

JO THE NCO JOURNAL

VOL: 16, ISSUE: 4 FALL 2007

A QUARTERLY FORUM FOR PROFESSIONAL DEVELOPMENT



2007 Best WARRIOR COMPETITION

THE ARMY'S
NCO/SOLDIER
OF THE YEAR

pg 8



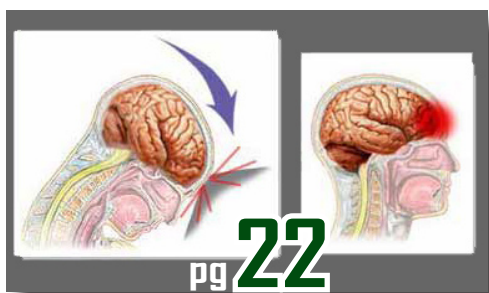
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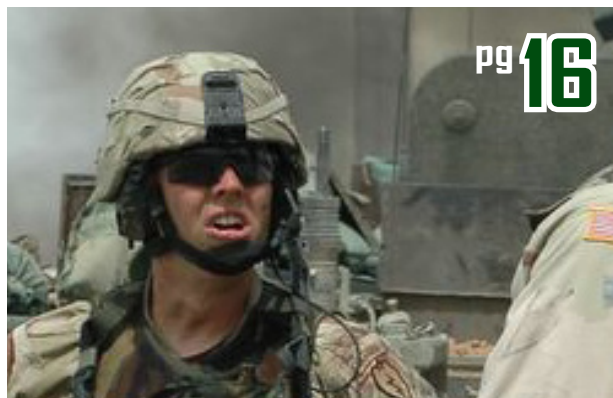
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(Cover photo by Sgt. Mary E. Ferguson)



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We honor the men and women who have sacrificed their lives in current operations around the world.



PUBLISHER - Sgt. Maj. of the Army Kenneth O. Preston **BOARD OF DIRECTORS** - Col. Donald E. Gentry, Commandant; Command Sgt. Maj. Lonny D. Wright, CSM; Jesse W. McKinney, MA, Secretariat **EDITOR-IN-CHIEF** - Master Sgt. Eric B. Pilgrim DSN 978-8550 **MANAGING EDITOR** - David B. Crozier DSN 978-9069 **PHOTOJOURNALIST** - Sgt. Mary E. Ferguson **GRAPHICS** - Spc. Russel C. Schnaare
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From the SMA

Assisting our recruiters

The Army recruits from all walks of life and levels of American society. The benefits of Army Service are available to all qualified applicants and appeal to American youth from rural, suburban and urban backgrounds.

Today's Soldiers, embracing the Warrior Ethos imbued with the Army Values, are expertly trained, well equipped, adaptive and confident. They are more than Soldiers. They are also culturally astute leaders and diplomats, representing the United States throughout the world.

The great news story is that more than 125,000 young Americans chose to enlist in the active Army, National Guard and Army Reserves in fiscal year 2007, while the Nation is in a state of persistent conflict. These young men and women who answer the Nation's Call today know and understand they are joining a warrior culture and willingly accept the inherent risks of military service.

A strong belief in the value of military service is what keeps people enlisting and re-enlisting in the Army. Those serving today will be able to look back with pride at what they have contributed to our Nation.

Over the past few months, I spent time with both the Los Angeles and Pittsburgh recruiting battalions. This gave me the opportunity to again see the incredible professionalism of our recruiters. I witnessed the many challenges they face and overcome on a daily basis as they recruit the highest quality of young Americans for service to our Nation.

To put our current success in perspective, consider that we're recruiting an all-volunteer force during a protracted war for the first time in history. We're on track to help the Army maintain its current end strength.

The Army offers several programs designed to encourage Soldiers in assisting our Recruiting Command with our recruiting mission. These programs allow Soldiers to assist in finding qualified individuals for enlistment in our Army. These programs create opportunities for Soldiers to speak to potential Soldiers about their Army career. Outreach programs provide a valuable perspective to these potential Soldiers on the aspects of a Soldier's daily life in the Army.

The first two programs allow Soldiers to have the opportunity to speak in their hometowns about the Army and their deploy-

ment experiences through the Hometown (HRAP) and Special Recruiter Assistance Programs (SRAP).

The HRAP allows enlisted Soldiers who have recently completed AIT, OSUT or Army Civilian Acquired Skills Training to return to their hometowns on permissive

TDY for up to 14 days to assist the local recruiters in obtaining quality referrals for enlistment.

The SRAP offers enlisted Soldiers 25 years of age or younger who have served on the front lines an opportunity to share their experience in their own words with local communities. Additionally, this program promotes Army awareness while supporting the Army's recruiting efforts through media and organizational events as well as future Soldier functions.

The Army Referral System for the Sergeant Major of the Army Recruiting Team is a program that creates partnership and promotes camaraderie between the recruiting battalions and the installation or regional support command sergeants major in their area.

This program encourages Soldiers, military retirees and civilians to provide referrals interested in enlisting into the Army. All qualified referring sponsors participating in the SMART program are eligible for the Sergeant Major of the Army coin and certificate provided the referral submitted through the web site enlists in the Army.

The referral is worth \$2,000 and paid in two lump sums. The first \$1,000 is paid to the sponsor once the Soldier completes Basic Training. The second \$1,000 is paid once the Soldier completes AIT.

Information and application instructions for these and other recruiting support programs are available online at www.2k.army.mil. I want to thank all of the Soldiers, Families and civilians who have answered the call to duty by serving America in this challenging time. Army Strong. Hooah!



Kenneth O. Preston

PTSD: An issue of epic proportion

One leader's perspective

Today's leaders are war-hardened and battle-tested. They have earned their stripes under pressures seldom seen in our Nation's history. It is inevitable that they, not unlike our young warriors, will feel the pressures of battle in ways not seen in our society since the Vietnam era. These signs, symptoms and the results of these issues are categorized in medical terms as Post Traumatic Stress Disorder. The military services have come up with many programs to meet the challenges of PTSD. The one thing that the Department of Defense cannot do is make service members come forward and seek assistance. Nor can they convince them they will not be identified as weak, or unfit to lead, if they seek the help.

We must remove the stigmas attached to PTSD so Soldiers, sailors, airmen, Marines and coast guardsman will step forward to receive the assistance they need and deserve. In the past few years as the commander of Alpha Company and later as the battalion commander for the U. S. Army Sergeants Major Academy, I have personally observed what I thought to be signs or symptoms of PTSD in many Soldiers.

Once I came to this realization, I made it a point to share my concerns in mass formations and with smaller groups and encouraged all to seek assistance in whatever fashion they were comfortable. I shared personal experiences and identified for them the myriad of ways they can seek assistance – some under the protection of complete privacy. Many came forward. The groups of Soldiers I speak of are at the top of the senior enlisted ranks – Soldiers attending the Sergeants Major Course at USASMA. Much to my chagrin, I found that for the most part they had not sought help because of fear of reprisal or the stigmas that may come from being identified as having PTSD. Many of these individuals stated that they had never had such encouragement from their senior leadership.

I am not a medical professional, nor am I trained to any great extent on the subject of PTSD; at least no more than any other senior leader in today's military. I am just an old Soldier who cares about our service members, one who realized long ago that a machine cannot perform at its peak if one part is defaulting. PTSD can be treated – many times through simple counseling, and in some cases, a little more aggressive attention is required. This treatment more times than not successfully re-

turns a warrior to the field of battle. The service member is that one vital component of the big machine known as the military services who we require to perform his or her individual duty in order for the objective of the machine to be obtained.

I encourage all service members to seek assistance, even if they feel the slightest bit of change within their lives. Furthermore, have the courage to share your experiences with others so they know that the system works and we are all human. I encourage each and every leader to make it known that seeking assistance is not only okay, but is also encouraged. Finally, all proponents of military policy should scrutinize the task of administrative and management requirements that service members must wade through in order to seek assistance. In no way should any policy place a negative connotation on any service member for any period. One example is initiating flagging actions when service members seek psychiatric support of any type.

If all of us pull together to support DoD efforts in identifying those who require assistance, we will all realize the benefits of this outstanding program.

Remember, programs are only as good as the people who support them. This program must work, on paper and on point.

*Command Sgt. Maj. Darieus A. ZaGara
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*Editor's Note: For useful links and more information about Post Traumatic Stress Disorder, visit <http://www.behavioral-health.army.mil/> or visit *Military One Source* at <http://www.militaryonesource.com/skins/MOS/home.aspx>.*



Command Sgt. Maj. Darieus ZaGara

First Strike Ration goes to field

Army News Service - A new compact, eat-on-the-move assault ration is well on its way to warfighters' hands.

"The First Strike Ration is intended for the first-on-the-ground, first-to-fight warfighter," said Barbara Daley, food technologist and FSR project officer, Combat Feeding Directorate, U.S. Army Natick Soldier Research, Development and Engineering Center.

Usually when warfighters are issued two or more Meals Ready-to-Eat, they "field strip" them to lessen the bulk and weight they are carrying.

Personnel at NSRDEC found that not only were warfighters tossing what they considered extra weight, such as the flameless ration heater and Tabasco sauce, but they were also tossing food items. According to the Product Optimization and Evaluation Team at NSRDEC, if a warfighter is given 3,600 calories, he or she will often strip it down to 2,500 calories.

The FSR attempts to reduce this stripping by providing a lighter, smaller package with eat-on-the-go items that also enhance performance. These items are calorically dense and provide appropriate nutritional content and energy to warfighters for short durations of highly mobile, highly intense combat operations.

Items included in the FSR include pocket sandwiches, First Strike energy bars, Zapplesauce™-a carbohydrate-enhanced



Photo by Sarah Underhill

Two Soldiers look at the components of the First Strike Ration during a recent evaluation at Fort Bliss, Texas.

applesauce, high-energy drinks, pouches of tuna and chunk chicken, and caffeinated gum.

The FSR is designed to be about half the size of the three MREs it replaces and it provides, on average, 2,900 calories per day. Because of its lower caloric content, the FSR is classified by the Office of the Surgeon General as a restricted ration. As such, it can only be used as a sole source of food for 10 days or less in accordance with Army Regulation 40-25.

CFD conducted user evaluations on the FSR in Nevada and Germany in fiscal 2004, and in Afghanistan and

Iraq in fiscal 2005. When compared with a field-stripped MRE in Iraq in 2005, more than 70 percent of Soldiers said the FSR was more convenient to carry and consume than the MRE.

In November 2006, a Joint Services Decision Board consisting of the Army, Marine Corps and Defense Logistics Agency approved the FSR for procurement and fielding.

NSRDEC was able to compress the acquisition process by nearly 30 percent while maintaining support for all other ration platforms in order to maintain the schedule of 3rd quarter fiscal 2007 procurement by Defense Logistics Agency/Defense Supply Center Philadelphia, with delivery in 4th quarter fiscal year 2007.

VA's Suicide Hotline begins operations

Army News Service - To ensure veterans with emotional crises have round-the-clock access to trained professionals, the Department of Veterans Affairs has opened a national suicide prevention hot line for veterans.

The toll-free hotline number is 1-800-273-TALK (8255). VA's hot line will be staffed by mental health professionals in Canandaigua, N.Y. They will take toll-free calls from across the country and work closely with local VA mental-health providers to help callers.

To operate the national hotline, VA is partnering with the Substance Abuse and Mental Health Services Administration of the Department of Health and Human Services.

SUV, pickup fatalities on the rise

By Taylor Barbaree

Compared to 19 fatalities recorded in fiscal year 2006 involving sports-utility vehicles and pickup trucks, to date in fiscal year 2007, the Army has experienced an increase in the number of fatalities involving these type of vehicles.

At the half way point of this fiscal year, according to the Army database, there have been 50 fatal POV off-duty accidents, claiming the lives of 54 Soldiers. Of this number, 24 accidents included SUV and truck fatalities.

"The increase in pickup truck and SUV fatalities is proportional to the increase in the number of registrations the Army is experiencing and the sales (nationally) of these type vehicles," noted Walter Beckman, deputy of driving task force, U.S.

Army Combat Readiness/Safety Center. "One reason the Army may be seeing this

increase is because Soldiers have more disposable income coming out of theater and are buying the bigger more expensive SUVs and pickups."

The number of SUV fatalities coincides with the number of increased vehicle registrations being recorded at Army posts. The Army's Office of the Provost Marshal General indicates there were 71,573 SUVs registered in 2006, a 21 percent jump from 56,826 registered in 2005.

Risk assessment, however, is one of many Army resources equipping Soldiers for potential hazards such as POV accidents.

"Risk assessments are paramount in preventing our Soldiers from becoming another horrific statistic," said USACRC Command Sgt. Maj. Tod Glidewell. "It is my hope, as engaged leaders, that we will encourage those within our ranks to use the tools that the Army has to offer such as the Travel Risk Planning System."



NEWS

Beneficiaries can save time, money with new service

Registering for the TRICARE Mail Order Pharmacy (TMOP) just got easier with the launch of the new Member Choice Center (MCC). A quick phone call or click of a mouse is all that's needed for service families and retirees to begin receiving their prescriptions by mail. By using this new service, not only will the beneficiary obtain TMOP enrollment assistance, but the MCC will actually contact the physician to obtain new prescriptions and forward them to the TMOP for processing, making the switch from retail to mail order virtually effortless for the beneficiary.

"We are always looking for ways to improve customer service and add value for TRICARE beneficiaries," said Army Maj. Gen. Elder Granger, deputy director, TRICARE Management Activity. "They wanted a more user-friendly program and the MCC delivers."

Beneficiaries don't have to download forms or wait to have forms mailed; they

can go to the "My Benefit" portal on www.tricare.mil or to www.express-scripts.com/TRICARE to complete the registration. There's also the option to call the MCC at 1-877-363-1433 to switch from the retail program to TMOP.

When a beneficiary calls the MCC, a patient care advocate from Express Scripts Inc., TRICARE's pharmacy benefit provider, explains the program and offers to transfer the current prescriptions to the safe and convenient mail order option. If the beneficiary agrees, Express Scripts Inc. submits a prescription transfer request to the patient's physician.

The mail order pharmacy can save beneficiaries as much as 66 percent on medications for conditions such as high blood pressure, asthma or diabetes. The beneficiary may receive up to a 90-day supply of most medications for the same amount they would pay for a 30-day supply at a retail pharmacy.

The Department of Defense saves money, too. The department pays 30-40 percent less for prescriptions filled through the mail-order service compared to retail pharmacies. The department's savings could be substantial—\$24 million a year—

with just a 1 percent shift of prescriptions from retail to mail order.

HealthBeat: delivering TRICARE benefit information

TRICARE has unveiled HealthBeat, its new electronic beneficiary newsletter, in conjunction with the redesigned TRICARE Web site. HealthBeat links beneficiaries directly to TRICARE's most important benefit information. Among its many features, beneficiaries will find the latest TRICARE benefit updates; links to pertinent news releases and articles about TRICARE and the military health system; and the *Doctor Is In* column.

HealthBeat will reside on the My Benefits portal of the redesigned TRICARE Web site. Beneficiaries do not have to be a subscriber to get HealthBeat, however, they may sign up on the HealthBeat Web page.

To view or subscribe to HealthBeat, beneficiaries may visit www.tricare.mil/HealthBeat/. Beneficiaries may opt out of receiving the e-newsletter at any time.

Immigration Services launches military help line

Army News Service - Service members and their families stationed around the world are now able to call U.S. Citizenship and Immigration Services for help with immigration services and benefits using a dedicated, toll-free telephone help line, 1-877-CIS-4MIL (1-877-247-4645).

USCIS customer-service center specialists are available to assist callers Monday through Friday from 8 a.m. to 4:30 p.m., Central Standard Time. Callers will receive assistance with:

- Tracking their application for naturalization (Form N-400);
- Notifying USCIS of a new mailing address or duty station;
- Checking the status of an application or petition;



• Bringing a spouse, fiancé or adopted child to the United States;

- Obtaining posthumous citizenship for a deceased member of the Armed Services; and
- Submitting an application for expedited processing.

Service members and their Families stationed in the United States or overseas may access the help line using the toll-free number, through their base telephone operator or using the Defense Switched Network. After-hours, callers will receive an e-mail address that they can use to contact USCIS for assistance.

USCIS has also developed a Web page, www.uscis.gov/military, that contains information and links to services specifically for the military.

Selection, assignment policy for top NCOs to change

By Master Sgt. Shaun Herron

Army News Service - Sgt. Maj. of the Army Kenneth O. Preston unveiled the newest modernization effort for the U.S. Army enlisted force during a meeting with senior non-commissioned officers Oct. 9 at the Association of the United States Army annual meeting and exposition.

It was not a weapon system, or a new piece of gear for Soldiers, but rather a management system designed to provide a process that manages the Army's most senior-level noncommissioned officers, command sergeants major and sergeants major.

"By changing ... we enhance our capability of getting the right leader with the right experience and skill sets, into the right position at the right time," said Preston, during an earlier interview.

The new policy will change the management system for senior NCOs from one designed for a peace-time Army, Preston said, "to a system that selects, trains and promotes Soldiers ready to meet the full range of threats and challenges in the 21st Century."

The benefits to this modernization will be seen in a variety of ways, he said.

"It will be an improvement overall, from the way we select our command sergeants major and sergeants major, to the way we train them to how we select and synchronize our battalion and brigade command teams.

"The Army, and the Nation, will benefit from this change by having NCOs with greater leadership experience in a variety of operational environments," Preston said, "while Soldiers -- the centerpiece of our Army -- will benefit from the mentorship and leadership of these multi-skilled, adaptive and successful leaders."

Command sergeants major and sergeants major will benefit from greater predictability in upward mobility and career progression, he said, and greater family stability.

"This new system will provide greater certainty for those selected for promotion and attendance to the U. S. Army Sergeants Major Academy, that they know they will be promoted, frocked if necessary, to sergeant major upon completion of the course, beginning with the graduation of those in 'Class 60' (set to graduate the nine-month course at Fort Bliss in the summer of 2010) and beyond," said Preston.

Additionally, this policy change is designed to allow the creation of com-

mand teams that train together before taking command of a battalion or brigade combat team.

"Perhaps the greatest impact to the Army will be in our ability to align command sergeant major selection and appointment with the selection of battalion and brigade commanders," said Preston. "Achieving this allows the Army to create command teams that can attend the Pre-Command Course at Fort Leavenworth together, building a cohesive command team for our brigade combat teams and our battalions."

Execution of this new policy will be most readily evident with the next sergeant major selection list in fiscal year '08, Preston said. He said that list, and subsequent lists, will not include the selection of junior, non-promotion-eligible master sergeants for early attendance to the Sergeants Major Academy as alternates. The FY07 board was the last board with a mission to select master sergeants as alternates for school, he said.

"That transition will further enhance our ability to provide the Army with NCOs in the most senior leadership ranks of the NCO Corps -- multi-skilled leaders who are adaptive, confident and competent," Preston said.

Army outreach to geographically dispersed families

Secretary of the Army Pete Geren and Army Chief of Staff Gen. George Casey announced a new program recently to provide improved support to Army Soldiers and Families: The Army Integrated Family Support Network (AIFSN).

"Our Army must continue to examine the ever-changing needs of our families and never cease in our effort to provide our families a quality of life commensurate with the quality of their selfless service," Geren said.

To reinforce this commitment to Army families, the AIFSN will provide a new support network for Soldiers and families regardless of their proximity to a military installation. When fully implemented, this network will address family issues head on by providing a single, holistic institutional network of standardized services.

The AIFSN is specifically designed with "geographically dispersed" Soldiers and families in mind, in both active and

Reserve components, from mobilized Soldiers to recruiters to families located outside reasonable driving distances of military facilities. Until now, Active, Guard, and Reserve organizational structures created overlapping lines of authority with regard to programs for Army families. Each component functioned independently in facing some funding challenges in the delivery of family programs.

The AIFSN will link all Soldiers and families to the family services and programs traditionally found on installations, such as information and referral, predeployment support training for family readiness groups, TRICARE information and referral, child and youth programs, help with ID cards, and other basic assistance to help families connect and access Army services. This effort also leverages those services in nearby communities to ensure Army services are available to families closest to where they live.

NCOES moves to life-long learning

Big changes ahead for ANCOC and BNCOC

By John Harlow/TRADOC News Service →

Editor's note: This is Part one of a three-part series of changes in the NCO Education System.

Enlisted Soldiers in the Army had their careers planned out for them. Make specialist, and go to Warrior Leaders Course (WLC); make sergeant and go to the Basic Noncommissioned Officers Course (BNCOC) and make staff sergeant and it's off to Advanced Noncommissioned Officers Course (ANCOC). Things are changing on each level in the Noncommissioned Officer Education System (NCOES) to make the education more relevant to today's fight.

In Operations Iraqi and Enduring Freedom, the execution of missions is different than in past conflicts. Missions are executed predominantly at the squad and platoon levels. That puts more of the decision-making process in the hands of junior leaders at the NCO and officer level. They are responsible for planning and executing missions that in the past have been handled at either the company or battalion level.

Company commanders and first sergeants are regularly coordinating plans and activities with other agencies, meeting and coordinating with local and national agencies and interacting with local and national civil leaders.

In response to these shifts, the Army is transforming NCOES to meet the needs of the Operational Army and ensure relevance to present and future operations.

"There are many factors of current operations that impact the way we train our noncommissioned officers," said Command Sgt. Maj. John Sparks, the command sergeant major of the U.S. Army Training and Doctrine Command. "First, we see a different population of NCOs attending our courses today. Because of the war on terror, because of the deployment schedules, we see an NCO that is more senior than he [or she] used to be."

That has caused the Army leadership to look deeper into NCOES to find out what that NCO who is more senior needs to learn to develop his or her skills.

At the ANCOC and BNCOC levels, NCOs are learning things that haven't been taught before because of lessons learned from OIF and OEF.

Depending on a Soldier's military occupational specialty the length of the NCOES class will vary. There are core lessons taught across the spectrum of the Army and TRADOC is looking at new ways to teach those core instructions.

"There is a core of things that will always be a part of our training of NCOs," said Sparks. "We have changed and will continue to change as the current operational perspective changes."

The Army looked to Soldiers for what can be done to make their NCOES experience relevant. As a result, big changes are on the way.

"We will change BNCOC to a course that will train at the platoon level," said Sparks. "I think most people are aware that in BNCOC we generally train at the squad level. With the attendance of more senior sergeants that are preparing to be sergeants

at the platoon level, we have found the need to adjust that course to prepare those sergeants for serving at the platoon level."

The change isn't just in the course of instruction. The name will change as well. BNCOC will become the Advanced Leader Course and ANCOC will become the Senior Leader Course.

"We will take all those tasks of platoon sergeant duty and apply them to the Soldier in the rank of sergeant or staff sergeant to better prepare him for what he may be challenged with in the upcoming months or years."

This refocusing is important in advancing NCO development.

In the Advanced Leader Course, the focus will shift from training Soldiers on the squad and section level to the squad and platoon level. It will retain and enhance MOS technical skill development while also preparing NCOs to lead and train up to the platoon level.

In the Senior Leader Course, the focus will shift from training at the platoon level to training at the platoon and company level. It will re-focus MOS technical skills development to reflect not only platoon but also company level actions and embed both levels into each lesson. It will provide some of the lead and train aspects of being a first sergeant.

TRADOC is also working to develop a modular Warrior Leader Course and is converting the BNCOC Common Core content to web delivery.

The operational tempo of our Army today and the Army Force Generation model also made changes necessary for NCOES.

"Our role at TRADOC is to provide training for the Soldier and leader," said Sparks. "It could be either shortened courses at the institution in the brick and mortar classroom or by sending Mobile Training Teams all over the world to provide instruction or a distance learning tool. In many cases we will be able to interact with units while they are deployed or even before they deploy to coordinate the attendance and delivery of a MTT at their installation when the commander and command sergeant major deem it is appropriate they receive the education."

MTTs will play a more significant role in the education of NCOs.

"Mobile Training Teams are really a growth industry for us," said Sparks. "They represent a capability at TRADOC that is required today because of the Global War on Terrorism. I think it is important to understand that if we truly believe that the education of our noncommissioned officers is important, we have to subscribe that we have to provide that education at all costs. We have been able to take Soldiers out of the training base and send them all over the world to conduct training."

Officials believe the Advanced Leader Course and Senior Leader Course will improve performance by creating a culture of continuous learning, improving the process by creating a flexible system that implements change with a sense of urgency and improves retention by giving Soldiers increased control over their careers.

2007 Best

By Sgt. Mary E. Ferguson

WARRI

Department of the Army NCO &

D*renched with sweat, he fights the week's worth of exhaustion that's leaching on his mind and muscles and gasps the humid air. With just sheer adrenaline and desire left to shield his battered body from his combatives opponent, he rallies his limbs and silences the pain by pushing himself to that place where limits are laughed at and values thrive. And if that doesn't work, he tries again and again, attacking his one final opportunity to prove that in a competition hosting the Army's top warriors – he's the BEST.*

Replay that scene 25 more times starring different warriors, then apply that level of motivation to five intense days of similar events preceded by a year of company, battalion, brigade and major command boards throughout the Army – impossible?

Not according to the 26 Soldiers who demonstrated that consistent drive while working toward and battling in the 2007 Noncommissioned Officer/Soldier of the

Year Competition held Oct. 1-5 at Fort Lee, Va.

The competition's 13 NCOs and 13 Soldiers traveled from around the world to participate in the sixth annual Department of the Army-level event, with one NCO and one Soldier representing each of the Army's major commands; U.S. Army Materiel Command, U.S. Army Europe, U.S. Army Forces Command, U.S. Army Special Operations Command, U.S. Army Space and



WARRIOR

Soldier of the Year Competition

Missile Defense Command, 8th U.S. Army Korea, U.S. Army Medical Command, U.S. Army Training and Doctrine Command, Military District of Washington, U.S. Army Pacific Command, and for the first time in the competition's history, 3rd U.S. Army Central, U.S. Army Reserve, and U.S. Army National Guard. *(For complete list of competitors see pgs. 14-15)*

As accomplished as each competitor is within his or her MACOM, when they gathered for a pre-competition dinner Sept. 30, the warriors met a new, unprecedented challenge – each other.

At the dinner, hosted by Sergeant Major of the Army Kenneth Preston, the Soldiers got their first look at the diverse field of competitors. With military occupational specialties ranging from infantryman and motor transport operator to healthcare specialist and band member, their biographies and experiences reflect the eclectic nature of today's enlisted force.

"This competition really is and has been open to every Soldier – regardless of [MOS] or whether or not they've been deployed – because it's based on our Army's sound practices, the things we teach in the school house and train on at the unit-level," Preston explained.

"These 26 Soldiers proved that, and they are masters of self-development and self-study. They've dedicated thousands of hours to learning and understanding in detail the profession of arms," he said.

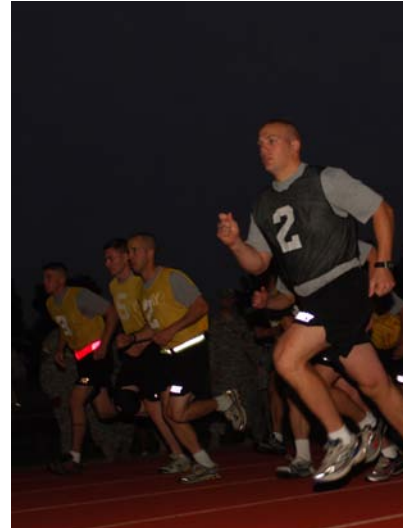
The warriors demonstrated that mastery throughout the competition by negotiated a variety of events designed to test their abilities in different areas of Soldiering and leading, while also simulating the "less than perfect" realities of today's battlefields.

(Above) The 2007 Best Warrior competitors zero their weapons before day and night qualification during Day 4 of the competition.
Photo by Dave Crozier

The actual competition began with Monday's formal board event. Similar to any other board, the 26 competitors controlled their nerves and displayed their military bearing while individually fielding a barrage of questions covering all areas of Army knowledge, dress and appearance.

"I prepared like I do for any board – once you get in there, it really happens so fast," said Staff Sgt. David G. Corona, FORSCOM, who was among the first warriors to face the board. "Even though it's the [sergeant major of the Army] and other [command sergeants major] asking the questions, you have to try to approach it the same way – they asked me some questions I knew and others I didn't, but it's also about the way you handle yourself under pressure."

Despite their concrete knowledge and confidence, most of the competitors were glad to get the formal board over with first, and were eager to move on to the more physical parts of the competition.



last full-night's sleep before embarking on the final three, event-packed days of the competition.

Graders had to pull out the extended point scale for Wednesday morning's Army Physical Fitness Test as many of the warriors recorded a 300-plus cumulative score in the test's timed push-up, sit-up and 2-mile run events.

Still damp from the foggy morning APFT, the competitors immediately demonstrated their mental endurance by taking a multiple choice exam and writing an essay covering a wide-range of Army topics.

"For me, the most challenging part is the exam and essay because my English is not so great, and I am an infantryman – so the paperwork stuff isn't really in my everyday job," said Cpl. Mihai Mocanu, USAREUR. "It's an important part of being a Soldier though."

Mocanu served in the Romania army for five years before moving to America and enlisting. He said, "Before

These 26 Soldiers are masters of self-de

"I'm excited and ready for every part of the competition, but I really like the physical activity – I don't mind the board, but I'm happy to have it behind me and ready to get to the other events," said Sgt. Patrick Mann, who returned to the competition as the SMDC NCO of the year after also representing the command at the Soldier-level in 2006.

Before attacking the remaining events, they spent Tuesday morning preparing just as they would prepare themselves for combat. Each competitor was equipped and properly fitted with the Army's Advanced Combat Helmet, Improved Outer Tactical Vest with SAPI plates, ballistic eye protection, Improved First Aid Kit, rucksack, M-4 Carbine rifle and other necessary gear.

After a relatively light afternoon of interviews with internal and external media outlets, battle drill rehearsals and specialized task training, the warriors enjoyed their

I asked [to be a U.S. citizen], I wanted to give something to this country."

After the written examination, Mocanu joined his fellow competitors as they combined their mental and physical strengths during the Urban Warfare Orienteering Course.

"We've set up 10 different lanes that are about five and a half miles each, with a total of 40 different points spread out all over Fort Lee ... while wearing full gear and carrying 30 pounds in their rucksacks, they each get three hours during the day to find the four points on their lane and then at night they get three and a half hours to find two points," said Staff Sgt. Joseph Burge, the NCO in charge of the course.

"At each point they're going to find a scenario ... like negotiating with an [impersonated] Iraqi to get the next grid coordinates or freeing a hostage – and at night they

will first find a building and then search the building for their second point's coordinates," he explained. "But the overall objective is that they have to listen to the directions so they can correctly plot the right coordinates, find their individual points, and complete the course in time."

Last year's competition was the first time competitors faced the Urban Warfare Orienteering Course versus the traditional land navigation course, and Burge helped with that transition in addition to planning and running this year's course.

"This year's course is about the same as last year ... but we're always looking to change it to make it relevant to what you'd really find [on today's battlefield]," he added.

Just hours after the warriors completed the night portion of the course, marking the end of Day 3, Day 4 began with the Warrior Tasks and Battle Drills event.

Still wearing full gear and carrying rucksacks, in team-



(from left) Staff Sgt. Blake Simms faces the formal board. – The 26 competitors attack the APFT 2-mile run. – Staff Sgt. Jason Seifert plots his points for the Urban Warfare Orienteering Course.
Photos by Sgt. Mary E. Ferguson

know what to look for ... we are experienced on the steps they should be taking here," he said.

Keeping with the competition's demanding pace, the warriors went straight from the morning's events to Fort Lee's firing range where they zeroed their individual weapons, making their own necessary site-adjustments, before attacking the newest portion of the competition – the barrier firing event.

"If you look at the competition over the years, we've always tried to focus on challenges that encompass the lessons and techniques we want to introduce and highlight back out to units," Preston said. "Last year, we introduced reflexive fire – this year, we wanted to take it a step further with the barrier firing."

The timed event took each warrior through five different firing positions, each simulating a potential situation they could find on today's battlefield. With five 5-round magazines of live ammunition, the competitors executed a 3-5 second rush from barrier to barrier and unloaded five rounds on a white silhouette at each position, receiving points based on time and number of hits.

According to the event's cadre, the barriers replicated firing from either side of a building, from underneath a

development and self-study, Preston said.

size elements the warriors followed a strip-map from one station to another where they were individually required to identify and react to Improvised Explosive Devices, lead troops through a convoy ambush scenario, perform first responder medical care, conduct a 9 Line Medevac request and casualty evacuation, demonstrate weapons knowledge, and perform detainee operations ... all before noon.

"The scenarios the competitors are facing are perfect for this competition because they aren't just told exactly what they have to do – instead they have to be able to assess what's going on and react correctly depending on the particular task or battle drill," said Staff Sgt. Dereke Planter Jr., the NCO in charge of the detainee operations event.

"Myself, our role players and the evaluators for the detainee operations part are all [military police] so we

humvee, from a window and from over a ledge, with red silhouettes representing friendlies at each position.

The warriors then fired away the remaining daylight with an afternoon qualification on pop-up targets, followed by a night-fire qualification complete with flare illumination and explosions.

With nearly 48 hours of nonstop events behind them, the competitors were given a few hours to rest on cots in the muggy heat of a small room in Fort Lee's Warrior Transition Center, before being blasted back into reality by the sounds of incoming mortar rounds at 4 a.m., Friday.

"It felt like I had just closed my eyes when they woke us up," said Spc. Brian Hancock, USARC, to his parents who came to support him in the competition.

One by one the battle-worn competitors emerged from the cramped room, some limping but all still motivated,



(above) Sgt. Jamiell Goforth cautiously locates and identifies an Improvised Explosive Device during the competition's Warrior Tasks and Battle Drills event.

(left) Cpl. Mihai Mocanu demonstrates his weapon knowledge by reassembling a .50-caliber machine gun.

(below) The warriors battle the flares and explosions that fill the sky during Day 4's night-fire qualification.

Photos by Sgt. Mary E. Ferguson



(above) The 26 warriors finish the week-long competition with a combatives tournament.

(below) Competitors negotiate the competition's newest event – barrier firing.

Photo/Photo illustration by Sgt. Mary E. Ferguson



despite that they had no idea what the competition's final, mystery event would entail.

"They could throw anything at you – You've got to come into the whole competition ready for anything – nothing should really be unexpected," said Staff Sgt. Russel Burnham, MEDCOM.

Although it's called the mystery event, this year's turned out to be six events requiring the warriors to egress the Humvee Egress Assistance Trainer in the dark in 17 seconds or less, perform intravenous therapy, execute an Advanced Military Operations on Urban Terrain exercise, negotiate simulated shoot and no-shoot scenarios in the Engagement Skills Trainer 2000, conduct pre-combat checks and inspections on Soldiers wearing full combat gear, the Army Combat Uniform and the Class A uniform, and after all of that, participate in a combatives tournament.

"The HEAT was new this year and we of course had to have the combatives tournament again – but we added a losers bracket so every competitor would get at least two chances to fight," Preston explained. "Combatives is an example of what we want to happen when we showcase something on a forum like this competition – before, not a whole lot of units were conducting combatives training, but since we added it to the competition last year, more and more Soldiers are getting Level 1 and 2 combatives now, and units are integrating it into their training and PT programs."

During the tournament, the warriors rolled up their pants legs, turned their ACU jackets inside-out, and exhausted what little energy they had left, knowing that this would be their final opportunity to improve their chances of being named Best Warrior.

But, while their physical torment ended there, mentally the competition wouldn't end for a few more days, as the warriors awaited the NCO and Soldier of the Year awards luncheon held Oct. 8, during the Association of the U.S. Army conference at the Washington Convention Center, Washington, D.C.

At the luncheon, Preston applauded all of the competitors and said "All 26 are winners and have done an excellent job of representing their commands during the competition – at the end, when we added it all up and looked at the 600 possible points they each could earn, it was extremely close."

He finally ended the suspense by announcing the 2007 NCO of the Year – Staff Sgt. Jason R. Seifert of A Co., 3/3 U.S. Infantry (The Old Guard) representing the Military District of Washington, and the 2007 Soldier of the Year – Spc. Heyz T. Seeker of C Co., 1st Battalion, 75th Ranger Regiment representing the U.S. Army Special Operations Command.

As the Army's 2007 NCO and Soldier of the Year, the warriors will have the opportunity to promote the Army at strategic events.

But, Preston said his intent is to send them back to their units so they can train and lead their troops, until those strategic opportunities come up.

Both Seifert and Seeker said they saw the week as both a competition and a great learning experience, and agreed that they are ready to take what they've learned back to their units.

"It really could have gone to anybody – everyone was so close on the events," Seifert said. "I haven't deployed yet, so I think this shows that it's really about training and executing to Army standards – for me though, it was also great to come together with all these great NCOs who've already deployed and learn from them – see different ways of doing things that I can apply when I do deploy."

Seeker said he was proud to represent the Rangers and that winning was an honor and testament to his desire to be the best he can be no matter what the mission may be, but that the week was also a chance for exposure to training he'd never experienced.

"I'd never done the HEAT – that was new to me, and I'd done the reflexive fire before deploying, but never with the barriers like in this competition," he said.

To the thousands of Soldiers who are thinking about competing for the 2008 Best Warrior but aren't sure they have the experience or ability to make it to and then through this intense competition, Seeker said, "Take it one board at a time – prepare for every level like it's the top and the skills you develop along the way will get you through this competition."

"It's all about discipline," Seifert added. "Anybody can win this competition if they are disciplined and dedicated in preparing themselves for it – which really is what we should be doing everyday as Soldiers anyway." 🏠



2007 **Best** *Competitors*
WARRIOR

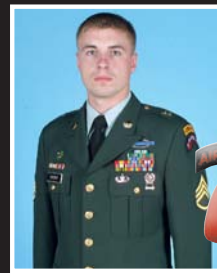
Department of the Army NCO & Soldier of the Year Competition



Staff Sgt. Russell A. Burnham
 Healthcare Specialist
 From Tucson, Ariz.



Sgt. Steven Rovelstad
 Dental Technician
 From Makawao, Maui, Hawaii



Staff Sgt. Shayne A. Cherry
 Infantryman
 From Monroe, Nev.



Spc. Heyz T. Seeker
 Infantryman
 From Grover, Calif.



Staff Sgt. David G. Corona
 Infantryman
 From Waukegan, Ill.



Sgt. Jamiell E. Goforth
 Healthcare Specialist
 From Seattle, Wash.



Staff Sgt. Blake Simma
 Infantryman
 From Columbus, Ga.



Spc. Hubbard H. Harvey
 Armor Crewman
 From Taylor, Fla.



Staff Sgt. Jason R. Seifert
 Infantryman
 From Farmington, New York



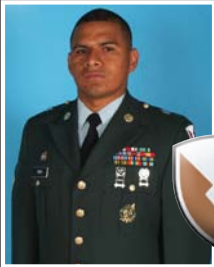
Spc. Stephen D. Lester
 Military Police
 From Jefferson, North Carolina



Sgt. Edward J. Chisholm
 Light-Wheel Vehicle Mechanic
 From Woburn, Mass.



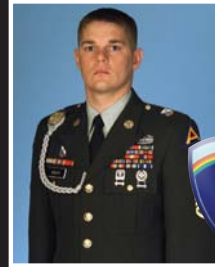
Spc. Brian J. Hancock
 Psychological Operations Specialist
 From Davis, Calif.



Staff Sgt. Jorge Toro
Multiple Launch Rocket System Chief
From Cleveland, Ohio



Sgt. Samuel Yoo
Piano Player
From Toronto, Canada



Staff Sgt. Travis W. Snook
M1 Armor Crewman
(Small Group Instructor)
From Lewistown, Pa.



Cpl. Mihai Mocanu
Infantryman
From Hirlau, Romania



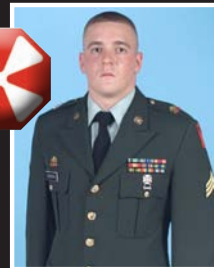
Sgt. Patrick J. Mann
Satellite Communications
Network Coordinator
From Rib Lake, Wis.



Sgt. Martin A. Jensen
Satellite Communications
Network Coordinator
From Rockford, Minn.



Staff Sgt. Victor M. Trinidad
Aircraft Electrician
From Toa Baja, Puerto Rico



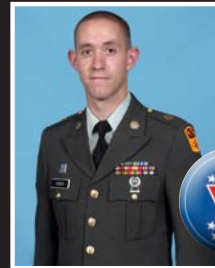
Sgt. Nicholas Johnson
Paratrooper Enhanced
From Cleveland, Ohio



Sgt. Sadat Allhassan
Motor Transport Operator
From Bronx, N.Y.



Pfc. Patrick Ray D. Murphy
Topographic Analyst
From Cottage Grove, Minn.



Staff Sgt. Brian J. Yoder
Intelligence Analyst
From Newport, Pa.



Spc. Jonathan W. Batten
Network Switching Systems
Operator/Maintainer
From Douglas, Ga.



Staff Sgt. Mark D. Dornbusch
Infantryman
From Austin, Texas



Sgt. Erik T. Nowak
Military Police
From Inwood, W. Va.



2007 BEST WARRIORS

In the pages that follow are five stories that talk about Post Traumatic Stress Disorder, Mild Traumatic Brain Injury, removing the Stigma of PTSD, restoring the resilience of warriors, and how the Army surveys those who have redeployed home.



The Trauma of War

It's mind numbing

By David Crozier →

“I’ve been where you are now and I know just how you feel. It’s entirely natural that there should beat in the breast of every one of you a hope and desire that someday you can use the skill you have acquired here. Suppress it! You don’t know the horrible aspects of war. I’ve been through two wars and I know. I’ve seen cities and homes in ashes. I’ve seen thousands of men lying on the ground, their dead faces looking up at the skies. I tell you, war is hell!”

General William Tecumseh Sherman, in an address to the graduating class of the Michigan Military Academy, June 19, 1879

While General Sherman was talking about the horrors of war during America's infancy, his words to the cadets could very well be a speech to today's Soldiers preparing to deploy in support of the Global War on Terrorism. Those horrible aspects of war that he warned the cadets about are now being played out on a daily basis in the streets of Baghdad, the hills of Afghanistan and in the pathways of practically every deployed Soldier's mind. Yes, "war is hell," and for some more so than others.

"You cannot go to war without being affected," said Dr. Roy Clymer, director of Specialized Care Program, Deployment Health Clinical Center (DHCC), headquartered at Walter Reed Army Medical Center, Washington, D.C. "It is essential to recognize that and deal with the effects of war."

The sheer horror of watching a suicide bomber walk into a crowd and blow himself up, rendering aid to a battle buddy who just lost his leg in an IED attack, or having to pull the trigger that kills an insurgent only feet away are just a few of the scenarios a Soldier can come in contact with. Being a part of that affects Soldiers differently, Clymer said. For some it is no big deal, for others it can be traumatic and emotionally damaging – something that can manifest itself into Post Traumatic Stress Disorder. He added however that PTSD is really not a disorder, but a solution to living in hell and something that can be dealt with.

"We believe [Soldiers with PTSD] are adapting. PTSD isn't a problem, it's a solution to living in hell and when you live in hell, you have to adapt to living in hell," he said. "And when you adapt to being in hell, those adaptive mechanisms that work for you in hell don't work the same for you in the regular world."

Adaptive mechanisms a Soldier might use, Clymer said, are: constant alertness, shoot on sight, and not showing any vulnerabilities to anyone, no matter what.

"All of those things that when you come back to the social world [don't work]," he said. "Things that you and I have to experience that make us angry, or we don't like, and we can't pull out our 45 and shoot somebody when that happens. And Soldiers have to return to that similar recognition that life means you are vulnerable and that you have to tolerate it sometimes."

To help the Soldiers who are experiencing the effects of war and to make for an easier transition back to the social world, the staff at the DHCC has put together an intense three-week program.

"It's a program that is about helping people who come back

from combat with any spectrum of problems that get called PTSD, have difficulties readjusting upon their return, or are having trouble with their unit," Clymer said. "Whatever people come back with when they are somehow affected by their experiences and they begin to see there is a problem in their lives. This program is designed to help people like that."

Acceptance into the program is simple. The Soldiers have to meet three criteria – must have been deployed, are having problems because of that deployment that are affecting them in a negative way, and are interested in the program. Reasons for not being accepted are – untreated substance abuse or anyone requiring hospitalization for treatment.

"If they need hospitalization they are not coming here. Although we are at Walter Reed, we are not a hospital program. We are a day care, ambulatory care, outpatient program," Clymer said. "They come here in a group and they go through a comprehensive program that includes individual therapy, group therapy, a variety of physical activities – the pool, the gymnasium, Yoga and so on – but a lot of this is designed for people who have been avoiding their body, because their body is the repository of a lot of awful things. And they don't want to go there."

Clymer said the main objective of their program is to get the Soldier to slow down and reconnect with their body, their feelings and to deal with the feelings they have pushed aside while they were deployed.

Getting them to slow down is something that DHCC clinical social worker and expert PTSD therapist Victoria Bruner compares to a household thermostat.

"When people come to our program they really have to work hard to reduce the over-activation of their nervous systems that are engaged in a very active way to help them stay alive," she said. "So what we are really dealing with are folks who have their thermostat, if you will, set too high. But they needed those skills which were essential to being a good Soldier and doing their duty. They had to be in 360-degree, 24/7 vigilance and aware of what was happening."

Bruner said there are many different ways to address how to help a Soldier who has his or her set point too high with unnecessary defenses that they don't need once redeployed.

"That is what I see as the core feature of this program," Bruner said. "The human portals have to do with the mind, the body and also the sense of making peace with, and purpose with, their service. It is respectful of the whole idea of the trauma in that we have to deal with not only the body, but with the resolu-



Courtesy photo

The images of destruction and war can have a traumatic effect on the minds of Soldiers. Understanding that trauma is the first step to helping the Soldier deal with the results of that trauma.

Removing the Stigma of PTSD

The Soldier Story

By David Crozier →

Dan Bullis, deputy director, Administration and Operations, Deployment Health Clinical Center, headquartered at Walter Reed Army Medical Center, Washington, D.C., said what the military needs today is a better understanding of how war affects Soldiers and the casualties thereof. Not just the physical casualties, but those of the mind as well.

“We have come a long way with our understanding of Post Traumatic Stress Disorder. I think my war, the Vietnam War, identified PTSD, and I would hope that this war is the one that de-stigmatizes PTSD,” he said. “I would also hope that leaders get smart about PTSD because there is so much about it that we still need our folks to understand.”

Bullis, a retired sergeant major with 31 years in the medical corps whose last job was the senior enlisted advisor for the Surgeon General of the Army, explained that the best people to educate leaders about PTSD are not the doctors, psychiatrists and clinicians, but those “who have weathered the storm.”

“We need the Max Cleland’s of our war. We need to find Soldiers that are successes of the trauma and overcoming the trauma and what can you gain from it,” he said. “They are the champions of the trauma, they have weathered the storm, and they have dealt with the demons and continue to deal with the demons. We need

tion of the war experience and beginning to make some peace with that.”

There is a pattern to the DHCC program in that they have the Soldiers engage in activating events like exposure therapy in the mornings and then they go to another activity to help the Soldiers learn how to calm the body into learning skills they can use to cope with the [stress] activation when it happens, she added.

“Like intentionally raising their thermostats and then showing them a way to slowly bring it back down,” she said.

Clymer said the goal of the program is to allow the Soldiers to achieve whatever their goal is – whether that is to stay in the Army, or to just learn how to manage their PTSD.

“We will do everything we can to help. If they are headed out of the Army we want them to have an increased sense of quality of life. This whole program is not about fixing them, because we don’t think they are broken. We think they are adapting.”

Bruner said they have learned much from the participants they have seen since the beginning of the program and that she can say emphatically there are no cookie cutter approaches to healing combat trauma.

“Combat exposure and the trauma spectrum is very complex and you have to deal with that on multiple levels. You are not just dealing with them as an individual you are also thinking of them on the level of their family and support and how it has affected them,” she said. “And that is a very common issue that comes up; how the experience has informed them actually in a positive way, about what they really want in life down the road. They are the

them out there talking. I think the chain teaching is great, it is spreading the word, but I think if we are going to decrease this stigma, and make PTSD a normal reaction to an abnormal environment of war, which really it is, then we treat it that way.”

Editor’s note: The NCO Journal was allowed to interview two Soldiers who were graduating from a three-week DHCC program that deals with PTSD. Because of regulations in interviewing Soldiers under certain types of medical care, we are not identifying them by their real names. We are referring to them as Sgt. 1st Class John Erickson, a parachute rigger, and Cpl. Eric Johnson, a medical repair technician.

NCOJ – What got you here to the DHCC program?

Erickson – Upon my return from Iraq it started out with anger. I immediately noticed it and went to anger management classes and just kind of wrote it off as not an issue. It wasn’t immediate, the first year went by and second year went by and I got worse. I realized that when I was deployed I was fine, but coming back home I couldn’t do anything back here. I could handle anything in combat, but come back here – I couldn’t handle anything. It all started off with anxiety attacks. It wasn’t immediate. It was over a period of about two years. I went to the emergency room,

See STIGMA, page 20

experts on their experience, we don’t have all the answers but we try to create an atmosphere and environment that is very safe for them to begin to explore that.”

Part of that support structure Bruner talks about also has to do with the NCO Corps and its understanding of PTSD.

“These are hidden wounds, but they are still wounded and NCOs need to understand that these are Soldiers who are not crazy, they are not sick, that they can recover,” she said. “They need to also respect how much they can help the Soldier move forward simply by just being there and listening. That is still part of what is important about the NCO’s role – providing that kind holding environment for the Soldier – people do get better.”

“You lose a foot; you get 18 months to rehabilitate. You get shaken up; how much time do you get for that?” Clymer asked. “Well not much and we want to reverse that. We want to put forth the idea that it does get better, it takes a while to get better.”

For more information about the DHCC program, visit their Web site at <http://www.pdhealth.mil/>. 📍





THE RESTORATION & RESILIENCE CENTER



Dr. John Fortunato is chief of the Restoration and Resilience Center, Fort Bliss Texas.

Photo by David Crozier

Restoring ‘Warrior’ resilience

Fort Bliss center focuses on whole Soldier PTSD treatment

By David Crozier

Richard Gabriel, author of *No More Heroes: Madness and Psychiatry in War*, wrote, “Nations customarily measure the costs of war in dollars, lost production, or the number of Soldiers killed or wounded. Rarely do military establishments attempt to measure the costs of war in terms of individual human suffering. Psychiatric breakdown remains one of the most costly items of war when expressed in human terms.”

In World War II and Vietnam, that psychiatric breakdown was called “shell shock.” For many of those veterans, getting over it was a self-initiating proposition as there were no real support systems available. Today, that breakdown is better known as Post Traumatic Stress Disorder and military officials at all levels

STIGMA *Continued from page 19*

thought I was having a heart attack and I was perfectly healthy and I wound up eventually going to mental health and getting diagnosed. I started trying different medications which did nothing but make me worse. Then they asked me if I would like to be seen [at DHCC] and I said, “Of course. Anything to make me better.” I was to the point where I was like this for three years and I was desperate. I think the biggest thing is the culture we are in, it made it difficult. You are pretty much stigmatized if you go to mental health, but that is how I kind of got here. Unfortunately, it took that long but I am glad I got here.

Johnson – I noticed mine slowly. I guess I was kind of on guard, so to speak; always watching behind me. I don’t go to big crowds. I don’t go out to the mall or shopping. I do all my stuff online. I go to work, come home and do video games, that’s pretty much how it is. I didn’t really notice it as a symptom until I was reclassifying to a 92 Alpha, which is a 68 Alpha now, hospital equipment repair, and I broke one of the kid’s hands that came up to me with a stapler in his hand playing around and it was a quick reaction and I didn’t realize I did it.

At that time, I decided there was something wrong. So I went to see a doctor and got diagnosed and I have a real problem with trust. I don’t trust people. I would go to the counselor who was writing things down and not really paying attention to me, so I would slip something in there like, “I am going to stab you in the neck,” and if they didn’t react, didn’t catch it or pause, I would get up and leave. That told me they weren’t paying attention.

So I went through counselors like water. And I started doing self diagnosis – going to the library and reading up on it, and trying to get self-control over it and it worked for about a year. Until

I was in a formation for a change of command and they had the cannons going off. Nobody told me they were going to shoot them off and they went off and I flipped out. So after that I started seeing a counselor and that incident kind of triggered the flood gates. I repair hospital equipment and people’s lives are at stake and I couldn’t remember what I had done five minutes earlier, it was like debilitating. I had intrusive thoughts. It is like having a physical injury but not having anything you can see. You can’t do your job but you don’t have anything physically outward wrong with you, so people are of course like, “Why can’t you do your job?”

Well I took myself off the bench for patient safety, I thought that was the best thing and started seeking help.

NCOJ – Do you think you changed while you were deployed?

Erickson – Looking back now I can say that events in theater did affect me while I was there. I became more emotionally numb, didn’t really care about whether you live or die, [I] didn’t have control over it so why care about it. But everything was more focused there. When you got back home everything was more complex, all of a sudden the social interactions you didn’t have in combat you had to deal with back home. So it took me getting back and looking back to see that yeah it did affect me. I just didn’t feel it until I returned home.

Johnson -- I can’t really pin it down to just one event, one time. I think it was just gradual building and it was something I didn’t notice until I returned and tried to return to society only to find you don’t fit anymore. I thought I was fine. It took years once I got back. I stayed in combat mode when I got back. But at the same time I knew I wasn’t right. It just didn’t click.

NCOJ – How did your PTSD affect your performance?

“Every time I go I leave a little bit of my humanity back there. So when is the point in which I deploy and come back with none? You know; my caring and all that – that was my biggest fear. It wasn't dying in combat.”

Sgt. 1st Class John Erickson (Name intentionally changed)
Parachute Rigger

are emphasizing the need for better understanding and treatment of Soldiers affected by PTSD.

That emphasis, along with a desire to take care of Soldiers, led one Fort Bliss psychologist to get proactive and create a program that would treat the whole Soldier.

Thus began the work of Dr. John Fortunato, chief of the Restoration and Resilience Center, Fort Bliss, Texas. To get a better understanding of how to treat PTSD, Fortunato looked at others around the Army to see what they were doing.

“This is what I found. We were all shooting in the dark. [Everyone] was telling me you know about as much as anybody out there in treating PTSD,” said the Benedictine Monk and Vietnam veteran. “What I did find was that Tripler Medical Center in Hawaii was doing one thing; Fort Hood, Texas, was doing something else: biofeedback; there is a unit at Walter Reed Army Medical Center that is using Yoga Nedra and so on. I am a great rip-off artist, so I accumulated everything that people were doing and then I added some other things that I was aware of.”

The end result is the R&R Center at Fort Bliss. It's holistic

approach is helping Soldiers heal from the effects of war – in essence attempting to restore their resilience and make Soldiers suffering from PTSD viable warriors again.

Fortunato believes it all starts with the basics of personal worth.

“Everybody gets up every morning with a belief as to why they are here. It could be a religious thing – I am here because God put me here and I have reason in life. It could be that I have to do a certain number of things or my purpose is to help other people. People have all kinds of reasons for how they make meaning out of their life,” said Fortunato. “People also have an assumed idea of who they are and they also have some idea about death. It may also be religious based or not. But what happens when a Soldier goes to war? All those assumptions about life get called into question.”

And the more those assumptions get called into question with no answers in sight, Fortunato explains, the more it will begin to eat away at the Soldier's psyche.

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Erickson – It mostly evolved around family issues. At work I was the perfect Soldier for the most part. It was the home life; going to the store, something everybody else takes for granted, but was extremely difficult. But I could perform at par or above par at work without any personal conflicts.

NCOJ – What can you tell me about the stigma of PTSD?

Johnson – PTSD is not something you can physically fix. A lot of leaders, my leaders, are like; “Look at you, you are malingering,” or “You're crazy, you should just get out.” We need to think of PTSD as an injury, not an illness. It is as debilitating as losing a leg or an arm. It should be treated like that. The minute you think of it as a disorder, it comes with the stigma. Would you make a guy go back after losing a leg, or tell them to learn to deal with it on the fly?

NCOJ – Now that you have faced the stigma, gotten help, what next?

Erickson – This is not the last step, I will never be cured, I will be treated, but not cured. So I know that when I get back I will still go to counseling, because there are things that I am going to have to see [a counselor] about for a long time. [The folks at DHCC] have just given me the guidance and tools to cope with everything; how to manage stuff.

Johnson – This is not a cure-all. It is better to think of PTSD as an injury, because it is. It is not anything you can see. It is like getting your bell rung. Your bell starts ringing and the long vibration afterwards; that is what PTSD is like. It will go down in time, but it will never actually stop vibrating. It never actually goes away, you just learn how to correct it. If I can't stay in my MOS, I would like to reclassify because I love the Army.


NCOJ – What would you say to the leadership?

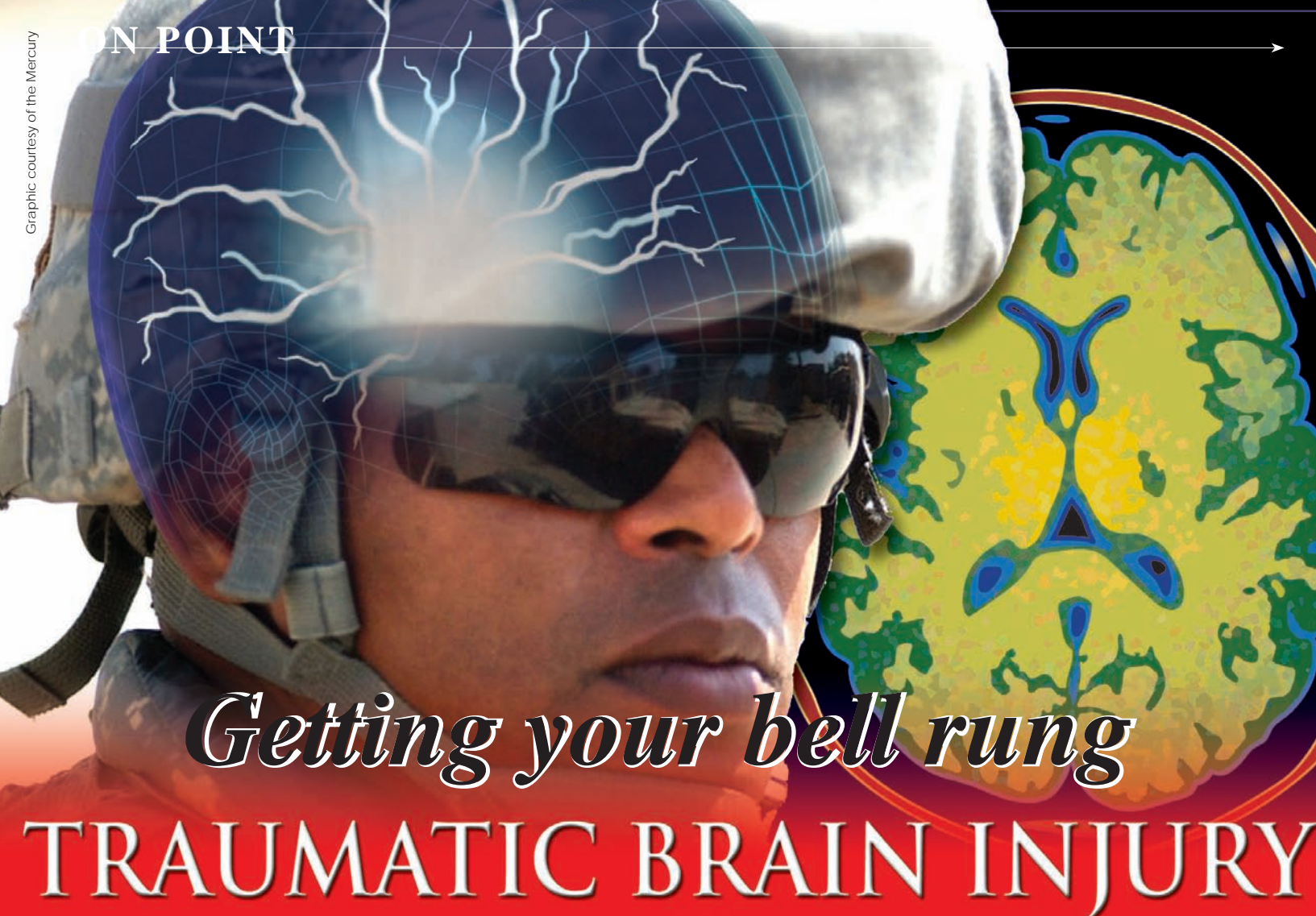
Erickson – Leaders; not only do we have a responsibility to our Soldiers, we have the responsibility to make them resilient not only for the Army but to return them back to society to be productive members of society. Some of your best Soldiers have experienced it. We need to teach leaders how to recognize it and how much it would increase their combat power instead of ignoring the issue.

Johnson – Leaders have a responsibility to fully understand PTSD. It is not a debilitating injury for the most part, but the sooner you recognize it and treat it, the better off it will be for the Army and for society.

Bullis said leaders need to understand the importance of knowing not only the Soldier, but the Soldier's family as well.

“If there is a family involved, the family is going to tell the truth. The wife is going to tell the truth. If there is a good family network in their organization the leadership is going to learn more about Sgt. Smith's anger or Sgt. Smith's nightmares or restless sleep. More than what Sgt. Smith is going to want to report. Sgt. Smith is going to go to Army OneSource because there is no report back to the unit. It is a good program, but it should not replace the family network within the unit.”

For more information about PTSD, visit the National Center for PTSD Web site at <http://www.ncptsd.va.gov/ncmain/index.jsp> or the Deployment Health Clinical Center Web site at <http://www.pdhealth.mil/>. 



Getting your bell rung

TRAUMATIC BRAIN INJURY

By Dave Crozier →

In the sporting world, getting “your bell rung” usually describes the end result of a hard tackle in football, a well-executed body check in hockey, or a knock-out punch in boxing. The common medical term for this phenomenon is called a concussion.

Famed Dallas Cowboys quarterback Troy Aikman suffered 10 concussions during his professional career, something that led to his retirement from sports. The same is true for San Francisco 49ers quarterback Steve Young who suffered seven concussions officially, but some say he had many more.

The Centers for Disease Control and Prevention estimates that there are between 1.6 and 3.8 million sports and recreation-related concussions every year. But you don’t have to play sports to get your bell rung. It can occur during a motor vehicle accident, a fall, being hit in the head by an object or an injury incurred during war.

In the military, having your bell rung is something that in the days of World War II and Vietnam some called “shell shock.” The medical profession terms it traumatic brain injury (TBI). Back then, however, much of the focus was on the penetrating open-wound injuries to the skull and not the head knocks.

“Traumatic brain injury is an umbrella term that can be broken into two categories – penetrating and non-penetrating closed,” said Kathy Helmick, acting director, Clinical and Environmental Affairs, Defense and Veterans Brain Injury Center (DVBIC), headquartered at Walter Reed Army Medical Center,

Washington, D.C. “We know a whole lot about traumatic brain injury on the penetrating side from the Vietnam War. Many studies looked at what penetrating brain injuries looked like, where the wounds went, what the prognosis was and that it is easily identified – you’ve got brain coming out and you’ve got shrapnel.”

Helmick said what wasn’t being studied were the closed, non-penetrating injuries that were many times written off as “shell shock.”

“A closed non-penetrating brain injury can be defined as a mild, moderate or severe closed. It can mean in the more severe cases as a patient that is comatose, to the less mild cases – [a mild concussion],” she explained.

In today’s conflicts in Iraq and Afghanistan, Helmick said the most common brain injury is the mild traumatic brain injury or concussion with the major cause being the improvised explosive device. Coming in contact with IEDs many times causes the Soldier’s head to get propelled backward or sharply in another direction causing the violent jarring of the brain or the head coming into contact with a solid object. Other times the mere concussion of the explosion itself renders a Soldier unconscious.

Dr. Louis French, director of Traumatic Brain Injury for WRAMC, said that traumatic brain injury is as old as warfare itself.

“Ever since people have been fighting each other with clubs, throwing rocks or whatever they fought with, there was always

a possibility that someone might end up getting an injury to their head,” he said. “So the military has been interested in it for some time. Up until the 1990s, however, there wasn’t the specially organized attempt to look at it in the military. In the 90s there was the first examination of data from Vietnam and looking at how they were doing 20 years after the war.”

French said that was 20 years too late to affect a program for proper identification and treatment of TBI. Then came the Gulf War and the Global War on Terrorism and a new set of Soldiers to learn from, and French and others are learning much.

“Up until this conflict there was not this level, or more widespread recognition of TBI as being a problem. And it is not a single thing in that everyone who has TBI looks the same. There are differences based on the way they got hurt and the severity of it,” French said. “People who are active have sustained TBI. And the reality is those who get TBI, the vast majority of them get better in the course of hours, days or weeks and have no lasting consequences.”

French said that even in peace time the military – because of the training they do and the operations they are involved in – are at a greater risk for TBI than their civilian counterparts. He also noted that in the civilian population active young males have the greatest incidents of TBI. A female in the military has the same risk as that young male civilian. Young men in the military have the greatest risk of all and warfare raises that possibility of getting hurt.

Helmick said the military is learning more about TBI in the context of Operations Iraqi and Enduring Freedom mainly because of the improved triage system in theater. They are able

to get people through the system faster, thus are able to better capture how a Soldier got hurt and the severity of the injury.

She added much of the information the military has on MTBI comes from the sports literature and there isn’t any contradictory information out there to show that a sports concussion model is any different from a blast model or a concussion sustained in war.

“One of the very admirable things is that we have identified something in this war that probably did exist previously, but we are actually making changes. We are screening, we are trying to intervene, and we are not trying to wait 10 years for all the data to come in so we can get it right the next time,” she said. “We are actually doing a lot of interventions right now, learning more about it so we can treat it – early identification and treatment.”

Military statistics show that mild TBI accounts for 80 percent of the patients being treated for head injuries. The other 20 percent represent moderate, severe and penetrating injuries. Thus, identifying those who have suffered MTBI and beginning treatment as early as possible is crucial to the quick recovery of the Soldier.

“The real mainstay from the war has been trying to early identify these folks because we know the earlier you educate a Soldier they probably sustained a brain injury, the better,” Helmick said. “There is some work being done by an Australian researcher that shows if you educate adults about their brain injury, they reported fewer symptoms and had a better recovery.”

The folks at the DVBC have done extensive training with military medical assets to include the medics, physicians and

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“A Soldier might say, ‘I used to think of myself as a kind and gentle father and husband. Now I have killed 40 people. Who am I now? What kind of person kills that many people?’ Or the Soldier might say, ‘I used to believe in heaven. I don’t know anymore. How could God allow this to happen? If God is all caring and all healing, how can he allow all this death and destruction?’”

The result many times is Soldiers who come back from theater with a multitude of issues that all need to be taken care of, Fortunato said.

“If you look at the problems that Soldiers have when they come back from theater and have PTSD, there are three main areas we need to address: treating the PTSD, dealing with family issues, and alcohol and drug issues,” he said. “If you don’t address all of those issues, you are really not going to help the Soldier. So the part that deals intensively with the Soldiers we call the Warrior Resilience program. And that is the major piece of our work.”

The program comes in three phases and can last up to nine months. Thus Soldiers who are accepted into the program are PCS’d from their unit to the Warrior Transition Unit (formerly Medical Hold Unit), which is governed by the Beaumont Army Medical Center. Phase I of the program, Fortunato explains, the Soldiers come to the Center for 35 hours a week. In Phase II the time at the Center is dropped to 21 hours per week. In Phase III, the Soldiers only need to come to the Center for 7 hours per week.

“The Warrior Resilience Program is intense and it only takes two things to stay in this program: you have to want to stay in the Army, and you have to be motivated to save your career,” Fortu-

nato said. “We [ourselves] have to think there is a good possibility we can get you back on the right. That’s all it takes.”

The first requirement of wanting to stay in the Army is not discriminatory, he said. It is because they can’t treat everyone – there are not enough resources and wanting to get better from PTSD is hard work.

“This is PTSD boot camp. And if you are not highly motivated, you are not going to make it in this program,” Fortunato said.

As for the length of the program – nine months – it is designed as a step down process – three months in each phase. As the Soldier gets more free time, they are put to work through the Warrior Transition Unit. Soldiers will be assigned duties like dispatching vehicles, driving others to appointments, or whatever work they can be useful in. Fortunato also explained that while the Soldiers are assigned to the Warrior Transition Unit and receiving care from the R&R Center, they are reminded that they are Soldiers first.

“The uniform here is Army PTs. There are no Fu Man Choos, no jewelry – we don’t let it slip,” Fortunato said. “We end every day with Yoga Nedra, which is a form of meditation that helps to quiet people a lot, and then the Soldiers say the Soldier’s Creed. So we help them to maintain Soldier identity and then at the end of the program we PCS them back to their branch.”

He also explained that if a Soldier gets better faster, they move through the phases faster. The current plan is to treat approximately 150 Soldiers a year.

Continued on next page

The types of treatment include: psychiatric; psychotherapy; biofeedback; lifestyle practices like nutrition and healthy lifestyle counseling; alternative medical interventions such as acupuncture, chiropractic, therapeutic massage, electro stimulation, hot stone treatment physical therapy; expressive therapy such as art therapy and drum therapy; mind-body therapy such as Yoga, Yoga Nedra, Tai Chi, physical therapy and occupational therapy; recreational therapy such as bowling and field trips; and meditation/spiritual interventions such as transcendental meditation, spiritual and war groups, and spiritual counseling.

“We are going to try things here that people haven’t tried or they have done a little of it here or there,” said Fortunato. “But we are going to do a lot of it right here and see if the combined efforts can help stand a Soldier back up again.”

One such therapy that Fortunato is willing to try is Reiki – a Japanese technique that uses life force energies for stress reduction and relaxation and also promotes healing. Providing this new treatment is Reiki Master Jamie Engelhardt, El Paso, Texas.

“I see the Reiki piece of this as absolutely essential with the mental health aspect of treating PTSD. Once you bring the body into a state of relaxation, the Reiki energy helps to restore and balance the energies of the body,” Engelhardt said. “Those energies are multilayered – emotional, spiritual and mental – and the Reiki energy works on all of those levels to help balance the body’s energy.”

Fortunato said Soldiers coming back from theater are disembodied.

“They come back in one of two ways: either they are flat and have no emotions, or you get the constant movement of extremities where they can’t stop moving, they fidget, can’t watch a movie, sit in a chair and are just agitated beyond belief,” he said. “Either way, their body and mind are not connected and they can’t focus.”

According to Engelhardt, as a Reiki therapist she uses the Reiki – life force – energy to help redirect the Soldier’s own life force energy to different parts of the body, allowing the Soldier to find a more relaxing state of being and rebalancing the body’s energy.

So far, Englehardt said, the results are positive.

“I am overjoyed about the receptiveness of Reiki as a treatment and 90 percent of the Soldiers I have treated have achieved total relaxation to the point where they have actually fallen asleep,” she said. “These are the same Soldiers who came in with real sleep problems and stated they hadn’t slept for five days and such.”

Another aspect of coming back from the war is that of being

paranoid. Soldiers have expressed to Fortunato in group therapy a need to clear their house on a regular basis, or get up out of bed three to four times a night to check the perimeter, check every room, under the beds, in the closet, and shower and so on.

“One Soldier said that he made his wife and kids sit in the truck while he went into the laundry room to obtain his personal weapon and then proceeded to clear every room and the perimeter before he would let his family enter the house,” Fortunato said. “Their thinking is distorted and we try to fix that.”

Fortunato explained that a lot of what happens to Soldiers is they shut down emotionally – either because they don’t want to have the feeling of the pain they suffered over there – they just become numb; or they have to equate feelings of being vulnerable, feeling pain, hurt or sadness to weakness, because you can’t have those feelings in theater.

“I don’t care if your buddy just got his head blown off; you

are going to continue the mission right now. You just put that stuff away and you will deal with it when you deal with it,” Fortunato said, acting like a hard-charging leader in theater.

“Right now you have a platoon to take care of, Soldier, so you just turn it off.”

What happens is that the Soldier can’t turn that off when he or she comes home, he said. The Soldier has been so aroused for so long in theater it is like having emotional sunburn.

The least little bit

of arousal after that is too much. So when they come home they want to isolate themselves – don’t want to talk to the wife and kids – don’t want to deal with anything.

“You can’t leave them there. You have to open them up again so they have some feelings,” he said. “What works is grief work. If you lost five buddies in Iraq and you haven’t worked through those losses, it is waiting for you.”

The other part of the program Fortunato is developing is the family side of therapy. In Intensive Family and Dual Diagnosis Programs, the center will use two full-time family therapists and two full-time drug and alcohol treatment therapists to conduct an intense outpatient program. The drug and alcohol program, Fortunato said, is as effective as a 28-day inpatient program.

“It will be three hours a night, five days a week for two months and it will cost a tenth of what it costs for the inpatient program,” he said.

The biggest thing Fortunato sees as being a detractor to Soldiers seeking help is the current stigma surrounding PTSD and the lack of knowledge of the leadership as to what PTSD is.

“The old wisdom in the Army is that PTSD is about charac-



Photo by David Crozier

The R&R Center has 12 therapy rooms, three alternative medicine rooms, conference and group rooms, a Warrior lounge, movement therapy room and a very relaxing meditation room (above).

ter. What Soldiers will often say is that ‘I got over it, why can’t you?’ There is still the mentality out there that the Soldier is just weak,” he said. “That is to do a terrible disservice to someone who has been brave and courageous and has paid a high price for it. PTSD is just a wound you can’t see. So what I would say to senior NCOs is this – help us break the pattern. These are Soldiers who want to serve their country. Don’t ridicule them, get them help. Don’t put them down. Overcome that knee-jerk reaction that says a Soldier just needs to get over it. If it were that easy, the Soldier would have done it. They don’t want to be like this.”

Fortunato said that a tight support system is also important for the success of Soldiers recovering from their experiences in war.

“When I worked in the parish with sexually abused children and we worked with the survivors, here’s what we found. Some kids would be fine because they had a strong family support system. They got married, grew, had kids of their own. There were some that were devastated by it. Those individuals usually came from stressed families,” he said. “So how can we read that into the military? One of the most protective factors for a Soldier with or without emotional issues is a chain of command and a unit in which they know someone has their back and they know the

higher ups care about Soldiers and will take care of them if they need help. That is not even new knowledge. We have known that for a long time.”

The same holds true for the Soldier’s family and Fortunato said that families need to learn patience and be persistent in helping their Soldier get through their ordeal.

Gen. William Tecumseh Sherman, famed Civil War general, once told a group of graduating cadets that they were ill prepared to know the “hell” of war, even with the training they had received from the military academy. Today’s Soldiers are no different. Even with the advancements of technology and training, psychiatric breakdowns are still occurring and pioneers like Fortunato are now beginning to understand the costs and are finding ways to treat these Soldiers.

For more information about PTSD visit the National Center for PTSD Web site at <http://www.ncptsd.va.gov/ncmain/index.jsp> or the Deployment Health Clinical Center Web site at <http://www.pdhealth.mil/>. To learn more about Reiki visit the International Center for Reiki Training Web site at <http://www.reiki.org/>. To learn more about the Restoration and Resilience Center at Fort Bliss, contact the William Beaumont Army Medical Center Public Affairs office at (915) 569-1006 or 569-3474. 📍

PDHRA survey does double take on Soldiers' health

By David Crozier

When Soldiers redeploy from Operations Iraqi and Enduring Freedom, the last thing they want to do is get involved in lengthy evaluations and surveys asking personal questions about their overall health. In fact, in all honesty, many Soldiers will do whatever it takes to “check the box” in order to facilitate moving out on block leave.

Army officials admit initial screenings of Soldiers immediately upon redeployment have little value.

“We survey them as soon as they get off the plane, but we don’t put much stock in it, because when a Soldier wants to go home after a deployment, they [tend to] not tell the truth about how they are feeling or about any issue they might have,” said Dr. John Fortunato, chief of the Restoration and Resilience Center, Fort Bliss, Texas. “They will actually say they are good to go when they are not.”

Because of what Fortunato and others in the military have discovered the Department of Defense directed in 2005 that all service members will be re-evaluated or reassessed within 90 to 180 days of redeployment.

“Dr. (William) Winkenwerder, Assistant Secretary of Defense for Health Affairs, sent out a memo that he wanted a DoD-wide post health reassessment done on [everyone],” said Lt. Col. Vinette Gordon, an Army nurse and Assistant Deputy for Health Affairs, Office

of the Assistant Secretary of the Army (Manpower and Reserve Affairs). “We had the active component and the Army National Guard [conduct] a pilot program to see what resources would be needed to turn this into an Army-wide program.”

After compiling the initial data and analyzing the results, Gordon said the senior leadership approved a plan of action and the Post Deployment Health Reassessment Program came into existence.

“When Soldiers first [redeploy] they are reintegrating, they are back with their unit and hopefully are back to doing their routines,” Gordon said. “That’s when some health concerns can emerge that may not necessarily be seen right at post deployment. This 90- to 180-day timeframe is the period when many of these issues [become apparent] and the PDHRA is an opportunity for the Soldiers to proactively address health concerns.”

To meet the goal of screening eligible Soldiers, the Army uses DD Form 2900 along with a one-on-one conversation with a trained health care professional. DD Form 2900 is broken up into four pages. The first page compiles Soldier demographics – name, age, marital status, unit of assignment and so on. Pages two and three consist of a battery of questions – a self assessment on general Soldier health. Questions cover current health, health before and after deployment, emotional health, injuries received in theater, family issues, alcohol usage

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MTBI *Continued from page 23*

physician assistants both in theater and in the United States. Training is also done for the line units any time an opportunity arises in hopes of spreading the word about MTBI, Helmick said.

“We have one slide that I show which breaks up the symptoms of concussion into three areas – cognitive, thinking issues; physical problems; and neuropsychiatric or behavioral issues,” she said. “Hopefully the line commander can see that and put all the symptoms together and know that this person needs help.”

To determine if a person has suffered a TBI or MTBI, Helmick said certain things must have happened. To be highly suspected that someone has sustained an MTBI the Soldier has to have been injured as they define it.

“If they say they were injured then they were injured,”

Helmick said. “We are really looking at MTBI to say that you were injured and not off in some distance away from a blast. So you have to have an injury event and sustain some sort of alteration in your consciousness.”

That alteration, she explained, can be as minor as just being dazed and confused like having your bell rung, to something more major like losing consciousness.

“Even momentarily; for a second you couldn’t neurologically see what was

going on, smell, adapt to your environment, be able to visually scan your environment, be able to react like grabbing your rifle, and you were injured – then that meets the criteria, the world’s criteria, for MTBI,” she said.

To help the field identify those who have suffered MTBI, the folks at DVBC developed a handy tool – the Military Acute Concussion Evaluation, or MACE.

The MACE asks a battery of questions about the incident including what happened, what the Soldier can remember, were they dazed, confused, was it an explosion, blunt object, fall, motor vehicle crash, fragment and more. It also asks if the Soldier was wearing his or her helmet, did they lose consciousness, if so, how long; what symptoms exist – headaches, memory problems, nausea, irritability, ringing in ears, dizziness, balance problems and so on. The MACE also includes a neurocognitive exam that tests a Soldier’s thinking and response abilities.

“The end result of the MACE is a determination, and to rule out any bad things that are happening. It is a triage tool,” Helmick said. “It is widely deployed in theater and by the time a Soldier arrives at Walter Reed or another hospital they have probably had three or four MACE scores done on them.”

Another tool that is being tested by the military is the Automated Neuropsychological Assessment Metrics, or ANAM. The ANAM is a computerized test, now in its fourth version, which tests a person’s reaction time and delayed recall memory and concentration. Using the ANAM will allow the Army to obtain baseline records of Soldiers before they deploy to theater. If a Soldier is injured, while deployed, the baseline can be used to determine the level of cognitive deterioration, if any. French explained that currently the 101st Airborne Division, Fort Campbell, Ky., is conducting a trial with the ANAM. He said, however, that the ANAM may not be able to be deployed because he believes the test may not be as effective considering the environment in theater.

The one thing that both Helmick and French believe is

important with MTBI is that NCOs need to understand what the symptoms of an MTBI are and that it is occurring with frequency in theater.


“They also need to know that the path to full recovery for the majority of the population is within about three months,” Helmick said. “The norm is people get dinged on the head, they have symptoms, they require some treatment and they need assurances they will improve; and NCOs need to have some basic strategies

that don’t exacerbate their problems.”

She added that NCOs also need to protect their Soldier who has suffered an MTBI, both for the Soldier’s sake and also because they need to understand that it affects unit readiness.

“We know that brain injury affects the high price real estate regions of the brain. It affects their judgment, ability to read maps, carry out a convoy, and scan their environment,” Helmick said. “There are studies that show just a conk on the head can affect a person’s thinking abilities for up to a week.”

“From a purely clinical standpoint, it is important to recognize when someone gets hurt. The vast majority are going to recover over the course of days or weeks,” French said. “But if someone is having memory problems and are forgetting to take their medication, or are forgetting to make your appointments, [it can affect their ability to recover].”

Recently, the Army launched an awareness program for leaders, Soldiers and family members called the PTSD/MTBI Chain Teaching program. For more information about MTBI and the chain teaching program, visit the Army Behavioral Health Web site at <http://www.behavioralhealth.army.mil/chainteaching/index.html>. 

Common Symptoms of Brain Injury	
<ul style="list-style-type: none"> • Difficulty organizing daily tasks • Blurred vision or eyes tire easily • Headaches or ringing in the ears • Feeling sad, anxious or listless • Easily irritated or angered • Feeling tired all the time • Feeling light-headed or dizzy 	<ul style="list-style-type: none"> • Trouble with memory, attention or concentration • More sensitive to sounds, lights or distractions • Impaired decision making or problem solving • Difficulty inhibiting behavior – impulsive • Slowed thinking, moving speaking or reading • Easily confused, feeling easily overwhelmed • Change in sexual interest or behavior
To Promote Healing & Manage Symptoms	
<p>Things That Can Help</p> <ul style="list-style-type: none"> • Get plenty of rest & sleep • Increase activity slowly • Carry a notebook – write things down if you have trouble remembering • Establish a regular daily routine to structure activities • Do only one thing at a time if you are easily distracted; turn off the TV or radio while you work • Check with someone you trust when making decisions 	<p>Things That Can Hurt</p> <ul style="list-style-type: none"> • Avoid activities that could lead to another brain injury – examples include contact sports, motorcycles, skiing • Avoid alcohol as it may slow healing of the injury • Avoid caffeine or “energy-enhancing” products as they may increase symptoms • Avoid pseudo ephedrine-containing projects as they may increase symptoms – check labels on cough, cold, allergy, and diet medications • Avoid excessive use of over the counter sleeping aids – they can slow thinking and memory

PDHRA *Continued from page 25*

and more. The final four questions on the form ask the Soldier if he/she wishes to see a health care provider, talk to someone about family issues or alcohol use, or speak with a chaplain or a counselor. Gordon explained that typically the DD Form 2900 is filled out by the Soldier as part of a unit function. She also noted that the form is not complete until the Soldier is screened by a health care provider who completes the final two pages.

“The Post-Deployment Health Reassessment is a new tool, unprecedented in the rest of the world. The questions about depression and Post Traumatic Stress Disorders are well validated and drawn from the scientific literature. We consistently have had about a 10- to 12- percent referral rate for behavioral health issues,” said Col. Elspeth Ritchie, Office of the Surgeon General. “Thus we believe that these tools are assisting in identifying Soldiers who would like to seek treatment for behavioral health issues.”

To ensure Soldiers are completing the PDHRA and to track Soldier progress, the Army is using a spotlight notification system. Each Soldier who has deployed has had their information loaded into the Medical Protection System, which can be accessed on Army Knowledge Online under the Soldier’s My Medical Readiness section.

“The stop lights provide Soldiers visibility in a requirement they need to complete,” Gordon said. “Commanders can go into MEDPROS and can access a binary report of the Soldiers in their command and see what their status is – green, amber or red – and also which Soldiers need to complete the screening and where they are within the 90- to 180-day window.”

Gordon stressed that commanders can only see basic information and cannot access any of the answers to the questionnaire, nor whether or not a Soldier has requested to seek mental health assistance or counseling.

“That’s all they can see, just the binary report. They cannot access the form the Soldier filled out,” Gordon said. “That form is restricted to need to know only medical personnel and the Soldiers themselves.”

She also stressed that Soldiers should not be concerned about being tagged for seeing a health care professional.

“The one thing that the PDHRA does, because it is a mandatory program, is that everybody has to speak to a provider and it is a confidential, one-on-one session,” Gordon said. “It helps remove the stigma and alleviate anybody knowing what you are in there for because everyone goes in to see a provider. [That means] commanders don’t even know what you are going in there for.”

Completing the PDHRA is based on a reverse Soldier Readiness Program model in that Soldiers will normally complete the form during a unit function. As for the Reserve component, Gordon said they rely on DoD contract support to conduct that screening program. Here, mobile screening teams are deployed to

the Reserve component unit’s home station, usually during their weekend drill times.

Command Sgt. Maj. John Gipe, command sergeant major of the Army National Guard, emphasized the importance of completing the screening.

“We know our Soldiers may be reluctant to seek help, but for all the wrong reasons. As leaders, we need to educate all our Soldiers on the right reasons to seek the help they need and provide the leadership to ensure they follow through,” Gipe said. “The PDHRA assists our Soldiers in doing just that by helping them address health issues before they become chronic problems. As NCOs we lead from the front and we owe it to our Soldiers to ensure they take full advantage of the PDHRA.”

One important thing to note for the Reserve component is

the fact that during their screening process a member of the Department of Veterans Affairs is present.

“We always have VA presence at the screening events,” Gordon said. “That is important because the Soldiers get to learn about their VA benefits at the screening and if a Soldier decides he or she needs a

referral and wants to use the VA, the VA folks are there on the ground to assist them with getting that appointment.”

For Soldiers who can’t get to a screening or are geographically separated from their units, the PDHRA can also be filled out on AKO and then see a provider, or reserve component Soldiers can dial the call center at 1-888-PDHRA-99 (1-888-734-7299) and speak to a provider. Because the DD Form 2900 is entered into MEDPROS, it is accessible by medical personnel. No paper copies need be printed.


Officials are quick to point out the information obtained by the PDHRA does not constitute a diagnosis, but it is merely a means for Soldiers to do a self assessment and a tool for health care professionals to identify Soldiers who might benefit from further evaluation, referral and possible treatment.

Gordon explained that although the screening is mandatory, leaders need to be engaged to ensure all Soldiers get screened.

“For each of the active and Reserve components, those commanders should visit the PDHRA for Commanders and Leaders page on AKO under the My Unit Readiness section. That is where they can get all the information they need about the program,” she said. “We need the NCOs to assist those commanders by tracking the Soldiers in their units.”

Sergeant Major of the Army Kenneth Preston agreed.

“I applaud the excellent work that we have done to ensure Soldiers receive the PDHRA screening, and your help is needed to make this program a success. As senior NCOs and leaders, we need to take care of our Soldiers before, during, and after a deployment.”

For more information about the PDHRA program visit <http://fhp.osd.mil/pdhrainfo>. 



“I applaud the excellent work that we have done to ensure Soldiers receive the PDHRA screening, and your help is needed to make this program a success. As senior NCOs and leaders, we need to take care of our Soldiers before, during, and after a deployment.”

Sergeant Major of the Army Kenneth O. Preston

2nd Lt. (Staff Sgt.) Rudolph B. Davila

The Citation

Second Lieutenant Rudolph B. Davila distinguished himself by extraordinary heroism in action on May 28, 1944, near Ardena, Italy. During the offensive that broke through the German mountain strongholds surrounding the Anzio beachhead, (then) Staff Sergeant Davila risked death to provide heavy weapons support for a beleaguered rifle company. Caught on an exposed hillside by heavy fire from a well-entrenched enemy force, his machine gunners were reluctant to risk putting their guns into action.

Crawling 50 yards to the nearest machine gun, Staff Sergeant Davila opened fire on the enemy. In order to observe the effect of his fire, Sergeant Davila fired from the kneeling position ignoring the enemy fire that struck his tripod and passed between his legs.

Ordering a gunner to take over, he crawled forward to a vantage point and directed the firefight with hand and arm signals until both hostile machine guns were silenced. Bringing his three remaining machine guns into action, he drove the enemy to a reserve position 200 yards to the rear.

When he received a painful wound in the leg, he dashed to a burned tank and, despite the crash of bullets on the hull, engaged a second enemy force from its turret.

Dismounting, he advanced 130 yards in short rushes, crawled 20 yards and charged into an enemy-held house to eliminate the defending force of five with a hand grenade and rifle fire. Climbing to the attic, he straddled a large shell hole in the wall and opened fire on the enemy. Although the walls of the house were crumbling, he continued to fire until he had destroyed two more machine guns.

His intrepid actions brought desperately needed heavy weapons support to a hard-pressed rifle company and silenced four machine gunners, forcing the enemy to abandon their prepared positions.

Staff Sergeant Davila's extraordinary heroism and devotion to duty are in keeping with the highest traditions of military service and reflect great credit on him, his unit, and the United States Army.

From contemporary press reports (Jan. 2002):

Vista, Calif. - Rudolph B. Davila earned the admiration and awe of many local residents 20 months ago when he was awarded the Medal of Honor for his heroic actions in World War II.

Davila, a longtime Vista resident, died January 26, 2002, of natural causes after a long illness. He was 85.

After retiring from teaching in Los Angeles, Davila moved to Vista in 1977 with his wife, Harriet Davila. Davila was born in El

Paso to a Filipino mother and Spanish father, and raised in Watts. In Vista, he attended the First Christian Church, which held a memorial service for him Sunday, said Davila's son Roland Davila of Evergreen, Colo.



Courtesy Photo

"He was a strong believer in God and was very active in his church for many years," Roland said. "He's always been an exemplary individual as far as being trustworthy, hard working, faithful to his wife and supportive of his children."

Roland said that while growing up, the children were unaware of their father's heroic feats. Later, his wife lobbied Army officials to award the Medal of Honor to her husband based on the actions he performed during the Allied offensive in Italy in May 1944. Davila, then a 27-year-old staff sergeant in charge of a 24-man machine-gun unit, is credited with saving a 130-man rifle company from certain slaughter by single-handedly destroying a Nazi machine gun nest.

"I don't remember being afraid or timid," Davila told a North County Times reporter. "It just happened. I wasn't that kind of person. I wasn't violent. In fact, I was kind of a passive kind of guy. I just wanted to be a good soldier."

An officer in the rifle company said he would recommend Davila for the Medal of Honor, the highest honor for battlefield valor. While Davila received the Distinguished Service Cross, the second highest military honor, he was not awarded the medal. Though Davila said he did not believe discrimination was involved, many Asian-American veterans as well as black veterans alleged their battlefield deeds were not properly recognized. As a result of legislation waiving time limits for granting medals, Davila was among 21 Asian-American World War II veterans who received the Medal of Honor at a White House ceremony in May 2000, several months after his wife had died.



SGT Army Professional
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Letters to the Editor

The NCO Journal

11291 SGT E Churchill Street

Fort Bliss, Texas 79918-8002

Values posters are off color

We just received a copy of your booklet, "Army Values." What did y'all do to those Soldiers on the front to make it look like they are wearing Marine uniforms?

Although all the visible tags say "U.S. Army" on them and the T-shirts are light ones rather than dark ones, the uniforms themselves seem to be in two color combinations - a light one and a darker one. The Soldier in the foreground looks like he is wearing the Marine desert camo, while the other five look like they are in the Marine "woodland" version (but without the black.) The first uniform is the wrong color for the Army and the others are way too dark.

This picture, as well as ones inside the booklet, are in false colors - done, I am sure for artistic effect. The only thing I can figure is that the illustrator thought the cover picture was too dark, and perhaps not being familiar with the military, confused Army and Marine uniforms, lightening the foreground Soldier into a Marine camo, rather than an Army one.

Jacqueline Davis
 MSG, USAR (ret)
 Fort Sam Houston, TX

Editor's Note: The NCO Journal did not create these posters. "The intent of the posters is to reemphasize and reinvigorate Army values, according to Army G-1." We used the new posters as a catalyst to create the supplement which is intended to give NCOs throughout the Army a one-stop document that helps to do just what the G-1 intended the posters to do. As for the coloration of the posters, we cannot answer for the designers.

Lessons from the past

This information needs to go to all Soldiers heading into Southwest Asia or any combat situation, period. Please pass this to Soldiers heading to Iraq and Afghanistan. I keep seeing Soldiers getting killed because no one taught them to do these things:

The basic techniques for identifying and not getting killed by booby traps, aka IEDs, – the ones we learned in Vietnam.

Rogers Rules from the Rogers Rangers of the Revolutionary War are still good today. Adapt them to your current situations.

Don't do stupid ... no one has enough rank or horsepower to order you to do stupid. Stupid kills.

Trust your "gut" feeling about anything and everything, everytime. Check it out, don't just do it.

Listen first to all sounds, then listen again. Once you can readily identify hazardous sounds you can act more swiftly.

There are no horizontal lines in nature ... if it is a straight horizontal line somebody put it there. If it is out of its natural place ... God didn't put it there. Remember police calls in basic.

Rocks do not stack themselves anywhere, much less in a desert. If there are stacks of rocks somebody put them there, usually to mark a kill zone. Dirt that has been underground is a different shade of color than dirt that has been in the sun. With most digging done at night it is still a different color.

A patch in the road, sidewalks or roadside walls that weren't there yesterday/this morning are suspect. Trash or trash piles that are fresh or out of place are suspect.

Any unattended vehicle, car, truck, bicycle, tricycle, motorized bikes, etc., is suspect.

Do not permit vehicles to park within 50 yards of your area, unless they are the one you just drove up in.

Do not pick up souvenirs until after EOD has cleared them.

People who are carrying items under their clothing that are not normally there give away their presence in the gait of the person walking. Excessively loose clothing is a dead give away. If necessary put one of your soldiers in local dress and go through the motions of carrying so you know more what to look for. Train smart and live.

Wires of any kind anywhere are suspect. Toys of any kind are suspect. How many toy stores do you see around you? Toys are a rarity in Middle East cultures and most third world areas.

Silhouettes against skylines, hills, objects or buildings are suspect.

Be cautious around children. No matter how well you think

you know them.

They can distract you from your job and/or kill you outright quicker than older people. Charlie used kids to deliver grenades and explosive charges under their clothing to surprise the Soldiers. The children never knew they were going to kill themselves (and others) in the process. Insurgents teach children to be suicide bombers at a very young age.

Caution rarely kills. Indecisiveness kills more often, Stupid kills every time. Any trick is good once, more often when the knowledge is not shared.

Jesse Thompson Jr.

P/75 Inf Bn (Ranger) (Ret) RVN

Counterintelligence Special Agent (Ret) RVN

Spouses need Battle Buddies

Editor's Note: This is a commentary by Chelsea Iliff of the Fort Huachuca Scout.

Alone in a foreign country, in a new apartment, with no vehicle and no household goods, I was forced to make friends when my husband deployed to Iraq for the first time in October 2003.

We were stationed in Germany and he had been there a month before I was allowed to come. He deployed a little over 48 hours after I arrived and I didn't see my husband again for ten months.

I believe good friends are critical in sustaining throughout a deployment. Just like our Soldiers, these friends become our battle buddies, our confidantes, our family.

While one can tell you where you'll find your closest friends or how to build your spouse network, it doesn't hurt to have a cookout with neighbors, attend family readiness group meetings, have coffee with co-workers or volunteer for a local organization.

A battle buddy is someone who truly experiences the difficulties of a deployment with you. This could be a family member or an old friend, but I've found the best battle buddies are other spouses who live through the pain of war and separation alongside you.

I met my battle buddy while working for the education center on post. We conducted briefings back to back for weeks and finally met for coffee. Our husbands were friends and roommates in Iraq and this allowed us to experience the separation as a collective team.

Here are a few ways you and your battle buddies can get through a deployment together:

- Go out and travel! If you have kids, take them along.

Because we were in Europe, my girlfriends and I experienced Christmas markets in Germany, pottery shopping in Poland, theatre-hopping in London and road-tripping through France and Switzerland. We had equal amounts of fun traveling in and around our small community. We went to the market and museums and theatres. There's a lot to do right around your doorstep.

- Volunteer for the local community club or other organizations. The Fort Huachuca Community Spouses Club hosts monthly luncheons and other fun events and is open to everyone in the community. You'll discover that this is a great way to build your spouse network.

- Grab a few friends and start a dinner group. Rotate hosting duties and enjoy weekly or monthly meetings. After dinner, let each person talk uninterrupted for fifteen minutes. I got this idea when I attended the American Women's Activities in Germany annual conference in 2006. It's a very basic idea, but it allows you to share your feelings with your friends and in turn, become a better listener.

- Exercise together. I'm not one who loves to hit the gym, but I do enjoy going for walks. Play tennis, play basketball, be creative. My battle buddy and I used to walk from our apartment downtown. We do a little shopping in the market and have breakfast. It was a great way to spend a day.

- Start a poker group or a bunco group. Again, rotate houses and refreshments and get together for some fun. You will be surprised at how other spouses will jump at the opportunity to be involved with a group.

You don't need to do anything fancy or expensive to build your spouse network. Sometimes watching American Idol together or going to the movies may be all you and your battle buddy need to help each other through these long separations.

Find yourself a battle buddy and find yourself a friend for life.

Chelsea Iliff

Fort Huachuca, Az.

Did you know?

DoD increases R&R policy

The Department of Defense approved a policy change to the U.S. Central Command Rest and Recuperation Leave Program July 17, increasing the time provided to military service members for rest and recuperation in support of Operation Iraqi Freedom and Operation Enduring Freedom.

The policy change, signed by David S. C. Chu, Undersecretary of Defense for Personnel and Readiness, increases the R&R leave period from 15 to 18 chargeable days for those service members deploying to the OEF and OIF area of operations for 15 months.

The amended policy became effective July 13, 2007, applies to military personnel only and is not retroactive. Only service members who took leave on or after July 13, 2007, may take 18 days of leave.

Service members will not be charged for their travel days. The R&R leave begins when the service member arrives at the commercial airport nearest their leave destination.

Service members serving one-year tours will continue to receive 15 days of chargeable R&R leave.

The amended R&R policy came as a result of the recent DoD change to the rotation and mobilization policy increasing some theater deployments to 15-month tours.

Roll call

o f t h e f a l l e n

Operation Iraqi Freedom

Spc. James L. Adair, 26, Carthage, Texas, June 29, 2007 ♦ *Sgt. Shawn G. Adams, 21, Dixon, Calif., July 22, 2007* ♦ *Maj. James M. Ahearn, 43, California, July 5, 2007* ♦ *Cpl. Juan M. Alcantara, 22, New York, Aug. 6, 2007* ♦ *Sgt. Robert T. Ayers III, 23, Los Angeles, Calif., Sept. 29, 2007* ♦ *Sgt. 1st Class Travis S. Bachman, 30, Garden City, Kan., Aug. 1, 2007* ♦ *Pfc. Dane R. Balcon, 19, Colorado Springs, Colo., Sept. 5, 2007* ♦ *Pvt. Michael A. Baloga, 21, Everett, Wash., July 26, 2007* ♦ *Sgt. Nathan S. Barnes, 23, American Fork, Utah, July 17, 2007* ♦ *Pfc. Benjamin B. Bartlett Jr., 25, Manchester, Ga., July 15, 2007* ♦ *Spc. Rickey L. Bell, 21, Caruthersville, Mo., Aug. 22, 2007* ♦ *Cpl. Anthony K. Bento, 23, San Diego, Calif., Sept. 24, 2007* ♦ *Spc. Charles E. Bilbrey, 21, Owego, N.Y., July 26, 2007* ♦ *Staff Sgt. Alicia A. Birchett, 29, Mashpee, Mass., Aug. 9, 2007* ♦ *Spc. Justin R. Blackwell, 27, Paris, Tenn., Aug. 5, 2007* ♦ *Spc. Kamisha J. Block, 20, Vidor, Texas, Aug. 16, 2007* ♦ *Pfc. Brandon K. Bobb, 20, Orlando, Fla., July 17, 2007* ♦ *Pvt. Jeremy S. Bohannon, 18, Bon Aqua, Tenn., Aug. 5, 2007* ♦ *Cpl. Jeremy P. Bouffard, 21, Middlefield, Mass., Aug. 22, 2007* ♦ *Staff Sgt. Sandy R. Britt, 30, Apopka, Fla., Aug. 21, 2007* ♦ *Cpl. Phillip J. Brodnick, 25, New Lenox, Ill., Aug. 22, 2007* ♦ *Spc. Edward L. Brooks, 25, Dayton, Ohio, Aug. 29, 2007* ♦ *Staff Sgt. Kevin R. Brown, 38, Harrah, Okla., Sept. 25, 2007* ♦ *Spc. Michael D. Brown, 20, Williamsburg, Kan., Oct. 16, 2007* ♦ *Sgt. 1st Class Raymond R. Buchan, 33, Johnston, Pa., July 1, 2007* ♦ *Staff Sgt. Jason M. Butkus, 34, West Milford, N.J., Aug. 30, 2007* ♦ *Cpl. Rhett A. Butler, 22, Fort Worth, Texas, July 20, 2007* ♦ *Spc. Frank L. Cady III, 20, Sacramento, Calif., Oct. 10, 2007* ♦ *Pfc. Edgar E. Cardenas, 34, Lilburn, Ga., Aug. 22, 2007* ♦ *Spc. Roberto J. Causor Jr., 21, San Jose, Calif., July 7, 2007* ♦ *Staff Sgt. 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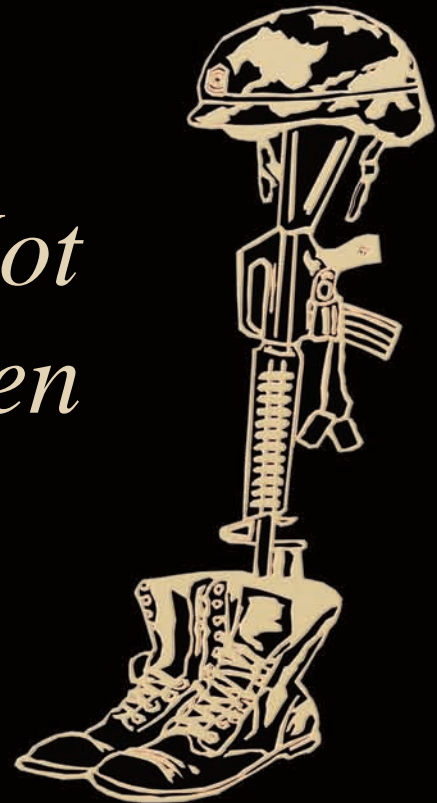
Va., Aug. 11, 2007 ♦ *Sgt. Keith A. Kline, 24, Oak Harbor, Ohio, July 5, 2007* ♦ *Spc. Jason B. Koutroubas, 21, Dunnellon, Fla., Oct. 14, 2007* ♦ *Pfc. Christopher D. Kube, 18, Sterling Heights, Mich., July 14, 2007* ♦ *Cpl. Jason K. Lafleur, 28, Ignacio, Colo., Aug. 4, 2007* ♦ *Sgt. Gene L. Lamie, 25, Homerville, Ga., July 6, 2007* ♦ *Sgt. Andrew W. Lancaster, 23, Stockton, Ill., Aug. 11, 2007* ♦ *Spc. Joseph N. Landry III, 23, Pensacola, Fla., Sept. 18, 2007* ♦ *Spc. David J. Lane, 20, Emporia, Kan., Sept. 4, 2007* ♦ *Command Sgt. Maj. Jonathan M. Lankford, 42, Scottsboro, Ala., Sept. 22, 2007* ♦ *Sgt. Jason M. Lantieri, 25, Killingworth, Conn., Oct. 10, 2007* ♦ *Spc. Daniel A. Leckel, 19, Medford, Ore., July 25, 2007* ♦ *Spc. Charles E. Leonard Jr., 29, Monroe, La., Aug. 5, 2007* ♦ *Sgt. Eric A. Lill, 28, Chicago, Ill., July 6, 2007* ♦ *Col. Jon M. Lockey, 44, Fredericksburg, Va., July 6, 2007* ♦ *Spc. Braden J. Long, 19, Sherman, Texas, Aug. 4, 2007* ♦ *Pfc. Juan M. 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Neiberger, 22, Gainesville, Fla., Aug. 6, 2007* ♦ *Staff Sgt. Andrew P. Nelson, 22, Moorhead, Minn., Aug. 29, 2007* ♦ *Staff Sgt. Daniel A. Newsome, 27, Chicopee, Mass., June 27, 2007* ♦ *Staff Sgt. Paul B. Norris, 30, Cullman, Ala., Aug. 16, 2007* ♦ *Spc. Keith A. Nurnberg, 26, McHenry, Ill., Sept. 5, 2007* ♦ *Sgt. Randell Olguin, 24, Ralls, Texas, Sept. 30, 2007* ♦ *Spc. Nicholas P. Olson, 22, Novato, Calif., Sept. 18, 2007* ♦ *Chief Warrant Officer Scott A.M. Oswell, 33, Washington, July 4, 2007* ♦ *Pfc. Paulomarko U. Pacificador, 24, Shirley, N.Y., Aug. 13, 2007* ♦ *Cpl. Javier G. Paredes, 24, San Antonio, Texas, Sept. 5, 2007* ♦ *Staff Sgt. Jason L. Paton, 25, Poway, Calif., Aug. 22, 2007* ♦ *Sgt. Nicholas J. Patterson, 24, Rochester, Ind., Sept. 10, 2007* ♦ *Spc. Christopher G. Patton, 21, Lawrenceville, Ga., Sept. 1, 2007* ♦ *Spc. Samuel F. Pearson, 28, Westerville, Ohio, Oct. 10, 2007* ♦ *Spc. Justin O. Penrod, 24, Mahomet, Ill., Aug. 11, 2007* ♦ *Pfc. Sammie E. Phillips, 19, Cecilia, Ky., Sept. 10, 2007* ♦ *Staff Sgt. Robert R. Pirelli, 29, Franklin, Mass., Aug. 15, 2007* ♦ *Spc. Jessy G. Pollard, 22, Springfield, Mo., Aug. 22, 2007* ♦ *Cpl. Willard M. Powell, 21, Evansville, Ind., Aug. 16, 2007* ♦ *Spc. Joshua H. Reeves, 26, Watkinsville, Ga., Sept. 22, 2007* ♦ *Spc. Daniel F. Reyes, 24, San Diego, Calif., July 31, 2007* ♦ *Staff Sgt. Stanley B. Reynolds, 37, Rock, W. Va., Aug. 14, 2007* ♦ *Spc. Michelle R. Ring, 24, Martin, Tenn., July 5, 2007* ♦ *Staff Sgt. Robb L. Roling, 29, Milton, Mass., June 30, 2007* ♦ *Sgt. 1st Class Luis E. Gutierrez-Rosales, 38, Bakersfield, Calif., July 18, 2007* ♦ *Capt. Maria I. Ortiz, 40, Bayamon, Puerto Rico, July 10, 2007* ♦ *Master Sgt. Julian Ingles Rios, 52, Anasco, Puerto Rico, Aug. 2, 2007* ♦ *Spc. Jonathan Rivadeneira, 22, Jackson Heights, N.Y., Sept. 14, 2007* ♦ *Spc. Jaime Rodriguez Jr., 19, Oxnard, Calif., July 26, 2007* ♦ *Sgt. Ricardo X. Rodriguez, 23, Arecibo, Puerto Rico, Oct. 4, 2007* ♦ *Pfc. 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Ryan A. Woodward, 22, Fort Wayne, Ind., Sept. 8, 2007* ♦ *Spc. Dustin L. Workman II, 19, Greenwood, Neb., June 28, 2007* ♦ *Spc. Donald M. Young, 19, Helena, Mont., Aug. 8, 2007* ♦ *Spc. John J. Young, 24, Savannah, Ga., Sept. 21, 2007*

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Editor's note: This is a continuation of the list that was started with the October 2003 issue of the NCO Journal and contains those names released by the Department of Defense between June 28 and October 23, 2007

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