State Surgeon Gives All to Country, State, and Troops

Story and photo by Staff Sgt. Daniel Griego

100th Mobile Public Affairs Detachment

Seventeenth century English churchman Robert South said, "if there be any truer measure of a man than by what he does, it must be by what he gives." Without question, these words patently apply to Col. John J. Garcia, State Army Surgeon for Texas, who has given his time, energy and of himself in the duty of his country throughout more than four decades of dedicated service.

Set to retire in June of 2010, Colonel Garcia will close out a career that will ultimately span 44 years, three branches of military service; active, reserve and guard components, three major conflicts and almost a dozen promotions. As an officer and a Servicemember, he stands among the most elite of veterans who have willingly devoted their lives to the service of their country.

In the spring of 1966, Colonel Garcia and his friends began selecting their paths following graduation from high school in San Antonio, Texas.

"The Vietnam War was going on," he said, "so we all went in different branches of the military. Some in the Army, some in the Marines. I went into the Navy. After my four years of active service, I went back to San Antonio and was in the Navy Reserves for six years. During that time, I started going to school at San Antonio College and I became a paramedic with the San Antonio Fire Department."

This early training in the medical field would serve as the foundation for a career as a military medic.

"I decided to cross over into the Air Force as a flight medic," said Colonel Garcia. "After seven years, I was an E-7 in the Air Force, I had finished my four year degree from UT San Antonio and got picked up for medical school."

Graduating with a degree in Biology and a minor in Chemistry, Colonel Garcia chose this period to enter his third branch of military service.

"I was at a crossroads. I had to resign from the Air Force and the Fire Department and I took up a scholarship in 1983 to go to medical school."

Colonel Garcia joined the Army Reserves as a 2nd Lt, concurrent with his medical school.

"I ended up going to the University of Texas at Galveston [for] my four years of medical school and when I graduated I was a captain. [After graduating] from medical school, [I] was sent to Eisenhower Medical Center at Fort Gordon to do my internship."

This training further reinforced his dedication to the Army and his medical practice, leading him to become a general medical officer in 1989.

"I got assigned to Fort Ord, California, with the 7th Infantry Division. A couple of months after I got there, we were sent to Panama for the invasion of Panama."

As his first real experience in military combat, the Panama conflict presented new challenges to the captain within the scope of this historic event.

"We landed at the civilian airport where General Noriega had his private jets. There was a lot of heavy fighting; we took a lot of wounded."

Following the surrender of Noriega, Garcia's true calling took shape in the jungles of Panama.

"I stayed longer to help set up some of the medical hospitals and clinics under the new minister of health. All of their supplies and equipment had been taken from them so it was very rewarding for us, as the American Army, to be able to help disperse monies and bring fresh supplies and set up these hospitals. [It] was probably one of the best things we did for that country after the invasion."

Less than a year later, Colonel Garcia found himself in a new type of battlefield.

"By August of 1990, we were getting ready to go to Iraq for the first Gulf War. It was interesting coming from jungle warfare to a totally new desert environment."

"My mission [in Desert Storm]," Colonel Garcia said, "was to travel 1500 meters from the battle and make arrangements to treat and collect wounded and get them on the Bradleys back to the rear. All the contingency plans we had for helicopters coming in to air evac our wounded Soldiers fell through because we overlooked the hand-held Stinger, a shoulder-mounted surface to air missile system."

"We couldn't bring the birds in, so we put our wounded soldiers on the 113s, which is like a Bradley, and evac them by ground 50 or 60 miles to the rear and get them air lifted from there. So from my command hatch, I could see the battle and I could see the injured that were coming to us."

These experiences, and others throughout his tours, instilled in Colonel Garcia a strong sense of not only responsibility, but also how best to combat future engagements. When asked what he took away from his deployments, he confidently answered, "training."

"I think the biggest thing from a medical officer's standpoint is that you have to train, all the time. You as the doctor or PA have to make sure that your medics are ready to treat these kinds of casualties. Everything you think of in emergency combat medicine, your medics have to be ready to do."

He and his medics were further tested in his third and most recent conflict, the Global War on Terror.

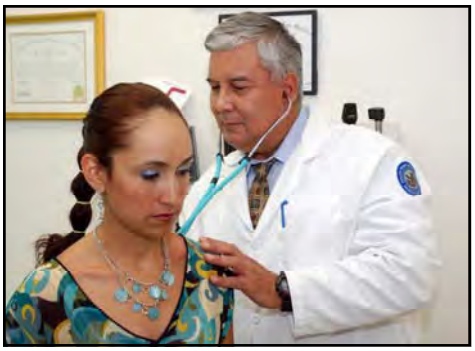
"The most positive thing that I found out of Iraq in 2005 is the level of soldiership. Their level of citizenship, commitment, their loyalty to America was unbelievable. No Soldier that I ever treated, no Soldier that I ever talked to, no Marine that I ever talked to, ever complained about being there."

Colonel Garcia found this reverent devotion to service in a Marine gunnery sergeant who required the amputation of an arm after being hit with an IED.

"The guy looks me dead in the face and says "Doc, do whatever you gotta do, just send me back to my guys." I'll never forget those words because they sum up the American Servicemember and their commitment to each other and their loyalty to this country."

Colonel Garcia joined the Texas Army National Guard in 2005 and became the state surgeon in 2007. As state surgeon, he has taken on more expansive and diverse roles in the medical field and consummated a long and distinguished career for the United States military.

"It was a challenge, but it's a challenge that I welcomed. I was more than willing to take this responsibility because the state surgeon is overall responsible for the Soldiers' health, to ensure that



Right- Col. John J. Garcia examines Marisa Alamilla at his office.

Getting Ready for the Worst: Mass Casualty Exercise in Iraq

By Staff Sgt. Jason Kendrick

56th IBCT Public Affairs Office, 36th Inf. Div.

BAGHDAD – Incoming! Incoming! Incoming!

These words can strike fear into the hearts of those that hear them. However, it is important that they don't summon panic. The best way for Soldiers and members of the Victory Base Complex Force Protection force to mitigate any possible panic, is to train for the worst.

On Apr. 24, U.S. Soldiers, civilians and contractors held a base wide training event that simulated a coordinated attack; creating a mass casualty (MASCAL) event.

Above- Members of a rapid response team load a wounded Soldier onto a field line ambulance from a nearby troop medical clinic.

Left– Two firefighters from the Camp Victory Fire Department extinguish a simulated fire caused by vehicle borne improvised explosive device during a mass casualty training exercise .

A real life emergency created by such an attack would require coordination of effort across multiple agencies and commands on VBC. This training event, allowed all these organizations to come together and plan how they would react and handle this type of situation without panic.

"The VBC MASCAL II event involves over 20 organizations including all the Mayor Cell's, [troop medical clinics, contractors] and some other civilian agencies," explained Maj. Wesley Otken, assistant operations officer serving with Headquarters and Headquarters Company, 56th Infantry Brigade Combat Team, Multi-National Division—Baghdad. "The training value added is having all these organizations work together through a complex attack, making sure that we are able to respond; providing command and control, good communications amongst all these different elements, especially the coordination involved among the different [troop medical clinics] for the treatment of our wounded Soldiers."

The size of this event required more than a month of prior coordination that included several meetings bringing all the partner organizations together.

"We held four IPR's (In Progress Review's) and had a rehearsal over a six week period in preparation for the event," said Otken, a native of Plano, Texas.

Soldiers and crews working at entry control points benefited from the training by providing over-watch from guard towers and conducting internal patrols.

"It's not just an exercise to test the reactions of the crews on the [entry control points], it is also to test the coordination and reactions of the emergency service providers on VBC," said Maj. Ed Dextraze, a Houston, Texas native serving with Headquarters and Headquarters Troop, 1st Squadron 124th Cavalry Regiment, 56th IBCT.

The event included a vehicle borne improvised explosive device attack at an ECP, and two indirect fire impact areas. Several agencies responded to the VBIED attack including the Victory Fire Department, Military Police, a rapid response team, a quick reaction force, and a field line ambulance from the nearby troop medical clinic.

"The impressive thing is not that everyone reacted to the situation, but that they reacted quickly. Everyone that needed to be here was, and in a timely fashion," Dextraze remarked.