



Medics Forward

"Any mission, Anywhere!"

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December 2003



Key to winter driving success is knowing the hazards

By Staff Sgt. Kelly Bridgwater
ERMC Public Affairs

Heidelberg, Germany - Don't become the next victim of the slippery, silent, and often times invisible menace that lurks on the sidewalks and roadways in your neighborhood. The culprit is black ice, and it doesn't play nicely during the winter months.

Icy roads, drinking and driving, seat belt use; these are a few of the risk factors that drivers should be aware of during the winter, and holiday months.

For service members, their families, and civilian personnel assigned to Europe Regional Medical Command (ERMC) the Winter Safety Campaign is alive and kicking. It's goal? "To familiarize individuals with the different hazards of winter," said Herman Ehrhardt, United States Army Medical Hospital, Safety Manager, Heidelberg. He went on to describe other hazardous conditions such as snow, sleet, and fog and how these risks bring about the additional danger of limited visibility.

Adding to the mix is the lack of driving experience from people who are new to Europe or new to living in a wintry environment. "There are two winter driving categories that people fall into," said Ehrhardt. "The first are those folks coming from the United States who have never



Photo by Staff Sgt. Kelly Bridgwater
Dan Voglesong, safety and occupational health manager, 30th Medical Brigade, displays safety equipment, such as an ice scraper, that he recommends for drivers to have available in their cars.

driven in the European theater, and second, service members who are redeploying from deployed countries."

Ehrhardt said all of these people have one thing in common, "They are not familiarized with the winter road conditions here." He added that Heidelberg is located in a valley and as people drive to and from work in and out of the higher elevations surrounding the city, the road conditions may be quite different.

There could be icy roads or snow falling in the higher elevations that aren't present in Heidelberg and that drivers need to pay careful attention to these

road conditions as they change.

According to Carol Fontanese, ERMC Safety Manager, fog is a risk factor not to be taken lightly. "It can easily happen here in Europe, that major mass car accidents occur during these times of dense fog where drivers are not maintaining the proper traveling distance between vehicles for the current weather conditions," she said.

"Germany has already had their first such incident with a 47 car collision just south of Stuttgart. The reason for the accident, a dog crossing the road, vehicles were traveling too close together

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1st Lt. Cecelia Theresa Perez, Army Nurse Corps, writes about her experience in KFOR. See story page 4

Operation Iraqi Freedom & Operation Enduring Freedom as of Dec. 10, 2003

Clinical Operations

- OIF patients 8,531
- OEF patients 2,002

USAMMCE

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

W-MEDDAC



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Suicide prevention during the holidays

**By Scott Rouch
Red Cross Volunteer, Wuerzburg**

Feeling sad or depressed as the holiday season comes and goes? The impending deployment of loved ones has had a dramatic effect on a large segment of the community.

Remember, though, nothing is worth killing yourself.

While feeling blue and, or experiencing depression often seems overwhelming, options are there to help ease them. Seek help. Suicide doesn't just affect the person who ends his or her life.

"Suicidal people do not have the mental strength to realize how death affects significant others," said Dr. Rogiros Flevotomas, clinical psychologist at Wuerzburg hospital.

"A completed suicide significantly affects six other people. It is highly advisable for these victims of the suicide to seek mental health services."

Major Stephen Kelley, chaplain, 98th Area Support Group Family Life chaplain, took the thought one step further, "A suicide is a devastating event for a community. It affects every level of the organization."

"There are two issues at work," said Flevotomas. "There is the unpredictability of deployments with family members gone for a length of time and not knowing if they'll make it back in one piece while having to carry on with daily living. Add in the additional stressors of the holidays and people will react in different ways. Some are depressed and some are suicidal."

Symptoms of suicidal people range from being

generally sad and unhappy to more severe episodes of losing energy, not getting any satisfaction from things that were once pleasurable, sleeping and eating either too little or too much, and the inability to complete normal daily functions.

"If you think someone is suicidal, ask them directly, 'Are you having thoughts of suicide?'" urged Kelley.

"If they say, 'Yes,' stay with them. Don't leave them alone until they connect with professional help. Never keep a deadly secret. Hook them up with a healthcare professional," he said.

In USAREUR, professional options include: chaplains, social work services counselors, Army

Community Services family counselors, community counseling services and the hospital's psychiatry department.

Flevotomas and Kelley both recommend talking with trusted others.

"It can be a chaplain, a good friend or someone back in the States," Flevotomas said.

"Family Readiness Groups are important. They provide much needed support and are a community of shared resources," said Kelley.

Health care professionals are available during normal duty hours and most units have on-call personnel accessible for after-hours emergencies.

Kelley summed up the objective of getting help, "Suicidal behavior is about hurting, and it is important to get people to talk about their pain. If we can do that, we've done some good."

"Suicidal behavior is about hurting, and it is important to get people to talk about their pain. If we can do that, we've done some good," Maj. Stephen Kelley, chaplain, 98th Area Support Group Family Life Chaplain.

Avoid overeating during the holiday season

By Spc. Christopher T. Goodman
LRMC Public Affairs

Too much holiday food and fun often times lead to a belt that no longer fits. Welcome to the wonderful world of holiday overeating.

“Overeating during the holidays puts a strain on the digestive system, which must work much harder to break down and assimilate large amounts of food,” said Sue Walker, an outpatient dietician at Landstuhl Regional Medical Center (LRMC).

Fatty foods, which always pop up during the holidays, are especially difficult to digest.

According to an article by Dr. Ted Listokin, an instructor of medicine at the New York University School of Medicine, straining the digestive tract can cause a buildup of stomach pressure. That pressure allows acids and gastric juices to flow upward and irritate the esophagus, creating a condition known as acid reflux, he said.

Overeating on Thanksgiving and Christmas Day alone is not the problem, said Walker. It’s the eating throughout the holiday season that causes trouble.

“It actually starts on Halloween with all of the candies,” said Walker. “The danger in holiday

overeating is that it develops a pattern for overeating that can become a habit. That is why we worry.”

With the holiday season comes party after party, offering yet another opportunity to overindulge at the buffet table.

“There isn’t a social event in your life that does not offer food,”

said Walker.

“Even a funeral has a buffet.”

She said the important thing to remember during a party or social gathering is the gathering itself,

not the food.

“The point is to socialize, not eat,” she said.

However, if being social works up an appetite, there are healthy ways in which to indulge it.

“I tell my patients to bring their own trays to events,” explained Walker. “A veggie tray or a fruit bowl ensures that something nutritious will be available. Even sugar-free Jell-O or a low-fat dip can provide a healthier alternative.”

For those folks tempted by a 40-foot buffet and simply cannot be satisfied by sugar-free Jell-O, grab a plate, but follow these suggestions.

“Never grab a dinner plate,” she

said. “Always use a salad plate. Your portion will appear larger, and you cannot pile on as much food. Also, look over the entire buffet before you begin. This will enable you to make healthy choices instead of beginning at one end and simply loading your plate with the first things you see.”

Other ways to better deal with the throng of parties is to exercise prior to and after a party.

“If you know you have a function to attend on Friday, begin exercising on Tuesday,” she said. “You will feel better afterward because you have already worked out.”

Feeling better is important for people who overeat during the holiday season. Walker said many people, in addition to feeling lousy physically, develop poor self-esteem. The added pounds can take a toll on a person’s emotional well-being she said.

Exercise, however, can combat those feelings and help nullify the effects of overeating.

The Nutritional Care Division at LRMC offers classes that help

people learn the benefits of proper nutrition and how to achieve it.

Weight management classes and individual appointments also are offered free of charge. For more information call DSN 486-7117 or commercial 06371-86-7117.



LRMC



Photo by Sgt. Phillip Breedlove
LRMC Public Affairs

First Lt. Silvana Durr, nurse with the Landstuhl Regional Medical Center Immunizations Clinic, gives a flu shot to Lorraine Mink, a family member, Dec. 5 at the Vogelweh Commissary.

H-MEDDAC



Photo by Tracy Bailey
H-MEDDAC Public Affairs

1st. Lt. Cecelia Theresa Perez in the emergency room where she works at Heidelberg Hospital located on Nachrichten Kaserne in Heidelberg, Germany.

TDY to Kosovo, a nurse's experience

**By 1st Lt. Cecelia Theresa Perez
Army Nurse Corps
Heidelberg, Germany**

In October, I deployed to Kosovo for six weeks to work as an emergency room nurse at Camp Bondsteel.

I assisted in the transition of Task Force Medical Falcon (TFMF) VIII to TFMF IX which meant that I worked in the medical facility during the period in which one reserve unit (TFMF VIII) prepared to leave after eight months of deployment from their home units in California and Pennsylvania. Meanwhile, another reserve unit (TFMF IX) from New Jersey and New York arrived.

Camp Bondsteel has a fully functional, level III hospital with a four bed emergency room, an ICU, two operating rooms, a pharmacy, radiology, preventive medicine, and ground and air evacuation.

The camp is well known for its excellent medical care, fine dining facility and 24-hour gym. Of course, the potential dangers of the area are also well known as illustrated by examples of the various land mines which are on display throughout the camp and curiously positioned, for instance in the lobby of the dining facility and at the entrance doors to the gym.

Early one morning, I joined four soldiers and an interpreter on a patrol through landscape, which appeared at times both fertile and desolate. Small areas of farmland looked tilled and readied for fall planting but other vast stretches of land lay weary and neglected.

Houses without doors or windows, or with missing walls, dotted the horizon as many of

these homes had been abandoned to decay or were in the early stages of reconstruction without sufficient funds to complete them. The downtown area of Vitina on market day was our destination and proved to be quite a mystery.

Young people were packed into smoky cavernous coffee houses and in the streets old women, heads covered with babushkas, strolled arm in arm examining row upon row of every item imaginable from gold trinkets and crochet linens to CDs, livestock and mountains of cabbages overflowing from produce carts.

As part of our patrol, we investigated what turned out to be unsubstantiated reports of the flying of the Albanian flag, which is not permitted in this ethnically conflicted area.

We continued on to a Serbian school where one of the soldiers had been asked to give a US history lesson to illustrate the successful blending of nationalities into the melting pot known as the United States.

The classroom was small with no lights and was heated by a pot-bellied wood-burning stove. The children looked thin and frail but were dressed warmly and cheerfully responded with the help of the interpreter to information presented by their new teacher.

They were surprised to hear each American Soldier list two or more different nationalities to describe our ethnic heritage. Following class, we emerged onto the playground, which amounted to a little more than a muddy field with a few rusted swings where more and more children had gathered as news spread of the presence of the



Photo courtesy US Army

Enthusiastic schoolchildren gather around visiting US Army Soldiers during a vehicle patrol through the city of Vitina. The troops stopped and visited with the children.

American Soldiers. There seemed to be a paternal bond between the Soldiers and the children as high fives were exchanged and communication succeeded across the language barriers - and then there was candy!

I was told to bring candy along on this trip and at first I thought I had enough for everyone. After giving out a few pieces, I was overwhelmed by children who multiplied exponentially by the minute.

I was on the verge of being buried alive under a mountain of children when the interpreter rescued me by taking the bag of candy from my hands and tossing it out behind us, which sent the children scurrying towards it and off of me. I soon learned that almost as much as candy, the site of a camera thrilled the children, too. They all wanted to be in a picture and were hams in front of the lens. Certain things seem to be universal.

The children were relentless and followed us back to our humvees. Just before our departure, one of the children was asked via the interpreter what he wanted to be when he grew up. The child's enthusiastic response: "An American Soldier." I knew it had been a memorable day.

Winter safety continued from page 1

for the fog conditions. This can be a shock for those who are new to the country and are not used to driving in such winter weather conditions.”

Another preventive measure in place by ERMC is required winter drivers training for all military personnel who have a valid military driver’s license.

“There is a joint campaign between ERMC, 30th Medical Brigade and Heidelberg Army Medical Activity,” said Ehrhardt about the winter drivers training class.

“We helped each other out with the training -- we were trying for a synergetic effect. Basically it was a combined action to help make the training go smoothly with efforts not being placed on one unit to do it.”

Adapting to local road conditions is just one part of winter

safety. According to Daniel Voglesong, safety and occupational health manager, 30th Medical Brigade, Heidelberg, other safeguards include using preventive measures such as tuning up your vehicle and keeping winter tools on hand. More obvious precautions include always wearing your seat belt and not drinking and driving.

“Seat belts are a real big factor at reducing the severity of accidents while driving on the ice and snow,” said Voglesong, “and people need to do their own risk assessments before they get on the road.

Obviously they need to look and see what the weather is and if it’s really bad they need to pull over to the nearest rest area and wait for the snowplows to come through, and then it’s safe. That’s what I recommend.”

Voglesong couldn’t stress enough the importance of not drinking and driving.

“This time of year drinking and driving is a big factor. People are going to parties and should assign a designated driver,” he said.

“Drinking is more common this time of year and people need to know that the German law is stricter than American law blood alcohol limits. The simple way to remember this difference is that the equivalent of two drinks for a person of average build is going to put you at, or above the legal blood alcohol limit according to German law.”

“Preparation is the best safety precaution to take,” said Ehrhardt. By staying aware of changing road conditions, wearing a safety belt, and not drinking and driving, the risks can be decreased.

The following is a list of safety measures that may help you avoid winter driving pitfalls. This list was provided by the 30th Medical Brigade, Heidelberg.

Get an engine tune-up in the fall.

Switch to winter-weight oil if you aren’t already using all-season oil.

Be sure all lights are in good working order. Have the brakes adjusted.

Battery and voltage regulator should be checked. Make sure battery connections are good.

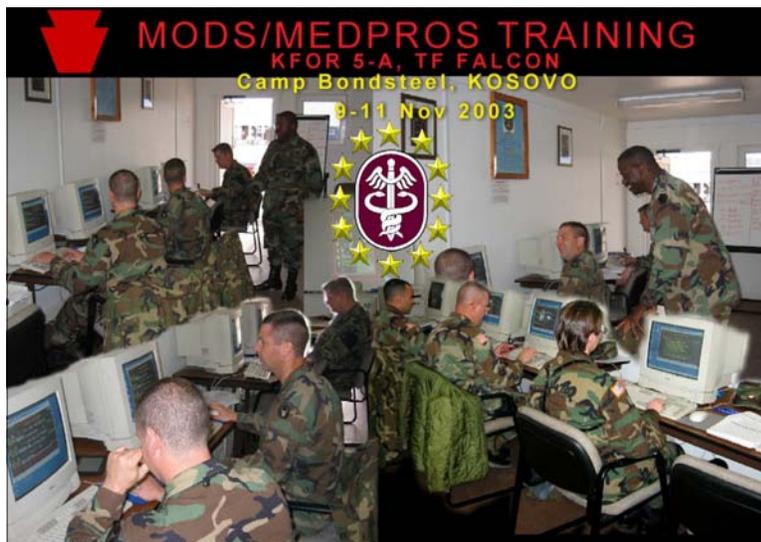
If the battery terminal posts seem to be building up a layer of corrosion, clean them with a paste of baking soda and water. Let it foam, and then rinse with water. Apply a thick film of petroleum jelly to the terminal posts to prevent corrosion, and reconnect.

Be sure all fluids are at proper levels. Anti-freeze should not only be strong enough to prevent freezing, but fresh enough to prevent rust.

Make sure wiper blades are cleaning properly.

Consider changing to winter wiper blades which are made for driving in snow. They are covered with a rubber boot to keep moisture away from working parts of the blade.

Don’t idle a cold vehicle’s engine for a long time to warm it up. It could harm the engine. The right way to warm up a vehicle is to drive it.



Master Sergeant Joey A. Gibbons, Europe Regional Medical Command, Force Health Protection, conducted Medical Protection System (MEDPROS) training for personnel assigned to Task Force Falcon (TFF) and Task Force Med Falcon (TFMF) Nov. 9 – 11. The purpose for the training was to equip KFOR TFF and TFMF personnel with the abilities to electronically submit online pre- and post deployment forms, post immunizations, as well as post individual medical readiness information into the MEDPROS database.

Photo courtesy US Army

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.erdchc.healthcare.hqsareur.army.mil



Where's the Dental Bus?

Dec. 7-19
Vilseck, 1st Infantry
Division
Dec. 1-4
Bremerhaven, Germany
Dec. 4-14
Rotterdam, Netherlands

The battle for dental readiness

By Maj. Michael Beatty
Executive Officer, Wuerzburg DENTAC

As many Soldiers and family members in the 1st Infantry Division region prepare for the deployment to South West Asia, the Wuerzburg Dental Activity (DENTAC) is engaging in the battle to ensure that all deploying Soldiers are ready from a dental health perspective.

Col. Mike Cuenin the Wuerzburg DENTAC commander states that “Our primary mission is to ensure all Soldiers in the communities we serve are in a state of dental readiness.”

One major obstacle is that dental readiness is a moving target. One’s dental condition and classification is in a constant state of change. The first requirement for many is to get their annual dental exam. Anyone who has not had a complete dental examination within the last 12 months is classified as Class 4. This dental classification translates in a Soldier being non-deployable.

The DENTAC leadership has started an aggressive campaign to work with the tactical leaders throughout the 1st ID to identify

Soldiers who are dental Class 4 to receive their exams as soon as possible. Once this critical step is accomplished, the real work begins for the dentists.

On average, approximately 30 percent of all dental exams reveal dental conditions that will require one or more visits to the dentist. Given the number of Soldiers scheduled to deploy, this presents a daunting task for both the DENTAC and tactical leadership.

With so many competing requirements prior to a major deployment tactical leaders face the challenge of finding the time Soldiers need to see the dentist and to receive the care they need. Cuenin recently emphasized to his senior leaders the importance of getting the care provided here in our fixed facilities versus waiting for something to happen downrange.

Cuenin stated, “Our dentists that have been treating patients in South West Asia have emphasized, though they are capable of complex care, that the environments for providing this dental care while deployed to this Area of Operation are not always ideal.” He went on to clarify that

the priority is to do whatever it takes to get our Soldiers into the dental clinics now to prevent major issues while deployed.

During the DENTAC campaign to achieve dental readiness, which will be the priority during the next three to four months, some family member care may be somewhat less accessible, but the payoff for family members will be a significant increase in access to dental care once the 1st Infantry Division deploys.

As Maj. Gen. John Batiste, Commanding General, 1st Infantry Division has stated, “Families in Germany will continue to have open access to medical and dental care as well as all other family support facilities throughout the deployment.”

The 13 U.S. Army Dental Treatment Facilities in Bavaria in the Wuerzburg Dental Activity are committed to ensuring soldier readiness and providing family member care.

Suicide reporting project: Evaluation of Army model

Article provided by **USAMRU-E**

The reporting of suicide-related behaviors of active-duty soldiers by USAREUR medical personnel became systematic over the past year through the development of the AMEDD Suicide Event Report (ASER) form.

This form tracks both completed suicides and suicide attempts. The reporting of such behaviors is important to the Army because it allows for the tracking of rates over time.

Such tracking helps determine if there is any significant increase or decrease in the number of suicide-related behaviors among military personnel.

Although previously there were epidemiological reports on the number of completed suicides, little information existed on the prevalence of suicide attempts in the US Army, and certainly there was no systematic tracking of the frequency of suicide attempts.

By tracking such rates, changes in the overall mental health of the force or problems in particular sub-groups or geographical areas can be determined. Epidemiological studies that identify significant increases in suicide events can be used to target intervention efforts.

The new reporting system is a result of a combined effort of the USAREUR Suicide Prevention Task Force, ERMCC, and the clinical providers who participated in the surveillance program.

The form, developed in USAREUR, served as the prototype for the Army-wide suicide surveillance system, and following a revision to the form in May 2002, the ASER was finalized and disseminated Army-wide by the Psychiatry Consultant to the Surgeon General and Behavioral Health Policy Staff Officer at HQ MEDCOM.

As part of the effort to assess the usefulness of the new reporting system, The U.S. Army Medical Research Unit-Europe (USAMRU-E), an overseas laboratory of the Walter Reed Army Institute of Research and member of the USAREUR Suicide Prevention Task Force, conducted a program evaluation of the new form.

The program evaluation included interviewing members of the USAREUR medical community tasked with completing the form and comparing form reports of suicide events with medical records of such events.

The USAMRU-E's program evaluation culminated in the completion of a technical report on the Army suicide-

event reporting form this December 2003. Ultimately, the goal is to develop a useful means of tracking mental health and to adapt systems to ensure that the burden on the service provider is kept to a minimum.

In a second major product to emerge from USAMRU-E's involvement in the USAREUR Suicide Prevention Task Force, researchers at USAMRU-E completed a review of the medical records for suicide-related events among in-patients covering the period of May 1999 - May 2001, and collected data on suicide event behavior in real time from USAREUR clinical providers from June 2001 - June 2002.

The results of the analysis from these data collections were briefed to USAREUR leaders and presented at the Behavioral Sciences Conference in Heidelberg, Germany in September 2003.

Findings from the analysis identified that the suicide completion rates reported for USAREUR are consistently lower than those rates reported by the US Army in CONUS.

Fluctuations in the monthly number of suicide events over the three-year period of surveillance indicate that the rates are relatively stable.

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

TFME



www.tfeagle.army.mil

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

www.nato.int/sfor/

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.

Combat stress units offer solutions

Courtesy of TFME Public Affairs

Eagle Base, Bosnia-Herzegovina –

As the holiday season marches upon us here in Bosnia and Herzegovina it is understandable that many soldiers may begin to feel homesick. The holiday season can be difficult when deployed. Soldiers don't have to tackle the "holiday blues" on their own, combat stress units are here to help.

"Combat stress units have been helping soldiers for more than 10 years, since before Desert Shield/Desert Storm," said Maj. David Skripka, 467th Medical Detachment, Madison, Wis.

"Combat stress units are here to help soldiers get back to full function, and to let soldiers know they will be taken care of," said Skripka, a practicing psychiatrist, specializing in mental health.

The combat stress team on

Eagle Base runs a variety of programs to help soldiers deal with military and personal problems.

Tobacco sensation, a program to help soldiers quit nicotine, combines a behavioral plan along with prescription medication to help soldiers stop using nicotine products.

The team offers briefings on mental health such as suicide prevention and combat stress control.

The team also leads visits to Vojo Peric, a displaced persons center that is also a women's home.

"Our mission is to work with people having emotional difficulties of any kind," said Skripka. "Most people we see don't have any medical problems."

Skripka noted, "How people get along out here has to do with how they take care of themselves and their unit's

environment. If people get good recognition, exercise, sleep, friendship and leadership it takes care of 90 percent of all problems. One of the best ways to keep your head on straight and stay mentally fit is to do good things for other people."

Kevin Kriesel, a civilian Air Force contractor who has assisted the combat stress team every month since January, agreed and added that it is especially true during the holiday season.

Spc. Kara Loveland of the 334th Medical Group, who works in the combat stress office, said, "The last visit to Vojo Peric was excellent. I had the chance to talk to a social worker who gave me a tour of the area and I received positive feedback from everyone who went."



Command Sgt. Maj. Virgil T. Akins, TFME, was the master of ceremonies for the November NCO induction ceremony. He had this to say about the event, "The importance of recognizing the transition from enlisted soldier to noncommissioned officer is crucial in the development of our newly promoted NCOs. They are our future," he said. "Our soldiers come from a wide variety of backgrounds and experiences. However, all of us have the same goals of completing our mission successfully and returning home safely to our loved ones," said Akins.

Photo by Sgt. 1st Class Joseph E. Glazer, TFME

Task Force Med Falcon Rotation 9 takes the reins

By

Lt. Col. Kevin Drozd,
TFMF-9, Personnel Officer

Camp Bondsteel, Kosovo – November 10, 2003, was marked as the day for a new transfer of authority. Task Force Medical Falcon (TFMF), Rotation 9, KFOR 5B replaced Rotation 8, KFOR 5A with the anticipation of achieving new goals. Task Force Medical Falcon 9 will maintain boots on the ground for longer than the usual six-month period. Med Falcon 9 will continue to support the 28th Infantry Division's Task Force KFOR 5A during the waning months of their rotation, and then provide start-to-finish coverage for the 34th ID's Task Force KFOR 5B Rotation.

Task Force Medical Falcon 9, under the well-known charismatic leadership of Col. Donald L. Harris, immediately attracted six of the nine available US Army Reserve health care practitioners to extend their tours of duty an additional 90 days beyond their 90-day requirement. "This must be a new record," said Executive Officer Col. Marlin D. Brendsel. Lt. Col. Kevin E. Drozd, Personnel Officer pointed out that Task Force Medical Falcon must be the first Balkan rotation to have a Dental Corps Officer functioning as their Operations Officer, Lt. Col. William A. Ricks. Ricks expressed his confidence in Task Force Medical Falcon 9's experienced staff, identifying many veterans from SFOR-12, Operation Enduring Freedom, Operation Iraqi Freedom, the Gulf War, and even Vietnam who flocked to volunteer for positions on this deployment



Photo by Sgt. 1st Class Edgardo R. Rodriguez

Command Sgt. Maj. Carl E. Wise (foreground) uncases the 330th Medical Brigade's Colors with Col. Donald L. Harris, Commander, TFMF 9, KFOR 5B during the Transfer of Authority Ceremony at Camp Bondsteel.

when the identity of Task Force Medical Falcon 9's commander was revealed.

Task Force Medical Falcon 9's command and control element, derived from Headquarters and Headquarters Company, 330th Medical Brigade, Ft. Sheridan, Ill. selected volunteers from amongst the 5,500 soldiers and 33 subordinate units in the 330th Medical Brigade. Members from several of the 330th's subordinate units: the 256th Combat Support Hospital (CSH), Brooklyn, Ohio, the 914th CSH, Blacklick, Ohio, the 337th CSH, Indianapolis Ind. and the 801st CSH, Ft. Sheridan, Ill., were chosen to comprise the bulk of the medical treatment facility positions. An additional augmentation of physicians from the 352nd CSH, Oakland, Calif. filled essential specialized medical positions. Additional positions were also filled by members of the 334th Medical Group, Grand Rapids Mich., the 18th Field Hospital, Virginia Beach, Vir., the 6252nd US Army Hospital, Port Hue-mene, Calif., the 373rd Dental

Company, Blacklick, Ohio, the 360th Dental Company, Parma, Ohio, and the 643rd Area Support Group, Whitehall, Ohio. The 422nd Veterinary Detachment assumed yet another Balkan's mission. Medical Logistics is represented by the 427th Medical Battalion from Forest Park, Ga. Elements of the Minnesota National Guard's Company C, 134th Combat Support Battalion provide Ground Ambulance Support and Company E, 434th Combat Support Battalion round out the Medical Task Force with Combat Stress Control, Preventive Medicine and Optometry Sections.

According to Drozd the unit is looking forward their latest challenge. Drozd said, "Now that all of these soldiers and elements have come together to form a new family under good leadership and experienced direction from higher command they can move forward from their common goals and achieve greater goals."

TFMF



www.tfmefalcon.hqsareur.army.mil

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.



Photo courtesy of US Army

Camp Bondsteel incorporates 955 acres or 360,000 square meters. The outer perimeter, it is about 7 miles. Bondsteel is located on rolling hills and farmland near the city of Ferizaj/Urosevac. There are about 250 Southeast Asia (SEA) huts for living quarters and offices.

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USAMMCE maintenance mission in Balad, Iraq

Article submitted by
USAMMCE

The Clinical Engineering Division (CED) at the United States Army Medical Materiel Center, Europe (USAMMCE) has had a busy last couple of months. Chief Warrant Officer Kevin Curry, Chief of CED, recently went on a mission to the Logistics Support Area (LSA) Anaconda in Balad, Iraq.

Curry and a four-member team from the United States Army Medical Materiel Agency, Fort Detrick, Md., fielded a complete Mobile Computerized Tomography Scanner (CT) to the 21st Combat Support Hospital (CSH) deployed there.

The team transported a completed CT from the Landstuhl Regional Medical Center to Baghdad, Iraq by air, and then by ground convoy to Balad, Iraq.

In Balad, they expanded the shelter, set up the system, and tested the CT within one day. The 21st CSH began using the CT immediately to diagnose head and neck trauma casualties for evacuation and treatment purposes.

While there Curry visited the 172nd Medical Logistics Battalion, located at LSA Anaconda, to meet with Chief Warrant Officer Dale Peery, Battalion Maintenance Officer and discuss medical maintenance support.

Curry returned to USAMMCE and provided an Officer Professional Development brief-



Photo courtesy of USAMMCE

Logistics Support Area Anaconda in Balad, Iraq where USAMMCE Soldiers from the Clinical Engineering Division fielded a computerized Tomography Scanner to the 21st Combat Support Hospital.

ing on the medical supply, medical maintenance, blood distribution, optical fabrication, and motor maintenance operations.

Within the past six months, USAMMCE implemented an automated process for Class VIII Repair Parts ordering. Repair parts are normally ordered separately from other medical supplies, creating inefficiencies for the customer and longer customer wait times.

USAMMCE began ordering medical maintenance repair parts through the automated system used to order all other medical supplies. Using the Theater Army Medical Management Information System, repair parts were submitted along with all other medical supply orders.

This enabled USAMMCE to capture demands, maintain in-transit visibility, and develop an Authorized Stockage List (ASL) for Class VIII Repair Parts. The implementation of an ASL will reduce Order Ship Times (OST) and ultimately, improve medical

equipment readiness. USAMMCE built an ASL of 102 demand-supported lines and reduced repair parts OST from 45 to 21 days for non-stocked lines. They have identified another 300 lines of mission essential repair parts that are being stocked, bringing the total ASL to over 400 lines.

This new automated ordering program allows USAMMCE to record demands, develop a viable ASL, and build repair parts push packages for deploying MEDLOG battalions and hospitals.

USAMMCE has provided over 3,000 repair parts to units deployed in support of Operations Enduring and Iraqi Freedom (OEF/OIF), the Balkans, and units located in the EU-COM Area of Operations (AOR). USAMMCE is constantly seeking process improvements that support their Tri-Service customers and improve medical readiness.

Health care tips for holiday visits

By Troy Klitch
TRICARE Europe
Public Affairs

For many TRICARE Prime beneficiaries in Europe, the holiday season is a time for visiting -- and visits from -- family members in the continental US. The following is a synopsis of need-to-know information about health care during this busy travel season.

Visiting family in the US

If you will be traveling to the states for a visit that exceeds 60 days, you should contact your servicing TRICARE Service Center (TSC) to request a transfer of your Prime enrollment to the region in which you will be staying.

When you arrive at your destination, you must contact the gaining TSC to ensure your enrollment is transferred. A TRICARE representative will provide you with an information packet that includes where to send your claims as well as information on the local civilian provider network.

Once you return to Europe, you must contact your TSC again to ensure your Prime enrollment is transferred back.

Emergency care

If you need emergency medical care when traveling in the US, you are not required to seek authorization for care. Go to your nearest military or civilian emergency room.

If it is not an emergency, we recommend you wait until you

return home to receive care. If you cannot wait, take the following steps:

- Go to the nearest Military Treatment Facility (MTF). If there is no local MTF, call toll-free 1-888-777-8343 numbers to find out if there is a TRICARE network provider located near you.
- If there is none, make sure the civilian provider accepts the TRICARE/CHAMPUS allowable charges as payment in full, otherwise, you may be responsible for the charges above the allowable. If you find yourself in this situation, contact your nearest TRICARE office for assistance. Locations and numbers are available at : www.europe.tricare.osd.mil
- The provider may file the claim for you, or you may be expected to pay first and then file the claim for yourself. In either case, all claims for family member care in the US should be mailed to Wisconsin Physicians Services at:

TRICARE Europe
WPS - Foreign Claims
P.O. Box 8976
Madison WI 53708-8976

Visiting children of active duty members assigned overseas

If you have children who attend school in the US but return overseas to stay with you for an extended period (over 60 days) during the holiday season, we recommend you enroll them in TRICARE Europe Prime.

Local enrollment ensures priority access to care and smooth claims processing. If they stay with you for only a few days, we recommend they remain enrolled in their stateside TRICARE region. Note that children must reside with you, their overseas-assigned active duty sponsor, in order to be eligible for Prime.

When students who have transferred their enrollment to TRICARE Europe return to school in the US they must out process with their servicing overseas TSC and return to the Prime or Standard coverage they had in the states. Contact your TSC for more information.

Please note that children of retirees who are enrolled in TRICARE Prime in the states but attend school or spend their summers (over 60 days) with their retired sponsor overseas should have their sponsor notify their stateside TSC to disenroll. TRICARE Prime is not available to retirees and their families overseas.

Other visiting family members

If your parents, in-laws, or other non-dependent family members visit you this holiday season, they must ensure that their health insurance policy covers them overseas. If not, they may wish to purchase temporary travel insurance.

Medicare does not pay for care received overseas. If your visitors are covered under Medicare, ensure that they are aware of this rule and understand that there are no exceptions.

TRICARE



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

For more information about TRICARE and traveling, see:

europe.tricare.osd.mil

or stop by your local TRICARE Service

If you need emergency medical care when traveling in the US, you are not required to seek authorization for care. Go to your nearest military or civilian emergency room.

U.S. DEPARTMENT OF DEFENSE

MILITARY HEALTH SYSTEM



TRICARE: Your Military Health Plan



CHPPMEUR



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USACHPPMEUR takes part in USAREUR 2003-2004 flu campaign

By Capt. James Mancuso
USACHPPMEUR

Landstuhl, Germany -US

Army Center for Health Promotion and Preventive Medicine Europe (USACHPPMEUR) members, in partnership with Landstuhl Regional Medical Center (LRMC) Preventive Medicine and Immunization Clinic, collaboratively organized a flu shot clinic and mini-health fair Nov. 13 -14 as part of the ongoing campaign to stem the influenza virus.

Free flu shots were available without a prescription to all those who attended. Health information was provided by the Department of Occupational Health and Epidemiology's (DOHE) Hearing Conservation and Vision Conservation staff and staff from the Department of Health Promotion and Wellness, in coordination with other LRMC personnel.

To better target high-risk beneficiaries in this year's campaign, a concerted effort was made to bring in retirees and other individuals over age 50. This was accomplished by telephonic reminder intervention, a



Photo by Peter Sachelarie, USACHPPMEUR
Capt. James Mancuso, chief of epidemiology, USACHPPMEUR, gives a flu vaccine to Spc. Rikki Egbert at Landstuhl Regional Medical Center during the 2003-2004 flu campaign.

strategy recommended by CDC and ACIP to increase adult immunizations among high-risk patients.

As a proof of concept pilot, DOHE epidemiology staff and two Red Cross volunteers placed telephone calls extending a personal invitation to the event. Seven hundred seventy five individuals age 50 and over were called.

During the event 477 shots were given, 276 of which were given to retirees, the population targeted by the intervention. More than 50 percent of the recipients reported they had not received the flu shot the previ-

ous year.

The event was advertised on AFN television and radio. Flyers were also posted at local commissaries and main exchanges.

Further program evaluation will be done during the flu season to examine effectiveness in the process measure of increase in flu shot participation, as well as the outcome measures of respiratory illness visits and hospitalizations, stratified by age group.

For more information contact Capt. James Mancuso, DSN 486-8951.

AWARDS



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

The Army Vision



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

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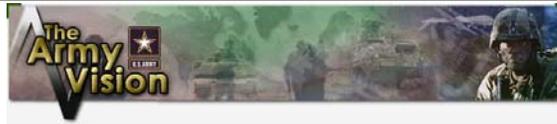
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WWW.HEALTHCARE.HQSAREUR.ARMY.MIL



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 — DSN 314-371-3354

Meritorious Service Medal

Lt. Col. Harvey, Sally LPMC
1st Sgt. Russell, Kenneth LPMC
Master Sgt. Leonard, Kevin HMEDDAC
Sgt. 1st Class Ludwick, Robert LPMC

Sgt. 1st Class Bushaw, Dianna LPMC
Staff Sgt. Punyko, Janet LPMC

Army Commendation Medal

Lt. Col. Dell'Orco, Michael USACHPPMEUR
Capt. Bentley, Donald ERMC, HQ
Capt. Geyer, Mary K. LPMC
1st Lt. Elliott, Kerry-Ann LPMC

Capt. Hiatt, Michael USACHPPMEUR
Capt. Roach, Shane WMEDDAC

Capt. Schwarz, Michael USACHPPMEUR
Capt. Schmidt, Brett USACHPPMEUR
Sgt. 1st Class Hinkle, Mark C. LPMC
Sgt. 1st Class Willis, Cathy M. LPMC

Tech Sgt. Hill, Anthony LPMC

Staff Sgt. Buckley, Sean LPMC

Staff Sgt. Daniels, Jennifer LPMC

Staff Sgt. Mitchell, Justin HMEDDAC

Staff Sgt. Yoffe, Sean D. LPMC

Sgt. Cassill, Robert 72nd Med Det(VS)

Sgt. Chism, Chaka 72nd Med Det(VS)

Sgt. Devorak, Jennifer 72nd Med Det(VS)

Sgt. Ewing, Artrez L. LPMC
Sgt. Martinez, Rickey D.

LRMC

Sgt. Morton, Jacob USACHPPMEUR
Sgt. Moxley, Andre HMEDDAC
Sgt. Northington, Diane 64th Med Det(VS)
Sgt. Page, Robert HMEDDAC

Sgt. Poole, Dexter A. LPMC
Sgt. Toney, Lisa R. LPMC
Sgt. Wilson, Kristy D. LPMC
Cpl. Hightower, Shonelle 72nd Med Det(VS)
Sp. Garcia, Mariela Northern Europe Vet Det
Sp. Giovanni, Romeo ERMC, HQ

Army Achievement Medal

1st Lt. Sparks, Melanie LPMC
Staff Sgt. Lee, Stewart LPMC
Sgt. Ewing, Artrez L. LPMC
Sgt. Gillespie, Jason HMEDDAC

Sgt. Granzow, Brandi HMEDDAC
Sp. Mosley, Duramus LPMC
Sp. O'Neal, Jennifer LPMC
Sp. Schladweiler, Tiffany M. LPMC

Sgt. Smith, Cereda 72nd Med Det(VS)

Civilian of the Quarter & On-the-Spot Cash Award

Jones, Rebecca LPMC
On-the-Spot Cash Award
Mullaney, Lisa LPMC
Paddock, Fatima LPMC
Matschulat, Alexandra LPMC

Time Off Award

Binosa, Angelica LPMC
Performance Award
Georgakakos, Ngampid J. LPMC

Buhl, Wolfgang LPMC
Maxon, Ute LPMC
Schmitt, Elsbeth LPMC
Spielberger, Christel LPMC
Heinrichs, Ila LPMC

Hill, Elaine LPMC
Shove, Elisabeth LPMC
Commanders Award for Civilian Service
Steil, Evan LPMC
Certificate of Achievement
Ackermann, Kathleen HMEDDAC
Bertuzzi, Laura HMEDDAC
Emberton, Tina HMEDDAC



*Sgt. Diane Northington
2003 NCO of the Year
100th Medical Detachment
Veterinary Services*



*Spc. Mariela Garcia
2003 Soldier of the Year
100th Medical Detachment
Veterinary Services*

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.