



Medics Forward

"Any mission, Anywhere!"

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November 2003



Influenza vaccine available for service members and DoD personnel in Europe

Heidelberg, Germany – Make an easy and personal investment in good health this season – roll up those sleeves and get your flu shot!

That's the message from Brig. Gen. Elder Granger, TRICARE Europe Lead Agent, Commander, Europe Army Regional Medical Command, and Command Surgeon United States Army Europe and 7th Army.

According to Granger, an adequate supply of the influenza vaccine is available this year, and is arriving in time to combat the flu season in Europe. The flu season routinely begins here in November and runs through March with the greatest number of influenza cases usually occurring in January.

The influenza vaccine is available at local military treatment facilities for service members and other military healthcare beneficiaries. Commanders will coordinate vaccinations with supporting medical personnel and advise service members on the vaccination process.

Information on general population vaccination clinics will be announced in the coming weeks through local news outlets.

Getting vaccinated against influenza is a way to stay healthy this flu season and maintain our military medical readiness according to Granger. "It is important for

people to be vaccinated against the flu," Granger said. "In an average year, influenza is associated with more than 20,000 deaths nationwide in the United States.

We want to see our soldiers and other beneficiaries stay healthy, and take an active role in health promotion and preventive medicine initiatives – the influenza vaccine helps do this."

This year as the influenza vaccination campaign gets underway, US service members deployed in support of combatant requirements in Iraq, Southwest Asia, Afghanistan and Eastern Europe, along with active duty troops afloat, were the first to roll up their sleeves when the vaccine arrived in early October. Non-deployed service members in Europe began getting vaccinated against influenza Oct. 15, 2003.

Priority for the vaccine goes to military personnel directly involved with force protection, health care providers with direct patient contact, patients over 65, patients who have high-risk medical conditions such as cardiac or respiratory illnesses and immune deficiencies, and all other active duty personnel.

High-risk patients should consult their local doctors about receiving the vaccine earlier than the general population. The influenza vaccine is being provided to

all medical beneficiaries free of charge.

Influenza symptoms include fever, cough, sore throat, headache, chills and muscle aches. Vaccination protection against influenza develops about two weeks after getting the shot and may last up to a year. Additionally, the viruses in the vaccine have been killed, so people do not get influenza from the vaccine.

People who have had serious allergic reaction to eggs or to a previous dose of influenza vaccine or people who have a history of Guillain-Barre Syndrome should consult with a doctor before getting the vaccine.

The newly publicized intranasal influenza vaccine will not be available at military health care facilities. It is a product that must remain frozen prior to use; is substantially higher in cost than the injectable influenza vaccine and contains the live influenza virus vaccine.

The intranasal vaccine is a medical product that should not be administered to asthmatics, immunocompromised patients or patients taking drugs which compromise the immune system. It is also contraindicated in pregnancy, children under five and adults over 50 years old.

INSIDE THIS ISSUE:



Wuerzburg soldier receives Bronze Star.
See story page 5

Operation Iraqi Freedom & Operation Enduring Freedom
as of Nov. 15, 2003

Clinical Operations

- OIF patients 7,948
- OEF patients 1,906

USAMMCE

- Line items 197,000
- DoD customers 520
- \$140 million



Don't forget...

- Dec. 5
HMEDDAC
Holiday Ball Village
Pavilion,
Patrick Henry Vil-
lage, Heidelberg
- Dec. 6
WMEDDAC
Holiday Ball
Wuerzburg Residenz
- Dec. 17
LAMC Holiday Ball
Ramstein O'Club

DoD child abuse experts deliver powerful message

By Roger Teel
U.S. Army Hospital, Wuerzburg

A team of child abuse experts came to Wuerzburg Oct. 20-22, to present chilling, eye opening visual evidence aimed at helping those who have responsibilities in the identification, intervention or prevention of child abuse in military communities in Europe.

"The turnout was great, and the program just blew everyone away," said 417th Base Support Battalion, Family Advocacy Program manager, Hal Snyder who headed the effort to bring the four trainers from the Armed Forces Center for Child Protection (AFCCP) based at the National Naval Medical Center in Bethesda, Md.

The symposium was called an 'Interdisciplinary Assessment of Suspected Child Maltreatment.' More than 150 commanders, senior noncommissioned officers, and area leaders from medical, legal, law enforcement, childcare, and education elements from throughout Europe from the Army, and Air Force, came to Leighton Barracks to take part.

"There was excellent representation at this course which reinforced multidisciplinary strategies to better protect our Soldiers, our families, and most importantly our children," said Lt. Col. Richard Caldwell, chief nurse at Wuerzburg hospital.

Having all four members of the AFCCP together for one seminar was a coup, said Snyder.

"We planned to have them here in April, during the month of the child, but were delayed due to the war in Iraq. But it worked out because we had all four members of the team able to be here this time," he said.

"We're gone a lot, on the road testifying here or training there. We rarely spend this much time together," said Capt. Barbara Craig, founder and director of the AFCCP. Commander Tamara Grigsby, Dr. Donna Kahn (a captain in the US Naval Reserves) and Nikki Wooten, are other members of the team.

Widely known for its experience, the AFCCP team serves as the senior medical consultant for child abuse and neglect in the armed forces. The three doctors are pediatricians specializing in the evaluation of child maltreatment. Wooten is a clinical social worker who conducts child forensic interviews, psychosocial assessments, and recommends treatment in child abuse, child sexual abuse, and neglect cases worldwide.

Team members regularly lecture to military audiences and are often consultants to investigative agencies within the Department of Defense (DoD).

They testify as expert witnesses in criminal cases, custody hearings, parental rights hearings and courts martial.



"I feel fortunate to have been able to bring such an exceptional group to Wuerzburg. And I was impressed with the distances people traveled to attend. When people come from Vicenza, Italy, SHAPE, Belgium, and Eng-

land to attend a seminar based solely on the presenters' reputations or from prior experience, you know that it's going to be a great conference and it was," said Snyder.

The presentations gave participants some lasting impressions. "They showed us a film on the second day about a shaken baby. It was so emotional, so compelling, that when it was over there wasn't a dry eye in the place," said Brian Olden, chief of Wuerzburg Hospital's Educational and Developmental Intervention Services.

"This course re-opened my eyes, heart, and clinical acumen as I remembered the hundreds of victims of child abuse and neglect that I have dealt with in the past 17 years as an Army nurse," said Caldwell.

Adding "Abuse and neglect of children is present in all communities, and the Army is no exception. This course and the networking between disciplines that took place, has improved child advocacy, improved communication and coordination between agencies, and will help foster stronger Army families within U.S. Army, Europe."

Doctor volunteers for service after September 11

By Sgt. Phillip E. Breedlove Jr.
Landstuhl Regional Medical Center
Public Affairs

Col. Robert Lott reports for duty at the Landstuhl Regional Medical Center emergency room in a uniform that many service members have never seen. He is a commissioned officer in the United States Military and has an eagle on his collar, but he doesn't belong to the Army, Air Force, Navy, Marines, or Coast Guard.

He belongs to an often overlooked branch of the Uniformed Services: the Public Health Service Commissioned Corps, a section of the Department of Public Health.

"When people see me in my uniform," Lott said, "they mistake me for being in the Navy. When I tell them 'I'm not Navy, I'm with the Department of Public Health,' I get a lot of confused looks."

Lott said he belongs to the inactive reserve under the PHS Commissioned Corps branch of the DPH. It's a branch similar to the Centers for Disease Control (CDC), but its members can be called to serve in a military capacity in times of war.

The government maintains a roster of DPH personnel that volunteered for commission into the active and inactive reserves.

The commissioned officers continue working jobs throughout the DPH in programs like the CDC, the Food

and Drug Administration, or serve public institutions such as prisons and community hospitals.

Before Lott was activated, he served as a physician in the emergency room at Charleston Memorial Hospital in Folkston, Ga. He also considers himself a "gentleman farmer," overseeing a turpentine farm with his extended family in Brockston, Ga.

Lott was drafted into the Marine Corps in 1969 and left the military in 1971. He used the Montgomery G.I. Bill to get his medical degree, then signed up with the PHS in 1981.

Like many medical professionals with the DPH, he decided to sign up with the PHS Commissioned Corps. He was placed on a roster in the event that his services would be needed, then continued working in emergency rooms in Georgia and Tennessee.

In 1998, an agreement between the PHS and the Department of the Army was reached, outlining the role PHS would play in the event of a war.

When terrorists attacked the United States on Sept. 11, 2001, Lott knew he was in a position to help American with an imminent war on terrorism. However being a member of the Commissioned Corps Inactive Reserve instead of the Active Reserve, Lott realized he would be one of the last to be called to serve his country, so he volunteered.

"I and 2,000 other officers responded to my country's call the day after (the Sept. 11 terrorist attacks). We realized there was a new war being fought on the home front and everyone in the medical field has a valuable skill which our nation needed at the time."

Lott finally got his chance to serve when he was shipped off to Wiesbaden October 2002. In December, he was sent to LRMC to work the emergency room and assist in triaging the nearly 60 OIF and OEF patients arriving daily.

"It's a privilege to work with these young heroes and to be able to tend to their needs," Lott said. He's one of the first PHS commissioned officers to be attached to the Army since World War II.

"I'm delighted to have the opportunity to serve the Army because I am gaining valuable experience and knowledge. The Department of Public Health has a lot to learn from the Army in the fields of sanitation, environmental issues and tropical medicine."

Lott returns to the United States in early October. However he plans to volunteer again in whatever capacity he is needed.

"I'm not all that anxious to go home. The war on terror is not going to be a short affair and as long as our troops are being injured on the battlefield, I'll do my part to provide medical care to them."

LRMC



Landstuhl

**announces NCO,
and soldier of the
quarter for FY03**



Photo courtesy U.S. Army
Sgt. Jeneen Saucedo,
Landstuhl Regional
Medical Center's non-
commissioned officer
of the fourth quarter.



Photo courtesy U.S. Army
Spc. Jennifer O'Neal is
the Landstuhl
Regional Medical
Center soldier of the
fourth quarter.

H-MEDDAC



Hal McPherson, Master of Speech Pathology and Audiology, Audiologist of the Heidelberg Educational Developmental Intervention Services (EDIS) conducted a hearing test on Rhys Nicholson Sopp, at a First Steps Developmental Screening held on Oct. 2 at Patrick Henry Village Child Development Center.

The screenings of 45 children encompassed dental, fine and gross motor skills, hearing, communication, and social-emotional skills.

**Pharmacy technician of the year**

Spc. Roberta Carpenter assists Mrs. Kimberly Jeffery-Wolfart at the hospital pharmacy. Carpenter, who is stationed at the Mannheim Health Clinic, was recently selected as the Heidelberg Medical Department Activity's pharmacy technician of the year.

Photo by Tracy Bailey, HMEDDAC Public Affairs

Carpenter selected as Heidelberg's pharmacy tech of the year

by Tracy Bailey,
HMEDDAC Public Affairs

Spc. Roberta Carpenter is the Heidelberg Medical Department Activity's (HMEDDAC) Pharmacy Technician of the Year.

Carpenter competed with 21 pharmacy technicians throughout the HMEDDAC footprint.

"Spc. Carpenter is an outstanding Soldier who is dedicated to improving patient care," said Lt. Col. John Spain, Chief of Pharmacy. "She goes above and beyond in everything that she does."

"I enjoy what I do and helping other people to understand their medications," said Carpenter.

"I have always given 100% and although it has not always been easy, the Army has given me a new sense of self-awareness and pride. I see this award as an honor." Carpenter is a native of New Jersey, is the middle child of three and hopes to attend Officer Candidate School in the future. She and her husband enjoy traveling and have plans to start a family soon.

Breast Cancer Awareness walk

One hundred and thirty-nine members of the Heidelberg Community participated in HMEDDAC's 1st Annual Breast Cancer Awareness Walk on Saturday, October 25. The walk kicked off at 9 a.m. with opening remarks by Sgt. 1st Class Terry Hairston, Equal Opportunity representative at HMEDDAC and breast cancer survivor. "One out of eight women will get breast cancer. This walk is about celebration for those who survived and in remembrance of those who did not," said Hairston.

Photo by Tracy Bailey, HMEDDAC Public Affairs



Maintenance officer earns Bronze Star in Iraq

By Roger Teel
U.S. Army MEDDAC
Wuerzburg

Keeping the lights and power on during surgical procedures is obviously important, and is a task somewhat more challenging in a mobile surgical hospital during a war in the middle of Iraq.

This task was so vital, and performed so well that the Bronze Star for meritorious service was recently presented to the maintenance officer assigned to the 212th Mobile Army Surgical Hospital (MASH) for his efforts during the early stages of Operation Iraqi Freedom.

Chief Warrant Officer Timothy Fleck, motor maintenance officer for Wuerzburg's 67th Combat Support Hospital, was hand-picked by the Miesau-based 212th MASH as the unit prepared to roll into Iraq. The commander at the time, Lt. Col. Kenneth Canestrini, had known Fleck during a previous assignment.

While the award citation notes how Fleck's "leadership and perseverance enhanced the maintenance operation," the most-telling testimony comes from the 212th's executive officer. "He saved our bacon in the desert," said Maj. Ronald Krogh. "He was a great addition as an expert mechanic on everything."

"As soon as we hit Kuwait and moved into our camp, we had to fend for ourselves and set up our own life support area. That meant we were using our



Photo by Roger Teel

Chief Warrant Officer Timothy Fleck, motor maintenance officer for Wuerzburg's 67th Combat Support Hospital received the Bronze Star.

equipment right away and it started breaking right away. Chief Fleck was invaluable in setting up support relationships that did not exist to make sure we could get spare parts for our vehicles and generators," Krogh said.

"He earned his hero status on the convoy up that took 78 hours and covered 275 miles of mostly open terrain. We arrived without towing a single piece of equipment because of Chief Fleck and his teams' excellent fix it work along the way.

"When we set up in Iraq, Chief Fleck had to continually shift the power grid between the 60-kilowatt and the one 100-kilowatt generator we had and literally kept those generators going with wire and cardboard. His ability to shift the load and keep critical generators going meant we never had an interruption during surgery or at

any other critical time.

"Chief Fleck is a hero, no doubt about it, and everyone from the surgeons to the medics in the 212th MASH knows it," Krogh concluded.

"This award should go to the Soldiers working for me in the maintenance section. They are the real heroes," Fleck said, deflecting praise.

"Sergeant 1st class Travis Otis, motor sergeant, was the backbone of the operation and made sure Soldiers were taken care of and the mission was accomplished," he said.

"Sgt. Jeffrey Zilka, our shop foreman, was all about performing battle damage assessments and making repairs to ensure the equipment kept rolling," he added.

"Sgt. Shameka Cheeseborough was the mainstay who kept all of the dollies running. Other soldiers ensured the wheels, generators and laundry and bath were kept up and running," he said.

"It was a pleasure working with these fine Soldiers and the rest of the 212th MASH," Fleck said, calling the unit "the last MASH standing," Fleck said.

He added that "Keeping the power, air conditioning, laundry and bath up enabled the hospital to accomplish its mission - taking care of those who serve with the best health care available. And for that, I'm proud of what we did."

W-MEDDAC



Photo by Roger Teel
Wuerzburg Public Affairs

Educational and Developmental Intervention Services, or EDIS, have been assisting the pediatric staff in the well baby clinic since March of this year.

ERDC



ERDC Mission

The ERDC team ensures the dental readiness and deployability of the forward deployed military force in US Army Europe ... 36 clinics throughout Germany, Italy and Belgium.

www.ercd.healthcare.hqsareur.army.mil



Where's the Dental Bus?

Nov. 16—20
Grafenwoer Training Area
Nov. 16—21
Bonn, Germany
Dec. 7—19
Vilsek, 1st Infantry Division
Dec. 1—4
Bremerhaven, Germany
Dec. 4—14
Rotterdam, Netherlands

Heidelberg Dental Activity qualifies wearing new body armor

By First Sgt. Darlene Taylor
Europe Regional Dental Command

Heidelberg, Germany—The Heidelberg Dental Activity conducted its semi-annual weapon's qualification ranges Oct. 28-30, 2003 at the Messel Range in Darmstadt, Germany.

For the first time, the unit focused its attention on the training principle of *train as you fight* and required all Soldiers to familiarize, and qualify wearing body armor.

To ensure that the Soldiers were prepared for the new requirement, they conducted extensive Preliminary Marksmanship Instruction and added an additional day of qualification. As a result, 26 dental officers and 37 enlisted personnel qualified on individual weapons.

"While the number of unqualified soldiers remains important, I am more concerned that all soldiers may be called to support the global war on terrorism, I want training to be as realistic as possible," said Col. Conrad Bodai, commander, Heidelberg Dental Activity

"With recent world events and the possibility that any one of these Soldiers may be called to support the global war on terrorism, I want training to be as realistic as possible," said Col. Conrad Bodai, commander, Europe Regional Dental Command and DENTAC commander.

"While the number of unqualified Soldiers remains important, I am more concerned that all Soldiers receive the quality of training that could save their lives in the combat zone," he said.

The Heidelberg Dental Activity is committed to providing qual-

ity dental care to the soldiers, family members and retirees within its area of responsibility.

ERDC is located in bldg. 3607 on Nachrichten, Kaserne and provides command oversight for 11 dental clinics from Giessen to Stuttgart.



Photo by Staff Sgt. Jennifer Crook

Sgt. Christian LaVelle, ERDC training section, practices setting his sights in the prone position during weapons qualification Oct. 28—30, 2003 at the Messel Range in Darmstadt, Germany. Twenty six dental officers and 37 enlisted personnel qualified on their weapons.



Photo courtesy ERMC Veterinary Services

Attendees of the 50th International Military Veterinary Medical Symposium held in Ieper, Belgium. The conference brought together US and allied veterinary officers for a week of presentations and interactions on a variety of subjects from deployment issues to animal medicine and food safety.

International Military Veterinary Medical Symposium held in Belgium

Article submitted by 100th Medical Detachment Veterinary Services

Col. Michael Cates, Commander, 100th Medical Detachment (MED DET), Veterinary Service Headquarters (VS HQs) recently hosted the 50th International Military Veterinary Medical Symposium in Ieper, Belgium.

This annual conference has been held every year except two since the first event at Chiemsee in 1952. It brings together US and allied veterinary officers for a week of presentations and interactions on subjects ranging from deployment issues to animal medicine and food safety.

The conference was planned and coordinated by Lt. Col. Susan Yanoff, 100th MED DET, (VS HQs) with the assistance of Maj. Miguel Stevens, Chief, Belgian Veterinary

Corps, of Ieper. The October event included 37 presentations and a battlefield staff ride of the Ieper Salient, site of some of the fiercest fighting in World War I.

Forty-three US officers stationed in Europe, 12 US officers from the United States, and 42 allied officers from 14 other countries attended.

Among the allied veterinary officers were general officers from Spain, France, and the United Kingdom. Sixty-six spouses and children participated in the spouse program, led by Linda Cates and Anne Stevens. Col. Jack Fournier, Chief, US Veterinary Corps, hosted the Corps chiefs at a reception and luncheon meeting during the week.

Special civilian presenters included Dr. (Col. retired) Howard Johnson, the first

commander of the 100th MED DET; Dr. Jack Walther, President, American Veterinary Medical Association (AVMA); Dr. Bruce Little, Executive Vice President, AVMA; and Dr. Lawrence Heider, Executive Director of the American Association of Veterinary Medical Colleges.

The Belgian Army and the City of Ieper provided logistical support for this year's conference.

Guests at the closing banquet included Maj. Gen. Roger Van Hoof, Surgeon General of the Belgian Medical Service, President of NATO Committee on Medicine (COMEDS), and Aide to the King of Belgium; Mr. and Mrs. Luc Dehaene, the Mayor of Ieper; and Mrs. Paul Breyne, the wife of the Governor of the Province of West Flanders.

Veterinary Services



The October event included 37 presentations and a battlefield staff ride of the Ieper Salient, site of some of the fiercest fighting in World War I.

TFME



Task Force Medical Eagle (TFME) continues its primary Level III medical support in Multinational Brigade—North (MNB-N), Stabilization Force (SFOR) and US Forces deployed throughout Bosnia-Herzegovina, Croatia, Hungary and Slovenia.



SFOR Mission

The Stabilization Force will deter hostilities and stabilize the peace, continue to secure environment by providing a continued military presence in the AOR, target and coordinate SFOR support to key areas including primary civil implementation organizations and progress towards a lasting consolidation of peace without further need for NATO-led forces in Bosnia and Herzegovina.



Crew chief Staff Sgt. Kurt McGrath, TFME, pre-flights the rescue hoist on his Blackhawk air ambulance before lifting off for a hoist-training mission. The hoist, in conjunction with other extraction tools such as the jungle penetrator, is used to lift patients into the aircraft.

Danger in the darkness

Story and photo by
Sgt. Sarah Danielski, 135th Military
Public Affairs Detachment

Eagle Base, Bosnia-Herzegovina –

Medically evacuating a patient can be a difficult mission under any circumstances. Throw a helicopter, a minefield and total darkness into the mix, and it has now become one of the hardest missions an air ambulance team will perform. That is why soldiers of the 86th Medical Company of Task Force Med Eagle often practice flying into the darkness with night vision goggles (NVG) and employ the use of the jungle penetrator with their rescue hoists.

Each UH-60 Blackhawk air ambulance helicopter in TFME is equipped with a rescue hoist for patient extraction. The hoist can lift a patient from a height of 250 feet and can support up to 600 pounds. A jungle penetrator is an anchor-like seat and is paired with the hoist when picking up a patient who would

not normally be put on a stretcher. It is used wherever it is impractical to land, for example, minefields and rough terrain, or anywhere there wouldn't be enough room to land a helicopter.

Crew training is the key to the difficult missions the medevac team is tasked with.

"Training helps minimize the risks," said Sgt. 1st Class Bill Russell, "so we practice movement of the crew in the back of the aircraft, telling the pilots over the radio what is going on at all times."

Part of improving the communication of the crew is knowing the duties of the entire crew so that every one knows what is going to happen next. Crew chiefs and flight medics also cross train so they can both help perform each other's duties. Staff Sgt. Kurt McGrath, crew chief, agreed. "The success of hoist operations depends on how effectively the crew communicates with each other," McGrath, "so we battle drill all medevac operations."

McGrath explained that using the hoist is dangerous by itself because of all the things that could go wrong. "The cable could get tangled, or even hit the patient, injuring them further," he said, "doing the operation at night with NVG makes it the hardest operation we do."

Flying with NVG has many drawbacks. There is no peripheral vision and very limited depth perception. Plus everything is in one color – green. "Using NVG has many limitations," said McGrath, "but once you overcome those limitations, they become a very useful tool."

Certainly one of the great advantages of the NVG is being able to see in the darkness, explained Chief Warrant Officer Kevin Lynch, pilot.

"When you can't see your hand or foot in front of you, we can still perform the mission with the use of the goggles," said Lynch.

Even with the use of goggles, the mission is still a difficult one. Lynch noted that it is very difficult to maintain a position in a hover while using the NVG, because of the diminished visual cues often relied on during day flights. "Flying with the jungle penetrator makes it even harder because any slight movement is transferred to the person on the penetrator. Pilots rely heavily on the rest of the crew to be the eyes on the ground, since they can't actually see the operation going on below them. You need good training and a coordinated crew to make an effective team," said Lynch.

Soldiers perform difficult and dangerous missions everyday, and the medevac teams are no exception. Excellent training and steady practice help reduce the risk of those missions and keep them from needing to be medevac'd themselves...in total darkness...from a minefield.



British troops march across Task Force Medical Falcon stage as the last rotation of British medical forces departed KFOR Oct. 7, 2003.

British medical troops end involvement with KFOR

Photos and story by
Sgt. Heidi Schaa, TFMF

Camp Bondsteel, Kosovo – TFMF lost some of its international flavor Oct. 7, as the last rotation of British medical soldiers left Camp Bondsteel. The contingent will not be replaced. The British troops, who come from the Royal Navy, Royal Air Force, and Queen's Army, have supplemented Bondsteel's medical facilities in rotations from four weeks up to six months long since even before the US Army hospital was built. Their manpower commitment to KFOR is ending as a result of the draw down of troops in the province. "It's really been a pleasure to work with the Americans," said Maj. Gavin North, Chief Nurse for TFMF, who came from the Ministry of Defense Hospital Unit, Great Britain. "There hasn't been any kind of power struggle or domineering – it's definitely been a give and take. Hopefully, we always give the best care to the patients." Lance Cpl. Kelly Cody, a TFMF health care assistant from the Royal Center of Defense Medicine, Birmingham, explained that the British system assigns its troops slightly different roles than the US system. Therefore, it took a while for the Americans to recognize and understand the specific job skills of the Brits. But regardless of the specifics, Cody said the basic mission was universal. "Hopefully," she said, "we bring nursing skills, care and profes-

sionalism." Sgt. Caroline Vernon, a TFMF operating room technician who serves the Royal Air Force's Ministry of Defense Hospital Unit, said the Brits were also very adaptable and adjustable. Registered Nurse Sgt. Dave Hornsby, from the Royal Center of Defense Medicine, attributed this adaptability to the wide-range of operational experience British medical units have experienced. "We've been on various tours throughout the world," Hornsby explained. "And because we work in both civilian and military hospitals back home, we bring varying experiences which help the mission." Hornsby added that while the British have offered much experience and knowledge to TFMF, they have also learned a lot from this duty station. "It's always good to work closely with other folks and see how they deliver care," he explained. "It's nice to compare the two systems," Vernon agreed. "To see what each has to offer. But the goal is the same: to offer the best possible patient care. We all have to work together now," she continued, "because the medical service is getting so much smaller." One of the ways the British at Bondsteel have offered this excellent patient care is through their very different sense of humor, which North jokingly calls "diversional therapy." "It's nice to see guys come into the (emergency room) and they

hear a British accent and little jokes and become distracted," explained Hornsby. Cody continued, laughing, "It turns into him asking us, 'Why are you here? Where are you from? Instead of 'Oh, by the way, is my leg blown off?'" They laughed when they heard an American Soldier's evaluation of this "therapy." "The British doctors could tell me I had a tumor and I was going to die tomorrow, and I think I would just say, 'okay!'" the Soldier laughingly explained. "Everything they say sounds so light - If I had to have bad news delivered to me, I'd want one of them to do it." This doesn't offend the Brits. "Our sense of humor is different," said Vernon, smiling. "But we think it's helpful." Overall, the British said that their time spent at Camp Bondsteel with an American medical staff has been a meaningful one. "It's a pleasure being here," North said. "There is a good working relationship between us. Of course, just like any other, there are ups and downs..." "But we're not divorcing yet," Hornsby piped in. "Hopefully they understand now that we're easy to work with," Cody added. "And in the future, it'll be even easier." All the British soldiers agreed that although their time at Bondsteel is up, they wouldn't mind staying longer at TFMF. "It's fabulous," North concluded. "As an operational tour, you just can't beat Kosovo."

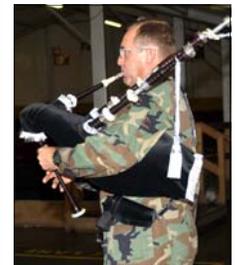
TFMF



Provide level III combat health support to Multinational Brigade-East and Multinational Brigade-Central.

Sustain or improve the training level of all medical MOS Soldiers assigned to Task Force Medical Falcon and Task Force Falcon.

Promote transition of healthcare to civil authorities.



Col. Casey Jones, Deputy Commander, Europe Army Regional Medical Command, represented the command and piped for the traditional British ceremony 'Leaving the Field'.

Jones piped them on to the field with the march, 'Scotland the Brave', then piped them off the field playing a traditional retreat, 'Castle Dangerous'.

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USAMMCE taking care of customers first

By Col. Jettaka Signaigo
Commander, USAMMCE

The last 12 to 18 months have been challenging times for the US Army Medical Materiel Center, Europe (USAMMCE). They have been directly engaged in supporting virtually all units deployed to Operation Enduring Freedom and Operation Iraqi Freedom.

Simultaneously, USAMMCE has maintained support to peace time Army, Navy, Air Force, Marine, and State Department customers operating in Europe, Southwest Asia, Africa, and points beyond.

During the last 12 months USAMMCE's customer base has grown from 670 customers to over 1,100. This expansion has rigorously tested our systems and has taught assigned personnel a great deal with respect to future requirements.

At times, the level of support customers received may not have been what they were accustomed to prior to the war. This was due to the sheer volume of supplies flowing through USAMMCE.

USAMMCE is grateful to its customers for their patience and understanding

during this difficult time. The cooperation of customers and their willingness to work with us to resolve problems enabled USAMMCE to distribute 193 million dollars in medical materiel this year.

Over 172,000 lines of materiel (worth 129 million dollars) were sent to forces deployed in support of OEF and OIF. This increase doubled USAMMCE's business from the previous year.

Now that the supply chain and operational procedures are well established for deployed customers, USAMMCE is re-focusing efforts to upgrade support to peacetime customers and re-establish the high level of support traditionally provided. USAMMCE has identified several methods of accomplishing this organization wide, refocus effort, but truthfully they cannot accomplish this alone.

The success of any business is directly related to the strength of the relationship between the business and its customer base. USAMMCE is no different; input from our customer base is not only desired, it is critical.

Customers' comments, input, and suggestions will help prioritize both re-



Photo courtesy US Army

Col. Jettaka Signaigo

sources and process improvement efforts to ensure that medical logistics needs are met.

Most USAMMCE customers have received an e-mail or visited the USAMMCE website where the 2003 Customer Satisfaction Survey is located. For customers who need the survey it can be found by going to: <https://www.pirmasens.amedd.army.mil/CS/survey.htm>

USAMMCE wants its customers to take the time to fill out the survey and give honest, constructive feedback which will be used to make changes and improve relationships with customers.

USAMMCE's motto is 'Customers First' because customer satisfaction is their number one priority!

Standard non-availability requirements change

By Troy Kitch
TRICARE Europe
Public Affairs

Military medical treatment facilities (MTFs) in Europe will no longer issue non-availability statements (NAS) to TRICARE Standard beneficiaries for non-emergency inpatient care after Dec. 28, 2003. This procedural change, mandated by Congress, means that Standard beneficiaries will no longer require an NAS prior to seeking most types of civilian inpatient care.

Inpatient care is defined as care in which a patient is required to remain in a hospital or clinic for a period of more than 23 hours. A NAS is a document issued by MTF officials to a Standard beneficiary that certifies that a specific medical service is not available within the MTF at the time the care is needed.

If an MTF cannot provide the inpatient care, the NAS authorizes a patient to receive care from a civilian source. This change in procedure means that Standard beneficiaries may receive most types of civilian inpatient care without prior authorization or documentation from an MTF.

In Europe, only TRICARE Standard beneficiaries will be affected by this change. TRICARE Prime beneficiaries will still require referral and authorization from their Primary Care Manager prior to seeking any non-emergency civilian care.

NAS for Mental Health

An exception to this change in procedure is for mental health care. Standard beneficiaries

who seek mental health care will still require a NAS from their servicing MTF after Dec. 28 before visiting a civilian provider for inpatient care. This will ensure proper reimbursement from TRICARE.

Preauthorization

All beneficiaries seeking cosmetic, plastic, reconstructive, or morbid obesity surgeries or treatments must contact their local TRICARE Service Center before a civilian provider performs any procedure. TRICARE coverage for these types of surgeries or treatments is very limited. The preauthorization requirement is a separate program from the NAS that ensures that treatments sought by beneficiaries will be covered by TRICARE.

While TRICARE covers the vast majority of medical services, it is always wise for beneficiaries to check with their local TRICARE Service Center (TSC) staff prior to any inpatient or outpatient procedure. TSC counselors can verify coverage for a given procedure and advise beneficiaries about potential out-of-pocket costs for non-covered procedures.

Maternity Care

Standard beneficiaries who require maternity care must ensure they receive an NAS from their servicing MTF if they receive any civilian prenatal care prior to Dec. 28.

In this situation, patients require an NAS for outpatient care because the military health system groups outpatient and inpatient maternity care to-

gether to ensure continuity of care.

Note that non-availability statements issued overseas are not valid in the Continental US and vice-versa. This means that if a Standard beneficiary moves to a new TRICARE region, a new maternity NAS must be issued by a servicing MTF in that new region.

Standard beneficiaries who require maternity care prior to Dec. 28 are urged to contact their servicing MTF or nearest TRICARE Service Center for assistance to avoid claim problems.

Patients who seek maternity care after Dec. 28 do not need a NAS and may seek care with any civilian provider in the TRICARE network (patients may face out-of-pocket costs if they choose a provider outside of the TRICARE network). TSC counselors remain available to help patients choose the best possible care options.

Summary

While the NAS is an important document prior to Dec. 28, TRICARE Standard beneficiaries will no longer be required to obtain this document for most types of civilian inpatient care after this date. With the elimination of the NAS, TRICARE Standard beneficiaries will enjoy greater choice in where they receive their care.

For more information, beneficiaries may call or visit their local MTF or contact their servicing TSC. TSC and MTF contact information is available online at

www.europe.tricare.osd.mil.

TRICARE



Military Health
System
Vision

A world-class health
system that supports
the military mission
by fostering,
protecting,
sustaining and
restoring health.

www.europe.tricare.osd.mil

Note that non-availability statements issued overseas are not valid in the Continental US and vice-versa. This means that if a Standard beneficiary moves to a new TRICARE region, a new maternity NAS must be issued by a servicing MTF in that new region.

CHPPMEUR



Europe labs analyze soil and water

Story by Susan D. Smith, Chief, Quality Assurance Division and Charles N. Statham, Ph.D., Laboratory Director, USACHPPMEUR DLS

When you go to the faucet for a drink of water, do you ever think about the quality of the water and how it's determined to be safe for human consumption?

The professionals of the Department of Laboratory Sciences (DLS), US Army Center for Health Promotion and Preventive Medicine - Europe (USACHPPMEUR) think about it every day.

DLS partners with environmental engineers, geologists, industrial hygienists, physicians, and other medical and scientific professionals who collect environmental samples and information from garrison and deployment sites, and provides analyses of soil, water, and other matrices.

The chemists and physical science technicians of DLS utilize state-of-the-art instrumentation to analyze over 70,000 analytes in approximately 8,000 samples per year looking for organic and inorganic contaminants that might cause immediate or long-term health effects in military, civilians, or their family members stationed or deployed in a particular region or country.

If you're still unclear as to what DLS does, perhaps you've read the books or seen the movies, *Erin Brockovich* or *A Civil Action*. Both stories were true and dealt with serious human health problems caused by environmental pollutants in the community drinking water supply that



Photo by Peter Sachelarie, USACHPPMEUR

Beata Jackson and Kara Godineaux perform turbidity and Chemical Oxygen Demand procedures on drinking water samples following DLS' world class Quality System.

were detected by environmental laboratory analyses, similar to those performed by USACHPPMEUR DLS.

How do you know if you can trust the data produced by DLS? USACHPPMEUR DLS is accredited by the Deutsches Akkreditierungssystem Prüfwesen, to the International Organization for Standardization (ISO) International Electrotechnical Commission (IEC) 17025 Standard for the General Requirements for the Competence of Testing and Calibration Laboratories [similar to the Joint Commission on Accreditation of Hospitals Organization and the College of American Pathologists for clinical laboratories].

The ISO/IEC 17025 accreditation attests that the data reported by DLS are considered scientifically sound, legally defensible, and recognized and accepted in 36 countries through mutual recognition agreements. DLS also holds

ISO/IEC 17025 accreditation through the American Industrial Hygiene Association for performing environmental lead testing in paint chips, soil, and filters. Quality laboratory analysis is all in a day's work for the DLS professionals.

In 2002, DLS was selected as the Quality Advocate of the Year by their headquarters USACHPPM, located at Aberdeen Proving Ground, Maryland. Achieving this distinction was only one of many accolades for this small, world-class environmental laboratory.

Committed to continuous improvement, DLS did not rest on its accomplishments, but raised the bar for excellence in quality leadership and management when they achieved registration to the ISO 9001:2000 Quality Management System and ISO 14001 Environmental Management System

See *Drinking water story* page 13

Drinking water continued

and ISO 14001 Environmental Management System international standards in August 2002.

What is ISO? The International Organization for Standardization (ISO) is a worldwide network of national standards institutes from 140 countries working in partnership with international organizations, governments, industry, business, and consumer representatives.

It serves as the bridge between public and private sectors as a non-governmental organization whose mission is to promote the development of standardization (e.g., ISO 9000 Quality Management series and ISO 14000 Environmental Management series, etc.) and related activities in the world, with a view to facilitating the international exchange of goods and services, and to develop cooperation in the spheres of intellectual, scientific, technological, and economic activity.

ISO 9001:2000 is considered to be the international trademark of quality and customer services throughout the business world and ISO 14001 is fast becoming a requirement to conduct business in this time of global environmental awareness and responsibility. Only 167,000 companies worldwide are certified to the ISO 9001:2000 standard and at the end of 2002, there were only 49,400 companies worldwide certified to the ISO 14001 standard.

DLS is one of this small group of forward thinking companies that not only has a vision of excellence for all its business practices but has demonstrated to its customers its commitment by achieving internationally accepted recognition of its Quality System. On Oct. 23-24, 2003 the USACHPPMEUR DLS completed its first annual on-site ISO 9001:2000 / ISO 14001 surveillance audit performed by National Quality Assurance, U.K.

The auditor, Dr. John Betts, was extremely impressed with the level of commitment to excellence and quality exhibited by the DLS management and staff, evidenced by the thorough internal audit, logistics, and management review processes.

Through their passion for excellence and pursuit of continuous improvement, the dedicated professionals of the USACHPPMEUR DLS have achieved extraordinary results.



Photo by Peter Sachelarie, USACHPPMEUR
Dr. Heinz Stahl and Mr. Robert Michels review High Performance Liquid Chromatography data for analysis of carbamate pesticides on drinking water samples ensuring compliance with DLS' world class Quality Sys-

They have clearly demonstrated their commitment to providing quality data through their day-to-day business practices. The achievement of the ISO 9001:2000 and ISO 14001 registrations, on top of the laboratory's existing ISO/IEC 17025 accreditation, is proof, from two independent 3rd party accredited registrars (Registrar Accreditation Board), that DLS has achieved a level of 'Performance Excellence' commensurate with the Baldrige National Quality Program and the most respected companies of the international business world.

USACHPPMEUR DLS represents the proud spirit of the European Regional Medical Command (ERMC) and its internationally recognized Quality and Environmental management systems clearly set a new standard for the entire Army Medical Command.

The primary benefactors of the hard work of this small, relatively unknown unit are the military, civilians, and their family members stationed throughout the EUCOM and CENTCOM. So, the next time you reach for a drink of water, remember USACHPPMEUR DLS is on point to protect your health.

For more information on the mission, vision, and services provided by the USACHPPMEUR and DLS, please visit the website:

<http://www.chppmeur.healthcare.hqusareur.army.mil/>

CHPPMEUR

USAMRU-E



The US Army Medical Research Unit—Europe, located in Heidelberg, Germany, conducts research to support the US Army.

Recent examples:

- Military Operations in Iraq
- Military Operations in Afghanistan
- Deployment to the Balkans
- Operations Tempo in US Army, Europe
- Work load of US Army Senior Leaders

WRAIR Peacekeeping research showcased in new book

Article courtesy of WRAIR

In a newly published volume titled 'The Psychology of the Peacekeeper: Lessons from the Field' (Praeger Press, 2003), authors from seven nations apply theory from a wide range of disciplines in psychology to the issues of peacekeeping.

Dr. Thomas Britt, assistant professor at Clemson University, and Dr. Amy Adler, research psychologist at the US Army Medical Research Unit-Europe (USAMRU-E), serve as the volume's editors.

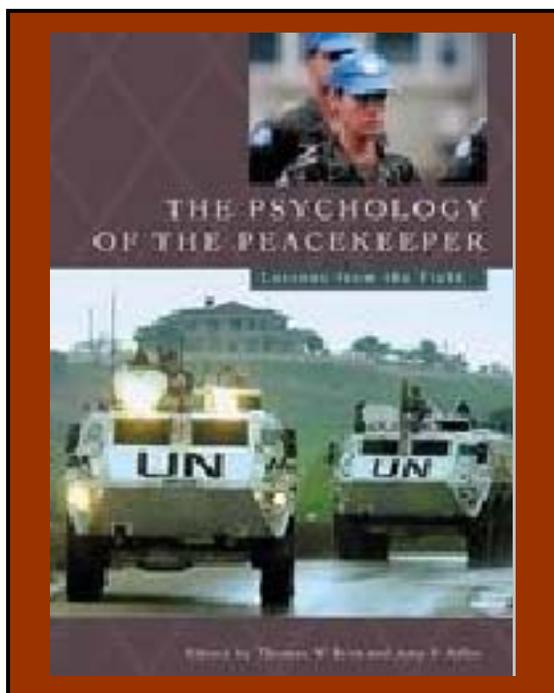
Chapter authors include the present and two former USAMRU-E commanders (Maj. Paul Bliese, Lt. Col. Carl Castro, and Lt. Col. Paul Bartone) and present and former captains assigned to USAMRU-E (Capt. Jeffrey Thomas and Dr. Thomas Britt).

Their chapters include:

- Britt, T.W. & Adler, A.B. The Psychology of the Peacekeeper: An Introductory Framework.
- Castro, C.A. Considerations when Conducting Psychological Research During Peacekeeping Missions: The Scientist and the Commander.

- Boniecki, K.A., & Britt, T.W. Prejudice and the Peacekeeper.
- Britt, T.W. Can Participation in Peacekeeping Missions be Beneficial? The Importance of Meaning as a Function of Attitudes and Identity.
- Thomas, J.L. & Castro, C.A. Organizational Behavior and the U.S. Peacekeeper.
- Bliese, P.D. & Castro, C.A. The Soldier Adaptation Model (SAM): Applications to Peacekeeping Research.
- Adler, A.B., Bartone, P.T., & Litz, B.T. The nature of peacekeeping stressors.
- Adler, A. B. & Britt, T.W. The Psychology of the Peacekeeper: Common Themes and Future Directions.

The book has a total of 18 chapters, and topics range from a model of peacekeeper motivation and the challenges of working in a cross-cultural environment to issues associated with African peacekeeping initiatives. The book has been endorsed by the editor of the Journal of Occupational Health Psychology and is just one of the many outlets for WRAIR research efforts.



The newly published 'The Psychology of the Peacekeeper: Lessons from the Field'.

AWARDS



...People will remain the
centerpiece of all we do—
Soldiers, civilians,
retirees and veterans...

The Army Vision



ERMC

***"Caring for Our Nation's Best"
Medics Forward ... Any mission,
Anywhere!***

"Medics Forward" is an authorized publication for members of the Department of Defense. Contents of "Medics Forward" are not necessarily the official views of, or endorsed by, the U.S. Government, or the Department of the Army. The editorial content of this publication is the responsibility of the Europe Regional Medical Command Public Affairs Officer.

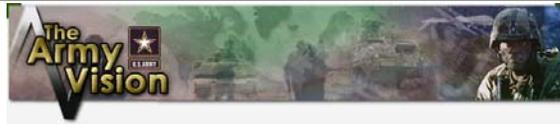
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Military Awards Program — <https://www.perscom.army.mil/tagd/awards/index.htm>

Civilian Incentive Awards Program — <http://cpol.army.mil/permis/53.html>

ERMC Awards — G-1, DSN 314-371-3354

Bronze Star

Chief Warrant Officer Fleck,
Timothy, WMEDDAC

Meritorious Service Medal

Lt. Col. Long, Gloria,
HMEDDAC

Maj. Harkins, Joseph,
WMEDDAC

Maj. Helinski, Dianne,
HMEDDAC

Capt. Patton, Carla,
HMEDDAC

Sgt. Major Solis, Gerald,
WMEDDAC

Sgt. 1st Class Wood, Gerald
WMEDDAC

Staff Sgt. Washington, Terry,
HMEDDAC

Army Commendation Medal

Sgt. 1st Class Hinkle, Mark,
LRMC

Sgt. Mullaney, Dustin, LRMC
Sp. Hernandez, Eric,
HMEDDAC

Sp. Holloman, Darrell,
MEDDAC

418th Medical Logistics Battalion, San Antonio

Capt. Daughtrey, Corey

1st Lt. Lester, Kevin

Warrant Officer Harder,
Catherine

Sgt. 1st Class Mason,
Gwendolyn

Staff Sgt. Estores, Christian

Staff Sgt. Raymundo, Jose

Staff Sgt. Reese, Mary

Sgt. Carreon, Gabriel

Sgt. Flores, Celso

Sgt. Foti, Marc

Sgt. Frank, David

Sgt. Lara, Jose

Sgt. Priester, Leroy

Sgt. Reeves, Christopher

Sgt. Sanders, Antonius

Sgt. Street, Erika

Sgt. Valderrama, Javier

Sgt. Velez, Debanish

Sgt. Welsh, James

Sp. Fusaro, Anthony

Sp. Hicks, Mekelle

Sp. Martucci, Michael

Sp. Meredith, Michael

Sp. Nelson, Donald

Sp. Torres-Luna, Jose

Sp. Wamsley, Dale

Sp. Wolf, Christopher

Army Achievement Medal

Sp. Bryant, A.C.,
HMEDDAC

Sp. Hernandez, Eric,
HMEDDAC

Sp. Phinn, Judith,
HMEDDAC

LRMC

Karl, Ria, LRMC

Weiss, Saveria, LRMC

Holzberger, Traudel, LRMC

Hansen, Sonja, LRMC

Berberich, Anita, LRMC

Uhlhorn, Stephanie, LRMC

Schirra, Ruth, LRMC

Porter, Anita, LRMC

Gunther, Patricia, LRMC

Ignots, Elaine M., LRMC

Ortiz, Rita, LRMC

Smith, Leigh, LRMC

Schuck, Edeltraud, LRMC

Dr. Nassif, Walid, LRMC

Dr. Campbell, Ronald O., LRMC

Norris, Sheila, LRMC

Moore, Catherine M., LRMC

Jones, Rebecca, LRMC

Helfrich, Barbara, LRMC

Seyler, Sandra, LRMC

Morlo, Petra, LRMC

Denson, Sylvia, LRMC

Certificate of Retirement

Fischer, Giulia, HMEDDAC

Length of Service — 35 Years

Svensson, Ingrid, HMEDDAC

Length of Service — 20 years

Moschner, Regina, HMEDDAC

Pugh, Cary, HMEDDAC

Certificate of Appreciation

Sgt. Crockrell, Rudy,
HMEDDAC

Staff Sgt. Rocha, Joel,
HMEDDAC

Sgt. Bemrose, Derek,
HMEDDAC

Sgt. DeLeeuw, Keith,
HMEDDAC

Sgt. Dickens, Teranesha,
HMEDDAC

Sgt. Ramos-Martinez, Eduardo,
HMEDDAC

Sgt. Ray, Terrance, HMEDDAC

Sp. Cavazos, Elio, HMEDDAC

Sp. Rens, Jesse, HMEDDAC

Pfc. Kline, Kara, HMEDDAC

The US Army Europe Regional Medical Command was activated on Oct. 16, 1994, under the command and control of the US Army Medical Command, headquartered at Fort Sam, Houston, Texas. The command was originally designated the European Health Service Support Area, one of seven Army health service support regions throughout the world. To clarify beneficiary recognition of their mission, all health service support areas were re-designated regional medical commands in July 1996.

To meet the European challenge of the ever changing medical environment and the military force, Europe Regional Medical Command oversees and maintains the successful operation of the Army's 30 healthcare facilities in Germany, Italy and Belgium.