“Got a job for me CSM?”

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Abstract

In 2002 I was the Detachment Sergeant for the 223rd Medical Detachment (Preventive Medicine) stationed at Fort Carson, Colorado. That fall almost the entire installation was alerted for deployment to Iraq as part of Operation Iraqi Freedom (OIF). My unit was not alerted and I volunteered to deploy with our higher headquarters: the 10th Combat Support Hospital (CSH). On May 1st 2003 I deployed to Kuwait as the 10th CSH 88 bed package 1SG in support of OIF. I eventually rejoined my unit in Iraq.

"Got a job for me CSM?"

In the fall of 2002 I was stationed at Fort Carson, Colorado (FCC) and was the Detachment Sergeant for the 223rd Medical Detachment (Preventive Medicine). I was a SFC, had been stationed at FCC a little over a year and knew that I would have to PCS soon. I had just been selected for Master Sergeant (MSG) and the Preventive Medicine (PM) Detachment (Det) Sgt job was a 91S, Preventive Medicine Specialist SFC slot. Branch would not let me stay at the 223rd or as a 1SG for one of the other companies under the 10th Combat Support Hospital (CSH). The 223rd fell under the 10th CSH for peacetime command and control but would deploy with the 1st Medical Brigade (1st MED) stationed at Fort Hood, Texas if the nation ever went to war. I didn't know that global circumstances would require me to stay with the 223rd longer than I expected and that my leadership skills would be tested in the coming months.

The Bush administration became concerned with the possibility of weapons of mass destruction (WMD) in Iraq under the Saddam Hussein's regime and the threat that they posed for the United States of America. The President sought sanctions thru the United Nations and our foreign allies against Iraq and the possibility of hostilities. The Department of Defense alerted the military for a possible deployment in response to the WMDs and most FCC units were notified to begin deployment preparations. The entire 10th CSH was going in support of 4th Infantry Division as part of Task Force (TF) IronHorse.

The 223rd was not alerted and I was informally told that they might not be deploying at all. The 1st MED, stationed at Ft. Hood, TX, had also been notified to begin deployment preparations. They had two PM dets as part of their Table of Organization and Equipment

(TOE): the 223rd in Colorado and the 224th stationed with them at Ft Hood. They selected the 224th to accompany them to Iraq and would leave us behind.

Many PM Dets (both active and reserve) had been put on alert and the 223rd was apparently to be kept stateside in reserve. There was approximately eight PM Dets going overseas in support of TF IronHorse and 4th ID. The CSH was going and they couldn't take us. Our wartime higher was going, owned us, and was taking the 224th with them. My Soldiers faced a strong possibility of sitting out this deployment and possibly the war. I consulted my commander and asked to be released from the 223rd to join the CSH in their deployment.

The 10th CSH was one of many other CSHs and medical assets deploying as part of TF IronHorse. Initial guidance was that we would be stationed in Al Asad Airbase, Iraq, after arriving in theater. The CSH had just gone thru the Medical Re-engineering Initiative (MRI) process mandated by MEDCOM and we responded well in our preparations. The MRI was part of the modernization that MEDCOM had developed to streamline how medical support was being given to FORSCOM units.

Medical Command (MEDCOM) and our commander anticipated that we may have to conduct split-based operations once in theater. This would allow us to care for mass casualties in two separate locations. In garrison we began to break down our CSH into two forces for this contingency scenario. The CSH effectively became two units or "packages". These "packages" were self-sufficient, mini-hospitals that could be pushed forward as the battlefield moved. The maximum number of patients they could effectively administer care to at one time distinguished the number. There was an 88 and a 160 bed "package". Each had their own command groups and could be located very distantly apart from one another if needed.

Traditional leadership personnel had been kept in their TO&E positions as much as possible (and whenever practical). Leadership wanted to keep unit integrity but did not want to leave either "package" light on strong leaders. Like any other unit there were many Soldiers who were working outside of their Military Occupational Specialty (MOS) for a variety of reasons. Soldiers now had to be operational in their MOS to fit into the separate "packages". This required some senior enlisted personnel to vacate their jobs. Medical company 1SG positions were 91W, Health Care Practitioner slots and many of these positions were currently held by MSGs of other MOSs. Many 1SGs had to step down to become Wardmasters or Ward NCOICs for their particular ward. Some company commander as well as executive officer positions went away.

At the end of February 2003 I was designated the 88 bed "package" 1SG and Logistical Support Area (LSA) 1SG by my CSM. I had just graduated from the USASMA distance learning 1SG course at FCC. I initially had a bit of anxiety about the package 1SG job since I had never held a 91W job (not too mention a deployable medical company 1SG job). Preventive Medicine and true medicine are **very** different fields. I was reassured by my CSM that I would have good people around me to handle the medical planning and that my sole job would be taking care of troops. I had been doing this at the 223rd (and other units before that) for many years. I knew I could do that and do it well. The LSA job would come into play if my package did not push forward. I was not worried about those responsibilities. That job would be a cakewalk.

My package would push forward first if the need arose. I now had a different company commander whom I had previously only seen in passing or at the BN quarterly training

briefs. He would also become the LSA OIC while we were in Kuwait. We began to "mesh" over the next few weeks as we discussed battle plans, rest rotations, equipment security, and platoon organizations. We planned for crossing the "berm" and hoped that we wouldn't be stuck below it for too long.

The entire 10th CSH arrived into Kuwait on 31 March 2003 and shortly thereafter set up in Camp NY. My LSA job began and I mostly assisted my CSM in getting the CSH settled in. CSM James E. Diggs is a great leader and trainer of Soldiers and was a great mentor to me during those early days in OIF. I enjoyed learning from him and consider him the best NCO I have ever worked with in the Army Medical Department. We worked on a lot of things simultaneously: vehicle and equipment security, connex field placement, accountability of troops and working with the camp chain of command sorting out details, guard tower duties, and a multitude of bureaucracy.

We were soon notified that we would not be pushing packages forward into Iraq. The advancement of the coalition combat troops, and the successful securing of military objectives had progressed on at an accelerated pace. The combatant commanders and MEDCOM had decided that the CSHs already in Iraq were enough to treat the fewer than expected medical casualties. We would stay in theater and send our organic people forward, as needed, to augment other CSHs, dets, and other units that needed medics. As with other military operations people had to be switched out for one reason or another. Backfills for them would be needed. Even our expendable medical supplies and equipment were being hand-receipted to these units that were picked to "stay in the fight". We effectively became a "lending closet" of sorts and it was a big ego bruise to me. I think the rest of the command group felt the same.

The 10th CSH would send back its PROFIS personnel to FCC and the MEDDAC hospital that needed them. The family member population hadn't decreases all that much at FCC and we had a good number of their health care providers. These providers had been in Kuwait for 2 months now with little to no mission and had not seen patients for a month leading up to the deployment. Family members back at FCC were waiting a long to receive appointments and some people were being referred off-post. While this re-deployment of personnel was generally understood by our Soldiers it did breed some resentment by those still stuck in Kuwait. We didn't know when we'd be going home but suspected it would not be too long.

We took the thirty or so PROFIS Soldiers to the Kuwait airport and saw them off. Most of them were happy to leave but also sad at seeing our predicament at being in "limbo". They had done their job, prepared for a long deployment in Iraq, and were now needed elsewhere. I had come to know some of them well and would miss many of them. Many of them sent us emails and packages once they returned stateside and wished us well.

The first call came forward for volunteers and some specific medical specialties. Doctors, nurses, anesthesiologists, medics, medical supply specialists and even a 91S were needed. We scheduled a 15 vehicle convoy (to include trailers and wreckers) to go forward into Iraq to take them to their new units. This became a complex and time consuming event for the command group. We made preparations to get them over there safely and efficiently. Leichmaniasis and Malaria were some of the diseases endemic to theater and we needed to protect them against it. Permethrin treatment of their uniforms against mosquitoes and sandflys became very important. The other 91S and I treated approximately 200 uniforms over a two day period for these deploying Soldiers. It was unusual to slip back into my traditional PM mode.

We said farewell to this group of Soldiers and anxiously awaited their communications at already agreed upon time intervals. They would be gone approximately 4 days. We were concerned about the vehicles holding up, the stability of their trailers, them getting lost in an unfamiliar area. Most of all we worried about the possibility of enemy contact. They checked in and were soon on their way back. A couple of tire blow-outs, minor maintenance issues but nothing serious. All personnel had been dropped off and the convoy had been a success.

Toward the end of June we were informally notified to start packing up. The order was to send home personnel that needed to PCS, attend NCOES, or had other legitimate reasons to return to CONUS. The end was imminent for our unit being in theater. After we had given up our needed personnel, equipment, and supplies we would be of no use in Kuwait. Everyone would be going home and it would another 2 months or less before we'd all be home.

I asked my CSM to allow me to rejoin my unit, the 223rd Med Det, already in Iraq. It seems that they were needed after all and had been in theater for some time. I had made contact with them and the commander expressed his desire to have me back if possible. With the CSH heading home I could decide to stay and cross the berm. The CSM understood my reluctance to go back to FCC with my Det still involved in the mission. I was given the go ahead and got back to my old unit on July 3rd via a very long CH47 ride to Balad, Iraq.

Conclusion

I had learned a lot during my time with the 10th CSH in Kuwait. I got to perform at a higher level and in a field outside my comfort zone. I had deployed as a 1SG of an 88 bed medical package in a foreign country and earned the confidence of people I would not have ordinarily worked with. By all accounts I had succeeded as a senior NCO and was now able to

rejoin my unit. I would get to do what I thought I was best at: leading Soldiers and accomplishing the mission.