

DEPARTMENT OF DEFENSE BLOGGERS ROUNDTABLE WITH AIR FORCE COLONEL BYRON MATHEWSON, COMMANDER OF U.S. MILITARY FORCES DEPLOYED TO CHILE SUBJECT: EARTHQUAKE RELIEF OPERATIONS IN CHILE TIME: 12:00 P.M. EDT DATE: WEDNESDAY, MARCH 17, 2010

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PETTY OFFICER SELBY: Hello. I'd like to welcome you all to the Department of Defense's Bloggers Roundtable for Wednesday, March 17th, 2010.

My name is Petty Officer William Selby with the Office of the Secretary of Defense Public Affairs and I'll be moderating the call today.

A note to our bloggers on the line, please remember to clearly state your name and blogger organization in advance of your question. Please respect our guest's time, keeping questions succinct and to the point.

Today, our guest is Air Force Colonel Byron Mathewson, commander of U.S. military forces deployed to Chile in support of earthquake relief operations. And Colonel Mathewson, if you have an opening statement, you can go ahead with that now. COL. MATHEWSON: Thank you, petty officer.

As stated, Colonel Mathewson and good afternoon from Chile. My opening statement. At the request of the Chilean government, the U.S. military is providing support to the ongoing relief efforts in Chile following the 8.8 magnitude earthquake that struck the nation February 27th.

About 150 U.S. military personnel have been working with local and international responders to provide relief to the hard-hit areas. All military operations are in support of USAID, which is orchestrating U.S. government contributions to the relief mission.

The request for U.S. military support included two C-130s to augment the Chilean Air Force's air bridge of relief supplies from Santiago to Concepcion. A team of experts from the Navy to provide the Chilean Navy assessments of the shipyard and naval base at Talcahuano and an expeditionary medical support team capable of setting up and running a field hospital.

The C-130s and Navy assessment team wrapped up their nearly week-long mission, week-long relief support missions this weekend while airmen are currently working alongside Chilean medical personnel to provide care in an expeditionary hospital in Angol, about a three and a half hour drive away from the earthquake's epicenter.

The 35th Air Expeditionary Squadron -- (inaudible) -- C-130s and about 50 airmen were assisting with the transport of relief supplies and personnel between Santiago and Concepcion. In seven days and 17 missions, the C-130s flew 37.5 hours, evacuated 205 Chileans and moved 66 pallets totalling more than 300,000 pounds in support of the relief efforts.

The airmen worked closely with the Chilean Air Force throughout their deployment to integrate into their flight schedule and move the appropriate cargo and passengers.

The Navy team was taking a look at the shipyard and Navy base in the city of Talcahuano, about 20 minutes from Concepcion, Chile to assist the Chilean Navy with the damage assessment and determine what capabilities will be needed in order to repair the base and the shipyard.

The team was composed of 12 sailors and civilians from various commands, including Navy Sea Systems Command, Naval Facilities Engineering Command and the Navy Expeditionary Combat Command. Those team members have backgrounds in diving and salvage, medical, engineering, communications. Another member of the team had participated in medical exchange hosts with the civilian military in years past. Additionally, one member of the team studied oceanography, there's a tough word for me to say, here for two years in an exchange with the Chilean Navy. Because of that experience, they were quickly able to integrate with the Chilean Navy's assessment teams, providing a fresh set of eyes and offering their expertise on what they think would be needed to help repair the shipyard and the base.

Airmen from the Air Force Expeditionary Medical Support or EMEDS as I'll refer to it later team, along with the Chilean medics, began treating patients at the newly-built mobile hospital in Angol. That hospital has been operational since March 13th.

Chilean surgeons, anesthesiologists worked side-by-side with the Air Force counterparts to complete their first surgery March 15th. It was an ankle fracture that was a result of the earthquake. So far, the team has treated over 55 patients and performed six surgeries to date.

The Chilean and U.S. Air Force medical team are equipped and staffed to provide surgical, primary care, pediatric, radiological, gynecologic, laboratory and pharmaceutical services to nearly 110,000 Chileans in that region.

After an 8.8 magnitude earthquake that occurred on February 27th, Angol's 190-bed regional hospital was deemed structurally unsound. Prior to that expedition and hospital's completion, local Chilean medics

treated members of the local community in a small clinic in Angol or referred them to a nearby hospital some 40 miles away.

The clinic in Angol receives about 225 patient visits a day, but with this new expeditionary hospital built, patients can be referred to this hospital, which will allow doctors at the clinic in Angol to handle more outpatient-type care.

The EMEDS team, along with members of the Chilean Army built the hospital in three and a half days. The original EMEDS plus 10 hospital plan included one operating room, seven beds and three critical care beds. After assessing the medical needs of the local community, the EMEDS team doubled the number of operating wards and quadrupled the number of patient wards in an effort to meet those needs.

More than 60 Air Force medics worked side-by-side with 50 Chilean medical professionals to provide care for patients and show the Chileans the capabilities of the EMEDS facility.

The U.S. Agency for International Development, USAID and the Office of U.S. Foreign Disaster Assistance, OFDA, provided \$8.6 million to support the facility and staff for a 14-day operational period.

The 83 U.S. personnel deployed with the EMEDS unit will remain in Angol, working alongside Chilean health professionals until March 26th. At that time, the U.S. Government will formally handover the facility to the Chilean officials and U.S. personnel working at the facility will depart Chile. Its been a truly remarkable experience working alongside the Chileans to bring those, to bring help to those most in need. The U.S. and Chile have a long history of partnership and friendship. Over the years, our militaries have participated in many interoperability and disaster response exercises, as well as professional exchanges.

I truly believe because of our long partnership, we were able to hit the ground running, and, in turn, we were able to help more Chileans in need. We integrated quickly, followed the Chileans' lead and assisted their ongoing efforts. And we're honored to be part of this important mission.

With that opening statement, I'll be happy to take any questions or comments.

PETTY OFFICER SELBY: Roger that, sir. And thank you. And Dale, you were first on the line, so you can go ahead with your questions.

Q Good morning, colonel. Thank you very much for that great introduction.

I have a question about Coronet Oak. I was stationed in Panama a long time ago and Coronet Oak was there. Is it still part of the same rotation of Guard and Reserves C-130s through South America?

COL. MATHEWSON: Sir, that is, in fact, the mission of Coronet Oak. I'm not sure of the time frame that you were assigned there, but it is a mix of National Guard and Reserves providing an important capability to SOUTHCOM in times just like this. They came down here, I believe, that they got here on the 6th of March and on the 7th of March, they were already flying their first missions in support of that air bridge that I mentioned earlier.

Q Okay. Super. Thanks. It is a continuation and believe it or not, it lasted all the way from 1977.

COL. MATHEWSON: Sir, again, you know, my comments refer to the ongoing Coronet Oak mission, I will only assume that its been the same one that's been in place since '77, but it's stationed in and out of Munoz, Puerto Rico and basically the Guard and Reserve folks rotate in and out every two weeks and in this particular incident, I believe, I had Guard and Reserve folks using Niagara airplanes and St. Joe crews (sp). So, again, showing that total force capability that the Air Force brings to bear in a crisis like this.

Q Thank you very much. PETTY OFFICER SELBY: And Tech Sergeant, Hanson, you were second on the line.

Q Hi, yes, good afternoon. This is Tech Sergeant Phyllis Hanson.

Did you guys, I know that you said that you've been training with the Chilean folks for some years. But did the earthquake that happened in Haiti, did any of the responses -- were those kind of lessons learned? Did you take any of that from the previous earthquake in order to make this one work more smoothly or was it completely separate and you didn't really use any of that what they experienced?

COL. MATHEWSON: Tech Sergeant Hanson, that's an outstanding question and let me answer it this way that any time there's an operation, we thoroughly review our lessons learned in trying to apply them to any follow-on type of operation. So in this case, any lessons learned that we learned from Katrina, the earthquake in Haiti, tsunami relief that happened in Indonesia, the earthquake in Pakistan that happened a few years back, gathering that kind of information as the military does well, we gathered those lessons learned and try to apply it in this particular situation.

With specific regard to Haiti, because we had that particular incident so recent, such recent experience, obviously, that helped even more to understand what our role here was and how we could best integrate with the Chileans and help them in their time of need. Hopefully, that answers your question.

Q It did. Thank you very much, sir.

PETTY OFFICER SELBY: And Jim, you can go ahead with your question next.

Q Good afternoon, colonel, Jim Dolbow with the U.S. Naval Institute blog.

Can you tell us about any partnerships with NGOs in Chile that you may have had so far in this mission?

COL. MATHEWSON: I will tell you that we're integrated with the embassy staff and OFDA and USAID, working to meet their needs. So I'll be honest with you, I can't specifically say a specific NGO that I have worked with specifically, but I would tell you that I think in our efforts to support the Chileans' request and, obviously, my role in supporting USAID and and the U.S. embassy here in Chile that there are multitudes of NGOs and I will be happy to see if I can get a list of those for you from my counterparts here and the embassy team and I apologize that I don't have those right here in front of me.

Q Okay. Thank you. PETTY OFFICER SELBY: Back around to Dale.

Q Yes, sir. Can you quickly run over how many sorties you did fly? I missed that when you gave it to us at first? And can you tell me how many lives have been saved by the hospital?

COL. MATHEWSON: Colonel, let me first start with the number of sorties, I believe, the total is 17 missions, but I've got those numbers right here in front of me if you can stand by one second. The final numbers were 17 mission, 37.5 hours, 66 palates with 300,000 pounds, and again, that's just the air bridge from here in Santiago, obviously the capital of Chile to Concepcion, an area that was one of the hardest hit areas. And again, that was in support of the Chilean Air Force.

The second part of that question is, I think, kind of separate for the number of lives saved. It would be difficult to put a final list on the total number of lives that we've saved. Rest assured, the EMEDS that medical capability that's in the town of Angol and to put it in perspective, that town is about a three and a half hour drive further south of Concepcion is a community of 110,000 that as I mentioned in the numbers had a small clinic trying to support that effort and now we have expanded their capabilities and given them some surgical capabilities as well because of the devastation to their hospital, and again, so I don't have numbers to say that we saved this number of lives. I will tell you that I think we're making an important difference within the community, helping improve and help them recover during their time of need.

I do know that at least six surgeries to date have been performed and the thing that I would like to highlight there is it's us working alongside the Chileans in this American, U.S.-provided facility that eventually that facility will be handed over to the Chilean local communities so they can continue to meet the needs of their community.

Again, I'm not trying to dance around the question. I can try and do research, but that's a hard question to answer the specific number of lives that we've saved.

Q Okay. Thank you very much. And did all the Air Force medics come from one unit or are they Guard and Reserves from different units as well?

COL. MATHEWSON: Again, showcasing that total force capability that the Air Force and the entire services bring to bear, I would tell you that a majority of them probably came out of the Keesler region, but I've got a doctor on my staff here from the San Antonio region. I think that about 12 of them came from the San Antonio region, whether it was Lackland or -- (inaudible) -- or Wofford Hall (sp), or those kind of areas. Again, don't have a specific breakout of who is active duty or who is a Reservist or National Guard member. But it is a mix of teams and I think they came from, if I'm not mistaken, 16 total different areas throughout the states. So, again, I'm not trying to screw around the question, but there's no simple answer to that one.

Q Okay. Thank you. Great answer.

Appreciate it.

COL. MATHEWSON: Yes, sir.

PETTY OFFICER SELBY: And Tech Sergeant Hanson.

Q Hi. I just had one more question. Now, the patients going to see the EMEDS folks, how were they getting there with the three and a half hour distance from the injury's point?

COL. MATHEWSON: Tech Sergeant Hanson, that's another good question and maybe I didn't do a good job painting the picture of the location of the air bridge and the location of the hospital are two different locations. So the air bridge that the C-130s flew down to is a town called Concepcion. It's near the central portion of the coast and it's very close to the town that was hit by the tsunami.

The community of Angol is another three and a half hour car ride further south of that and that community has about 110,000 people in that community and that's where that EMEDS hospital or unit is stationed. So two different areas, and hopefully, that explanation will help clarify it for you.

Q I guess it does. It's three and a half hour drive you said from the point where the earthquake occurred?

COL. MATHEWSON: No, ma'am. I think -- let me clarify a little bit better. The distance from where the C-130s were landing and there was a lot of damage in that area, mind you, and where the hospital is are two completely different areas.

So the patients that are going to the hospital, that is the EMEDS hospital, are from the local community where the EMEDS hospital is. So it could be 10-minute drive, you know, or a 30-minute drive across town, depending on where those particular individuals are that were injured.

Q Okay. Okay. I'm sorry. I misunderstood.

COL. MATHEWSON: Any further questions, ma'am?

Q No, sir. Thank you very much. COL. MATHEWSON: Very welcome.

PETTY OFFICER SELBY: And Jim, you can have a follow-up.

Q Colonel, Jim Dolbow again. What advice would you have for future commanders that find themselves with a similar mission like you have?

COL. MATHEWSON: Well, in this particular case, I was fortunate because I think the senior leadership through SOUTHCOM and the various supporting commands understood the mission. They gave me clear guidance on what that mission was. I was very fortunate and the men and women that were part of the staff here to support me and to the particular aspects of the mission as I've already briefed the three particular aspects of the missions, the people that led those various aspects of the mission were very experienced.

So I had that luxury, but any chance you get a chance to give people advice it's trust the people that you're surrounded with, trust their expertise. They're there and put on a team for a reason and one of the things that I did is I just listened to the folks around me that had various experiences like I did. We came up with what we thought was the best way to help the folks here in Chile, and also, obviously, supporting the USAID efforts and then, obviously, listening to the civilian counterparts that go along with that because the folks from OFDA and USAID deal with these kind of issues day in and day out and they bring a wealth of experience to the table. And I think that because we understood that were in a supporting role and supporting that effort and integrating ourselves with their staff, that's the key.

So the advice I would give people is understand your mission, understand the people you're working with, the expertise that they bring to the table, not just the military folks, but our civilian counterparts out of USAID, the embassy, OFDA and work hard to work together. We focus on what the mission is and that's ultimately to help the people of this country.

Q Thank you so much, colonel.

COL. MATHEWSON: You're welcome.

PETTY OFFICER SELBY: And Dale, did you have a follow-up?

Q Yeah, one more. Do you have any great stories to tell us that we can relate to the American public of the relationship with Chile and just the overall feeling from their country, the appreciation or anything for their support?

COL. MATHEWSON: I think I'm talking with the colonel here. I've got a couple of folks in the room who were just kind of bouncing around in their minds, some words that the ambassador has said, trying to make sure that I frame the question or answer the question appropriately.

Just the way that the people of this country have responded, not only to the tragedy themselves because they're a very capable nation, but the way they've responded to our presence here and the way that I've always felt welcomed and people will come up and say thank you or people driving by in their vehicles and will honk or give a thumbs up. It's a great feeling knowing that we're here and we're helping various people.

So I don't have a particular story of a surgery, but I might be able to get something from the guy, you know, remember, that's about 12 hours further south than I am. But I might be able to get some details about particular surgeries if you want me to do that. And I also and I apologize I don't have it in front of me, I also have an example of a Medevac that we did on a C-130 where one of our tech sergeants who is a native speaker went down with a family, down to Concepcion and then that person was Medevaced back here after some severe injuries from the earthquake. Again, I apologize I don't have those details in front of me, but I bet my PAO did hear and I think there might have been a story that will have those details.

So a feel good story standpoint. We'll try and get you something particular from the hospital or from the Medevac that I mentioned. On a very personal note, just how receptive they are, how thankful they are for the support that we are providing to them is always something make somebody in uniform feel good.

Q Absolutely. And I completely understand that. I'm just thinking -- trying to get a feel of appreciation, the country appreciates us being there. Things like that. Thank you.

COL. MATHEWSON: Yeah. There is no doubt in my mind that they appreciate our support to them. Remember, they're leading the efforts. It's our support to them. It's our support to USAID, the lead federal agency for the relief and, again, it's always good when people say thanks or toot their horn and give you a thumbs up when you're walking over to the embassy. And those little things like that as you well know, someone that served in uniform as long as you have that are the things that keep you going.

Q Absolutely. Thank you very much.

PETTY OFFICER SELBY: And with that, did Tech Sergeant Hanson or Jim Dolbow, did you have any more follow-up questions?

Q I have one if no one else has.

PETTY OFFICER SELBY: Go ahead with that, Jim.

Q Colonel, Jim Dolbow again. Can you give us a little bit of background on when did you receive notice on how you were going to go to Chile? How long did it take you? And the force of that, your supply, all of that was asked by the Chilean government or is that all you could provide?

COL. MATHEWSON: Let me first start with kind of a personal timetable if you will and if that answers that question then we'll move on to the second question.

So on Thursday, and again, you know, I'm not even sure what day today is, it's the 17th, so it's St. Patrick's Day. The 4th of March was a Thursday and that night I got notification that I was elected to come down here and lead U.S. military forces in support of this effort. That next day, I got in an airplane and flew to Miami where I met with senior leadership from SOUTHCOM, and again, a great move on their part, making sure that I understood what the mission was and what their expectations were of me and the team that I was leading. And then on Saturday night, flew out of Miami and got here Sunday morning and as soon as we got here, the C-130s as I told you got here on the 6th.

So the first day of C-130 operations was the 7th. I put one of my guys on a C-130 to fly down to Concepcion so he could get eyes on the situation down there to understand what the capabilities of the air field were down there and then shortly after that, the next day and the day after that is when the Navy assessment team and the emergency medical team arrived.

So there's my personal timeline and as you can tell, things happened rapidly as to be expected any time you're reacting to a crisis.

Now, let's go to the second part of the question. If you don't mind, please ask it again just to make sure that I'm answering exactly what you're asking.

Q No problem, colonel. The forces and personnel deployed to Chile, was all of that asked by the Chilean government or was that provided because of -- (inaudible) -- other crises and wars?

COL. MATHEWSON: No, I will tell you this that, obviously, the earthquake happened on the 27th and these requests didn't come in to later and it was at the request of the Chilean government. They needed help with some specific challenges and I think those three challenges have been laid out in my opening statement and the questions that I have answered, primarily the medical, the assessment team and the air bridge. And those were the specific requests that we got from a DOD U.S. military standpoint. Q Okay. Thank you so much, colonel. Keep up the good work.

COL. MATHEWSON: Thank you, sir. I appreciate that.

PETTY OFFICER SELBY: And with that that about wraps up the questions and thank you all for your great questions and thank you, sir, for your answers.

And if you have a closing statement, you can go ahead with that now, sir.

COL. MATHEWSON: I don't have a prepared closing statement, but I would like to thank all of you for taking the time out of your busy schedules to take time to talk with us here, help us give insight to the folks back there what's taking place here. And I do owe you a couple of follow-ups on NGOs and a couple of the stories that I think the colonel had asked about the Medevac. So we will follow up on that type of information. But again, I want to thank you for your professionalism, the great questions that I got. A great learning opportunity for me to take part in this particular roundtable and with that, that's all I have.

PETTY OFFICER SELBY: Again, thank you all for your questions and comments.

Today's program will be available online at the bloggers link on dodlive.mil where you will be able to access the story based on today's call, along with source documents such as this audio file and a print transcript.

Again, thank you, Colonel Mathewson and thank you to the blogger participants.

This concludes today's event.

END.