

DUTY FIRST!

JULY 2011

Unofficial 1st Infantry Division Magazine of Soldiers and Families | www.riley.army.mil

Into the

LIGHT

As battlefield medicine continues its evolution, Soldiers & medics reap benefits

⇒ Paintball event simulates classic Big Red One/German battles from WWII

⇒ Riley County Fliers extend invitation to enthusiasts of radio controlled airplanes

THE BIG RED ONE CREED

TEAMWORK is the foundation of the Big Red One. I shall never fail my team, for I maintain the standard. My conduct and self-discipline set the example for others to follow.

HONOR is what I stand for—an American Soldier on duty for my country. My loyalty is intense. I display care for my fellow Soldiers and my chain of command through courage, respect, integrity and compassion.

I have learned to **ENDURE**, to thrive in adversity. The harsh reality of combat gives me the enthusiasm for realistic training. I am physically and mentally strong to meet the demanding situations my unit encounters.

We are one in the Big Red One. Our **BROTHERHOOD** gives us strength to fight on to any objective and accomplish the mission as our veterans have done before us. I live the legacy of my division.

READINESS is my priority. To be ready for any mission, anytime, anywhere. My business is first-class training and living high standards of care and equipment, weaponry and tactical and technical competence.

My **ORGANIZATION** is my strength. The BRO is bigger than any one individual. It gives me purpose, self-confidence, competitive spirit, intestinal fortitude and the desire to fight with all my heart.



Duty **1** First!

No Mission too Difficult. No Sacrifice too Great.

July 2011 | www.riley.army.mil

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COVER: Sgt. Andre Proctor, 701st Brigade Support Battalion, 4th Infantry Brigade Combat Team, 1st Infantry Division, directs treatment of his patient during a May Combat Lifesaver training course at Fort Riley's Medical Simulation Training Center.

MOLLIE MILLER, DUTY FIRST! MAGAZINE

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Medical personnel essential

Maj. Gen. William Mayville

This issue of "Duty First!" focuses largely on Big Red One Soldiers who have chosen to serve in the medical professions doing whatever it takes to keep our men and women healthy and combat effective. These professionals ensure that our Soldiers are medically fit for deployment and are focused on helping them through any number of challenges developed during rotations in and out of combat. Without their dedication, our force would not be able to stay effective in combat. They never falter in their ability to serve our Soldiers and Families.

Medics, doctors, nurses and surgeons, you are doing an outstanding job and provide us all with the best medical care possible. The division couldn't have made it this far without you, and we need your expertise today just as much as we did in the nation's previous wars.

As leaders, we all must stay committed to supporting the medical needs of our Soldiers. We must focus on reducing the number of Soldiers who are non-deployable because of injuries sustained and other medical conditions. Additionally, we must continuously



support our injured Soldiers regardless of their location. Always remember they are still part of our formation and we have an obligation to support them and their Families as they recover.

I have spent the first month and a half of my command getting to know the officers, Soldiers, and Families of the Division, our installations and the outlying communities. I remain in awe of the professionalism and dedication of each individual I have met. I have spent much of this time listening to the

issues and learning what is important to our Soldiers both deployed and serving here at home, and their Families. I am confident that we are on the right path to grow as a Division and an installation, continuously forging strong relationships with those in our communities and those who serve to support our Families throughout the region.

I have talked at great length with our senior leaders and have emphasized that we must master our basic Soldiers skills while developing competent, confident and adaptable leaders who are prepared to fight in any number of unknown combat scenarios. Through continued training and dedicated service, the exceptional skills and professionalism of our Soldiers, NCOs and Officers will continue to lead our division in the right direction as we move forward into an unknown future.

Know that your accomplishments reflect admirably upon the great history of the Big Red One and remember that it is our fighting spirit and will to win that distinguishes us and continues to make us great.

No Mission Too Difficult, No Sacrifice Too Great ... Duty First! 

Medics' efforts appreciated

Division Command Sgt. Maj. Jim Champagne

Men and women of the Army medical profession who have earned the Medal of Honor are present throughout history since the medal's creation in 1862.

The first Army medic to receive the honor was a Civil War surgeon named William R. D. Blackwood in 1897, who removed severely wounded officers and Soldiers from the field while under heavy fire from the enemy.

Since then, 51 battle medics and surgeons have distinguished themselves on battlefields during the Indian Wars, the Spanish-American War, the Philippine Insurrection, World Wars I and II, the Korean War and Vietnam, which was the largest producer of medical Medal of Honor recipients, with 17 awarded, eight posthumously.

Yet, these individuals who have been awarded the medal have braved the extraordinary. Where would the 1st



Inf. Div. be without all those who fight to keep our Soldiers alive when they are in need. They are on the frontlines, in our rear detachments and they are ready 24 hours a day.

Through consistent medical practice, major advancements have been made in keeping wounded Soldiers alive and


returned to their families. It is estimated that between World War I and II alone, the survival rate of wounded Soldiers increased to 50 percent.

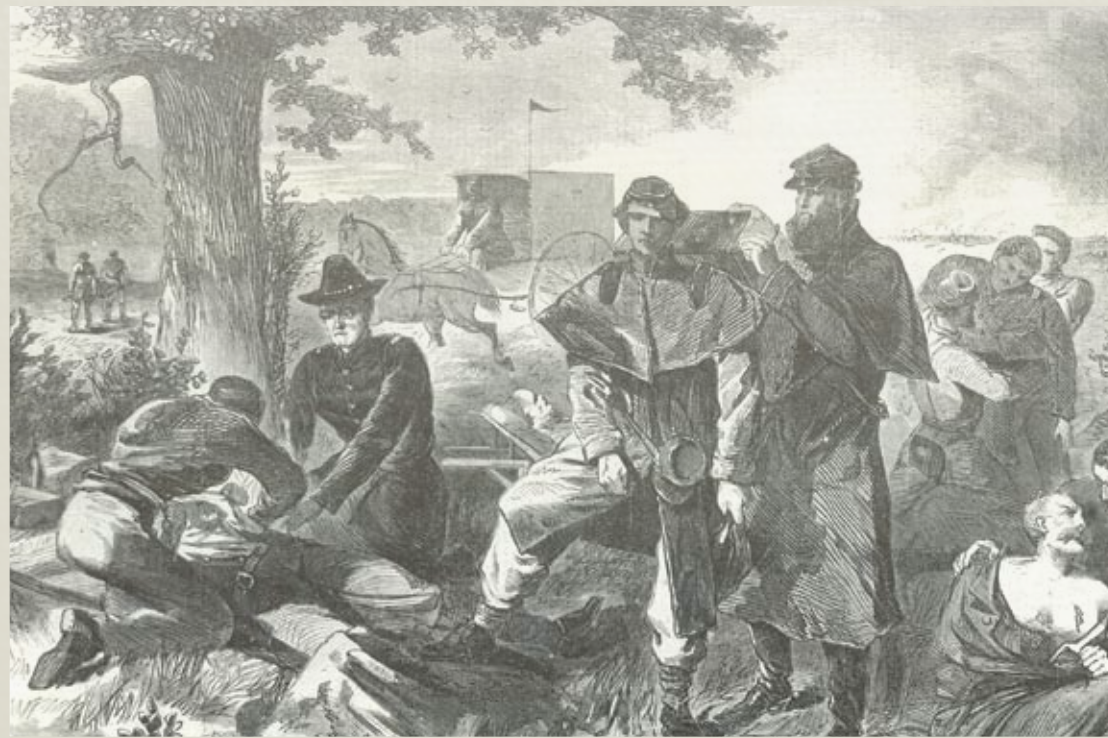
Sixty-six years after World War II, knowledge gained from the medical field as well as the training given to a portion of our BRO Buddies in each unit in our Combat Life Saver courses has raised that percentage exponentially.

When a Soldier is injured, we now know what must be done to stabilize that man or woman long enough to get them back to a medic or hospital.

Without our doctors, many of us wouldn't be around today. It is not a profession for the light hearted, it demands courage and we are forever grateful.

Keep doing what you're doing, keep your training consistent and strong and no matter what, complete the mission with Big Red One style!

Now ... get after it! 



COURTESY ILLUSTRATIONS

ABOVE: Injured Civil War soldiers, like those pictured in this illustration from the book “The Medical Department of the United States Army in the Civil War,” were often treated at a field dressing station located close to the fighting. Once at the field dressing station, the soldiers would receive what today would be considered basic first aid. **OPPOSITE PAGE:** Tools, like the ones shown in this 1861 field operating case, were often used to treat a variety of injuries on numerous people without any thought of sterilization or wound contamination. The resulting infections often proved fatal for the soldiers of the Civil War.

Laying the GROUNDWORK

Civil War medical personnel paved way for modern battlefield evacuation



By Mollie Miller | *Duty First! Magazine*

Far from the humming blades of MEDEVAC helicopters and the sterile operating rooms of Combat Support Hospitals there exists a memory of Civil War-era medical care that bears little resemblance to today’s Army medical system.

In this Civil War world where neighbor fought neighbor and Army physicians worked tirelessly to cure and repair America’s fighting men, the military medical community laid the ground work for modern Army medicine because they

knew wars would always need to be fought and sick and injured would always need to be healed.

The number of Civil War fatalities paints a grim picture of the world in which Army physicians and other medical personnel practiced their craft from 1861 to 1865. During the four year war, 620,000 soldiers died as the result of combat injuries, disease and accidents and hundreds of thousands more were injured.

Historians have said that the 115 trained medical officers who made up the Army medical department at the beginning of the war never envisioned the vast amount of illness, injury and death the Civil War would introduce and were in no way prepared for the horrors they encountered on America’s battlefields.

“As was the case with much of the Army structure at the onset of the Civil War, the Army medical department was not ready for war,” Mary Gillett wrote in her book *The Army Medical Department 1818–1865*. “Medical officers had no concept of the difficulties that would be involved in dealing with casualties on the scale of those of the Civil War and were unaccustomed to developing plans for evacuating, hospitalizing and caring for vast numbers of wounded and sick or preventing disease in camps with populations of thousands.”

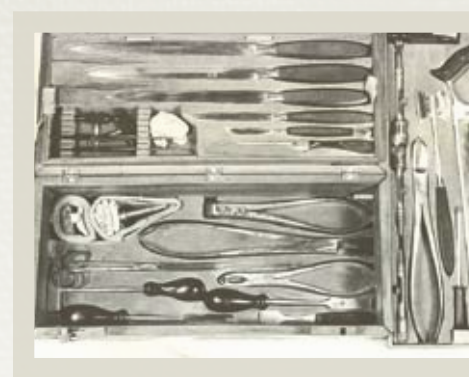
Charged with the dual duties of treating disease and evacuating and caring for combat wounded, medical department personnel faced many challenges in the early days of the Civil War as they worked to stop the spread of disease and infection and develop a consistent battlefield evacuation plan.

While they eventually developed a successful battlefield evacuation plan, medical personnel never got a handle on how to deal with the diseases and infections that ravaged the formation.

During the Civil War, more men were killed by disease than by combat by a ratio of 2 to 1.

“The first enemy Civil War recruits faced was disease,” according to information released by the National Museum of Civil War Medicine. “Healthy recruits became victims of illnesses that were easily spread due to the large number of people in the camps, the unsanitary conditions and the poor diet of the Soldiers.”

Another factor in the high disease and infection mortality rate was the fact that medical personnel of the day didn’t fully understand the germ theory of infection or the necessity of sterile or clean



instruments, bandages and other items. For example, as infection developed in a wound, physicians would commonly spread the infectious pus the wound was producing around the body as it was thought the pus was part of the healing process.

“Most men survived in spite of treatment rather than because of it,” Capt. Louis Duncan wrote in the book *The Medical Department of the United States Army in the Civil War*. “The amazing part, however, is that anyone managed to survive at all.”

One area of wound treatment where the medical department was a bit more successful was in the arena of amputations.

Because of the nature of the weapons used during the war, 68 percent of Civil War wounds involved extremities. Depending on the severity of the wound, the treatment of extremity injuries almost always included amputation, a surgery that frequently took five minutes or less.

“At least 30,000 amputations were completed during the Civil War,” Gillett wrote. “Although occasional reports of excessive enthusiasm for amputations did surface during the Civil War, this form of surgery was apparently often undertaken only after careful consideration of the alternatives.”

Alternatives, including the partial removal of portions of bone and attempts to preserve the bone, usually met with follow-on infection which meant almost certain death. In light of the high mortality rate of the alternatives, the 25 to 30

percent mortality rate that accompanied amputations didn’t seem too bad.

While not overly successful in any one area of medical care during the Civil War, the Army medical department did realize a good deal of success when it came to evacuating the wounded from the battlefield.

The National Museum of Civil War Medicine reports that at the beginning of the Civil War, there was no established system to transport wounded soldiers from the front lines to the field hospitals in the rear. This changed when, in August 1862, Dr. Jonathan Letterman, then the medical director of the Army of the Potomac, created a highly organized system of ambulances and trained stretcher bearers designed to evacuate the wounded as quickly as possible.

The first stop the wounded made in the evacuation process was a field dressing station located close to the fighting where they would receive what today would be considered basic first aid. The second stop was a field hospital located at the rear of the fighting. Here soldiers were triaged into three categories: mortally wounded, slightly wounded and surgical cases. If an amputation was needed, it was usually done at the field hospital. The final stop for the wounded was a pavilion hospital usually located far from the fighting in a large city. The pavilion-style hospitals were clean, well ventilated and efficient.

This three stop evacuation plan remains the basis for present military evacuation systems.

During the Civil War, more than 12,000 medical officers examined more than 250,000 wounds and treated more than 7 million cases of disease. In total, 300 Army surgeons died from wounds, disease and accidents.

“Civil War physicians faced an overwhelming task working with limited means,” Gillett wrote. “Although not terribly successful in terms of numbers, the physicians fought a gallant fight with the tools and information available at the time.”



COURTESY PHOTO

A large group of American assault troops of the 3rd Battalion, 16th Infantry Regiment, 1st U.S. Infantry Division, having gained the comparative safety offered by the chalk cliff at their backs, take a breather before moving onto the continent at Colville-Sur-Mer, Omaha Beach, in Normandy, France. Medics who landed with the men are shown treating them for minor injuries.

packing a BIG PUNCH

World War II medics, Soldiers reap the rewards of 'sulfa powder,' penicillin

By Stephanie Hoff | *Duty First! Magazine*

When the United States entered into World War II, it had been more than 20 years since the signing of the armistice which had officially marked the end of WWI. Fortunately, for the U.S. Soldiers about to set sail for Europe, American doctors and medical professionals had wisely used the long period of peace to make vast advancements in the field of medicine.

So many advancements, in fact, it is estimated the ratio of Soldiers who were wounded and survived was increased to 50 percent; up from the estimated 4 percent who were wounded and survived during World War I.

Sgt. Allen Towne served as a medic during the war with Company B, 1st Medical Battalion of the 1st Infantry Division. In his memoir, *Doctor Danger Forward: A World War II Memoir of a Combat Medical Admin, First Infantry Division*, he noted that unlike today, each division in WWII had a medical battalion assigned to it. The battalions were comprised of a headquarters, three collecting companies and one clearing company.

Towne and his Soldiers had a large task to complete. His company—which consisted of a little more than 100 Soldiers—was responsible for providing medical support for the 18th Infantry Regiment, made up of nearly 5,000 Soldiers.

Tasked as a collecting company, usually comprised of an aid station located between a quarter and two miles behind the infantry companies, Towne and his crew were responsible for the removal of wounded and casualties from the battlefield, performing immediate first aid and administering treatment to minor wounds before Soldiers were returned to the front lines.

If it was determined that a Soldier's wounds were too severe to be treated at the collecting company's aid station, he would then be evacuated to the clearing company's aid station. The facility was responsible for triage procedures, providing temporary care for the wounded until their condition improved or evacuation to a European hospital. Amongst all this, they also needed to prepare appropriate medical records for patients.

Warfare is a paradox. It is futile, useless, horrible, and yet, it can bring out the best qualities in people.”

— Sgt. Allen Towne, medic
Co. B, 1st Medical Bn., 1st Inf. Div.



COURTESY PHOTO

Shown above is a packet of sulfanilamide powder, which could be found in the medical kits of most WWII medics.

1ST DIV. MEDICAL STATS FOR WORLD WAR II

Killed in Action	4,325
Missing in Action	1,241
Wounded in Action	15,457

* SOURCE: "Doctor Danger Forward: A World War II Memoir of a Combat Medical Admin, First Infantry Division"

Why the dramatic increase in survival rates when it came to comparing the two world wars?

During the First World War, physicians and medical personnel were more likely to spend precious time trying to save a fatally wounded Soldier, while another Soldier with treatable injuries was left unattended.

The increase occurred when medics and doctors began to triage patients. If a Soldier was diagnosed with a fatal injury during WWII, then he was given medication to be made comfortable and

the medical professionals could allocate their services to possibly saving the lives of fellow Soldiers.

"In battle, you have to make a personal adjustment about the values of life and death or at least put it in the back of your mind or you can lose control of yourself," Towne recalled in his memoir. "We also found out that a collecting aid station is not an optimistic place to gauge the progress of a battle. Combine this with the utter exhaustion of working 36 hours without any sleep, and we were sure the battle was lost."

Two large players in the improvements of the medical services offered during WWII were actually small in size and could be found in the pockets of nearly every combat medic. Packets of sulfanilamide and sulfathiazole, commonly referred to by Soldiers as "sulfa powder," proved invaluable when applied to wounds to serve as a first line of defense against infection.

While penicillin had been discovered before the breakout of WWII, the war served as a catalyst to force companies to research ways to produce the "miracle drug" on a mass scale. The discovery of how to do just that, would later lead to Howard Florey, Ernst Chain and Alexander Fleming receiving a Nobel Prize for Physiology or Medicine in 1945. The antibiotic was administered by injection and is credited with saving the lives of countless Soldiers.

"Warfare is a paradox. It is futile, useless, horrible, and yet, it can bring out the best qualities in people," Towne said of the Soldiers he served with and those whose lives he saved. "The bond between men in a unit became strong because, in order to survive, you had to help each other, even if it meant the ultimate sacrifice."



First responders

Combat lifesavers initial line of battlefield medical care



FROM LEFT: Soldiers assess their patients' wounds during a May Combat Lifesaver training course at Fort Riley's Medical Simulation Training Center. Life-like mannequins that breathe, bleed and blink their eyes bring a high level of realism to CLS training; a Soldier from the 977th Military Police Company prepares his patient for transport while another Soldier stands guard during Combat Lifesaver Training at Fort Riley's Medical Simulation Training Center.

STORY & PHOTOS BY MOLLIE MILLER | DUTY FIRST! MAGAZINE

It is bullets and blood and screaming. It's broken bodies and tears. It's the few seconds between life and death.

This is the world in which the Army's combat lifesavers work. The job is not pretty—things in war rarely are—but for the Soldiers who require the aid of these “not quite medics” it is perhaps one of the most important jobs on the battlefield.

“The combat lifesaver's function is to stabilize a patient long enough to get them to a medic or the hospital,” Sgt. 1st Class (ret.) Jim Bell, an instructor at Fort Riley's Medical Simulation Training Center, said. “If the combat lifesaver can get (the wounded Soldier) to the next level of care while they are still breathing and still have a pulse, then that patient has a great shot at coming home.”

The Army defines the combat lifesaver as a nonmedical Soldier trained to provide emergency care as a secondary mission. With America's Soldiers stretched

across battlefields around the globe, there are simply not enough medics immediately available to respond to every emergency. When a medic is not available, the combat lifesaver steps in to provide the care needed to sustain life until a medic can get to the patient or the patient can get to a treatment facility.



We wanted to move the (combat lifesavers) outside a controlled environment like a classroom and put them in situations that are as close to combat as possible.”

—Sgt. 1st Class Steven Sutterfield, medic C Co., 701st Bde. Support Bn., 4th IBC, 1st Inf. Div.

through the course since Oct. 1, 2010.

Sgt. 1st Class Steven Sutterfield and Staff Sgt. Adam Parnell, both medics with C Company, 701st Brigade Support Battalion, 4th In-

fantry Brigade Combat Team, 1st Infantry Division, brought their combat lifesavers through the CLS lanes May 12 to validate their skills and see where

COMBAT LIFESAVERS

combat casualty in Afghanistan just six weeks after he graduated from advanced individual training, said training like what is offered at the CLS course would have better prepared him for combat.

“As soon as I went out on my first patrol, I wasn't concerned about my medical treatment abilities ... it was the shock and awe of combat that got me,” he said.

Bell said lessons learned in Iraq and Afghanistan have helped the Army build a combat lifesaver training program that is giving Soldiers the tools to save more lives today than were being



LEFT AND RIGHT: Soldiers from the 977th Military Police Company transport their patients to a waiting medical evacuation helicopter during Combat Lifesaver Training at Fort Riley's Medical Simulation Training Center.

A combat lifesaver can be anyone, from a line cook to a battalion commander.

At Fort Riley, combat lifesaver candidates go through training at the post's Medical Simulation Training Center (MSTC). During the combat lifesaver class at the MSTC, students discuss a variety of topics in the classroom environment including tactical casualty movement, shock prevention and how to correct massive hemorrhage. Once classroom training is complete, the Soldiers take their new skills to the “field” where they must find, stabilize and transport a “patient” all while being inundated with the sights and sounds of simulated combat.

More than 2,000 Soldiers have gone

additional training might be needed.

“We wanted to move the (combat lifesavers) outside a controlled environment like a classroom and put them in situations that are as close to combat as possible,” Sutterfield said.

Sutterfield said there is a lot of good that comes from training his combat lifesavers in an environment full of blaring music, pulsing strobe lights and a constant barrage of paint balls.

“We want them trying to work in this high stress environment here so that they won't freeze up when they are trying to treat a patient in an actual combat situation,” he said.

Parnell, who was faced with his first

saved in 2003 at the beginning of Operation Iraqi Freedom.

“More Soldiers are alive today because the Army has made this training a priority,” the retired combat medic said.

The training is a priority for Bell and the rest of the team at the MSTC as well. Bell said he and his team will, and have often, stayed late into the night to ensure the combat lifesavers who come through their course are ready for whatever might come their way out on a battlefield.

“We will do whatever it takes to get these Soldiers ready while they are here,” Bell said. “We will kill these mannequins 500 times a day if that keeps us from bringing even one guy home in a box.”



COURTESY PHOTO

Maj. Joshua Ritenour, of MEDDAC, performs a surgery on a patient during his last deployment to Afghanistan. Ritenour, a surgeon at Irwin Army Community Hospital, is gearing up for his second deployment to the country.

calling **mr.** **FIX**-it

Fixing Soldiers keeps surgeon on top of game

By Stephanie Hoff
Duty First! Magazine

Whether it's operating in a state-of-the-art surgical room or a staked-down tent, Maj. Joshua Ritenour's main mission is to "fix" his patients.

Ritenour is one of four surgeons employed at Fort Riley's Irwin Army Community Hospital. During his past year at the hospital, he has consistently fallen under the Monday, Wednesday and Friday surgical schedule, with a large amount of surgeries categorized as elective.

A majority of the surgeries focus on hernia repairs, colonoscopies and cholecystectomies, or the removal of the gallbladders, Ritenour said, explaining that with most sessions generally taking a couple hours apiece, each of the surgeons is able to perform between five and six each on a normal operating day.

Despite the sad reality that his chosen career field doesn't usually offer him a chance to bond with his patients on a more personal level, Ritenour finds gratification in knowing that once they are healed they will no longer require his services.

"In general, the reason I chose to be a surgeon, as opposed to a medicine doctor for example, is for most things in surgery you make an intervention and you can fix somebody. Then they are better

and they don't need your help anymore. That's a good feeling; to be able to fix somebody and say, 'You don't need me anymore because you're good.'"

Before arriving to the Kansas hospital, Ritenour recently had returned from a yearlong deployment to Afghanistan with a Forward Surgical Team (FST). The team was stationed at a remote forward operating base, where they worked out of a single operating room.

"As a surgeon, they don't put me on the very front lines," Ritenour said. "I don't carry a gun and go out with the Soldiers, because there is nothing that I can do off of the FOB that a medic can't do. Trauma is the main mission for a surgeon while deployed."

While deployed, the majority of Soldiers Ritenour would treat were trauma patients who required emergency surgeries. Because of their remote location, the physicians' main mission was to stabilize the incoming Soldiers and prepare them for evacuation to a larger facility or hospital.

Deployed surgeons who are stationed at larger medical facilities with more capabilities can generally perform additional elective surgeries for Soldiers, such as appendectomies (removal of the appendix), as well as assisting local residents with necessary medical support.

"It depends a lot on where you're




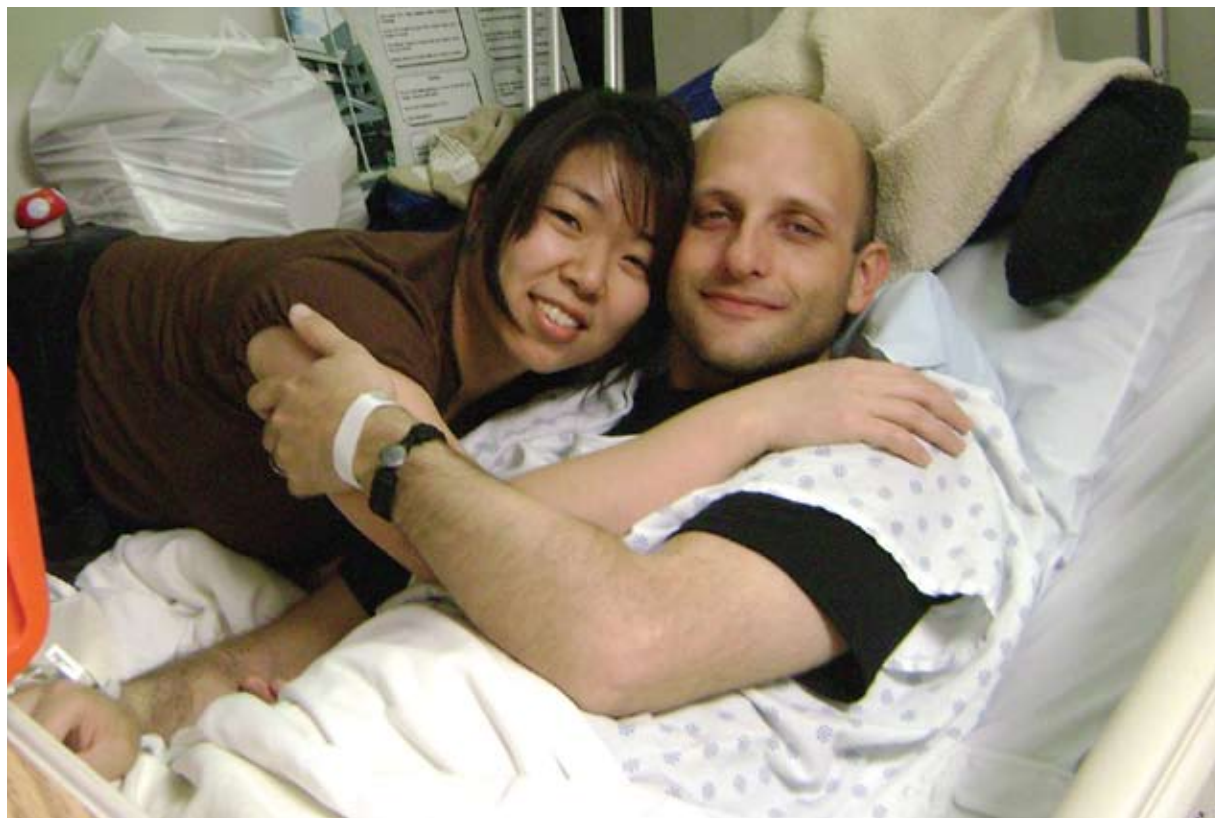
Being a military surgeon is very rewarding because I fully believe the military beneficiaries, especially the Soldiers who are fighting, are the most worthy patient population in America; in the world."

—Maj. Joshua Ritenour,
surgeon at Fort Riley's
Irwin Army Community Hospital

stationed at," Ritenour said. "The more remote the location; the less intrusive of surgeries (the surgeons) are able to offer."

Ritenour will soon be leaving the steady surgical schedule of the hospital and once again deploy to Afghanistan. He added that in his career field, a day overseas where he sees no patients is a good day for the Soldiers, because it means no one was harmed. However, he takes relief knowing he is there to provide emergency medical care to the Soldiers serving in harm's way.

"Being a military surgeon is very rewarding because I fully believe the military beneficiaries, especially the Soldiers who are fighting, are the most worthy patient population in America; in the world. Having the opportunity to help them, especially in combat, is very rewarding. I don't want any of our Soldiers to get hurt, but if they are going to be hurt, then I want to be able to help them." 



COURTESY PHOTOS

ABOVE: Sgt. Josh Mackay and his wife Ai share an embrace in April at Irwin Army Community Hospital following Josh's return from Iraq. Josh was injured April 18 during a rocket attack on Forward Operating Base Warrior in Kirkuk, Iraq. **OPPOSITE PAGE:** Sgt. Michael Prince and Sgt. Josh Mackay pause for a photo in October before their deployment to Iraq. Mackay was injured April 18 in Kirkuk, Iraq, when a rocket exploded two feet behind him.

ONE LUCKY SOLDIER

Medical know-how, luck help 11D Soldier survive rocket attack in Iraq

Story by Mollie Miller | Duty First! Magazine

SPARKS DANCED ACROSS THE GRAVEL ROAD AS HEAVY SMOKE TURNED THE WORLD AROUND SGT. JOSH MACKAY INTO THE STUFF OF NIGHTMARES.

THE INCOMING SIRENS CONTINUED TO DRONE ON, BUT THE ONLY THING MACKAY COULD HEAR WAS THE RINGING IN HIS OWN EARS AS HE WANDERED AROUND IN A CIRCLE TRYING TO MAKE SENSE OF WHAT WAS HAPPENING.

SOMEWHERE, A GIRL WAS SCREAMING.

"I WAS SO CONFUSED," MACKAY, A MEMBER OF SPECIAL TROOPS BATTALION, 1ST HEAVY BRIGADE COMBAT TEAM, 1ST INFANTRY DIVISION, SAID OF THE DAY A ROCKET EXPLODED TWO FEET AWAY FROM HIM IN KIRKUK, IRAQ. "I REALIZED I HAD PROBABLY GOTTEN HIT WHEN I COULD FEEL SOMETHING WET RUNNING DOWN THE BACK OF MY LEGS AND INTO MY BOOTS."

It was the evening of April 18, 2011, and Mackay, an Unmanned Aerial Vehicle maintainer, had been at Forward Operating Base Warrior in Kirkuk for six months. Earlier that day, Mackay had agreed to sit with Pfc. Samantha Rulon while she ate dinner to discuss some points of professional development. The two were leaving the dining facility when the incoming sirens began to echo across the FOB.

"We had turned the corner to walk down the road to the (living areas) just as the incoming alarm started," Mackay said. "I was looking around for a place to go for cover when I heard the crackle. I had enough time to say 'oh crap' before the rocket hit the ground right behind us."

It took a few seconds for the world to come back into focus following the explosion but, when it did, Mackay realized that the screaming he was hearing was coming from Rulon. A piece of the rocket had torn through her elbow and blood was running down her arm.

"She walked up to me holding her arm and I could see it was bleeding a little," Mackay said. "Then she moved her hand and I could see right down to her bone—that's when things started getting real."

Mackay remembers the minutes following the explosion in snapshots—the medics arriving and putting a tourniquet on Rulon's arm, tons of people running up to the site of the explosion, medics patting him down looking for wounds and coming up with their hands covered in his blood.

"The tourniquets were flying everywhere," Mackay said. "They put one on each of my legs and I kept telling them that they were too tight but they kept saying no, it's OK, we're saving your life."

Mackay was transported to the FOB emergency room to be evaluated and treated. Once there, the medical team discovered that a piece of the rocket had sliced open the back of his right thigh, entered his left leg and lodged near his knee.



"They did an initial surgery to clean up the wounds because there were rocks and dirt in them from the road," he said.

After the initial surgery, Mackay's doctors told him that the shrapnel was still in his leg but they wanted to remove it because it was jagged and they were worried about it moving and cutting some of his tendons. Mackay told them to remove it.

For the second time in a matter of a few hours, doctors wheeled Mackay back in to surgery to remove the shrapnel. Doctors made an incision on the outside of his left knee near where they thought the shrapnel was located. It was then that things started to go very wrong.

At some point during the surgery, Mackay's popliteal vein, a vein that carries blood from the knee joint and muscles in the thigh and calf back to the heart, was severed.

"All I remember is suddenly being awake and it was really bright and there

were a lot of people all around me," Mackay said. "My platoon sergeant was on one side holding my hand and calling my name, my first sergeant was on my other side and I was really cold. I looked around and thought ... this can't be good."

Soon, Mackay heard the MEDEVAC helicopter land outside and, before he knew it and before he ever asked what had happened or how much blood he had lost, he was in the air on his way to Balad for further treatment. Once in Balad, though, Mackay was quickly pushed out on a flight to Landstuhl, Germany.

He arrived in Germany late April 19, less than 24 hours after being injured. Four days after that, he was at Fort Riley at Irwin Army Community Hospital. On April 29, Mackay slept in his own bed at his home in Manhattan, Kan., for the first time in more than six months. Just 11 days had passed since he had been injured.

Mackay, a combat lifesaver, said although he has been through extensive training on how to save someone's life, he never thought that someone would ever have to save his.

Mackay said the April 18 rocket attack and his injury never seemed real until he was sitting in his hospital room at IACH on Fort Riley looking at his wife and their three children, Anna, 9, Ray, 7, and Lilia, 3.

"Telling people what had happened was easy for me until I saw Ai," he said. "When I tried to explain it to her, I couldn't, I lost it. I think I finally realized what had happened; I finally realized everything I could have lost."

Mackay believes he survived the rocket attack and his injuries because he kept telling himself to stay calm, to keep breathing and to keep pushing forward until he finally made it home. He also believes that something or someone outside of his control had a hand in bringing him back to his wife and children.

"I don't know how it happened but the shrapnel missed everything important," he said. "I could have easily bled to death—I'm very lucky to be here."



“So many of them you don’t recognize as miracles until later, but they are most certainly miracles.”

— Staff Sgt. Ethan Rogers, flight medic, 1st Combat Aviation Brigade, 1st Infantry Division



A Miracle Worker

CAB medic passes on knowledge gathered during five deployments

By Mollie Miller
Duty First! Magazine

Staff Sgt. Ethan Rogers believes in miracles.

He believes in them, he said, because he has seen more miracles than he can count.

Miracles like the day an Iraqi child was pulled almost unscathed from a car so riddled by bullets that it looked like a piece of Swiss cheese.

“The little boy was sitting screaming in the backseat of that destroyed car but all he had were a few (flesh wounds),” Rogers, a flight medic with the 1st Combat Aviation Brigade, 1st Infantry Division, said. “After seeing that car, it was hard to believe the kid had even survived.”

Today, after five tours of Iraq, Rogers has seen enough miracles like this one to know they happen when and where you least expect them.

“It is amazing the things you see,” he said. “So many of them you don’t recognize as miracles until later, but they are most certainly miracles.”

The stories of these deployment miracles, coupled with a wealth of tales that range from funny to tragic, are the base from which Rogers works to train the next generation of 1st Inf. Div. flight medics entrusted to his care.

“Training our Soldiers is one of the hardest tasks that we as leaders are asked to do,” he said. “With the amount of experience I have, though, it is very easy to sit my Soldiers down and teach them what they need to know.”

What Rogers’ Soldiers need to know are the basic skills of being a flight medic and how to be resilient in the face of whatever challenges come their way. What they also should but may not know, however, is that Rogers, an Army brat who considers Kansas home, is 100 percent committed to taking care of his Soldiers and of the people who often need him most—his patients.

“There are some people who just naturally put other people’s needs ahead of their own and you find them a lot in the health profession,” Rogers said. “I tend to put other people’s needs ahead of my own, (and) I think that makes me a good NCO and a good medic.”

Rogers’ commitment to his Soldiers and to the Soldiers on the ground in Iraq has been one of the driving forces behind



COURTESY PHOTOS

OPPOSITE PAGE: Staff Sgt. Ethan Rogers, left, helps load a “patient” into a UH-60 Blackhawk helicopter during a MEDEVAC 101 class in Mosul, Iraq. Rogers conducted several MEDEVAC 101 classes during his most recent deployment to Iraq with the 1st Combat Aviation Brigade, 1st Infantry Division. **ABOVE:** Staff Sgt. Ethan Rogers, a flight medic with the 1st Combat Aviation Brigade, 1st Infantry Division, checks a patient’s chart during a recent deployment to Iraq. Rogers has deployed to Iraq five times during the past eight years.

his five deployments to Iraq. During the past eight years, Rogers has deployed as a member of the Fort Riley-based MEDEVAC Company in support of Operation Iraqi Freedom 1, OIF 2, OIF 05-07, OIF 07-09 and, most recently, Operation New Dawn.

“For me it has always been about the Soldiers who are still on the ground, the Soldiers who were still getting hurt and dying over there,” he said. “They needed my help, and I needed to help them.”

Capt. Adam Schaffer, Rogers’ platoon leader with C Company, 1st CAB, said the immeasurable passion Rogers has for the MEDEVAC mission makes him an inspiration for the entire company.

“Rogers is a phenomenal NCO ... who is a role model both professionally and personally,” Schaffer said. “You would never know that he has saved countless American, coalition and Iraqi lives by the way he carries himself—he is a true hero.”

Rogers’ mom, Sgt. 1st Class Tamera Rogers, is happy with all that her son has accomplished in the Army. Tamera,

formerly an active duty flight operations specialist who now works in recruiting with the Utah National Guard, said she is always ready to offer advice when her son needs it—although he doesn’t seem to need it very often.

“Ethan took to heart early (my) advice to work as if everything depends on him and pray as if everything depends on the lord,” Tamera said. “I definitely believe Ethan is a good, positive, strong NCO.”

Rogers credits his mom with instilling in him the desire to not only take care of people but to teach people to take care of themselves.

“My mom is a saint,” Rogers said. “I could have done half of what I did and she still would have been proud of me.”

Rogers’ mother is indeed very proud of the Soldier, the NCO and the man her son has become.

“The greatest compliment I could pay (my son) is that I am proud to stand beside him in uniform and would not hesitate to serve with him anywhere in the world,” she said. “He is the best of the best.”



getting a CLEAN bill of health

Combat medic
happy choosing
career cleaning
wounds over
cleaning laundry

By Stephanie Hoff
Duty First! Magazine

When the options for his new career path were laid out before him, his choices were cleaning laundry or cleaning wounds. Nearly 10 years later, he's loving life and looking forward to many more years in the same field.

"The truth is, when I went in to enlist I had three choices; one was medic, one was laundry specialist and one was some 'paper pusher' type thing," Sgt. John Pinkham said. "The medical opportunity peaked my interest because I like helping people. I know how clichéd that sounds, but I actually enjoy helping people."

Pinkham, a health care specialist, commonly referred to as a combat medic, has worked in the emergency room at Fort Riley's Irwin Army Community Hospital for almost a year.

A native of Wheatridge, Colo., Pinkham enlisted in the U.S. Army in November 2001, following the Sept. 11 terrorist attacks.

"I didn't do it to be patriotic, but I did it to maybe help a little bit," he said.

And that's exactly what he's been doing for nearly the past 10 years. Before arriving at Fort Riley, he previously served with the 25th Infantry Division and deployed twice to Iraq, the first time in 2003 and then in 2007.

During his second deployment he served as the noncommissioned officer in charge of a forward aid station, an assignment that didn't allow him many opportunities to participate in security patrols as he did during his tour in 2003.

Of his deployments, his most prominent memory is attached to a house near



STEPHANIE HOFF, DUTY FIRST! MAGAZINE

ABOVE: Sgt. John Pinkham, of Medical Department Activity, reviews a patient's record at Irwin Army Community Hospital's emergency room. Pinkham is a combat medic who has worked out of the hospital's E.R. for the past year. **OPPOSITE PAGE:** Pinkham, left, instructs two new medics to Army Community Hospital's emergency room on how to properly administer sutures on lemons as practice. He has served in the U.S. Army as a health care specialist for nearly 10 years.

his base that was bombed. Pinkham and three other medical professionals spent nearly eight hours working on 17 Iraqi nationals, suffering only one fatality.

"I can say I'm lucky enough to never have had to treat an American (fatality)," Pinkham said. "I know it's bad to say 'lucky,' but I think that's lucky."

He is quick to acknowledge that a lot of his good fortune is due in part to the Soldiers that he's served with, as well as the new technical advantages that have been made in his field. In his 10 years in the Army's medical profession, he has experienced firsthand improvements made for blood-stopping tools as well as witnessed the roll out of the Army's Improved First Aid Kit.

Commonly called the I.F.A.K., the pouch weighs in at about a pound and includes life-saving items designed to

dress wounds and obstruct blood loss as well as open airways.

"As far as saving lives; the stuff they're coming out with is actually well above what I had when I came in," Pinkham said. "You go through all the classes and you're like, 'How's that really going to work?' Then you actually get to do it ... you see it work and the person leaves your care alive. That's a good feeling."

Pinkham is currently unsure on what his future holds for him as far as deploying again, but he is well on his way of one day reaching his dream to become a physician's assistant. He is currently completing the prerequisite college courses to make that goal a reality.

"I like my job," he said. "You have a sense of accomplishment when someone actually leaves your care alive and in better shape than when they arrived."



Striving for role-model status

MEDDAC NCO's dedication shines through to fellow Soldiers, youth

By Stephanie Hoff
1st Inf. Div. Public Affairs

There's been a HUMVEE explosion, the "wounded" lie sprawled across the ground amidst the shouting orders directed at frantic Soldiers, but for Staff Sgt. Francesca Curry, it's just another day at the office.

Curry, a combat medic and licensed practical nurse with Medical Department Activity is currently serving as a course coordinator at Fort Riley's Medical Simulation Training Center. The facility is designated for training and recertifying the post's health care specialists, most commonly known as combat medics. The center combines classroom training with simulated scenarios, complete with mock patients to provide the Soldiers with the most realistic training possible.

"The more realistic the training is; the better it is for the Soldier," Curry said about the capabilities of the facility. "If I'm signing paperwork saying that these Soldiers know their job; I'm validating them as being a medic. If I'm saying they know their job as a medic; then I'm saying they can go overseas and save lives. So I take that very seriously. I'm not just signing a piece of paper."

A native of Texas, Curry joined the Army more than 15 years ago and shares a dual-military career with her husband, who recently returned from a deployment with the Combat Aviation Brigade, 1st Infantry Division.

"I pretty much knew I was going to be in the Army for as long as I can remember," she said.

In May 2009, Curry was selected to join the elite Sergeant Audie Murphy

"I like reaching out to the youth. A lot of teenagers today don't get to meet very many adults who can serve as a positive role model."

— Staff Sgt. Francesca Curry, combat medic and licensed practical nurse with Medical Department Activity

Club, an organization reserved for non commissioned officers who exemplify leadership and demonstrate personal concern for the needs of their Soldiers and Families.

"I just try to do it by example more than anything. I would never ask a Soldier to do something that I wouldn't do myself," she said. "I've always told Soldiers that I'm not one of those NCOs that leads in ranks. No matter what platoon or company, or whatever they fall in, if they need somebody as far as leadership goes, or if they need a mentor, they can always come to me, and I mean that. Especially with females, it's hard to find female leadership guidance, period. I've expressed that to a lot of the female Soldiers, especially in the organization that I'm in. They can come to me anytime they want to."

Through the SAMC, Curry has received several additional opportunities to serve as a role model for today's adolescents, a cause that she, as a mother of a young teenager, believes in wholeheartedly.

"I like reaching out to the youth," Curry said. "A lot of teenagers today don't get to meet very many adults who can serve as a positive role model."

The biggest lesson she gives to her Soldiers, and youth alike, is to take every situation they experience, whether negative or positive, as an opportunity for growth.



STEPHANIE HOFF, DUTY FIRST! MAGAZINE

Staff Sgt. Francesca Curry of Medical Department Activity adjusts a mannequin utilized as a training aid, March 30 at Fort Riley's Medical Simulation Training Center. Curry currently serves as a course coordinator at the facility that provides classroom and simulated training to combat medics.

"Every situation that somebody might consider to be negative, like not making promotion points, or it taking a long time to make promotion points; there's a reason for it," Curry said. "If something negative happens and you find a way to work around it; there's a reason for it because it makes you a better leader in the future. I've had to learn that the hard way. As long as you take those things into consideration, you'll be fine," she stated. "Just remember that through every negative thing, there's always a positive." ▀

A dose of luck and leadership

NCO builds successful career by being in right place, knowing right people

By Mollie Miller
1st Infantry Division Public Affairs

Staff Sgt. Patricia Clifford's 14 years in the Army have seemingly been sprinkled with a bit of luck and populated by a handful of mind readers.

Whether it was the commander who refused to let Clifford get "out of the Army" when she asked to get out every day, the sergeant major who pushed her into a career counselor job when she didn't want it or the recruiter who greeted her during a quick visit to his office following a haircut appointment in 1996, the right people have always been in the right place at the right time throughout her career.

"They always seemed to know what I wanted even when I didn't know it myself," she said.

Growing up in an Irish-Catholic neighborhood in Boston, Clifford rarely traveled farther than a few miles from her home and her family, so the opportunity to travel was one of the first things that attracted her to the Army.

"I love meeting new people and seeing new things but in my neighborhood I was never exposed to different people or cultures," she said. "When I joined the Army and started meeting all these new people, I was so excited."

Throughout her career, Clifford has taken advantage of many opportunities to travel, volunteering for missions in Australia, Thailand, Iraq and Korea.

The travel that attracted her to an Army career turned into one of the greatest challenges she faced as a Soldier, however, when her daughter, Jayda, was born in 2004.



COURTESY PHOTO

Staff Sgt. Patricia Clifford, a career counselor at Irwin Army Community Hospital, greets her daughter, Jayda, 6, at the Dallas Airport in 2008.

"I had to report to Korea when Jayda was 2 months old," Clifford said. "I cried every night."

But, like the rest of her career, the right people were there to help her weather the challenging separation. This time, it was those we often depend on most, family. Her parents and five brothers and sisters back in Boston were happy to help.

"My family stepped right in to take care of Jayda," she said. "They all came together to figure out what they needed to do to help me."

Although her year in Korea was difficult, Clifford, who finished her college degree during the assignment, came to realize that everything happens for a reason.

"Something good always came out of every place I ever went," she said. "I always tell people that you may not get what you want but there is a reason you are getting what you are getting."

Today, Clifford is a successful career counselor at Fort Riley's Irwin Army Community Hospital. Every day she walks the halls of the post hospital visiting with Soldiers and

hoping to be the person who shows them that the Army is more than just early morning physical training and a 9 a.m. to 5 p.m. job.

"I think every Soldier has that one person they are drawn to who opens their eyes to all the things the military offers," she said. "I try to be that person for our Soldiers."

Command Sgt. Maj. Junior Riley, the senior noncommissioned officer at IACH, said he is very impressed with the great deal of care Clifford takes with every Soldier.

"She is outstanding and very aggressive at keeping Soldiers in the Army," he said. "Right now we are leading the region in retention (numbers) because of the work she does."

Although she attributes her success in the Army to many people, Clifford said there is one special group that makes everything she does possible.

"It's really my family that allows me to do this because without them I wouldn't be able to do any of it," she said. "I am so lucky to have this family that affords me the opportunity to live this great life." ▀



ALISON KOHLER, MEDDAC

OPPOSITE PAGE FROM LEFT: Sgt. James Hoefert, a Warrior in Transition with the Army Reserve and based in New Mexico, and Sue Hoefert, do tree pose during a yoga class at the National Ability Center in Park City, Utah. "Stress affects you physically. Yoga helps us reconnect to our innate goodness. It shows us that we might have more control over our thoughts than previously considered," said Samantha Ziluitis, yoga instructor; 1st Lt. Cliff Slike, Colorado Army Reserve, and Staff Sgt. Michael Chamberlain, New Mexico Army Reserve, pet Soda, just before finishing Equine Facilitated Learning at the Community Based Warrior Transition Unit-Utah muster May 17 at the National Ability Center in Park City, Utah. The NAC has 16 breeds of 25 horses and three miniature horses to help Soldiers, veterans and other people with disabilities participate in adaptive recreation therapy. ABOVE: New Mexico-based Soldiers and their guests pose with Rep. Ben Ray Lujan, D-N.M., Chris Chaisson, congressional staffer and his service dog, Doc, after eating lunch together at CBWTU-Utah's muster at the National Ability Center in Park City, Utah.

A BONDING experience

CBWTU-Utah musters for recreation and resources

Story by Alison Kohler | MEDDAC PAO

One disadvantage to being in a community-based warrior transition unit (CBWTU) is the separation from other wounded, injured and ill service members who have commonalities and experiences from which to draw.

CBWTU-Utah has created a solution to bring its service members and supporters together to learn about resources available to them, to bond with one another and to engage in adaptive recreation and activities designed to enhance their resilience and comprehensive Soldier fitness.

"CBWTU works great, because it gets me back home handling bills, seeing Family, being close to my wife. It raises morale quite a bit," said Spc. Duane Currell, New Mexico National Guard Soldier.

One drawback to CBWTUs, Currell said, was living in Albuquerque, N.M., with his unit based at Camp Williams, Utah.

For one week, service members assigned to CBWTU-Utah are invited to travel with one guest to Park City, Utah, to participate in a muster with other Soldiers from their state.

From May 17 to 20, about 25 Army Reserve and Army National Guard Soldiers, mainly from New Mexico and Colorado, attended a muster at the National Ability Center in Park City.

"Our partnership with CBWTU started last fall," said Gail Loveland, executive director for the NAC.

Relying on help from 700 volunteers

to operate the NAC, the center provides free adaptive recreation to Soldiers and their guests while the Army pays for their travel, meals and lodging.

"(We want to) teach Soldiers how to remain healthy and active," Loveland said.

Throughout the week, the attendees participated in briefings, equine facilitated learning, yoga, physical fitness coaching, nutritional counseling and the Comprehensive Soldier Fitness-Performance and Resilience Enhancement Program.

"They come here and find other spouses and Family members going through the same thing they are. A lot of Soldiers aren't asking the questions they should, but gosh darn it their significant other will," Loveland said.

Since November 2010, the NAC has hosted approximately 150 Soldiers and approximately 40 of their guests at the musters.

Recreational activities require the Soldiers and guests to work together, allowing them to bond and reduce social isolation.

"(Equine facilitated learning) relaxes them and takes the pain away. I feel it is a great way for them to express themselves. Everyone has their own experience," said Alejandra Lara, EFL facilitator.

Every Soldier who attends the muster has a different experience.

One Soldier was on the low ropes course and said, "I'm sorry. I'm going to take a while; I have a (traumatic brain injury)" and it was the first time he had admitted out loud what he was dealing with, Loveland said.

Another Soldier talked on Community Voices radio about how his time spent at the NAC redirected his life and caused him to look into going to school for recreation therapy, Loveland said.

"We know what we're doing is working here," Loveland said.



SFC. KANDI HUGGINS, 1ST AAIPT PAC, 1ST INF. DIV., US-DN



NIKIA SIMON, MEDDAC



2ND LT. DANIEL EMBLAD, 2ND HBCT PAB



SHANDI DIA, FORT RILEY POST NEWSPAPER

Evolution in Military Medicine 1



1ST LT TERESA EGAN, 2ND AAB, 1ST INF. DIV., USDC



NIKIA SIMON, MEDDAC



SGT. ROLAND HALE, COMBAT AVIATION BRIGADE PAB



NIKIA SIMON, MEDDAC



ALISON KOHLER, MEDDAC

FROM TOP CLOCKWISE: Members of the Emergency Security Unit of the Kirkuk Provincial Police practice loading and unloading a national casualty during medical evacuation training at Contingency Operating Site Warrior; Tammy Tanner, IACH licensed practical nurse, gives Irelynd Selby a physical examination during an appointment at IACH; Pete Wiemers, Irwin Army Community Hospital health promotion educator, checks IACH Command Sgt. Maj. Junior Riley's cholesterol during his Jan. 11 initial "Get Fit" assessment; an HH-60M MEDEVAC helicopter from Company C, 3rd Battalion, 126th Aviation Regiment, spins up for a mission Jan. 3 out of Camp Taji, Iraq; Sgt. Kailey Good-Hallahan, immunizations noncommissioned officer-in-charge with Company C, 299th Brigade Support Battalion, 2nd Advise and Assist Brigade, 1st Infantry Division, United States Division-Center and a Muncie, Ind., native, smiles with an Iraqi teen after successfully adjusting a wheelchair for her while volunteering with the nonprofit group "Wheelchairs for Iraqi Kids."

FROM TOP CLOCKWISE: Pfc. Jesse Gould, medic, 6th Sqdn., 9th Cav. Regt., 2nd AAB, and a Carrollton, Ga., native, right, draws blood from a fellow Soldier, left, during Level 2 care training with the 546th Area Support Medical Co. March 3 at Camp Liberty, Iraq. Medics from the squadron have been training with Soldiers from the 546th ASMC as a way to increase their patient care and medical skills; Pfc. Miguel Matias (left), medic, straps "patient" Spc. Daniel Bowles, health care specialist, both with 4th Sqdn., 4th Cav. Regt., 1st HBCT, 1st Inf. Div., into a stretcher Feb. 10 during rope rescue training at FRFD Station 4; Spc. Chris Burke, warrior in transition in the Warrior Transition Battalion, walks down the hallway with help from Jennifer Zentz, a physical therapist at the mild traumatic brain injury clinic Dec. 17; Capt. Laura Malone, IACH chief of the nutrition care division and patient, received the laser refractive eye surgery Jan. 20.



Seeing Red

Paintball scenario game simulates Big Red One battles in WWII

By Sgt. Keven Parry
1st Inf. Div. PAO

With thick German opposition in the trees, the Big Red One prepared to launch their assault. The terrain they had to cross was open, and uphill. With little cover between their landing points and the tree line, the “Big Red One” knew they would have to move fast and fire accurately.

Multiple radios echoed a countdown from ten. Then the words, “go, go, go, go” sounded loudly, marking the beginning of the Big Red One 24-hour paintball scenario game held at Bear Claw Paintball in Fayetteville, Tenn., May 14 and 15.

Based on the 1st Infantry Division battles of World War II as told by the movie “The Big Red One,” the event allowed players to take the point of view of 1st Infantry Division Soldiers or their German opposition.

Once the Big Red One cleared the trees and secured the “beaches,” they moved deeper into the woods and occupied their base. An hour after the first shot was fired, each team’s “General” issued mission orders. For the rest of the day, both sides let the paint fly as they attempted to secure locations, retrieve vital information, and obtain key items such as ammunition supplies and bars of gold. By the end of the event, approximately 800,000 paintballs would fly through the air.

Ben Torricelli, a Crystal River, Fla., native, owner of Millennium Paintball Productions, and the writer of the scenario event, acknowledged that the Big Red One has a rich history.



would allow them to. “If you were to go through ‘The Big Red One’ movie and you were to watch it at the same time that we’re doing this, they’d come pretty close”, he said.

The last day of play found the German team ahead by 200 points. The 1st Inf. Div. team pushed hard to complete missions while under intense pressure from opposition tanks.

The Big Red One players matched the German players mission for mission, refusing to give ground and working as a team to eliminate the tanks that harassed their base.

“This is an opportunity for me to remind people of what the greatness of our country is,” Toricelli said. “That strength, that fortitude, that fighting against great odds.”

The final battle consisted of both the Big Red One and the Germans vying for control of four key points of the map. Points would be awarded for each point controlled at the end of play, three of which belonged to BRO “Soldiers” who exchanged paint for paint and held their ground, controlling three of the four points when the final gun shot sounded signaling the end of the game. As was the case historically, the Big Red One was victorious.

“Thank you for giving us the privilege to do this,” said Bolden, referencing Soldiers of 1st Inf. Div. and throughout the Army. “If it wasn’t for you guys ... we wouldn’t be able to do this. We cannot ever thank you enough.”



SGT. KEVEN PARRY, 1ID PAO

FROM TOP CLOCKWISE: A “Big Red One” player defends the “schoolhouse,” a key location during the Big Red One Paintball scenario game held May 14 and 15 at Bear Claw Paintball in Fayetteville, Tenn; a Big Red One team player fires on opponents. The player was wearing the Big Red One event patch on his gear, which was given to all participants; a makeshift cannon greets participants of the Big Red One Paintball scenario game; event staff discuss game technicalities in front of a banner detailing the 1st Inf. Div. Omaha Beach landing before the beginning of the Big Red One Paintball scenario game. **OPPOSITE PAGE:** Players with the Big Red One team make a push against German team defenses during the Big Red One Paintball scenario game.



'Hamilton's Own' Battalion ready for mission in Iraq

FORT RILEY, Kan.—Family and friends bid farewell to Soldiers from one of the oldest continuous serving active-duty units in the American military—the 1st Battalion, 5th Field Artillery Regiment, 1st Heavy Brigade Combat Team, 1st Infantry Division—during a deployment ceremony May 5.

With seemingly good weather, the event was the first deployment ceremony held outside for the brigade since the year began. Guests, including retired colonels and sergeants major, were present to bid farewell to the 1st Bn., 5th FA Regt. Soldiers, who are deploying to Iraq.

Since learning of their deployment to Iraq in January, the battalion's Soldiers have been working steadily to become mission-ready. Some of their training included Net Warrior, special skills training and live-fire exercises.

After so much training, Lt. Col. Keith Casey, 1st Bn., 5th FA Regt. commander, said he was anxious to start the mission.

"I'm excited," Casey said. "This is probably the indicator that we are going to get on a plane and head to Iraq and join our parent brigade, the 'Devil' Brigade."

Lt. Col. Eric Timmerman, provisional commander 1st HBCT-rear detachment, acknowledged the hard work and dedication the battalion put forth.

"They kept themselves and their skills honed to a razor sharp edge for the deployment they knew would come at any time," Timmerman said.

Nicknamed "Hamilton's Own," for its lineage of serving under Alexander Hamilton in the Revolutionary War, the 1st Bn., 5th FA Regt. is accustomed to success, most recently during its 10 years of involvement within Iraq and Afghanistan.

'Longknife' Squadron Trooper runs 50 km on 50th birthday

BAGHDAD—Staff Sgt. Miguel Castro, a combat medic with the 5th "Longknife" Squadron, 4th Cavalry Regiment, 2nd Advise and Assist Brigade, 1st Infantry Division, United States Division—Center and a Miami native, decided to push himself to the limit by running 50 miles on his 50th birthday, May 7, at Combat Outpost Falcon, Iraq.

Castro began training for his long distance run behind the scenes without mentioning to others in the unit what he had planned. However, eventually the word got out to another member of the Longknife Squadron and the news began to travel.

But, with temperatures consistently in the upper 90s, some unit members were concerned for Castro's safety and urged him to lower the distance or spread it out over a few days. Castro compromised, changing his plan to a 50-kilometer run—the equivalent of 31 miles—to be completed in 24 hours.

Eventually, other squadron members decided to join in by holding a five kilometer race for anyone who wanted to come out and support Castro on his birthday.

Castro began running by himself at 5 a.m. on his birthday and completed 10 miles before resting and rehydrating for the start of the 5-kilometer race.

He joined the Longknife Squadron Soldiers and competed in the race, but continued past the finish line to run another couple of miles before attending

an awards ceremony for the race. He knocked off a few more miles after the ceremony and by noon had completed a total of 18 miles.

"My original plan was to complete 20 miles before lunch, but I lowered it because of the awards ceremony," Castro said. "I took a break to eat lunch and rest my legs, but my goal weighed on my mind the entire time and I was not going to quit."

With 13 miles left, he continued on, running another six miles before resting.

"At this point my body was exhausted," he said. "I was determined to finish. It was pure mental toughness and willpower that fueled me from then on."

He had seven miles to reach his goal and said he would not let anything stand in his way, but little doubts crept into his mind.

"The last couple laps seemed like a marathon each and I didn't know if I was going to make it," Castro said.

Maj. Clifton Mo, the Longknife Squadron surgeon and a Pueblo, Colo., native joined in running by his side, pushing him along.

"If Maj. Mo (wasn't) there to help me out I don't know if I would've completed the 31 miles in 24 hours. He gave me the extra motivation needed to reach my goal," Castro said.

Deployed Duke couple make marriage work downrange

PAKTYA PROVINCE, AFGHANISTAN—Deployments often mean being away from Family for long periods of time.

They can mean long days and hard work. For most Soldiers, the time spent away from loved ones can be difficult, but for two married Soldiers from the Special Troops Battalion, 3rd Infantry Brigade Combat Team, 1st Infantry Division, Task Force Duke, this deployment bears a striking resemblance to life at home in Fort Knox, Ky.

Upon arriving at their base in Afghanistan, Sgt. Stephanie Drewry, medic, STB, and a native of Fort Knox, Ky., and her husband, Sgt. Dustin Drewry, combat engineer with the personal security detail, STB, and a native of Sacramento, Calif., said they were surprised and uneasy to be told they'd be living on the other side of the base and sharing a room.

Married for about two years, they were unsure whether sharing a room would affect their marriage and the way they interacted with others, Dustin said.

"We weren't sure whether we wanted to live together," Dustin said. "It kind of cuts me out of team cohesion because when I go home for the day, I tend to stay there."

Dustin and Stephanie met while she was a medic for the STB at Fort Hood, Texas. This wasn't the first time the two had been deployed together.

They both deployed with the STB from 2008 to 2009, but spent the year on different bases, only seeing each other twice the entire deployment, Stephanie said.

Like many things in life, being deployed together has its ups and downs, she said.

For the current deployment in Afghanistan, they rely on extended Family to take care of affairs back home, she said. Their house was recently broken into, requiring them to file an insurance claim from Afghanistan, which wasn't easy.

"I miss the peace of mind of having someone at our house watching it," Dustin said.

While deployed, many Soldiers debate how much information to share with folks back home. For Dustin and Stephanie, there is no protecting the other from knowing how dangerous things are, Stephanie said.

"It's kind of scary because I know what he does as PSD," she said. "I've been in a line unit before, so I know the kinds of things that happen."

Knowing what could happen can at times be worrisome, and Dustin likes to call her a 'worrywart,' Stephanie joked.

Living together isn't all hardship, Dustin admits. Having someone to vent to and talk with after a hard day's work makes things easier.

"It's nice to be able to talk to somebody and not have to be Sgt. Drewry," she said. "I can just be Stephanie."



Group of Fort Riley Soldiers bring up the rear, return from Iraq

FORT RILEY, Kan.—Four Fort Riley Soldiers received a hero's welcome May 9 when they returned home from more than a year in Iraq. Family members and about 50 Soldiers from the Combat Aviation Brigade, 1st Infantry Division, greeted the returning Soldiers at the Manhattan Regional Airport.

The Soldiers were nearly the last Soldiers from the brigade to return from Iraq. The majority of the brigade's troops returned several months ago, but this group was charged with staying back to help another unit get set up in southern Iraq. The last four Soldiers returned to Fort Riley May 14.

Big Red One says goodbye to Chief of Staff Piscal

FORT RILEY, Kan.—After nearly four years at Fort Riley, leadership, Soldiers and members of the surrounding community bid farewell to one of its top leaders.

Col. Richard Piscal, who has served as the chief of the staff for the 1st Infantry Division and Fort Riley for the past two years, was honored for his service to the division and Fort Riley during a Victory with Honors ceremony May 12 in front of the 1st Inf. Div. headquarters.


"You were and you are a great chief of staff, and I feel truly blessed to have had you as mine during the full length of my time in command," said Maj. Gen. Vincent Brooks, 1st Inf. Div. and Fort Riley commanding general. "Thanks for making Fort Riley and the Flint Hills a better place, and thanks for making anyone who touched you (a better person)."

Piscal initially arrived at Fort Riley in June 2007, a time in which Brooks noted was a significant time of change for Fort Riley when many new projects were under design or construction, including the 1st Inf. Div.'s headquarters building. For the next two years, Piscal served the post as the garrison commander.

"You did marvelous work in that role as a garrison commander ... we see and we experience the fruit of that work every day in everything we do and everything we see," Brooks said.

In 2009, Piscal received his new assignment as chief of staff where he joined the "Victory Five" command team of the "Big Red One." He recently returned from Iraq this past January after deploying for a yearlong tour with the 1st Inf. Div. headquarters.

Piscal's new assignment will take him to Washington, where he will serve as the military assistant to the Assistant Secretary of the Army for Installations, Energy and Environment.

"Fort Riley and the Big Red One and the Central Flint Hills are so special to the Piscal Family," Piscal said. "There is no doubt the Piscal family are better people because of our time spent in Kansas. We have been changed for the good, by the good generous hardworking people who have touched our lives and hearts over the past four years." 

LIFE OUTSIDE THE GATE



Flying to a different beat

Radio control aircraft offer perfect outlet for Riley County Fliers

By Stephanie Hoff
Duty First! Magazine

It's a beautiful, sunny day in Manhattan, Kan., the college town comfortably situated outside the gates of Fort Riley. What does the inviting weather mean for retired 1st Sgt. Brian Duke? Load up his personal plane and hit the open sky.

Less than 30 minutes later, the wheels are up and soaring above the Kansas landscape, and yet his feet remain firmly planted on the ground.

Duke, a former field artilleryman, is a member of the Riley County Fliers. The local club is a non-profit organization comprised of members with an interest in Radio Control Aircraft, most commonly called RC aircraft or RC planes. The aircraft, which are generally a fraction of the size of their larger counterparts, are typically controlled by a handheld transmitter and receiver located within the craft.

"My favorite part of participating in the club is getting to know other folks from the local communities and the friendships that follow," said Duke, a native of Colorado. "When one is flying, it takes their minds off all the worries and concerns of everyday life."

Though the club was officially established in 1976, members have been flying since before then, said Club President Todd Smith. Since then the organization has grown to a membership of

RILEY COUNTY FLIERS

- **WHAT:** A non-profit organization comprised of more than 20 members with an interest in Radio Control Aircraft.
- **WHEN:** Every Wednesday night the club provides a chance for people to come down to the flying field and take the controls.
- **WHERE:** Air field next to Tuttle Creek State Park.
- **CONTACT:** For more information, call 785-537-9981 or 785-776-1608, or e-mail rcfliers@mac.com.

more than 20 pilots, complete with their own airfield located next to Tuttle Creek State Park.

"I'm hoping we can get (membership) back up here pretty soon," Smith said, of the club's recent decline in membership because of several of its military pilots relocating from Fort Riley.

An additional benefit of participating in the club is the opportunity to share their enjoyment with other members, Smith added.

"It's nothing to get a call one day, and all of a sudden you're dropping everything to meet them out at the field to fly," he chuckled.

The initial start-up fees acquired by a person interested in beginning the hobby can vary greatly by the size and type of RC aircraft they select and how many man-hours they are willing to initially invest. 'Almost Ready to Fly' planes can require 15 to 20 hours of assembly before their first flight, where the Ready To Fly aircraft, which come with the radio and engine already installed, can be ready to go in an hour or two. The aircraft can also come

with a variation of engines that range from electric to miniature "jet engines."

Every Wednesday night the club provides a chance for people curious about the hobby to come down to their flying field and take the controls of the club's trainer plane and receive instructions from the club's instructor.

Each participant is offered two complimentary sessions with the club's trainer and plane. If they decide to become a member, the yearly fee is \$25 for an individual and \$30 for a family. The membership provides them access to the club's flying field, events, newsletter and additional training, if desired.

"I'll tell you one of the coolest things about this hobby is (that) I have never seen anybody out there flying with a frown on their face," Smith said. "There's nothing else. Fights with kids, spouses, bad things at work, car broke down, whatever. Anything that is bothering them; it's not even in their head. They are out there and their mind is (on flying) and they're having a good time. When you're (flying) you are there and there is nothing else going on."

Anyone interested in obtaining additional information about the club, becoming a member or scheduling a complimentary training session is encouraged to call 785-537-9981 or 785-776-1608 or e-mail at rcfliers@mac.com or visit the club's website at http://web.mac.com/mknox/rcf/Riley_County_Fliers.html, Smith said.

"Anybody who wants to get into (R.C. planes); they just need to give me or the club a call and we'd more than happy to get them hooked up." ▀



LEFT: A pilot operates his radio controlled aircraft during the June 2010 Fly-in hosted by the Riley County Fliers. The nonprofit organization hosts the annual event each summer, where members and non-members can participate with their aircraft. ABOVE: A radio controlled aircraft flies during the June 2010 Fly-in hosted by the Riley County Fliers. Every Wednesday night the club provides a chance for people curious about the hobby to come down to its flying field and take the controls of the club's trainer plane and receive instructions from the club's instructor.

words of wisdom

Troops! Who of you have heard of "Occam's Razor?"

Most of you, good. No, sit tight! This term, it means that "the simplest explanation is most likely the correct one." Think about that and put it towards your career and why you are here. You'll likely get the answer of why you are in the service and you'll get an idea of what you're fighting for.

How do your reasons compare to the Army's seven values: Loyalty, Duty, Respect, Selfless Service, Honor, Integrity and Personal Courage? Each of these words have been cemented in our minds since we were grunts. Are any of these reasons a part of your reason for joining? If they are, good on you! If not, no matter, we are unique, and in that individuality we gain strength, resilience and cohesiveness as a team.

As a noncommissioned officer, it's important that I keep things simple when the job gets tough. One step at a

YOUR DUTY FIRST! 1ST SERGEANT

time, men and women of the 1st Infantry Division, and while you're at it, for God sakes, maintain discipline! Sure, we'd all like to be that college civilian asleep in their comfy, student loan paid for feather-bed, but we have a nation to defend, and with that comes pride!

I want men and women in my formation who can go the distance, men and women who sing the "Rocky" theme song crossing the finish line, men and women who pour out a gallon of sweat on a 13-minute two-mile and then are surprised when they don't have to complete a timed obstacle course. Air Assault! Yeah, I knew some of you were in here.

That is motivation! What is yours? Who is looking up to you as an NCO? That is motivation! Who do you have waiting for you at home? That is motivation! For you privates and

As a noncommissioned officer, it's important that I keep things simple when the job gets tough. One step at a time, men and women of the 1st Infantry Division, and while you're at it, for God's sakes, maintain discipline!

specialists, what NCO do you look up to? Do you want to impress him or her? That is motivation!

Stand tall NCOs, we are the backbone of the Army! Stand tall Soldiers, for without you, nothing is possible. We have a country to defend and we have our own goals to reach in the service. If we have pride in these things, then nothing can stop us and the standard will remain high.

1st Sergeant ... Out! ▀



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LOOKING FOR INFORMATION ABOUT THE BIG **RED** ONE?

- www.riley.army.mil
- www.facebook.com/1stInfantryDivision
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