouflage Pattern; however, All components of OCIE ensembles will be of the same camouflage pattern	

1 July 2015 to 30 September 2019 is the uniform transition period. In this window, Soldiers will wear combinations of the three uniforms above, as indicated, until the mandatory possession date of 1 October 2019 when the entire Army will be in the Operational Camouflage Pattern Army Combat Uniform.

- Soldiers are authorized to wear the Operational Camouflage Pattern ACU starting 1 July 2015. Sales will begin July 2015. Centralized issue for incoming Soldiers will begin January 2016 (2QFY16). Mandatory possession date is 1 October 2019.
- Soldiers are authorized to wear the sand or the Tan 499 T-shirt, sand or Tan 499 belt, and tan or Coyote Brown boots during the transition period which ends 30 SEP 2019.
- Tan 499 T-shirt color: Available starting July 2015.
- Tan 499 belt color: Available starting July 2015.
- Coyote Brown boot color: Available starting August 2015.



NOTE: Soldiers may only wear OEF-CP headgear with the OEF-CP Flame Resistant Army Combat Uniform and Operational Camouflage Pattern headgear with the Operational Camouflage Pattern Army Combat Uniform.

The Best in the West 2015: 807th

Story and photos by Sgt. 1st Class Adam R. Stone, 807th Medical Command (Deployment Support)



Staff Sgt. Andrew Fink, 409th Area Support Medical Company, 307th Medical Brigade, 807th Medical Command, a native of Cook, Minn., and a candidate in the 807th Medical Command Best Warrior competition, picks his way through "The Weaver" obstacle at the Wendell H. Ford Training Center near Greenville, Ky. March 23. Fink won the 807th Medical Command Best Warrior noncommissioned officer category and went on to compete at the US Army Reserve Best Warrior competition in May.

WENDELL H. FORD REGIONAL TRAINING CENTER, Ky. — Eight Soldiers from the 807th Medical Command (Deployment Support) — four junior enlisted Soldiers and four noncommissioned officers -- arrived at Ford Regional Training Center on March 22, each of them believing they could become the 807th Medical Command's next "Best Warrior" for their categories. However, only one junior enlisted Soldier and one NCO would achieve that title.

Staff Sgt. Andrew Fink, a combat medic with the 409th Area Medical Support Company, 307th Medical Brigade, won the noncommissioned officer category. Spec. Tobias MacDonald, a motor transport operator with the 330th Medical Brigade, won the junior enlisted category.

The Soldiers competing in this year's competition represented three brigades and the 807th headquarters and headquarters company. Command Sgt. Maj. Robert Breck, senior enlisted advisor for the 807th Medical Command, said the Best Warrior competition stretches soldiers to the limits

of both their mental and physical strength.

"As you look at these warriors and what they go through [during Best Warrior], it's about everything from writing to land navigation, from weapons qualification to a ruck march," said Breck. "To see that fight in them to want to be number one, to compete and go beyond -- it teaches these NCOs how to be better leaders. It shows them what they are capable of doing and how far they can push not only themselves, but how far they can push their Soldiers. It helps them realize what it takes to be a leader and to take that next step as an NCO."

Staff Sgt. Dominic Capizzi, a Pittsburgh, California resident, said he's built great camaraderie and strong bonds with the other competitors.

"Best warrior is a great experience," said Capizzi, a member of the 352nd Combat Support Hospital, 2nd Medical Brigade. "I would encourage my wife, who is also in the Army, to do something like this just for the experience."

"I went up against a lot of great Soldiers just to get here," said Fink. "It takes determination and

MCDs Best Warrior Competition

toughness to win this competition. Obviously there are setbacks in anything you do, but that determination helps you to be able to push through the adversity and focus on the next event, to be resilient and focus on the ultimate goal which is to be the division best warrior."

The candidates didn't get much sleep during the four-day competition. They were also kept in the dark regarding what events were next and how many events would take place throughout the training day.

"I didn't think it would be this intense," said MacDonald. "It's been event after event since we got here. Even the first day was jam-packed. I thought there'd be a little more downtime."

Best warrior competitions, which have been happening for about 13 years, are unique. Even though the events are scored individually, the Soldiers often have to work as a team in order to successfully complete the events. The teamwork and resilience emphasized throughout the competition are things senior leaders hope will impact these Soldiers in the months and years after the competition.

"What's important is that they take this

experience back with them to their units and that they teach other what it means to be a warrior," said Breck.

In the end, the 807th could only give the title of "Best Warrior" to one junior enlisted Soldier and one noncommissioned officer from the command.

"To win the best warrior for the 807th is honestly humbling -- very humbling," said Fink. "Just based on the competition that was here with all these NCOs, I had no idea who the winner would be. I had no clue if my hard work and dedication would pay off."

Fink also expressed that the competition seemed close right until the very end.

"I think it came down to the wire. I don't think anyone knew or had a clue who was going to win," Fink said.

"I just hope I can represent the 807th as much as they deserve at the USARC competition."

For MacDonald, this was his first best warrior competition.

"I had a lot of nerves before the board, but I'm excited to be done, I'm excited I won, and I'm excited to go to Ft. Bragg now," said MacDonald. **More Best Warrior on page 42.**

Spec. Tobias MacDonald, 330th Medical Brigade, 807th Medical Command, a resident of Crystal Lake, Ill. and a candidate in the 807th Medical Command Best Warrior competition, crawls through the sand pit at the Wendell H. Ford Training Center near Greenville, Ky. March 23.



COVER STORY: 'Are you with me?'

Fink and Parker win 2015 U.S. Army Reserve Best Warrior Competition

Story and photos by Brian Godette, U.S. Army Reserve Command

FORT BRAGG, N.C. — Pain. Exhaustion. The element of surprise. Mental and physical obstacles.

At the 2015 U.S. Army Reserve Best Warrior Competition, held here, May 5-7, Sgt. Maj. Blaine Huston, U.S. Army Reserve Command G-3/5/7, had only one question for the warriors.

“Are you with me?” said Huston.

He cautioned them that pain, exhaustion, surprises and the mental and physical obstacles they were about to face were designed to push each of them to their limits.

By the time the week ended, only a few were left to ask, like Oliver Twist, “May I have some more?”

“This competition met and exceeded my expectations right from the start,” said Parker. “It was grueling all day long, it just kept going, and going.”

Fink was quick to acknowledge his fellow NCO Warriors who logged it out with him during the week.

“What keeps going through my mind right now is how lucky I am,” said Fink. “There are a lot of great competitors here.”

Fink, who is a prior active duty combat medic with the 3rd Battalion, 75th Ranger Regiment, credited some of his triumph to the lessons learned as an Army Ranger.

“In Ranger Battalion, you never quit anything you do, you always give your best, and that’s what

Staff Sgt. Andrew Fink, a combat medic representing the 807th Medical Command (Deployment Support), zeroes his M4 during the 2015 U.S. Army Reserve Best Warrior Competition at Fort Bragg, N.C., May 5. Fink won the noncommissioned officer (NCO) category for the competition and will represent the Army Reserve in the Department of the Army Best Warrior competition at Fort Lee, Va.



At the end of it all, this year’s Army Reserve Best Warrior winners, Staff Sgt. Andrew Fink from Cook, Minnesota, and Spc. Bryce Parker, from Marana, Arizona, gave it their all and then reached down within themselves and found even more.

Fink represented the 807th Medical Command (Deployment Support), while Parker represented the United States Civil Affairs and Psychological Operations Command (Airborne), in this year’s competition.

The smile on their faces as they accepted numerous coins, gifts and awards from Lt. Gen. Jeffrey W. Talley, chief of the Army Reserve, and others, gave no hints to the grueling days that Fink and Parker experienced.

I did here,” said Fink.

Fink and Parker will represent the Army Reserve at the Department of the Army Best Warrior Competition in Fort Lee, Virginia, later this year, with aspirations to win it all, like Army Reserve Sgt. 1st Class Jason Manella did two years prior.

“I’m glad I could be a part of this and uphold the standard, and carry this on to the Department of the Army Competition like Sgt. 1st Class Manella did,” said Parker.

However, the end of this year’s competition hardly dictated the path to glory these two Warriors took to win.

Thirty-six Warriors started the week. By the end, only 12 were left standing. It was Fink and Parker who outlasted them all.

Setting the Stage

Huston set the stage on the first day – leaving no doubt in the warriors’ minds on what was to come.

With the enthusiasm of a leader prepping his troops for a battle over the ridge, Huston energetically addressed the warriors and their sponsors.

“This, has to be definitely in the top three most favorite things that fall under our umbrella, and that is those things that are training related, those things that are ‘Hooah’ related,” said Huston. “I’m able to get my Vitamin H out of this thing. Are you with me?”

The U.S. Army Reserve Command Best Warrior Competition pits the top Soldiers across the Army Reserve to compete for the title of best noncommissioned officer and best junior enlisted Soldier in the force.

“Out of roughly 200,000 Soldiers these competitors

by winning Department of the Army (Best Warrior),” said Huston.

The question that everyone in that auditorium pondered was, who would it be? But Huston made sure to share his praise on the group as a whole, energizing them for the challenges ahead.

“In my eyes, you are probably the most positive and wonderful representation of everything that is wonderful about our United States Army and our nation,” said Huston. “Are you with me? This is red, white and blue right here y’all.”

Command Sgt. Maj. Luther Thomas Jr., U.S. Army Reserve command sergeant major, shared Huston’s sentiments later that evening at a no-host social.

“This has to be the most fit group I’ve seen since I’ve been in the Army Reserve, so I know this competition is going to be a great competition,” said Thomas. “I believe there is a Department of the Army (Best Warrior) winner, in this group here, and the competition for it doesn’t start in October, it starts here.”

Although the Warriors and sponsors had no



Staff Sgt. Andrew Fink, 807th Medical Command (Deployment Support), is tested on the Army Service Uniform’s proper wear during the 2015 U.S. Army Reserve Best Warrior Competition at Fort Bragg, N.C., May 6. Each competitor was to spot any and all discrepancies on the uniform for both male and female in three minutes. Fink won the noncommissioned officer (NCO) category for this Best Warrior competition and will represent the Army Reserve in the Department of the Army Best Warrior competition at Fort Lee, Va.

were singled out as being the very best, so that in itself, when the Soldiers leave this competition they should know they are 36 of the best Warriors the United States Army Reserve has,” said Sgt. Maj. Paul Klikas, U.S. Army Reserve Command G-37.

The Warriors and their sponsors, who were kept in the dark about the events and times, listened attentively as Huston gave his expectations about the competition.

“We’re here to get down, we’re here to get dirty, get dusty, get sore, and by the end of this thing we want to make sure that the very finest noncommissioned officer and Warrior in these groups will be selected as the winners and will then represent us very well

idea what events they were going to participate in, nevertheless the times they started, a rigorous and high tempo series of events were in place for the warriors.

Keep ‘Em Moving

That high tempo started the next morning with the Army Physical Fitness Test before the sun’s alarm clock ever rang.

In the early morning darkness, Soldiers and civilians from the U.S. Army Reserve Command headquarters, came out to cheer the warriors on during the APFT.

With not much time to rest and recover, the warriors

See *WITH ME*, page 44

WITH ME, (continued from page 43)

completed a 10km foot march through woods and tank trails under the hot North Carolina sun. With no time to spare, they immediately moved into a litter carry stress march for nearly a mile carrying a 185 pound medical mannequin. That event was designed to increase their fatigue before moving on to the M4 rifle qualification.

"There is no time for coasting, and no time for loafing, you just have to give it your all," said Thomas.

Later that afternoon, the Warriors were given a mental and written challenge - testing them with a memorization scenario and essay. By the end of the day the number of warriors dropped from 36 to 14.

Despite the remaining numbers, the tempo didn't slow. The next day, the warriors again found themselves engaged during the midst of

the morning darkness. Night land navigation turned into day land navigation as the Warriors were graded on map reading and terrain orientation.

The old saying "we do more before 9 a.m. than most people do all day" was a slap-in-the-face, cold-hard fact for this year's warriors.

Land navigation was followed by a visit to the "Little Nasty Nick" obstacle course primarily used by the special operations forces on Fort Bragg. Mystery events followed the obstacle course where the Warriors were tested on chemical, biological, radiological, and nuclear procedures and Army Service Uniform deficiencies inspection.

By the final day, there were 12 warriors remaining to prepare for the command sergeants major board appearance.

Each warrior prepped their Army Service Uniform and

studied with their sponsors before knocking three times and waiting to be called into the room, one by one, before the board members.

But in the back of their minds, the eight NCOs and four junior enlisted warriors knew, at the end of day, their would only be two left.

"For as long as we've had a United States Army, we've had different degrees and levels of competitiveness," said Klikas, "The Army Reserve Best Warrior Competition exemplifies what that level of excellence should look like."

Fink and Parker were the ones who endured the pain, fought beyond the exhaustion, faced the element of surprise, pushed through the mental and physical obstacles.

They answered Huston's call of "Are you with me?" with a resounding, "Yes we are!"



Staff Sgt. Andrew Fink (first place winner, noncommissioned officer category), 409th Area Support Medical Company, a Cook, Minn. native, center left; and Spc. Bryce Parker (first place winner, Soldier category), from Marana, Ariz., with the 492nd Civil Affairs Battalion, center right, stand with Lt. Gen. Jeffrey Talley (left), chief of U.S. Army Reserve, and Command Sgt. Maj. Luther Thomas, command sergeant major of the U.S. Army Reserve, at the awards ceremony for the 2015 U.S. Army Reserve Best Warrior Competition at Fort Bragg, N.C.

CHANGE, (continued from page 38)

that has the same job in the civilian sector as he does in the Army Reserve.

"I love my job. One thing that's always fascinated me about radiology is the science behind it. The fact that we do a job that is essential to patient care, we wouldn't be able to point out things like an aneurism or a AAA [abdominal aortic aneurism]. We can verify that the patient had a stroke that a doctor could miss. We get to see patients in a way that no one else does," said Cortez.

"It's something that I'd recommend to anyone who likes science and medicine and wants a job in a comfortable environment."

Cortez is currently working to earn his bachelor's degree at the University of Texas at San Antonio.



Spc. Nick Cortez, 228th Combat Support Hospital, 807th Medical Command, operates the only mobile CT scanner in the Army Reserve during the 2015 Global Medic Exercise at Fort McCoy, Wis.

MOTIVATION, (cont'd from page 7)

there, I found my motivation.

I arrived on site highly motivated and properly caffeinated, ready to begin. My role was now dual purpose - I must compete and write an article about the event. Quickly after checking in I was introduced to the 12 other competitors. That's right - I was lucky number 13.

With every interview I discovered the same recurring theme. When asked about the opportunity or the excitement of the competition, each competitor would turn the conversation toward Master Sgt. R. Everyone was thankful for the work she does and acknowledged that they wouldn't be there if it wasn't for her. Soldiers from enlisted to field grade officer praised her for her dedication and willingness to go the extra mile.

At that point the light bulb went

off again, and I realized what I was missing: troop leading and soldier interaction. My time of creating PowerPoint slides and working alone in an office had removed me from the most important things in the Army. I missed leading and mentoring soldiers.

I am proud to say that at the conclusion of the three-day event, all 13 of us placed and received a medal. The camaraderie and team building was the additional shot of adrenaline I needed to push myself to be better than I thought I could be. When I returned home I presented my medal to my son and thanked him for being smarter than his old man. I may not have earned gold, but that didn't bother either of us in the slightest. What I have now - better than the gold -- is a full-time workout partner. My son and I train every day in preparation for my second attempt this October. I'm even considering taking leave this winter to give the Norwegian another shot too.

Don't see your unit featured in this issue? Got a story idea? Fancy yourself a writer or photographer? We're always looking for more submissions from the field! Email Capt. Chad Nixon at the 807th MCDS Public Affairs Office, chad.m.nixon.mil@mail.mil.



Army Surgeon General Lt. Gen. Patricia D. Horoho, left, awards the Army Achievement Medal to Capt. Robert Blome at the conclusion of the 2015 C.J. Reddy Leadership Conference held at Defense Health headquarters, Falls Church, Va., April 2.

CONGRATULATIONS to Capt. Robert Blome

for achieving this year's Colonel CJ Reddy award.

The CJ Reddy Course was started in June of 1992 by the Army Nurse Corps to promote Junior Officer leadership development and prepare them for challenging leadership positions. There is a competitive selection process for junior officers to attend this annual course, and only one Active and one Reserve officer out of the approximately 50 who attend are selected for the award at the end of the course.



Staff Sgt. Andrew Fink, 409th Area Support Medical Company, 307th Medical Brigade, a Cook, Minn. native and winner of the 807th Medical Command Best Warrior Competition's noncommissioned officer category, vaults over one of the six beams in the "six vaults" obstacle during the 807th Medical Command Best Warrior competition.

The Non-Typical, Army Course

Story and photos by Capt. Chad M. Nixon, 807th Medical Command (Deployment Support)

SAN ANTONIO — The 807th Medical Command (Deployment Support) hosted an Equal Opportunity Leader (EOL) course for forty Army reserve students stationed throughout the country, June 12-19.

“An EOL is the eyes and ears of the commander,” said Mr. Gregory Rogers, Equal Opportunity Program Manager for the 807th MCDS. “They are a resource leaders use to understand the positive and negative climate within the unit.”

Company and battalion level commanders are required per AR 600-20 to assign an Equal Opportunity Leader or EOL within their unit to serve as an additional duty assignment.

EOLs are responsible for assisting with command climate surveys, providing cultural training and awareness on the six categories protected under Equal Opportunity, providing information on Department of Defense cultural observances, and more.

“Commanders should select people that are easy to approach and talk to about sensitive issues,” said Master Sgt. Eric Kramer, Equal Opportunity Adviser and course instructor for the 807th. “They will serve as the first point of contact when issues arise.”

Keeping any classroom instruction interesting and captivating can be challenging for

some, but the 807th EO program has some creative ideas to save students from pain of standard PowerPoint presentations.

“We focus on leadership development by taking students to cultural events or teaching through group activities like power poker,” said Rogers.

From the outside looking in, power poker may seem like a normal game of cards. However, Soldiers playing the game realized after just a few hands that the cards were stacked against them.

“I was selected to be a card dealer and briefed before the other students arrived,” said Staff Sgt. Erik Fardette, a broadcast journalist and future EOL for the 807th. “Instructors had me stack the deck or show a certain demographic of students an unfair advantage so they could witness firsthand privilege based on race or gender... It was very eye-opening to say the least.”

“This was not what I expected, and not the typical military class,” stated Staff Sgt. Robynn Soriano, a native of St. George, Utah assigned to the 308th Medical Logistics Company. “Playing power poker and seeing people getting treated differently just because of race is unforgettable.”

The cultural event was more than just a field trip to see the sites of beautiful San Antonio. It was a scavenger hunt where eight different teams had to navigate the downtown area and use clues to solve puzzles.

“I wrote clues and picked locations throughout the city that would explain each site’s historical significance and further educate the Soldiers on Hispanic history and culture,” said Kramer. “I want to force them out of their comfort zones by participating in team building exercises that make them explore and learn.”

For one student, San Antonio looked differently after the experience.

“I have family in the area and have been to the city a few



Army Reserve 2nd Lt. Gina Lee, assigned to Headquarters Company, 2nd Medical Brigade, concentrates on her hand while playing “power poker” during the Equal Opportunity Leaders course. The purpose of the activity was to teach students how it feels to witness certain ethnic groups receive privilege, while other groups were affected adversely.

times,” said Capt. Bryan Bradbury, assigned to the 949th Medical Detachment in Ames, Iowa. “I had an idea of the history, but getting out and walking the streets to experience the historical sites was educational.”

Until recently, the Equal Opportunity program had five protected categories: race, color, religion, gender, and national origin. The Defense Department added sexual orientation to the list on June 11.

“We are waiting for future guidance on how to implement the new addition,” said Rogers. “We have started planning for adding the new category to our program and classroom instruction.”

If you are a service member interested in serving as an EOL for your command, contact your unit’s Equal Opportunity office. ☐



Students stand in front of the Conquistador statue while working as a team to decipher clues about their next historical site during a cultural event held at the Equal Opportunity Leaders course in San Antonio. The exercise was designed to get students out of the classroom and allow them to experience the beauty of Hispanic culture firsthand.



World War II Honor Flight

COL. RENE JACOBS, CLINICAL SERVICES, HHC, 807th MCDS, ESCORTED HER 87-YEAR-OLD FATHER, STATON ‘JAKE’ JACOB ON AN HONOR FLIGHT. SHE RECENTLY SAT DOWN WITH *THE PULSE* TO TALK ABOUT HER EXPERIENCE.

Sgt. 1st Class Stone: What is an honor flight?

Col. Jacobs: Honor Flight Network is a non-profit organization created solely to honor American Veterans for all their sacrifices. They transport WWII Veterans to Washington DC to visit “their” memorials.

S: What was your father’s role during WWII?

J: He served in the Merchant Marines at the age of 17. He served on the SS Cape Edmont, a large tanker that was nearly 417 ft. and moved at 14 knots. The ship’s main mission was to travel the panama cannel, pick up fuel in Venezuela, go to Peru to top off to a full load, then go to pacific ocean and fuel up the fleet.

In the Korean War, he served on the aircraft carrier, USS Oriskany (CV-34), as an aircraft mechanic and then six months on the ground.

S: How did the trip to Washington start?

J: We left out of Austin, Texas. The Veterans were gathered in an area at the airport on a Friday morning. Once all were gathered, they were paraded through the terminal behind a color guard and the sound of bagpipes. Everyone they passed stopped what they were doing, stood up, and clapped for the parade of World War II Veterans. I could see my “tough” dad with a lump in his throat. He kept saying “Oh my, oh my, thank you.”

Before we boarded the plane, a prayer was said to bless our flight, these Veterans, and for all the Veterans who have died and were unable to join us. The bagpipes played “Amazing Grace”. There were many who had tears in their eyes, including my dad and myself.

We flew out Friday to Washington DC. The honor flight group took up the first half of the plane. The pilots and steward staff announced on the speaker that this was an “honor flight” and the back of the plane clapped. As we departed the gate and headed to the runway, two fire trucks shot water cannons across the plane as a “water salute”. Another water salute greeted the plane at the Washington DC airport and the Veterans were greeted with cheers and clapping as they headed toward baggage claim. Two tour buses were escorted through the city to their hotel by the U.S. President’s own police escort. Dad stated “It was amazing to be honored by having all traffic stop for the buses.”

We toured the Memorials all day Saturday. We visited several memorials: WWII, Vietnam, and the Korean. We visited Arlington Cemetery, the tomb of the unknown Soldier, and the changing of the guard.

S: Did your father share with you how he felt about visiting the memorials?

J: Since he served on Korean soil, he felt more tied to the Korean Memorial. He said it made the hair stand up on the back of his neck. It was a design that was so real to what it looked like over there. The Tomb of the Unknown Soldier and the changing of the guard was emotionally moving.

S: Have you had time to reflect on the trip with your father?

J: I was blessed to be able to make the trip. To watch my Dad and the other Veterans’ reactions as they were recognized in the airports and read the words on the walls of the WWII memorial was priceless. The picture of Dad and I with the wall of stars that represented those lost was one of our favorite parts of the WWII Memorial. A beautiful tribute to those who were lost for “The Price of Freedom.”



Staton “Jake” Jacob was able to visit the Korean War Veterans Memorial (left) and the National World War II Memorial (below) with his daughter, Army Reserve Col. Rene Jacob, an 807th Medical Command member, on an Honor Flight to Washington D.C. in September of 2014. The purpose of the honor flight is to transport veterans to Washington D.C. so they can see “their” memorials. The Honor Flight Network is a non-profit organization.

On the facing page, a red rose sits at the base of the Vietnam Veterans Memorial in remembrance of those who gave all.





Preventive Medicine Keeps Soldiers Healthy

Story and photos by Spc. Samuel Al Nimri, 350th Public Affairs Detachment

JOINT BASE MCGUIRE-DIX-LAKEHURST, N.J. — When one thinks of wartime casualties, disease is the last thing that comes to mind. This was not always the case, as during the American Civil War, where approximately two-thirds of lives lost were due to disease. However, thanks to the efforts of Preventive Medicine (PM) units like the 988th Medical Detachment from Round Rock, Texas, Army Reserve soldiers participating in the Combat Support Training Exercise (CSTX) Global Lightning 2015 and the Quartermaster Liquid Logistics Exercise (QLLEX) at Joint Base McGuire-Dix-Lakehurst (JB MDL) have one less enemy to worry about.

The mission of the 988th Medical Det. during Global Lightning is to provide preventive medicine operations for the more than 1,000 Soldiers participating in the exercise at JB MDL.

Preventive medicine specialists' duties include protecting and defending Soldiers from Disease Non-Battle Injuries (DNBI). They fight against a broad array of ailments by

conducting water, air and soil sampling; entomological studies; and dining facility and base camp inspections.

"We're basically the public health department for the Army," said, Spc. David Boeman, a preventive medicine specialist from the 988th Medical Detachment.

The 988th deals directly with Forward Operation Base (FOB) Victory's leadership at Joint Base McGuire-Dix-Lakehurst by providing a base assessment in which they submit suggestions for improving the quality of life for the Soldiers on the FOB as directed by Army regulations.

The 988th also works first hand with the soldiers through the training of Field Sanitation Teams (FST's), who train to assist in preventive medicine at the unit level.

"As PM it is our duty to train FSTs whether it be during Annual Training (AT) or downrange," said, Sgt. George Maroukis, a preventive medicine specialist with the 988th Medical Det.

During this year's QLLEX, the 988th Medical Det.

worked directly with the 961st Quartermaster Company out of McAllen, Texas. The water purification specialists of the 961st QM Company use a Reverse Osmosis Water Purification Unit (ROWPU) to purify water to a potable — or (DEFINITION//DRINKABLE) — status. When it was required to relocate water-drawing sites to Lake Hurst on Fort Dix, New Jersey, after the water well ran dry, it was up to the 988th Medical Det. to test the lake's water quality for human consumption.

The 988th Medical Det. also performs setup of Mosquito traps throughout the Area of Operation (AO) for testing of specimens who may be carriers of diseases such as the West Nile Virus and Malaria.

The detachment also does tick drawings for the testing of Rocky Mountain spotted fever and Lyme disease.


During CSTX Global Lightning 2015, members of 988th Medical Detachment received assistance from Air

Force Preventive Medicine units located at Joint Base McGuire-Dix-Lakehurst.

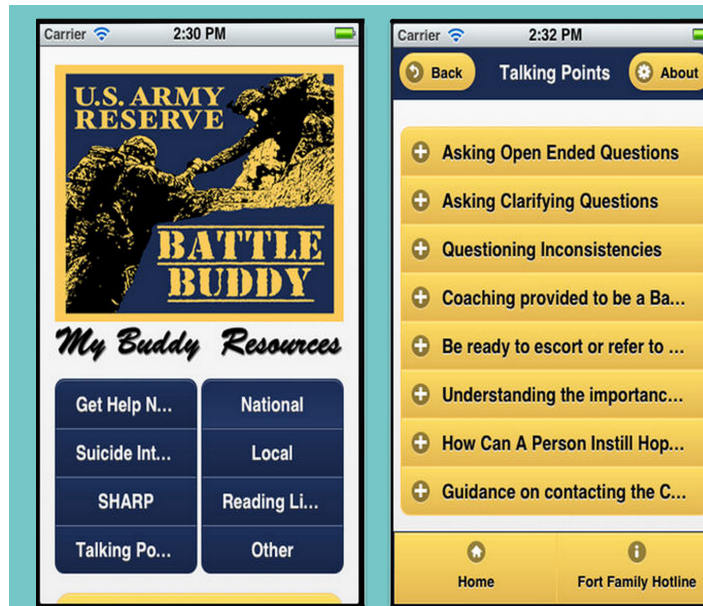
"Yes, we're Army, but it's important for us to reach out to our brethren in other branches of service and work together. The Air Force has been extremely helpful in providing us the opportunity to use some of their resources," said Capt. Patrick McClellan, commander of the 988th Medical Det.

"We told them we had a ROWPU and they lit up," added McClellan, "so in return they're going to come out and learn on the ROWPU. It's not about whether it's an Army thing or if it's an Air Force thing, it's a United States thing, and we're all on the same team."

Using preventative medicine Soldiers saves the Army a lot of money.

"A lot of the things we do [in the Army] may require multiple contractors, but we're an all in one, a jack of all trades." McClellan explained. 

(Left) Army Reserve Spc. David Boeman, a preventive medicine specialist of the 988th Medical Detachment from Round Rock, Texas, sets up mosquito traps to capture and test for West Nile Virus and Malaria at Lake Hurst as part of the Quartermaster Liquid Logistic Exercise (QLLEX) portion of the Combat Sustainment Training Exercise (CSTX) Global Lightning 2015 at Joint Base McGuire-Dix-Lakehurst, June 11, 2015. (Right) Army Reserve Spc. John Patrick Ga, a light wheel vehicle mechanic with the 988th Medical Detachment from Round Rock, Texas, collects water samples for testing as part of the Quartermaster Liquid Logistic Exercise (QLLEX).



Have you downloaded the Battle Buddy app yet?

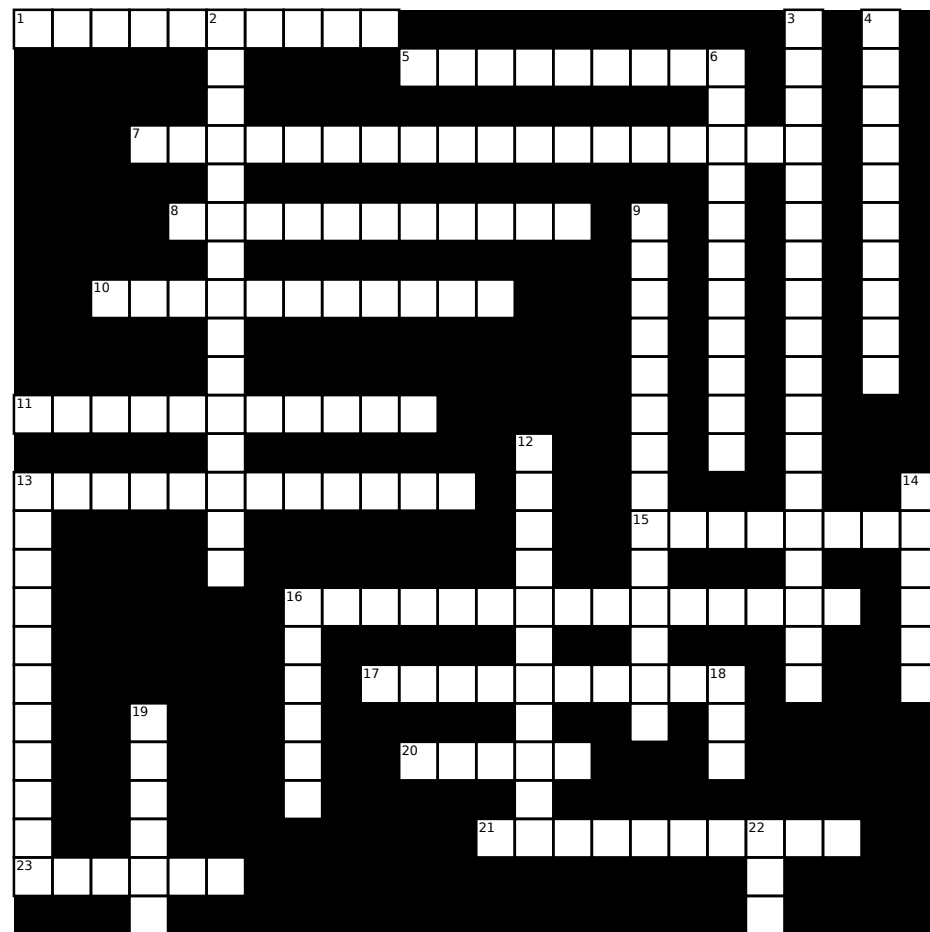
This app gives you tools and information you may need to assist yourself or your buddy during a crisis. Packed full of information, phone numbers, web links, and more, this app is a must-have for your smart phone.

Now available in the iPhone app store and on Google Play.

Medical Terminology

A List of Medical Terms

More fun than a **ROOT CANAL**



- | | |
|--|--|
| Across | Down |
| 1 the change in the type of adult cells in a tissue to a form that is not normal for the tissue | 2 disease of the lymph nodes |
| 5 pertaining to the ileum and cecum | 3 enlargement of the liver and spleen |
| 7 excessiva amt of cholesterol in blood | 4 pertaining to the neurology or the nervouse system |
| 8 the part of the pharynx that lies above the level of the soft plate | 6 excision of the posterior arch of a vertebra |
| 10 abnormal multiplication or increase in the number of normal cells in normal arrangement in a tissue | 9 elevated concentration of any or all of the lipids in the plasma |
| 11 formation of white spots or patches on the mucous membrane of the tongue or cheek | 12 roentgenography of the mammary gland |
| 13 unable to control excretory functions | 13 situated between the ribs |
| 15 local and temporary deficiency of blood supply caused by obstruction of the blood flow to the part | 14 gliding |
| 16 pertaining to or compromising the skeleton and the muscles | 16 a mucous membrane |
| 17 formation of an area of coagulation necroses in a tissue caused by local ischemia | 18 no known allergies |
| 20 a transparent slightly yellow liquid of alkaline reaction, found in the lymphatic vessel and derived for the tissue fluid | 19 pertaining to loins |
| 21 pertaining to the myocardium | 22 Intravenous pyelogram |
| 23 irrigation or washing out of an organ such as the stomach or bowel | |

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

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

www.preventsexualassault.army.mil
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GAMES, (cont'd from page 8)

"It gave him the confidence and excitement to come back and continue that sport," she said. "He won a gold medal here at the Army Trials in shooting."

Davis said Goldenstein helped him in his recovery.

"Sam's great," he said. "When I first got to the WTU, the adaptive sports program was pretty much non-existent. When my wife came to visit, she lit into the staff because most of my days, I spent in my room doing nothing. I was getting pretty depressed. Next thing I know, Sam comes in and says, 'Cory, what do you want to do?' She suggested archery and shooting. She just motivated me and right off the bat, we had Valor Games. She's been great. She's really inspired me to do more. She listens to us and gets us involved. She tries hard to make it as much fun as she can. Every time I see her, I smile."

Goldenstein said she was inspired to join the Army because it was

a family tradition.

"My dad was in the Army, and my sister was in the Reserves, and at 21, I thought, 'The Army could be very beneficial for me, and I could help serve my country.' With everything stirring up in Iraq at the time, I really wanted to go do something for these guys. I may not be on the front line, but I can help them in the hospital," she said.

Goldenstein will continue her service and her competitive nature as she trains for competition for the 2015 Department of Defense Warrior Games on Marine Corps Base Quantico, Virginia, June 19-28. Last year, she took a silver medal in women's upright cycling, a silver medal in the women's 1500-meter and 400-meter and a bronze medal in the 200-meter at the Warrior Games.

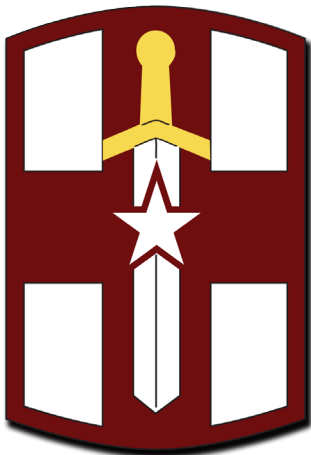
Throughout the games, wounded, ill and injured Service members and veterans from the Army, Marine Corps, Air Force, Navy and Coast Guard will compete in track and field, shooting, swimming,

cycling, archery, wheelchair basketball and sitting volleyball.

Goldenstein said the most important aspect of the 2015 DoD Warrior Games is the camaraderie.

"We forge friendships, and we use each other to help us with our disabilities and because of camaraderie, it helps us heal," she said. "I wish we could take more than just 40 people on the team. But even at the Army Trials here, with those who don't make the team, they still have a piece of that camaraderie and friendship here. It's crucial in their healing process."

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



BORN ON THE BATTLEFIELD, THE 807TH MEDICAL COMMAND (DEPLOYMENT SUPPORT) PROVIDES MEDICAL SUPPORT TO U.S. ALLIES ACROSS THE GLOBE. AS THE U.S. ARMY RESERVE SHIFTS FROM A STRATEGIC FORCE TO AN OPERATIONAL RESERVE, THE 807TH MCDS IS CAPABLE OF EMPLOYMENT AND DEPLOYMENT ALONGSIDE ITS ACTIVE DUTY COUNTERPART.

HEADQUARTERED AT FORT DOUGLAS, UTAH, THE 807TH MCDS LEADS ARMY RESERVE MEDICAL UNITS LOCATED FROM OHIO TO CALIFORNIA.

