

THE VOICE

Still in the Fight A JOURNEY OF HEALING BACK INTO IRAQ



ou haven't slept a full night in years. You return to where your life was forever changed. Death and destruction no longer

dominate.

Liberty's roots have taken hold. People come out of their homes to greet you. They no longer scatter at your approach. Instead, they thank you for having protected them.

You were forced to leave your mission incomplete. It has taken two years, maybe more, to recover. And you are finally able to sleep again. You are back in Iraq.

Operation Proper Exit, an initiative of the Troops First Foundation, sponsored by the USO, helps bring closure to lives changed mentally and physically by war. Commanders on the ground in Iraq, in consultation with organizers in the United States,



Sergeant Brandon Deaton

reviewed each aspect of such a journey of healing. Could six wounded soldiers, all with prosthetic limbs, travel safely in Iraq? Would the bases be able to support them with the proper housing? Would the memory of their experience trigger post-traumatic stress?

If the soldiers were medically fit to travel and wanted to go back the trip could move forward. The recruiting began. The group was built over the course of the spring as a unit. Six wounded warriors volunteered.

They were on a new mission. A mission to answer one question: Was it worth it?

Four active duty and two medically retired soldiers returned to Iraq this summer to find their answer.

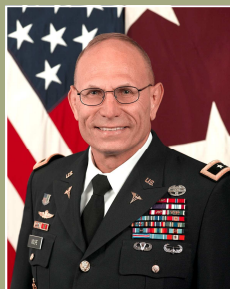
Upon meeting the soldiers of Operation

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JTF LEADERSHIP



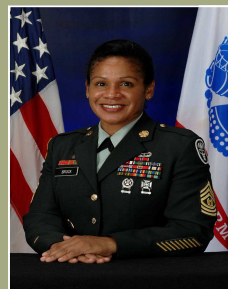
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COMMAND SENIOR ENLISTED LEADER'S PERSPECTIVE

HAPPY NEW YEAR to each and every one of our Service members and Family members throughout the National Capitol Region and Joint Operating Area! 2010 is here and we have moved into a new decade. I look forward to all the changes, improvements, innovations, and joint projects that are in progress and moving towards completion fast!

This month's focus is on 'Recognition'. As a whole, we have SO many staff members that work extremely hard, bend over backwards to ensure mission accomplishment, and maintain a GREAT attitude while doing it! Every organization has some type of an awards program.

What is an award?

An award can be anything from a formal decoration, a certificate of appreciation or achievement, to even monetary incentives. Recognitions can also be a form of award. By recognizing good deeds, excellent customer service, acts of kindness, or superb performance signifies a type of award.

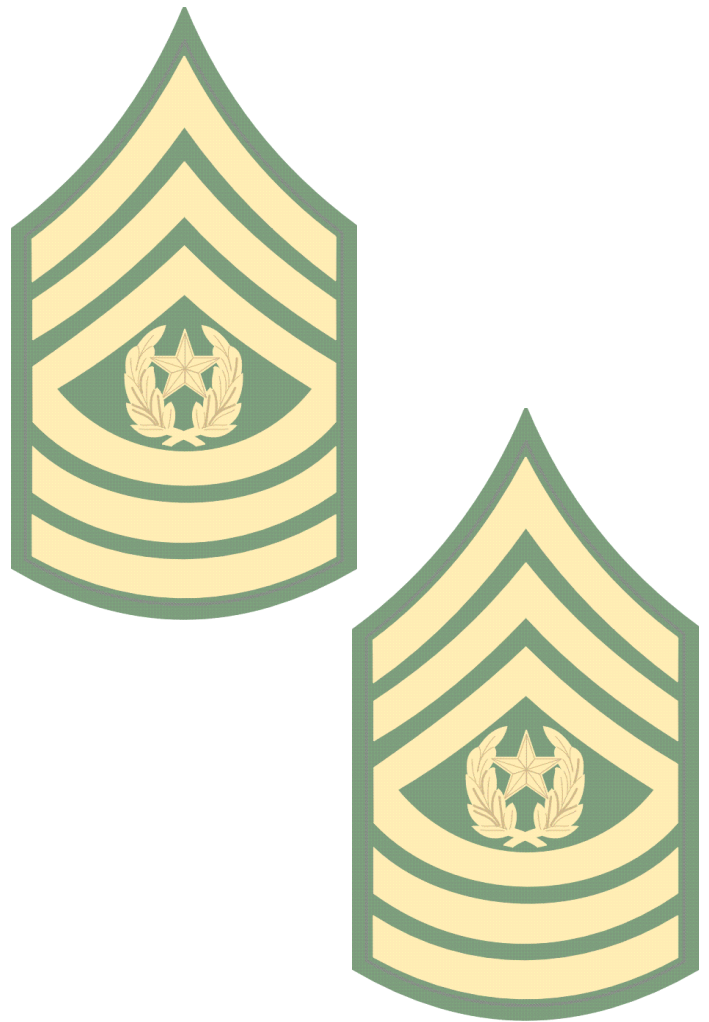
When is the last time you recommended someone (or were recommended) for an award? When is the last time you either gave (or received) a simple compliment or told someone "Great Job" and gave a pat on the back? When is the last time you attended an awards or promotion ceremony for someone you hardly even know but work in the same organization with? When is the last time you requested a Commander's coin of excellence for someone?

In order to maintain a positive and motivating work environment, we must ensure we recognize those daily 'heroes' we have in our work places. If you don't have a thriving recognition program already, what are you waiting for? OR if you have great suggestions on how to improve on the program or on how to boost morale even

more, talk to your leadership! One of our goals this year should be to ensure that all organizations take care of their staff. We expect so much from them so we should give back. This indeed is an important part of Caring for the Caregiver.

So start now! Who are your Superstars in your section, clinic, office? Take care of them. Let everyone know who the silent heroes of the day are! I'm so proud to be a part of this team! ■

CSM Donna Brock

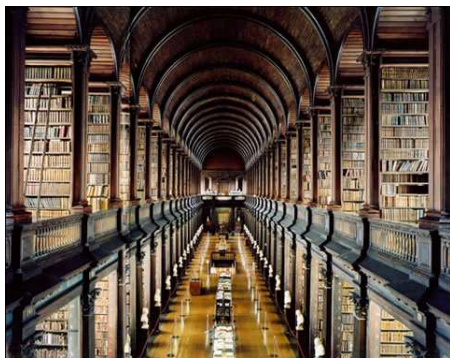




Joint Electronic Medical Library Update

By COL Greg Argyros

On December 16, 2009 the J7 (Education, Training & Research Directorate) presented a follow-up informational brief to the JTF Executive Council on the Joint Electronic Medical Library for the Joint Operating Area (JOA). The purpose of this briefing was to give an update on a decision brief that was approved in February 2009 that outlined a multi-phased plan for integra-



tion of the physical and electronic libraries within the JOA. Phase one of this plan integrated the WRAMC Library server/software systems into the USU Learning Resource Center (LRC), is nearly complete, and has been very successful. The URL for viewing the link between the LRC catalogue and the catalogues for the WRAMC, Kimbrough, and Dewitt libraries is <http://pac.lrc.usuhs.mil/>

assigned to WRAMC. Librarians at the USU LRC and the MTF libraries did a tremendous amount of work in utilizing feedback from physician, nursing, and enlisted education, research, and administrative leaders to create a program that will offer access to more than 4000 electronic journals. The budget for this program was presented as well. Phase three involves the physical integration of the Stitt and Darnall Libraries at NNMC and an update on the status of that consolidation was presented. Future proposed phases will involve utilizing lessons learned from phase 2 to roll out electronic library services to all personnel assigned to NNMC and all remaining facilities in the JOA and to transition the NNMC Library server/software systems into the USU LRC. The end result of this project will be to have in place systems that are user-focused and technology dependent and are easily accessible to all personnel in the JOA. ■

Standardized Joint Enlisted Medication Administration Course

CMSgt Celia Dowers

On December 16, 2009 the J7 (Education, Training & Research Directorate) presented a follow-up decision brief to the JTF

Executive Council on the Standardized Joint Enlisted Medication Administration Course for the Joint Operating area (JOA). The purpose for the brief was to obtain approval for lesson plans and medication administration guidelines that were due out from the previously approved Standardized Joint Enlisted Medication Administration Course for the non-licensed Army (68W), Air Force (4N0) and Navy



(Corpsman/Basic Skills) enlisted medical personnel. Under the leadership of CMSgt Celia Dowers, J7 Chief, Enlisted Training, the J7 Enlisted Training Cell developed eighteen lesson plans and a medication administration guideline for enlisted medical personnel in alliance with similar efforts being developed at San Antonio Military Medical Center (SAMMC). The Joint Medication Administration course was developed with a focus on compliance with Joint Commission standards as well as National Patient Safety Guidelines. The desired effect of this course is to facilitate

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interoperability and maximize cooperation between the three Services in the JOA. Extremely satisfied with the J7 Enlisted Cell's product, the JTF Executive Council unanimously approved the lesson plans and the medication administration guidelines. Over the coming months the Education, Training & Research Directorate and J7 Enlisted Training Cell, in collaboration with nursing subject matter experts from each Service, will finalize the course prerequisites, classroom training length, unit-based competency verification and on-going annual competency assessment requirements. The plan is to coordinate with military treatment facility Education & Training Departments to pilot test the program in the Fall of 2010. ■

JTF CAPMED Establishes Transition Program Management Office

By CAPT Betsy Myhre, NC, USN

 n December 4th, 2009, CJTF CAPMED established a BRAC Transition Program Management Office (PMO) under the leadership of CAPT Betsy Myhre, NC, USN to ensure that integration and transition planning activities are synchronized to achieve success of the BRAC mission. The PMO will provide up-to-date guidance on industry

best practices; coordinate clinical subject manager expert input, and scheduling support to coordinate transition-related activities between National Naval Medical Center, Walter Reed Army Medical Center, 79th Medical Wing and DeWitt Army Community Hospital transition teams.

The Transition PMO will ensure successful:

- Execution of integration and transition planning activities;
- Coordination and prioritization of ongoing, inter-dependent projects across sub-projects, departments, and geographies;
- Coordination with external stakeholders;
- Use of established processes, procedures, tools, and techniques to enable efficient and effective operations;
- Implementation of scheduling and risk management support across the program; and
- Coordination of governance and corporate decision-making.

In order to accomplish its mission, the Transition PMO leverages nine core capabilities: governance oversight, organizational change management, performance management, integration management, scope management, schedule management, risk management, communication management, and configuration management. To execute these core

capabilities, JTF CAPMED has partnered with Booz Allen Hamilton subject matter experts on program management, risk mitigation, schedule management, health care analysis and health care facilities transition planning. ■

Civilian Human Resources Council - Year in Review

By Debra Edmond



Change is hard...

Collaboration can be complicated and slow...Preparing for In-

tegration requires months of preparation and it may not get easier with time...Learning about the attitudes, processes and culture of our contemporaries in the National Capital Region educates, enriches and informs us in ways that we cannot predict.

These are among the many lessons learned by members of the Civilian Human Resources Council and Advisory Group over the last year. After agreeing to a detailed phased approach to the regional transition in early 2009, the Council worked together to modify current business practices at WRAMC and NNMC to sustain recruitment at WRAMC while planning for a smooth movement of employees from WRAMC to the two Joint hospitals in 2011. Because the majority of WRAMC employees desire placement

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at Bethesda, the Council members have made changes to how WRAMC, NNMC and DeWitt fill permanent jobs to maximize placement of employees in their desired locations. By December, the Council was turning its attention to a regional approach to fill vacancies when the Joint hospital staffing plans are complete.

In 2010, these senior leaders and HR experts from WRAMC, NNMC, DeWitt and JTF CAPMED will continue efforts to focus current hiring to meet future requirements. As the countdown continues to September 2011, the Council will be actively engaged in developing personnel plans and programs for the transition of Army and Navy civilians to DoD civilian positions at the new Walter Reed Army Medical Center and Fort Belvoir Community Hospital. ■

JTF CAPMED Develops “First-Ever” Joint Vaccination Teams in the NCR

By MAJ Rodney C Wadley

Multiple DoD organizations within the National Capital Region have populations with limited or challenging access to immunization clinics due to their geographic locations. With the potential for a pandemic outbreak and know-

ing that these units may need assistance in a time constrained environment, the JTF CAPMED Force Health Protection Cell worked closely with their Immunization Delivery Optimization Team (IDOT) Committee in spring 2009 to develop ways to effectively provide vaccination services to these units. This initiative resulted in the standup and fielding of three 10-member Joint Immunization Teams (JVT) that drew available manpower and logistic assets from various tri-service medical facilities within the NCR.

These JVTs provided 5,504 vaccinations during twenty-three off-site mass vaccination campaigns between 30 Sep and 31 Nov 2009. Seasonal influenza vaccinations were quickly and safely administered, thereby setting the standard for future DoD-required mass vaccinations campaigns. In addition, the JVT’s supported the DiLorenzo Tricare Pentagon Clinic in immunizing over 8,300 Military and Civilian Personnel assigned to the Pentagon during the early period of the second wave of the novel H1N1 influenza fall 2009 pandemic.

The great successes achieved by the JTF CAPMED Joint Vaccination Teams clearly demonstrate how Joint teams can quickly and safely deliver vital vaccinations to unique populations and rapidly facilitate vaccduring emergency situations

such as pandemics. This Joint Vaccination Team will serve as a model for future campaigns. ■

Contract Signed to Outfit Medical Expansion at the Future Walter Reed National Naval Medical Military Hospital

By Timothy R. Smith



he largest medical expansion effort in U.S. military history requires the largest medical outfitting and transition initiative.

On November 23, 2009 General Dynamics Information Technology , a business unit of the defense contractor General Dynamics, was awarded the \$322 million contract to outfit the equipment, information technology, other non-medical equipment, and furniture for the future Walter Reed National Military Medical Center and the newly constructed Fort Belvoir Community Hospital.

The contract is the first of its kind in military history.

In the past, the Department of Defense outfitted its own medical facilities, but the magnitude of the Walter Reed expansion requires outside assistance. “Typically, in a medical-military construction project, we would sort of function as the general contractor ourselves for initial outfitting, but, in this case,

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the scale is an order of magnitude beyond what we've done before," said Air Force Col John Bulick, the director of logistics for the Joint Task Force.

Bulick said contracting out the hospitals' outfitting was "to our advantage and the advantage of our beneficiaries."

An outside contractor should make the transition more efficient.

"It will achieve economies of scale and standardize patient safety equipment and ensure the best in health care services for the wounded and all the patients here and in the national capital region," said Vice Adm. John Mateczun, commander of the Joint Task Force, which oversees military medicine integration in the national capital region.

Under this contract, General Dynamics Information Technology will also transfer equipment from the existing Walter Reed Army Medical Center to the new sites.

For over 50 years, General Dynamics has provided services, training and information technology to military and government agencies. They currently support the Army's Medical Communications for Combat Casualty Care (MC4) program. General Dynamics Information Technology fields, trains and sustains the medical information management systems of this program that supports

members.

Construction on campus is progressing since it began in July 2008. The two new wings at the future Walter Reed National Naval Medical Center will open September 2010 and renovations within the existing hospital will end the following year. ■

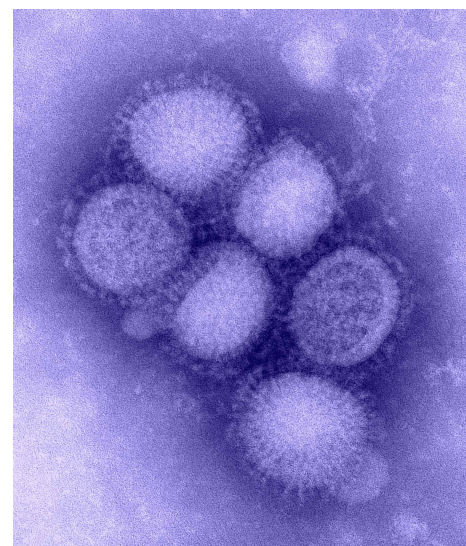
JTF CAPMED Conducts Pandemic Influenza Impact Table Top Exercise

By Gene Smallwood

The JTF CAPMED conducted a Pandemic Influenza Tabletop Exercise on 15 Dec 2009, designed to increase the awareness of the J-Code Director staff of potential manning shortages (e.g., 40% loss) during a pandemic. The exercise assisted Directors in defining mission essential functions during crisis events, defining mission critical-emergency personnel, and joint operations center roles, responsibilities, equipment and associated training to highlight best practices, identify solutions, and validate the Mission Critical Emergency Personnel recall system. Using a scenario whereby an H1N1 pandemic had escalated beyond predictions within the NCR, DoD medical treatment facilities and many local civilian hospitals were becoming overwhelmed and requesting assistance. Over 500 DoD

beneficiaries had been hospitalized, and the Deputy Secretary of Defense had directed CJTF to over-see assigned DoD medical forces within the NCR Joint Operating Area, recall emergency personnel, prepare for 24 hour operations in support of the in-house Joint Operations Center until further notice, and provide Defense Support to Civil Authorities.

The exercise reinforced staff teamwork and improved readiness while further defining roles and responsibilities. Opportunities for improvements were identified, evaluated and approved for implementation. The highly successful exercise has paved the way ahead for future quarterly exercises designed to further enhance the CAPMED staff's ability to respond to crises within the NCR/JOA; whether natural, man-made, cataclysmic, or terrorist inflicted. ■



Type A H1N1

Photo by Harvard School of Public Health



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Proper Exit, Multi-National Force-Iraq Commanding General Ray Odierno stated, "This is the realm of the possible." A realm where those who had been wounded could return to the battlefield.

MNF-I headquarters was the first stop on Operation Proper Exit's itinerary. At the Al Faw Palace in Baghdad, 500 service members stood cheering to welcome their fellow soldiers. "These men are returning not as wounded, but as soldiers," announced Colonel David Sutherland, who commanded the 3rd Heavy Brigade Combat Team, 1st Cavalry Division in Iraq in 2007 and served as the group's military team leader.

The team moved at a fast pace making seven stops in one week to visit the bases where each soldier had been stationed years before. The schedule also allowed time for reflection, training exercises, and catching up with old friends.

"This trip put us face-to-face with what happened," said Army Sergeant Christopher Burrell, a military dog handler with the 108th MP Company. Burrell was wounded in Sadr City in 2007, one day after Christmas.

Sergeant Rob Brown, who lost his right leg to sniper fire while on patrol near Ramadi in 2006, concurred. "Mentally, we were able to



Top row, left to right: Command Sergeant Major Lawrence Wilson, Sergeant Marco Robledo (ret.), Staff Sergeant Kenny Butler, Staff Sergeant Brad Gruetzner (ret.), Bottom row (left to right): Sergeant Brandon Deaton, Sergeant Chris Burrell, Lieutenant Colonel Lankford, Sergeant Rob Brown, at Camp Ramadi.

accomplish there what we couldn't accomplish in the States."

Many soldiers experience night tremors during their rehabilitation back home, a psychological hurdle often difficult to overcome. The six soldiers who returned were able to sleep through the night in Iraq as they began to face what had been left unfinished.

"Coping with my injury wasn't much of a problem, but wondering what my sacrifice was for has lingered in my head since I got home," Staff Sergeant Kenneth Butler said of his decision to volunteer for Operation Proper Exit. Butler was assigned to the 1st Battalion, 504th Parachute Infantry Regiment, 82nd Airborne,

when he was wounded outside of Baghdad.

"Veterans of previous wars go back [to the countries where they fought] 40 or so years later. I got to come back three years later," added Brown on being selected for this first-of-its-kind wounded warrior experience. MNF-I Command Sergeant Major Lawrence Wilson explained the support in-theater for the journey, "It was the right time for them. They chose the time. It's the right thing to get them back out there. What we saw were soldiers who were still capable of giving back and taking the fight to wherever it needed to be taken."

In the last two years, Iraq has changed. Much of the fighting has subsided. The Iraqi army is now in charge, supported by U.S. Forces as the transfer of power continues.

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Sergeant Marco Robledo (ret.) demonstrates the use of his prosthetic hand and arm



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Near the Al Faw Palace and in the Green Zone, markets bustle with commerce. Terror-torn provinces such as Diyala enjoy relative calm - once desperate battle zones.

During the group's visit into Diyala, the former provincial governor and his brother (one of 17 paramount sheiks in the province who traces his ancestral roots back to the Ottoman Empire) invited the soldiers to share a meal with 50 representatives from the local government and tribal elders. The sheik welcomed them by offering the warriors lamb, a delicacy and an honor in Iraq. "You are [the] medals on our chest," he told them.

"For a key leader of the Diyala province, not only a sheik, but the governor, to come and tell our warriors 'thank you' shows how far we've come, not only in friendship, but also partnership and the willingness to make a [more] free, secure Iraq for all," Wilson said.

For the soldiers, the meal was in stark contrast to their last time in Iraq. To be able to eat with the sheik, sit down, share food with them, have a conversation with them, and actually feel somewhat relaxed - I know something like that wouldn't have happened in my sector three years ago, two years ago, maybe not even six months ago," said Butler of the change to Diyala. "To see it (the



Sergeant Rob Brown outside his former living quarters at Camp Ramadi. Photos courtesy of Rick and Lindsey Kell and the U.S. Army.

area) that secure, to interact with people that maybe at one point in time or another we would not have been friends with, that's obviously huge."

Later, en route to Ramadi along a two-mile strip of highway nicknamed Route Michigan, children chased the helicopter's shadow, waving up to the soldiers of Operation Proper Exit. Only a few years ago the stretch had been a dangerous transit route where each remembered the fear of getting blown up. Now, gratitude accompanied the soldiers



Sergeant Rob Brown, Sergeant Chris Burrell, Sergeant Brandon Deaton, Staff Sergeant Brad Gruetzner (ret.), and Staff Sergeant Kenny Butler in Iraq.

up and down the roadway reflected by the hope in young faces.

The trip brought "instant gratification to see that what they had done meant something," Sutherland said. That gratification was the ultimate example of good triumphing over evil. The brutality and extremism of the few, overtaken by the voices of the many, yearning for peace. As they observed the improvements to Iraq and traveled freely through the country, all six men realized they had lost their limbs to build a democracy. Their sacrifice had borne freedom for the Iraqi people.

"I wanted to see the work we did, and know it was meaningful," said Staff Sergeant Brad Gruetzner, originally from Palestine, Texas. He had been wounded on a scouting mission near Camp Warhorse in 2006. "This was a good opportunity. Iraq has changed for the better."

"To come and see the strides of the Iraqis because of the sacrifices U.S. Forces have made ... it wasn't for nothing," continued Butler on witnessing a country functioning. "The Iraqis are taking back what we started to give back to them," Brown said after the visit to Ramadi. "My sacrifice wasn't in vain, nor was it for any of the other guys I served with."

The power of Operation Proper Exit not only had an effect on

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the wounded warriors, it also had a profound impact on the soldiers serving today in Iraq. The trip allowed everyone to see that "they are still alive," Sutherland said. And this time around, "they got the chance to say goodbye to their buddies."

While in Baghdad, the group visited a CSH (Combat Support Hospital) in the Green Zone to sit with those who had been recently wounded in action. The returning soldiers spread hope through the wards. They were walking examples that wounds can and do heal - and life continues.

The CSH visit also inspired one of the Operation Proper Exit participants to continue to serve. Wounded near Sadr al Yusufiyah in 2006, Sergeant Brandon Deaton, 10th Mountain Division out of Fort Drum, New York, had planned to medically retire from the Army. "But after making the Operation Proper Exit trip, I have decided to remain on active duty and pursue a future working with other wounded warriors."

It was not just at the CSH that these warriors boosted morale

among the American forces. At each base they spoke with fellow soldiers about their personal experience of being wounded in battle. At the end of one town hall meeting the question was posed, "Would you return for another tour in Afghanistan or Iraq?" The answer: "Sure, we'd go back;" Brown replied. "We're here with you now, aren't we?"

By returning to Iraq, Opera-



Source: Defense Visual Information Directorate (DVIC)

tion Proper Exit etched into the minds of both the wounded warriors and the soldiers they met that "on your worst day, we [the military community] aren't going to leave you behind," Sutherland stated. "Operation Proper Exit shows the bond between soldiers - those who wear a patch on their right shoulder. Iraq and Afghanistan are still dangerous places, but even in theater, their fellow soldiers back at home are not forgotten."

Fittingly, it was the stop near the end of Operation Proper Exit that was the most fulfilling. And it occurred at the most notorious and fearsome of locations in Iraq to the American soldier: Balad, the hospital where traumatic wounds are treated.

Outside the ER, the "Hero's Highway" can be a flurry of gurneys and activity as the fight for life replaces the fight on the battlefield. All six of the soldiers had come through Balad.

"I don't remember getting hurt or going through there. It gave me a sense of worth going there, walking in on my own instead of being pushed in on a stretcher to the ER. I got to see the hospital," said Sergeant Marco Robledo, who was with the 875th Engineer Battalion when his convoy hit an IED in 2007 en route to LSA Anaconda. He lost both his left arm and his left leg in the explosion.

Seeing the hospital and talking to the staff increased the respect and appreciation all held for the men and women working there. "They took really good care of my guys ... (Now) I know that soldiers that are getting hurt and going through here, are being taken care of," Robledo said. Into bright summer sunlight,

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the warriors emerged from the hospital. They hugged the medical personnel on duty, thanking them for having saved their lives. Their questions had been answered, their mission was complete. The six men walked down the Hero's Highway on their own two feet, a few prosthetics, and onto the waiting helicopters to once again begin the journey home.

"To be able to come back to Iraq and walk out on my own, it

means a lot. I put a lot of hard work into this country, and I don't even remember leaving last time. I was unconscious. So to get to do this, it's finally going to be closure," said Gruetzner.

"I felt defeated when I left last time," Butler said as he stepped onto the helicopter. "I didn't know that was an issue until I left under my own power this time."

"And this time, I left on my

terms," said Brown. "It's the final stepping stone to finishing the chapter of my life that I left here. I will carry this trip with me for the rest of my life. We are still in this fight." ■

Amy K. Mitchell is the executive editor of ON PATROL and a vice president at the USO. This article appeared in the ON PATROL web magazine and was retrieved from http://www.uso.org/usoonpatrol/article_still-in-the-fight.html on January 11, 2009

JTF CAPMED

THE VOICE

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