

Running Head: Winning the Hearts of the Citizens of Kosovo

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SGM Edward G. E. Kelsey

United States Army Sergeants Majors Academy

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First Sergeant, C Company, 501<sup>st</sup> FSB

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*ABSTRACT*

As Non-Commissioned Officers in our nations Army we have had the distinct honor of serving in the Armed Forces and contributed to many great accomplishments around the world. Over time as we sit back and reminisce certain points in time stand out. These important moments in time were not great because of self-glory, but of how we have helped others improve and make an impact on the world. As time passes by, we can only hope that we helped to make the world a better place.

### Winning the Hearts of the Citizens of Kosovo

Throughout time man has wondered, "If I die tomorrow did I contribute to help make the world a better place?" Of course we hope we have done a good job of raising our children and to leave great memory with family and friends for them to remember us. But the real question that sits in the back of our head, "What have I done to help improve the world".

For over 20 years in the Army I have had the distinct honor of serving with some of this nation's finest men and women of the Armed Forces. I have trained and worked with over 15,000 medics. I have made multi-national friendship throughout Europe and the Middle East. I have assisted in providing voluntary help and humanity aid to thousands of hurricane victims. I have seen them save lives in many missions and delivered babies while caring for the sick and wounded on the battlefield. This honor and the incredible self-esteem that comes with the title of Combat Medic never cease to amaze me. This honor of being a Combat Medic/Nurse was brought to a new level when asked to deploy in support of Operation Enduring Freedom in Kosovo and provide medical training curriculum and teach the Serbian National Army and provide support through Medical Civil Assistance Program (MEDCAP) missions. These missions would establish a new founded hope within a war torn Nation and assist the United States in winning the hearts of the citizens of Kosovo.

My unit Charlie Company, 501<sup>st</sup> Forward Support Battalion and I just returned from a successful 90 day rotation at the Combat Maneuver Training Center (CMTTC). Our higher headquarters (1<sup>st</sup> Armor Division) received a call from FORSCOM to put us on deployment notice and explained that they needed an entire package to train the Serbian National Army Soldiers with a version of the 91W Medical Health Care Specialist and combat lifesaver. As we sat down and talked, we defined the intent of this mission. We were to establish the program,

develop the training, provide the supplies to train Serbian's first Combat Medical School House that would be able to sustain the training of their own Medics throughout the next year, and the first class was to start in 16 weeks. We spent the next hours reviewing the timeline, supplies, language barriers and what personnel needed.

The medical training team was to be composed of three officers and seven NCOs. We also had to provide medical assistance through MEDCAP missions in between our training of the Serbians and provide medical support to forward American deployed forces inside the Forward Operating Base (FOB). On 01 February 2000, I was selected to be the 1SG and lead our company back down to Honefels in three weeks to conduct a Mission Rehearsal Exercise (MRE), and then deploy the unit no later than 20 March 2000 and conduct the first training session no later than 20 April. Initially the team seemed to be of the right size to establish the program, gather the supplies and meet the timeline required.

Due to the limited timeline, utilizing current POIs from other courses helped with the construction of the Program of Instruction (POI). After evaluation from Department of Combat Medical Training (DCMT) located in Ft. Sam Houston, Texas and MEDCOM the current 91W course POI was far to advanced and was modified to match the 91B Combat Medical Specialist 10 level base on the language and educational level. All of the PowerPoint presentations needed adjustment; converting the slides from English to meet the needs of the mission. We began reducing or removing most the words on the slides with pictures because of the literacy issues and the local language. All testing was by Hands-On evaluation; there will be no written test for the first few courses. Translation of lesson plans and test would not be done at this time due to the limitations that about only 25% of the population can read. The reconstruction of the presentations was placed on hold because of the urgent demand to establish the budget by the



end of the week for this mission. For the next few days the focus shifted to ordering the supplies and figuring the method for shipping the supplies.

On 14 March, I and CPT Ruwe confirmed the POI and establish an estimated budget for the Class VIII medical supply list and a support packing list down to the last pencil and paperclip. The POI was turned in on 17 March and the Class VIII list was turned in on that same day. We then deployed on 20 March 2000 and arrived in theater on 22 March. We conducted a right seat ride with the 201<sup>st</sup> FSB for one week and conducted with a one week left seat ride and ceremony. The 201<sup>st</sup> only conducted 50% of the mission that we would be performing, the MEDCAP and medical support missions. Due to prior planning, we didn't see any issues with the additional mission with the exception of ordering supplies for the training mission and where we were to conduct the training.

The pre-established POIs provided a basic supply list that needed slight adjusting to meet the needs of the large classes and extra for the limitations of resupply. Most medical supplies were standard equipment that was easy to order, but there were some difficulties due to the time restraints. On 17 March, BAMC Med Log Department ordered and shipped the Class VIII medical supplies under the direction of LTC Riley. The Med Log Department at Brooks Army Hospital helped us out tremendously. From the rough draft of the figures calculated, they were able to establish the order request and provide the support in ordering all the administrative and office supplies through the Government Supply Agency (GSA). Some medical supplies and training aids were special order due to the limitation of electricity in the area. I was so blessed with the support from the civilian contractors and product distributors from Armstrong Medical Supplies and Lardel Medical Equipment at Ft Sam Houston for their help calling in favors from various contacts and ensuring that we had everything on time for this mission. By 25 March





Class VIII Medical Supplies were 100% ordered, with 65% received and 100% office supplies received at Camp Montief and ready for us to pick up.

Upon arriving, our company realized the importance and narrow timeline we were facing. As questions started flying, CPT Ruwe and I started from the beginning. We started from the first meeting with SGM Benavides, through our timeline, mission, training, supplies and equipment. The team stood in silence trying to absorb all the information. The training schedule was then divided to help convert the rest of the presentations. The presentations had to be finished because once we arrived we would only have a few weeks to establish our area, receive and inventory the equipment, and set up the class rooms.

On The main mission at that time was to focus on the medical training in order to train the Serbian National Army Combat Medical Specialist Course within 8 weeks. The standard training day is only 4 hours, from 0800-1200. After 1200 they have lunch, prayer and handle administrative issues. We had to convoy to a predetermined site 10 minutes away from Camp Montief to conduct the course. There was an old Officers Dinning Facility that we established as the classroom. Six large CONNEX were placed next to the classroom to hold all the medical supplies and equipment. The large open space provided enough space to conduct training for the class for 57 medical students, five doctors, and translators.

The classroom was limited to 65 for the first term to evaluate method of instruction and language barriers. Translation of lesson plans and tests were not done for the first class to allow for the final adjustments of the POI and slides prior to going to reproduction. There were also limitations due to the fact that only 50% of the population could read. We received four local non-medical translators that received training the day prior for each class. The classes were in English, translated to Serbian; this estimated the course would be extended to an instructional

hour's ratio of 1: 3.5hrs. During class preparation, the translators would start off by receiving a copy of the lecture on PowerPoint slides. Portions of the course were conducted in lecture style and then broken down into small groups with two American Soldiers and one Local Interrupter per group. The Interrupters' amazing dedication of long hours with the military instructors led to ensure the success and proper translation of the classes. The work with the interrupters helped reduce the instructional hours ratio needed to 1: 1.5hrs. Even with the language barriers and literacy were quickly overcome by the student's enthusiasm to learn. Everyday the students showed their devotion by demonstrating with passion the skills they learned. The students amazed the instructors as each day passed with the quick development of their skills and confidence. Here was a country recently war torn, broken spirits and education was low. These Soldiers with limited education proved themselves to be great medics, learning through pictures and hands on skills their ability to see the value of the skills they were learning. They knew the lessons learned would continue to serve everyone from the Soldier on the battlefield to people of their home villages. Part of the training included visiting the local villages with us as part of the MEDCAP mission. The locals looked at these Soldiers as heroes for the medical help they brought when we visited. The Field Training Exercise (FTX) conducted towards the end of the course. This part of the training was to evaluate their skills on a simulated battlefield. With gunfire in the air, smoke and grenade simulators around every corner they didn't hesitate as they moved under cover treating and evacuating the wounded. This capstone of training not only showed what great medics they became but what dedicated warriors and leaders their Army was developing. At the end of the course we selected eight Soldiers to get promoted to the rank of First Sergeant for their outstanding leadership skills. There were eight other Soldiers who were

selected for their medical knowledge, and education skill to be Assistant Instructors for future and advance courses.

With help from coalition forces, the Serbian National Army medics and pharmacists, as well as nutritionists from the Serbian Ministry of Public Health, provided free medical care to more than 400 villagers a week at a clinic near a combined military outpost.

*CONCLUSION*

We rotated out of country 06 December 2000, but I still keep looking on the level of development that has achieved since that first class was established. This curriculum was so successful because of the hard work and effort of the Medical NCOs, Serbian Soldiers and Interrupters; it was utilized six months later to establish a new Serbian Army Medical Corp. I truly believe God has a purpose for each of us here on earth. I trust he is the only one who knows what that purpose is. If that was my contribution the help establish medical care to a country that was in dispirit need...then I am honored because of the prestige and admiration that was brought to my life and NCOs I have served with.