

*Published  
for the  
Residents at  
the U.S.  
Embassy*

# *The Baghdad Weekly*

Sponsored By: The Quality  
of Life Task Force

**41st Edition  
July 11th—17th**

## *Picture of the Week*



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**Star Spangled Trio**  
**SFC Brent Heidenis**  
**SSG James LoRello**  
**Lt Zoraida Wheelock**

To submit a Picture of the week email:

[Judith.risch@halliburton.com](mailto:Judith.risch@halliburton.com)

# THE CHESS CLUB HAS MOVED



*Chess Club will meet every Saturday evening  
At 2000 Hours with the Coffee House Activities  
If you've never played chess and want to learn  
Come and join, lessons will be available.*

*For information email: [judith.risch@halliburton.com](mailto:judith.risch@halliburton.com)*

## NEW DATE & TIME!!

### Mental Health Resources for US Embassy Community

**Panakkal David, MD; Regional Medical Officer (Psychiatry), DOS**

**Evaluations, treatment services and Stress management classes**

**Location: Room S – 104, US Embassy Annex**

**Office Tel: Com: 703 343 8672, DSN: 318 239 8672**

**Email<[DavidPU@State.Gov](mailto:DavidPU@State.Gov)>**

#### **55<sup>th</sup> Med CO (Combat Stress Control)**

**Available 7 days a week. Walk ins welcome**

**Provides: Evaluations, Treatments, Combat Stress classes, AA meetings.**

**DNVT: (302) 558 5546**

**Cell: 914 822 7818**

#### **Mental Health Section, 86<sup>th</sup> Combat Support Hospital**

**Provides: Evaluations and treatment services, both out patient and in patient**

**Emergency Room: 24 Hour: DSN: 318 239 7642**

**Out Patient Services: DSN (318) 239-7643**

#### **INFORMATION WEB SITES**

**[help4soldiers.com](http://help4soldiers.com)**

**[Armyonesources.com](http://Armyonesources.com) ( ID:Army, Password: One source)**

# THE PALACE THEATER

## THE PALACE THEATER



Monday - 2000 hrs 11-07-05  
**SAHARA**

Master explorer Dirk Pitt goes on the adventure of a lifetime of seeking out a lost Civil War battleship known as the "Ship of Death" in the deserts of West Africa while helping a UN doctor being hounded by a ruthless dictator.



Tuesday - 2000 hrs 12-07-05  
**Taking Lives**

An FBI profiler is called in by French Canadian police to catch a serial killer who takes on the identity of each new victim.



Wednesday - 2000 hrs 13-07-05  
**Big Fish**

The story is about a son (William Bloom) trying to learn more about his dying father (Albert Finney) by reliving stories and myths his father told him about himself.



Thursday - 2000 hrs 14-07-05  
**3000 MILES TO GRACELAND**

A gang of ex-cons rob a casino during Elvis convention week.



Friday - 2000 hrs 15-07-05  
**BE COOL**

Disenchanted with the movie industry, Chili Palmer (John Travolta) tries the music industry, meeting and romancing a widow of a music exec (Uma Thurman) on the way.

**Wild Card Movie**

Saturday - 2000 hrs 16-07-05  
Sunday - 2000 hrs 17-07-05

Bring your own movie or request one of ours.  
For more information contact [Sylvester.Thomas@Halliburton.com](mailto:Sylvester.Thomas@Halliburton.com)

## THE PALACE THEATER



Monday - 2000 hrs 18-07-05  
**THE PACIFIER**

Disgraced Navy SEAL Shane Wolf (Diesel) is handed a new assignment: Protect the five Plummer kids from enemies of their recently deceased father -- a government scientist whose top-secret experiment remains in the kids' house.



Tuesday - 2000 hrs 19-07-05  
**RedDragon**

A retired FBI agent with psychological gifts is assigned to help track down "The Tooth Fairy", a mysterious serial killer; aiding him is imprisoned criminal genius Hannibal "The Cannibal" Lecter.



Wednesday - 2000 hrs 20-07-05  
**Robots**

In a robot world, a young idealistic inventor travels to the big city to join his inspiration's company, only to find himself opposing its sinister new management.



Thursday - 2000 hrs 21-07-05  
**THE UPSIDE OF ANGER**

When her husband unexpectedly disappears, a sharp-witted suburban wife and her daughters juggle their mom's romantic dilemmas and family dynamics.



Friday - 2000 hrs 22-07-05  
**Open Water**

Based on the true story of two scuba divers accidentally stranded in shark infested waters after their tour boat has left.

**Wild Card Movie**

Saturday - 2000 hrs 23-07-05  
Sunday - 2000 hrs 24-07-05

Bring your own movie or request one of ours.  
For more information contact [Sylvester.Thomas@Halliburton.com](mailto:Sylvester.Thomas@Halliburton.com)

Palace Pool and Party Reservations

Jeff Denight

Email: [Geoffrey.denight@halliburton.com](mailto:Geoffrey.denight@halliburton.com)

Houston Phone: 281-6693305

Events & Theater Supervisor

David Quarterman

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Iraqna: 0790-191-6758

Sporting Events/Sound Systems/Palace Theater

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Dawn Aleshire

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Iraqna: 0790-162-3865

MWR  
Events  
Staff



**For All of Your Life**

Palace Pool Hours

Daily 0600 to 2200

Palace Fitness

Center

Daily open 24 hours

Liberty Pool Hours

Daily 0600 to 2400

2005

For more info. Including location contact:

William.wilkesIII@halliburton.com

Sylvester.thomas@halliburton.com

Judith.risch@halliburton.com

USMI Baghdad MWR

July Events

Sunday Monday Tuesday Wednesday Thursday Friday Saturday

Soccer League Every Sunday and Thursday 1700 Hours		1 Canada Day		2 Wild Card Movie Night 2000 Hours	
Belly Dance Beginners Every Sunday 1800 Hours		3 Horse-shoes 2000 Hours		8 Salsa Night 2000 Hours	
Belly Dance Advanced Every Friday 1800 Hours		4 Team Competition		9 Flag Football 1600 Hours	
Chess Club Every Sunday 2030 Hours		5 Bench Press 1900 Hours		Coffee House 2000 Hours	
3 Horseshoes 2000 Hours		6 Karaoke 1900 Hours		7 R&B Night 2000 Hours	
10 Horseshoes 2000 Hours		7 R&B Night 2000 Hours		8 Salsa Night 2000 Hours	
11 Poetry Club 2000 Hours		8 Salsa Night 2000 Hours		9 Flag Football 1600 Hours	
12 3 on 3 Basketball 1900 Hours		9 Flag Football 1600 Hours		Coffee House 2000 Hours	
13 Karaoke 1900 Hours		10 Horseshoes 2000 Hours		15 Salsa Night 2000 Hours	
14 R&B Night 2000 Hours		11 Poetry Club 2000 Hours		16 Coffee House 2000 Hours	
15 Salsa Night 2000 Hours		12 3 on 3 Basketball 1900 Hours		<b>Wepa!</b>	
16 Coffee House 2000 Hours		13 Karaoke 1900 Hours		17 Horseshoes 2000 Hours	
17 Horseshoes 2000 Hours		14 R&B Night 2000 Hours		18 Bench Press 1900 Hours	
18 Bench Press 1900 Hours		15 Salsa Night 2000 Hours		19 Free Throw 1900 Hours	
19 Free Throw 1900 Hours		16 Coffee House 2000 Hours		20 Karaoke 1900 Hours	
20 Karaoke 1900 Hours		21 Salsa Night 2000 Hours		21 R&B Night 2000 Hours	
21 R&B Night 2000 Hours		22 Salsa Night 2000 Hours		22 Salsa Night 2000 Hours	
22 Salsa Night 2000 Hours		23 Flag Football 1600 Hours		23 Flag Football 1600 Hours	
23 Flag Football 1600 Hours		24 Horseshoes 2000 Hours		24 Horseshoes 2000 Hours	
24 Horseshoes 2000 Hours		25 Pool Tournament 2000 Hours		25 Pool Tournament 2000 Hours	
25 Pool Tournament 2000 Hours		26 5 on 5 Basketball 1900 Hours		26 5 on 5 Basketball 1900 Hours	
26 5 on 5 Basketball 1900 Hours		27 Karaoke 1900 Hours		27 Karaoke 1900 Hours	
27 Karaoke 1900 Hours		28 R&B Night 2000 Hours		28 R&B Night 2000 Hours	
28 R&B Night 2000 Hours		29 Salsa Night 2000 Hours		29 Salsa Night 2000 Hours	
29 Salsa Night 2000 Hours		30 Coffee House 2000 Hours		30 Coffee House 2000 Hours	
30 Coffee House 2000 Hours		31 Horseshoes 2000 Hours		31 Horseshoes 2000 Hours	
31 Horseshoes 2000 Hours		Yoga Every Monday and Thursday at 1800 Hours		Yoga Every Monday and Thursday at 1800 Hours	
Yoga Every Monday and Thursday at 1800 Hours		Yoga Every Wednesday at 0600 Hours		Yoga Every Wednesday at 0600 Hours	
Yoga Every Wednesday at 0600 Hours		JULY 4th		JULY 4th	

JULY 4th \* 0500 \* 0500 \* 0500 \* 0500

July Flower \* Water Lilly

# MWR Happenings

B1 B I N G O N42

G56

July 25th

2000 Hours



I19

*Win  
Prizes*

For further information email:  
[dawn.alesheire@halliburton.com](mailto:dawn.alesheire@halliburton.com)

*MWR  
Event*

# MWR Happenings

## Open Mic Night

July 18th  
1900 Hours

MWR  
Event  
2005

For further information contact  
[dawn.aleshire@halliburton.com](mailto:dawn.aleshire@halliburton.com)



# MWR Happenings

Keepin' it real!

JULY 19TH  
1900 HOURS

FREE  
MURROW  
CONTEST

MWR  
SPONSORED  
EVENT

For further information contact  
[william.wilkesIII@halliburton.com](mailto:william.wilkesIII@halliburton.com)





Day 127-128

June 24-25, 2005

Camp Fallujah, central Iraq

Written by: An Anonymous "Navy Surgeon"

The hot dust descended on us yesterday. Through the day the winds blew furiously although the air was so hot you had to wear sunglasses just to protect the eyes from the heat not to mention the sand. Nothing moved most of the day.

After dinner most of the medical staff was sitting listening to one of our twice weekly lectures when a corpsman opened the tall plywood door of the "overflow area" and told us we had injuries incoming. Twelve, maybe more Marines were injured by a vehicle borne IED which had lifted the 7 ton truck off its wheels with the explosion.

We quickly assumed our positions and used all the staff we had to man up the triage tents outside the clinic and all the trauma tables we had available inside the clinic. Within minutes a 7 ton truck loaded with injured Marines rolled up into the dust. Stretchers came off of the truck in every direction nearly simultaneously and the hateful sounds of the badly injured and dying could be heard, felt and instantly understood. I ran from stretcher to stretcher to triage, sort out the incoming in a minute, no more. I marked on their foreheads 1, then 2 then 3 for the beds I wanted them to go to. The walking wounded gimped in holding their injured arms or sides and crying with tears coming down their blackened faces. At first look it was apparent most all the patients had grotesquely blackened faces from 2<sup>nd</sup> degree burns. Most all were breathing now but were crying out in a way we sensed meant their airways were closing down on them. And most all were women. We received 15 Marines hurt all but two were women.

The 7 ton truck that was hit was transporting women Marines responsible for performing the pat downs of the Iraqi women who present at the checkpoints in town. Being "culturally sensitive" the Marines opted to have women do the pat downs of the Iraqi women for explosives and weapons. Our female corpsmen at the trauma center had been part of this team and had been riding this truck to and from the city just weeks prior. A vehicle borne IED with a suicide driver drove a car into the truck on the main highway leading from the Camp to Fallujah. In the car the insurgents had packed many cans of propane in addition to the explosive charges. The force of the explosion was so great it caused the 7 ton truck to fishtail and roll off the road in a blast of flames. As the survivors hustled to help the injured they came under small arms fire and the Marine I placed in trauma bay #1 was hit with gunfire through his back and into his chest.

This Marine was a very big man and it was suspected as he bent over to help one of the injured women the round snuck around the rear SAPI plate of his flack jacket and entered his chest via his left scapula. He went directly into the operating room. His chest tube drained over a liter of blood. A thoracotomy and resection of the upper lobe of his left lung was performed by our surgeons. They took out the shredded tissue that was his upper lobe and closed him for transport to Baghdad. He had lost a significant amount of blood and we transfused him with 6 units of packed red cells before we initiated the walking blood bank

*(Continued on page 10)*



for a whole blood transfusion.

Another team of doctors led by our Emergency physician worked on trauma bed two, a young girl with no pulse. She arrived about 10 minutes after the first group of patients had been sent into all the trauma bays. A Humvee pulled in with a Marine yelling for help hanging out the windows. The back door of the vehicle was flung open and a poor young girl with a horribly swollen head lie there bleeding. We rushed her into the trauma center and made way for her in trauma bay #2 by displacing the patient who had been there and who was slightly better off. This female Marine had a penetrating fragment injury to her neck midline just above where her throat protector would be expected to be. She had another wound to her jaw that damaged the lateral third of her tongue sending clots of blood into her throat. The anesthetist had a difficult time intubating her but did eventually get air moving into her lungs. Her heart was in asystole on our monitors and after a few more minutes of convincing ourselves this poor young girl was pronounced dead, 21 years old. Later we thought the injury to her tongue may have penetrated her brain, causing her death.

Two girls with blistering facial burns and inhalation injuries needed to be emergently intubated. They were sedated and tolerated the intubations well. We moved all our respiratory complicated patients into one room we designated our ICU with a nurse to watch them on monitors. Three others had similar injuries of terrible burns to their faces and hands with inhalation injuries on oxygen now with face masks. We held off intubating them as the helicopter wouldn't be able to accommodate easily all 5 with intubation requiring vents or corpsmen "bagging" them. Besides, we only have 4 ventilators. One girl had a huge open laceration to her right thigh as well that was packed and just oozing blood.

Three more were hospitalized to monitor and to provide pain control. They all had badly burned hands. We applied silvadene dressings and wrapped them in gauze, started IV fluids, gave them morphine and went back to the more seriously injured patients. Four others were triaged as minimal injuries and were sent to a Battalion Aid station to be sutured up and looked over. They were loaded into a Humvee and sent off to clear the beds in case more injured came in later. One other we xrayed, rehydrated and consoled before we sent her to her barracks to follow up with us in the morning.

The weather was not in our favor. Due to the dust we waited nearly 4 hours before a helicopter could be sent to pick up the patients who needed urgent surgical skin grafting and ICU monitored care. We talked about ground convoys for a while but waited patiently until nearly midnight when a helicopter was finally able to travel in the waning dust. We packed 5 badly burned women with inhalation injuries onto one helicopter and the other helicopter carried the Marine straight out of our OR to Baghdad.

Four other women were brought back to our mortuary affairs tent bypassing the trauma center, KIA. At 0230 we received a message from Baghdad that the big Marine, the truck driver who was shot leaning over a wounded fellow Marine in the road, died of his wounds in their ICU. A total of six young Marines, 5 women and the male 7 ton truck driver were killed tonight.

In the midst of this chaos a two year old boy who had fallen down and struck his head and

*(Continued on page 11)*



who was somehow connected to activity at the Marine checkpoint came in with his Father and Uncle. The little boy was alert and crying when we took him away from the Father to examine him. We examined him thoroughly and found nothing amiss. We declared him well and put him back in his grateful Dad's arms. We reassured the Dad through our interpreter and we were more grateful than the Dad was that he did need a tremendous amount of our sparse energy at the moment.

Our female corpsmen were very upset seeing the death and injuries of these girls tonight. It was thought to have been a well planned attack with the combination of a suicide bomber on the route and small arms fire to follow. It was further thought to have been a deliberate attack on the women's 7 ton truck as so many other trucks had just passed through the area. The terrorists know Americans and know our special sensitivity toward harming a woman in our culture, and they exploited that as a weakness.

The new day started quietly and with a clear sky. I walked slowly over to our laundry service and stopped to note the olives growing ever larger on the tree, reassuring me further that time is truly passing here. I turned in my laundry and talked to the Philippino laundry workers who had heard of the deaths and expressed their condolences to me. Back at our room we all tried to shake it off.

Unfortunately we got little time to sit and reflect and later that afternoon a Marine corporal came in with a severe lower back contusion in a great deal of pain. An Iraqi civilian's car had raced in front of the Marine's Humvee and tried to slow it down dramatically by jamming its brakes on in the highway. The Humvee crashed into the rear of the car and the Marine our patient was the Gunner sitting atop in his turret which swung wildly hitting him in the lower back. After a good examination and xrays of his lumbar spine we elected to keep him overnight for pain control. There were two Iraqi brothers in the car and they were brought in under confinement. The Marines brought them to us as well as they complained of hitting their heads while their car crashed to a halt. One brother had a large occipital laceration, on the back of his head that needed sutures, and his brother needed IV fluids for rehydration but not much else. They both wore goggles and scuffled a bit with the Marine guards as they came in. It was the second time these two had been picked up trying to stop the progress of a convoy probably trying to set them up for small arms fire. We discharged them to the detention center.

Just moments after the PUC's left another message was relayed to me that a Marine corporal was incoming with a severe head injury from an IED blast. We waited patiently in the triage area under the overhang that was built for us by the Seabees. It was hot and very windy, an odd sort of combination. The eucalyptus trees swayed in the breezes. The dust blew across the gravel lot. The corpsmen stood in small groups with their latex gloves on waiting to run out and bring the stretcher in to start the care that may save this patient's life.

A half back Humvee, with its back cut off giving the look of a pick up truck, came skidding into the lot. The patient stood up in the back of the truck with a blood soaked bandana over his head and looked at us in an odd sort of way. The Marines were packed into the back of this truck and their weapons were in the way of the patient being able to sit down onto the stretcher. His comrades in the truck sort of twisted him by the shoulders and he fell down



on the stretcher so we could pull him down off the Humvee. He could not speak words to me, and we grabbed the blood soaked bandana and kept it in place over the left temporal area of his head. He spontaneously could open his eyes and he was breathing. Quickly the corpsmen hustled into trauma bay #1. We gave him a Glasgow Score initially of 12 or 13 when he entered. He was intubated via rapid sequence. I felt the endotracheal tube pass under my fingers as I applied cricothyroid pressure on his neck. He had no other injuries. We put in a foley catheter, and looked quickly at his wound on his head. It was an open skull fracture at least 2-3 inches in diameter. Bony fragments we saw stuck to the bandana as we pulled it off his head. Someone brought his kevlar helmet over to us to look at it. It had a 2-3 inch diameter hole blasted in the left side above where you would expect his ear to be. The desert colored straps and cloth on the helmet was stained a deep burgundy color with blood clots caked on the inner surface of the helmet. We gave the patient IV mannitol in repeated doses and estimated in the 10 minutes or so that we watched him his GCS had dropped to 8-9. His pupils were sluggish now and were becoming more constricted. He had a severe head trauma and needed a neurosurgeon and a CT to assess what damage was happening and had happened to his brain. He did have a large hole in the side of his head to allow some pressure to escape but the pressures were surely mounting in the other side of his brain. His pulse had been only in the 40's at presentation, a Cushing effect it is called, as the brain adapts to increasing intracranial pressure by lowering the heart rate and raising the blood pressure somewhat. The dust again was not our friend and kept him grounded with us for almost an hour and a half before we were able to send him to Balad to the Air Force neurosurgeon and ICU. He sat there in relative peace with his ventilator on, in his hot pocket for the helo ride, IV's dripping in with his chest rising and falling to the sound of the ventilator. His commanding officer stood by the door of the room and paced as we waited for the medevac and debated sending him via convoy. The convoy might take 3 hours, the helo ride 20 minutes. Finally he was carried out and slid up into the back of our Humvee ambulances. I sighed as the helo could be heard flying out to Balad with this Marine aboard, another poor young kid who was very unlucky.

A Marine Corps Major General stopped by the clinic unexpectedly later in the evening and we talked for a few minutes about the recent increased activity at the trauma center. He was a nice man who gave me a pat on the shoulder and thanked me for caring so much for the patients. I appreciated him coming in to talk, and I especially appreciated the fact he had left his entourage at home and had not told anyone he was coming making it a more meaningful visit as I was concerned.

The rest of my shift was uneventful and as I turned over the watch a messenger came down to tell us he had word of at least 6 more injured incoming, another IED attack. We mobilized the entire staff as we thought there may be more injured than advertised. We all waited in the darkness under the triage overhang and after an hour or so the crowd drifted inside to sit in the coolness of the clinic and nap a bit. After almost 2 hours we dispersed thinking it must be a false alarm. I walked across the street to the barracks tired, dreaming of dreaming.

We had been asleep for 15 minutes or so when the knocks on the door woke us and got us up and lacing our boots and running back to the clinic. A total of 5 patients were brought in, all Iraqi ISF soldiers. One was critical, the rest were ambulatory. Omar was there to help us get all their names. I took care of two brothers from Najaf. They had minor lacerations on their fingers and small 2<sup>nd</sup> degree burns on their calves and thighs. They were skinny, had terrible teeth and were 21 and 23 years old. The dust on their hair made them look falsely older and as they talked the



dust floated down onto their shoulders. They didn't seem to even notice the dust in their faces.

The critically injured patient was very badly burned by the IED. They were passing on a bridge over a canal near the city of Zaidan, in the rural countryside outside of Fallujah. There were 11 soldiers riding in the back of a half back Humvee. The fireball that occurred only mildly injured everyone on board with exception of the one patient we had in our trauma bay. An Iraqi officer who was standing nervously in our hallway told us he had seen the patient go up in flames and jump off the bridge into the canal to extinguish the burning flames. The rest of the crew had pulled him out and he was alive when he got to us. We very quickly intubated him with the probable inhalation injury and his chest was rising and falling with the ventilator. His native olive skin was ashen, blackened by the fire. He had second and third degree burns totaling 77% of his body surface area. The rule of 9's applies when estimating the burns on a trauma patient, 9% for each arm, the head, 18% for the trunk, etc. The percentage of patients to survive a burn of 77% of body surface area may only be 10-20 % or so, in a good burn referral center. We had low expectations for him. We put in a central IV line and poured fluids into him. We use the Parkland formula for estimating fluid resuscitation of burn victims, named for the hospital in Dallas that created the concept, and he needed every cc we could pour into him now. We called for another helo to take this critically injured soldier to care at Baghdad and the others we sent home with splints and silvadene dressings. As the Iraqi officer left he shook my hand and placing his left hand over his heart he thanked me for taking care of his men.

It was past 0200 when we flipped off the lights again to think about sleeping. At nearly 0500 we were woken up again to see a patient who had come in quickly with a massively bleeding gunshot wound to his neck. He was quickly taken into surgery where his external jugular vein was ligated and the hemorrhage was stabilized. The patient was an Iraqi civilian, at 0430 racing through a checkpoint, his car full of false identification cards. We set up quickly the walking blood bank for him and got the 10 donors he needed in a number of minutes, his blood type was O+, the most common type. He was medevac'd as the day began and we didn't have the energy to think twice providing care to this patient, probably an insurgent, but always too hard for us to distinguish precisely.

The new day was bright and beautiful but we could only think of our cool room with the sand-bagged darkness and sleeping this day away, preparing ourselves for another night like the two before it. Life reorders itself when you need sleep badly. We debriefed the activities of the past several days after we woke up, and went to Mass in the early evening luxuriating in the cool chapel thinking about anything to help untangle the mess of violence we had been subjected to in recent days.

And as we go to sleep tonight I prayed that this night we will not have to see the death of, or bad injuries again to the young men and women we have grown to care so very much about. At least not tonight.



## American Middle Eastern Dance

(Belly dance)

Written By Sandra Ortiz

### Dancing with Props

Dancing with props has its traditional and non-traditional roots in the development of the dance. For example, the veil here in the Middle East is used as an entrance cover for the dancer who will discard it as soon as possible. But in America we have taken the veil and develop dance steps using this prop as part of a dance routine.

The common props used in this dance are the cane, veil, candelabrum, tray, sword, finger cymbals and water jugs. The most popular ones in America are the finger cymbals, the veil and with much debate it is a toss up between the cane and the sword.

The term raq or rak is Arabic for the act of dancing. Thus cane dancing is known as raq-al assaya. Dancing with water jugs is called raq- al balas. And dancing with a candelabrum is known as raq-al shamadan.

In a series of articles, we will look at the different dance props used by the dancer. Props are of individual's taste and ability to be able to perform using these props





## HEAT AND SUN EXPOSURE

It usually takes several weeks to get used to the heat in Baghdad. Individuals should increase strenuous exercise over time and gradually build up to their former level. Exercises should be scheduled during cooler parts of the day. Drink plenty of water before, during, and after exercising. Avoid salt tablets. Remember beer results in further fluid loss.

Sun exposure causes not only a tan, but ultimately may result in sun burn, permanently sun-damaged skin (liver spots and wrinkles) or even skin cancer. The peak time between 10 AM until 3 PM is when the risk of sun burn (and skin cancer) from ultraviolet light is strongest. One should cover exposed skin and wear a hat with a brim. Applying sunscreen with an SPF factor of 15 will give additional benefit. Sunscreens should be reapplied frequently.



## HEAT INJURIES AND THEIR TREATMENT

### HEAT CRAMPS

The muscles of the arms, legs and abdomen are usually involved, and the cramps may be very painful. Body temperature is normal.

#### TREATMENT OF HEAT CRAMPS:

Replace water and salt. Decrease activity.

### HEAT EXHAUSTION:

Heat exhaustion occurs because of excessive loss of water and salts from the body.

#### SIGNS OF HEAT EXHAUSTION:

Profuse sweating  
Pale skin  
Weakness  
Confusion

#### TREATMENT OF HEAT EXHAUSTION:

Cool the person immediately  
Lay the person down in shade if available  
Replace **water** and salt

### HEAT STROKE:

**Heat stroke is a medical emergency!** In heat stroke, the victim stops sweating.

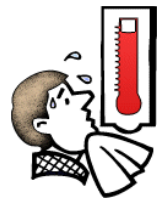
#### SIGNS OF HEAT STROKE:

Deep breathing followed by shallow breaths.  
Rapid strong pulse followed by rapid, weak pulse.  
Dry, hot skin.  
Large (dilated) pupils  
Loss of consciousness  
Convulsions or muscular twitching may be seen.

#### TREATMENT OF HEAT STROKE:

**CALL FOR MEDICAL HELP! MCI 112**

Cool the person down immediately with water and move to shaded area  
Assure open airway and make sure the victim is breathing. Assist if needed: CPR



ARE YOU OPTIMISTIC OR WANT TO BE?



COME TO THE  
**OPTIMIST INTERNATIONAL  
ASSOCIATE CLUB  
OF BAGHDAD**

**WEEKLY GUEST SPEAKERS, PROJECTS TO HELP BAGHDAD  
CHILDREN, MULTI-NATIONAL & IRAQI GROUP WORKING  
FOR THE GOOD OF IRAQ'S CHILDREN.**



**ROOM S214B, EVERY TUESDAY AT 12 NOON**

**CONTACTS:**

**Ben Krause, IRMO Ministry of Transportation, S215**

**cell 914-822-0935, Iraqna 07902-224771, [krauseba@state.gov](mailto:krauseba@state.gov)**

**Ali F. Al-0Dabbagh, U. S. Mission/Outreach Coordinator, Chaplain's Office**

**914-360-3002, [ali.al-dabbagh@iraq.centcom.mil](mailto:ali.al-dabbagh@iraq.centcom.mil)**



# Hey!

Looking for anyone interested in getting together and playing Pinochle and classic Rock guitar players. Please email me at:



[william.gibbs@us.army.mil](mailto:william.gibbs@us.army.mil)



## Extra! Extra! Extra!

### W.O.W. Women Of War

You've heard about it on AFN and you've read about it in the Baghdad Weekly... Women Supporting Women; an informal gathering for women, civilian and military, living and working in the International Zone, to share conversation and ideas and to have presentations on issues of interest.

**NEWS FLASH!!!** This is not a bunch of women whining about problems in their daily lives and this is not group therapy!

Come for the laughter and intelligent camaraderie. We have great resources in our Baghdad community of women. Sometimes it's just nice to have a conversation without the guys around! We meet every **Saturday at 1900 hrs in Room S-104**, South Wing of the US Embassy Annex (walk past the barbershop, go through the door way into long the hallway, S- 104 is the first office on the left, across from the Health clinic).

Need something constructive to do on Saturday nights? Come join us, we would love to hear your story!

POC: Marla Berkshire, [marla.k.berkshire@us.army.mil](mailto:marla.k.berkshire@us.army.mil)

DNVT (302) 558-5546 MCI Cell (914) 360-3268

## Women Supporting Women



**Worship  
and  
Prayer Schedule**

Activities are in Chapel unless otherwise noted

**Monday**

1200 - Catholic Mass

**Tuesday**

1200 - Catholic Mass

1930 – Prayer Intercessors (Non-Denominational)

**Wednesday**

1200 - Catholic Mass

2030 - Bible Study for Men

**Thursday**

1200 - Catholic Mass

2000 - Bible Study

**Friday**

0900 – Catholic Choir Rehearsal

1100 – Bible Study

1200 - Catholic Communion Service

1730 - Catholic Mass (Camp Steel Dragon)

1800 - Jewish Shabbat Services

**Saturday**

0900 – Seventh Day School – Comb. Sup. Hosp.

1000 – Seventh Day Service - Comb. Sup. Hosp.

1230 - Buddhist Prayer

1600 - Catholic Individual Confession

1630 - Catholic Mass

1800 - Choir Practice    1830 CCService Rehearsal

2000 – Alpha Course

**Sunday**

0930 - Choir Rehearsal

1000 - Catholic Mass (Gray Wolf)

1030 - General Christian Worship

1200 - Episcopal/Lutheran/Anglican

1400 - Latter Day Saints

1600 - Catholic Individual Confession

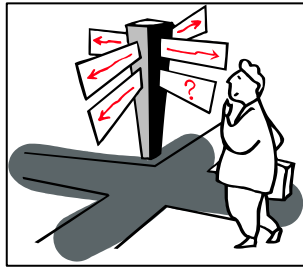
1630 - Catholic Mass

1800 - Contemporary Christian Worship

**Islamic Prayer** standard daily schedule

# SUICIDE IS EVERYONE'S PROBLEM!

Most everyone has thoughts of suicide at one time or another---



## Know the signs and what to do----

### Signs

- appears depressed, sad
- tearful, poor sleep/appetite,
- hopeless
- threatens suicide
- talks about wanting to die
- shows changes in behavior,
- appearance, mood
- abuses drugs, alcohol
- experienced significant loss
- deliberately injures self
- giving away possessions
- recent breakup in relationship

### What to do

PROVIDE *AID*

*ASK*- Don't be afraid to ask:

"Are you thinking about  
hurting yourself?"

*INTERVENE*- immediately

*DON'T*- keep it a secret

**Follow the acronym *LIFE***

*LOCATE* Help

*INFORM* Chain of Command

*FIND* someone to stay with the person

*EXPEDITE*-Get help immediately!!!

***Your response can make a difference!!!***

### Mental Health Numbers in the International Zone

86<sup>th</sup> Combat Support Hospital: Mental Health Section:

DSN: (318) 239-7642 (24 hrs)

55<sup>th</sup> Combat Stress Control Company: 24 hours

DNVT: 558-5546; MCI: (914) 822-0251

Dept of State Health Unit at the palace:

Regional Medical Officer, Psychiatry, Office: DSN: (318) 239-8672

Health Clinic DSN: (318) 239-8673, Comm. (703) 343-8673 (24 hrs)

HealthyMinds.org

Healthy Minds. Healthy Lives.



## Children and Summer Camp: Tips for Parents

Over 10 million children go to summer camp each year. For most, it's a fun and rewarding experience full of challenges and excitement. In addition to physical and athletic activities, kids learn about independence, cooperation, competition and teamwork. They also learn that they can survive away from home. [more at] [<http://www.healthyminds.org/childrenandsummercamptips.cfm>]

## Healthy Minds. Healthy Lives.

The [American Psychiatric Association](#) (APA) is pleased to provide useful resources to further educate consumers and patients about maintaining healthy minds and healthy lives. Visit our [Healthy Minds Healthy Lives page](#) for additional resources for improving and maintaining mental health.



"HealthyMinds.org should be a source for providing understanding and hope for anyone seeking information on their mental health – because we know that treatment works. And since safe, effective treatments are available, Americans can have what everyone wants – healthy minds and healthy lives." - **APA Medical Director, James H. Scully Jr., M.D.**

The Alpha Course  
Christianity: Boring? Untrue? Irrelevant?

Tell a friend...:

Join us for a course on basic facts and tenets of Christianity for those who want to make an informed decision about the meaning of life.

-The Alpha course is designed for the thinking person who wants good information.

-No question too outrageous. All opinions welcome.

-We meet at the Embassy Community Center Saturdays 1945-2145h.

No reservation required - come for coffee, DVD, and discussion!

For more information:

[alcourse@hotmail.com](mailto:alcourse@hotmail.com)

The course will be led by Alison Barkley,  
a Department of State employee.

Alison will respond to the Hotmail account.