



# Medics Forward

*"Any mission, Anywhere!"*

Volume 2, Issue 2 Heidelberg, Germany

February 2004



## SimMan sustains Army medic training

**By Roger Teel**  
**U.S. Army Hospital, Wuerzburg**

Simulation training for Army medics has taken a giant step forward with the recent fielding of SimMan, a life-sized, computer-linked robot that can simulate nearly any battlefield condition or hospital situation.

Coupled with computerized individual training modules that focus on and train to each medic's weaknesses, SimMan delivers hands-on training unavailable anywhere else.

According to John Rodgers, a representative of Laerdal Medical, the Gatesville, Texas, company that produces SimMan, the robotic training aid was developed because the Army medical community recognized a training deficiency facing young Army medics.

"Their skills tend to atrophy without sustained training, and the young medics, the 18-21 year olds, are just not getting the hands-on training they need in the hospital or pre-hospital setting," Rodgers said. "SimMan gives them realism, aimed at the training they need, and is especially valuable to those who will become far-forward medical assets," he added.

SimMan will also be available for other skill sets, ranging from the entry-level medic to the veteran doctor. Once fully fielded and trainers become familiar with its use, SimMan will allow Army medics to focus on the individual skill sets they need to better perform their duties. The life-like computerized patient, which breathes and has a

pulse, assesses and tracks a medic's weaknesses and reinforces these skills in training scenarios developed by the trainers.

"Say a medic has a noted deficiency in clearing the air passageway," Rodgers explained. "The Soldier's individual training module recognizes this and reinforces that segment of training whenever the Soldier logs on."

Over time, each medic will have a training profile that trainers will use to set up the instruction they need. Wuerzburg hospital's Education NCOIC Staff Sgt. Juan Hickson says he sees a number of training environments where SimMan will excel.

"Since SimMan affords us scenario-based training, we think he will become an important part of the soldier's semi-annual combat medic skills validation training and testing, as well as in emergency medical training, advanced cardio life support and trauma training. This is a really smart tool that will help our medics train for the battlefield," he said.

SimMan is being fielded throughout the Europe Regional Medical Command, with two units being assigned to hospitals in Wuerzburg and Heidelberg and Landstuhl Regional Medical Center. The Vilseck Medical Detachment will also receive two units. Thirteen other SimMen will be distributed to local training support centers where they will be available for medics in line units.

This tool does not replace hands-on experience one would receive in a



*Photo by Roger Teel*

**Staff Sgt. Juan Hickson learns some of SimMan's unique characteristics from John Rodgers of Laerdal Medical, the company that produces the robot.**

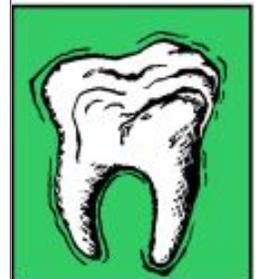
Trauma Center, but it gives leaders a device that can be scheduled and managed to fit the high op-tempo of today's health care specialist

Another training aid now coming to the medical community is MicroSim. A computer-based simulation tool, MicroSim is also skill specific so trainers can set disciplines to engage the entry-level medic (MOS 91W10) or a veteran physician. MicroSim has trauma, medical and nuclear, biological and chemical scenarios for the medic to engage.

"The goal is to have all 91Ws maintain a personal CD-ROM of this program so they can train at home or wherever they have computer access," Hickson said.

Fielding of MicroSim has only begun at sites coordinating MOS 91W transition, but plans are being made to equip all Army medics over the next year with a copy of the program. MicroSim is currently available to soldiers at Wuerzburg hospital.

### INSIDE THIS ISSUE:



**What to do if your child injures a tooth.**

**See page 8**

**Operation Iraqi Freedom & Operation Enduring Freedom as of Jan. 12, 2004**

#### Clinical Operations

- OIF patients 9,698
- OEF patients 2,108

#### USAMMCE

- Line items 215,000
- DoD customers 608
- \$166 million

## ERMC



**“Caring for our nation’s best” Medics Forward ... Any Mission, Anywhere!**

***“My desire to become a Sergeant Audie Murphy Club Member originated from the outstanding leadership I have had through out my military career,” said Staff Sgt. Deana L. Swords. “I fully dedicate my leadership abilities to the mentorship of outstanding leaders and the immense amount of knowledge I have gained directly through my Soldiers. I am humbled to be associated with an organization honoring one of America’s greatest heroes; Sergeant Audie Murphy.”***

## ERMC holds Audie Murphy Club board, winners announced

**By Staff Sgt. Kelly Bridgwater  
Europe Regional Medical Command  
Public Affairs Office**

**F**our AMEDD Europe Non-commissioned Officers have demonstrated the Be, Know, and Do Army ethic by being selected into the Sergeant Audie Murphy Club (SAMC) on Jan. 14.

The chosen individuals are: Staff Sgt. Andre K. Barnes, US Army Medical Activity Heidelberg (USAMH); Staff Sgt. Jesse Deberry, USAMH; Staff Sgt. Christine Gant, Landstuhl Regional Medical Command (LRMC); and Staff Sgt. Deana L. Swords, LRMC.

When asked how she felt about being selected into the SAMC, Gant said one Soldier’s name says it all. “It’s an honor to be recognized in a club that bears the name Audie Murphy.”

According to the TRADOC regulation the SAMC is defined as ‘... an elite organization of non-commissioned officers (NCOs) who have demonstrated performance and inherent leadership qualities and abilities characterized by those of Sergeant Audie Murphy’.

As for Audie Murphy, the most decorated Soldier in American history, the TRADOC regulation goes on to describe the NCO the board is named after.

Sergeant Audie Murphy is the name of an NCO who, as a squad leader, consistently demonstrated the highest qualities of leadership, professionalism and regard for the welfare of his soldiers.

The motivation to try out for the SAMC can be wide-ranging. For Barnes, the drive came in the form of facing a personal challenge.



“To be considered a good NCO you have to overcome your inner fears and take on the challenge. I just tried to prepare myself as best as I could and do my best. Knowing that I had the opportunity to become a member was motivation in itself,” said Barnes.

The inspiration behind Gant’s appearing before the board was that of striving to reach a personal goal. “Competing for the SAMC board was a goal that I set for myself as a leader,” she explained, “but would not have been possible without the outstanding support I received from the NCOs of my unit. I would encourage other NCOs to commit

themselves to the challenge.”

Soldiers appeared before a panel of six Army sergeants’ majors to include Command Sgt. Maj. Gregory Griffin, Europe Regional Medical Command, and board president, to answer questions on a variety of subjects ranging from weapons knowledge to military history.

As the board’s president Griffin felt being a part of the SAMC is in keeping with the high standard of the NCO Corps. He regarded the Soldiers who went before the board with pride.

“The NCOs who appeared before the board, and were selected, are the best of the best. They are those NCOs who are embedded in the Warrior Ethos and will lead by example for their fellow Soldiers. They are in keeping with the saying that NCOs are the ‘... backbone of the Army’.”

Be, Know, Do, a standard set forth for every Soldier as well as NCO in the US Army is a tradition kept alive by these four winners of the SAMC.

“I feel honored about being selected, and at the same time, humble,” said Deberry. “Sergeant Audie Murphy did so much for his country, and learning about his military career makes me want to do much more.”

## LRMC selects NCO and Soldier of the year

**Story by Sgt. Phillip E. Breedlove Jr.  
Landstuhl Regional Medical Center  
Public Affairs**

The Landstuhl Regional Medical Center (LRMC) NCO and Soldier of the Year for 2003 was named recently at the LRMC Holiday Ball.

The NCO of the Year was Staff Sgt. Deanna Swords, NCOIC of the LRMC Gastroenterology Clinic, and the Soldier of the Year Spc. Gurusaha Good, medical specialist with LRMC Medical Surgical Ward. They each won nearly \$3,000 in prizes.

Swords said winning the competition required a combination of skill, preparation and luck. "All the soldiers and NCOs that have risen to that level are the best of the best. It just matters who's on their game that day. You don't know everything. You can't memorize every question. It all comes down to if they ask you the questions you happen to remember that day," Swords said.

The pair plan to move on to the Europe Regional Medical Command Soldier and NCO

of the Year board to take home that title in March. To prepare, they have undergone "intense and thorough training." Due to the tactics of the competition, Swords said they prefer not to release the details of the training, but said it involves physical training, marksmanship, common task training and general Soldier knowledge.

Good considers herself somewhat inexperienced, being in the Army just under two years. One of the obstacles she must overcome is her lack of confidence. "One of the things I am trying to build up is a little bit of arrogance when I go in front of the board," she said.

To help with this and other areas, Good, who normally works night shift, transferred over to work the day shift so she could study and train with Swords.

"We have a common goal and she has a lot more experience that I can learn from. She has the motivation I need to be influenced by," she said. Swords emphasized that creating a good Soldier that can



*Photo Sgt. Phillip E. Breedlove Jr.  
Staff Sgt. Deana Swords and Spc. Gurusaha Good receive their awards at the LRMC Holiday Ball.*

move on to proudly represent the command at a board competition is not an individual effort.

"My Soldiers have supported me by taking on a heavier mission load so I can get my training in to compete. The Soldiers I have led and supported are now supporting me," Swords said.

Swords attributed part of her success to the command's desire to balance soldiering and the day-to-day missions despite the increase in operational tempo.

"This is the largest military hospital in Europe with an incredibly demanding mission, but we've never let our training slack. This competition proves we can still produce stellar NCOs and soldiers to represent our hospital," Swords said.

### LRMC



**"My Soldiers have supported me by taking on a heavier mission load so I can get my training in to compete. The Soldiers I have led and supported are now supporting me," Swords said.**

## ERMC



**"Caring for our nation's  
best" Medics Forward ...  
Any Mission, Anywhere!**



**Brig. Gen. Elder Granger greets a senior officer VIP during the Holiday Reception held at Patrick Henry Village.**

## ERMC holiday reception

**Photos and article by Staff Sgt. Kelly Bridgwater  
Europe Regional Medical Command  
Public Affairs Office**

Brig. General Elder Granger, Commander, Europe Regional Medical Command, hosted a holiday reception at the Village Pavilion on Patrick Henry Village in Heidelberg Jan. 11.

Attendants of the reception included service members of the ERMC Command, DoD personnel, local national physicians, European community leaders and Bulgarian VIPs.



**From left to right, Col. Thomas Brown, ERMC, Col. David A. Rubenstein, ERMC, Bulgarian deputy Surgeon General, Col. Assen Petkov, and Pat Rubenstein.**



**From left to right, Mr. Phillip and Mrs. Christine Igoe the protocol specialist and secretary to the Landstuhl Regional Medical Center commander, Brenda Granger, and Brig. Gen. Elder Granger, commander, ERMC.**

# 30th Medical Brigade receives Parker Award

The annual Lt. General Ellis D. Parker Award recognizes superior aviation units in the areas of leadership, training, maintenance and safety.

Four aviation battalions were honored with this prestigious award in the categories of Combat, Combat Support, Combat Service Support and Table of Distribution and Allowances.

The 421<sup>st</sup> Medical Evacuation Battalion from Wiesbaden, Germany was selected as the top battalion in the Combat Service Support Category. The DUSTOFF Europe Battalion belongs to V Corps' 30<sup>th</sup> Medical Brigade and has deployed its companies in support of Operation Enduring Freedom and Operation Iraqi Freedom.

The Parker awards were established in 1992 by General Gordon R. Sullivan, then Chief of Staff of the Army, to honor Lt. Gen. Ellis D. Parker at his retirement.

The awards recognize Parker's long associa-



Photo courtesy US Army

**Soldiers from the 421st Medical Evacuation Battalion display Parker Awards they received for being selected as the top battalion in the Combat Service Support Category.**

tion in aviation and his accomplishments in developing the Aviation Branch.

Taken from Army News Service, 'Army's top aviation battalions receive Parker Awards'.

**Sgt. 1st Class Cameron Porter**

# 30th Medical Brigade announces NCO and Soldier of the Year



Photo courtesy US Army

**Staff Sergeant James Rehl is currently assigned to the 67<sup>th</sup> Forward Surgical Team in Giebelstadt Germany. He is the MCOIC of the operating room section of the team. He is currently taking classes with Kansas State University, working towards a bachelor's degree in Sociology.**



Photo courtesy US Army

**Specialist Douglas Ray Anderson is currently assigned to the 236<sup>th</sup> Air Ambulance Company, 421<sup>st</sup> Medical Battalion (Evacuation), in Wiesbaden Germany.**

## 30th MED



**IN CRUCE  
MEA FIDES**

**(IN THE CROSS IS  
MY FAITH)**

**Mission:**

**On order, the 30th Medical Brigade rapidly deploys a task organized, integrated Medical task Force providing quality Combat Health Support (CHS) during the full range of military operations and augments the Theater Health Services mission as direct by V Corps.**

[www.30thmed.army.mil](http://www.30thmed.army.mil)

## H-MEDDAC



**Mission:**  
To ensure medical readiness while providing quality, integrated health-care.

**Vision:**  
To be the most compassionate healthcare team, committed and responsive to the needs of the community.



Photo Tracy A. Bailey  
US Army Medical Department Activity, Heidelberg, Soldier of the Year, Spc. Arthur Valdez.



Photo Tracy A. Bailey  
US Army Medical Department Activity, Heidelberg, NCO of the Year, Sgt. Juan Rodriguez.

# USAMH announces NCO and Soldier of the year

By Tracy A. Bailey, Heidelberg Army Hospital, Public Affairs Officer

US Army Medical Department Activity, Heidelberg's (USAMH) Soldier and NCO of the Year for 2003 are Spc. Arthur Valdez and Sgt. Juan Rodriguez.

Valdez is currently the Europe Regional Medical Command (ERMC), Command Sergeant Major's administrative assistant and driver. He recently transferred to ERMC from the Patient Administration section at USAMH. Valdez is an Army brat and calls Fredericksburg, Va., home. He served with the 2290th Reserve Unit in Washington, D.C. and the 4215th Reserve Unit in Richmond, Va., prior to entering active duty in 1998. His first active duty assignment was Walter Reed Army Medical Center. Valdez and his wife, Sgt. Aimee Valdez, re-enlisted to come to Heidelberg, Germany.

When asked about his future goals Valdez said he looked forward to going before more boards, and continuing his education.

"My short term goals are to become a Noncommissioned Officer and take each board that I go to one at a time," he said. "Long term, I want to earn a Bachelor of Science degree in Nursing."

Valdez is USAMH's Soldier of the Quarter for second quarter. "I wanted to go to the board for a sense of accomplishment and recognition because the rewards are great. You learn quite a bit about yourself like handling pressure, your gen-

eral knowledge and your weaknesses as well as your strengths."

For those Soldiers wanting to move up through the ranks, Valdez offers this advice.

"Go to the Soldier of the Month, Quarter and Year boards," he explained. "The experience you gain is awesome and if you need promotion points, these boards help a lot."

Rodriguez, who is from Austin, Texas is a Healthcare Specialist, also known as a 91 W (whiskey), with the Stuttgart Army Health Clinic. Prior to Stuttgart he was assigned to the Medical Troop, Regiment Support Squadron, 2nd Armored Cavalry Regiment at Fort Polk, La.

Rodriguez is a hard charging Soldier who has attended the Army Primary Leadership Development Course, the Field Sanitation Course and has earned the Expert Field Medical Badge. Additional duties at Stuttgart include Exceptional Family Member Program point of contact, re-enlistment NCO, key control NCO and Personnel Reliability Program Custodian.

Rodriguez is also enrolled at the University of Maryland where he is studying for his Associate of Arts degree in Business and Management.

"Some of my goals are to complete my Associate of Arts degree before leaving Germany. I also hope to assist my Soldiers to win Soldier of the Year next year," he said. "A longer term goal is to earn my

Bachelor of Science degree in Business Management and Administration. Getting to be NCO of the Year is a longer process than I realized. You must first attend and win the monthly board, then the quarter board and finally the NCO of the Year board," Rodriguez explained, "I take a lot of pride in attempting to be a good, well-rounded NCO. Everyday I enjoy being able to help Soldiers and fellow NCOs, so attending the board process, to me, seemed like a good test for myself."

Rodriguez is USAMH's NCO of the Quarter for first quarter. He encourages young Soldiers to challenge themselves and not let time slip through their hands.

"There are many opportunities that we encounter on a daily basis but don't act upon, then look back and wish they could be done all over," said Rodriguez. "If you desire something, put forth the effort to accomplish it. It may seem to be a long road ahead, but when you get to the finish line, that hard work will be worth the reward of reaching your goals."

Rodriguez and his wife, Heather, are enjoying their tour in Germany and hope to do more traveling before they leave in January 2005.

# Analytical tools under development

**Story contributed by  
US Army Medical Research Unit - Europe**

Many health outcomes cluster by group. For instance, reports of depressive symptoms typically vary across Army companies. It would not be surprising to find reports of depressive symptoms vary from 0 percent in some companies to 21.6 percent in others (see figure for example).

Scientifically, we would like to be able to predict why some Soldiers in certain units report depressive symptoms and others do not. Analytically, however, data of this nature are challenging because they both cluster by group and they are dichotomous (depressed or not depressed).

This puts the analysis in the middle of a complex juncture between (a) mixed-effects models and (b) generalized linear logistic regression models. Faced with these statistical challenges, the Medical Research and Materiel Command awarded Toyon Research Corporation and the

Statistics Department at the University of Wisconsin a Phase II Small Business Technology Transfer Program award.

This award is to develop new analytic tools and incorporate these tools into the open-source statistical language R. By using R, the product will be widely available to military and academic researchers via the internet. Maj. Paul D. Bliese, Commander of the US Army Medical Research Unit-Europe and the contracting representative who oversees the contract, visited the University of Wisconsin Nov. 5 - 7, 2003 for the Phase II kick-off meeting and met with Dr. Douglas Bates, Dr. John Eaton and Deepayan Sarkar from the University of Wisconsin and with Ben Juricek and Samuel Frame from Toyon.

The project is progressing well. Preliminary work shows improvements in model estimation over existing methods. Prototypes of the product will be fielded in 2004.

## USAMRU-E



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

U.S. Army Medical Research and Materiel Command  
Walter Reed Army Institute of Research  
US Army Medical Research Unit – Europe (USAMRU-E)



### Depression Example

Rates of self-reported depression across 33 combat arms companies significantly vary from 0% to 21.6%.

Yellow line represents the predicted distribution of depression if it did not vary across companies.



## 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.erdcc.healthcare.hqusaureur.army.mil](http://www.erdcc.healthcare.hqusaureur.army.mil)



### Where's the Dental Bus?

Feb. 22-28  
Bonn, Germany  
Mobile Dental Clinic 1

Feb. 22—March 6  
Rotterdam, Netherlands  
Mobile Dental Clinic 2

# What to do in a dental emergency

**Story submitted by  
Europe Regional Dental Command**

For a parent, seeing a child lose a tooth in an accident can be gut-wrenching. Such injuries are often bloody and can be anxiety provoking for the child as well.

Knowing how to prevent dental injury and what to do in case an accident occurs can save your child's teeth. All teeth, even baby teeth, are important. Many parents are under the false impression that baby teeth are less important because they will eventually be replaced.

This is absolutely not true. Baby teeth serve several important functions including, acting as spacers creating enough room in the jaw so that permanent teeth can come in, aiding in proper speech development, and serving to help build self-esteem in the newly independent child.

### What to do in case of an emergency

One of the most important things you can do as a parent to protect these precious baby teeth is to make sure that you are prepared before an accident even occurs.

### Before an emergency Occurs

Make sure that your dentist

has after hours coverage meaning that he or, she or a partner, is available to take care of dental emergencies. Keep your dentist's emergency number readily available. The most common dental emergencies include teeth that have been knocked out due to trauma and teeth that have been chipped as a result of an accident. In either case, it is important to know what to do. Time is the enemy when a tooth is knocked out. If a dentist is seen within one hour after an accident, chances are good that the tooth can be re-implanted and saved.

Remember to rinse the tooth off and place it in a cup of saliva or milk. See a dentist immediately. With chipped teeth the situation is slightly more complicated. If your child is experiencing pain or sensitivity in the affected tooth, see a dentist immediately as this indicates the tooth nerve may be injured.

The dentist can perform a root canal or other necessary procedure to save the tooth. Afterwards, a porcelain crown or bonding material can be sculpted onto the tooth to replace the lost portion.

If no pain or sensitivity is experienced the situation is not as critical. You should call your dentist to double check, but in most cases, you can

simply schedule a future appointment to replace the lost portion of the tooth with a porcelain veneer or with bonding material.

### In summary: If your child's tooth is knocked out

1. Carefully rinse the tooth in water. Make sure that you do not touch the root of the tooth with your hands. The root is the portion of the tooth embedded in the gum and not normally seen.
2. Attempt to place the tooth back in its socket and secure with a wet wrap. If this is not possible or if you are afraid that your child might swallow the tooth, place it in a glass containing either saliva or milk.
3. See your dentist immediately.

### If your child's tooth is chipped

Check to see if your child is experiencing pain or sensitivity in the tooth. If so call your dentist and seek dental treatment immediately.

If your child is not experiencing pain or sensitivity, contact your dentist to see whether or not your child should be seen. In most cases, this will not require immediate attention and your dentist will schedule your child for an appointment.

## Medicare Part B provisions affect *TRICARE for Life* enrollees

**Article courtesy  
TRICARE Management Activity**

**M**ilitary retirees who receive TRICARE for Life benefits will not be penalized for late enrollment in Medicare Part B, the Supplementary Medical Insurance Program, under new provisions of the Medicare Prescription Drug and Modernization Act of 2003. The bill also waives penalties for TRICARE beneficiaries who currently pay premium surcharges for late enrollment in Medicare Part B, provided they enrolled after Jan. 1, 2001. Military retirees are required to enroll in Medicare Part B in order to receive TRICARE For Life benefits.

The Act makes three very important changes relating to enrollment in Medicare Part B. The first two changes affect military retirees not enrolled in Part B, or paying surcharges because they enrolled after they were initially eligible for Part B. The third change affects all retirees enrolled in Part B.

1. Military retirees eligible for TRICARE For Life, but not enrolled in Medicare Part B, may enroll without penalty during a special enrollment period

through Dec. 31, 2004. The special enrollment period will be announced via Medicare on the TRICARE web site

2. Military retirees who enrolled in Medicare Part B after Jan. 1, 2001 and who are subject to a premium surcharge for late enrollment can have their surcharges eliminated by demonstrating that they are covered under TRICARE. While the elimination of surcharges is effective January 1, 2004, the Department of Health and Human Services is still determining how to implement these new procedures.

3. The third change made by the bill affects all seniors — not just military retirees. The Part B premium will be tied to income beginning in 2007. Individuals with incomes above \$80,000 will pay more, and couples with incomes above \$160,000 will pay more.

For more information about TRICARE for Life, beneficiaries may call or visit their local MTF or contact the nearest TRICARE Service Center. The TRICARE Europe website also hosts a retiree section with news and links to important information.

For more Social Security retirement benefits visit: [www.ssa.gov](http://www.ssa.gov) or call 001-800-772-1213. TTY (Telecommunications Device for the Deaf) users may call 001-800-325-0778.

Medicare Part B enrollment forms are available from Federal Benefits Unit (FBU) at many US embassies or consulates, or online at:

[www.medicare.gov/Basics/EnrollmentPackage.asp](http://www.medicare.gov/Basics/EnrollmentPackage.asp)

### Editor's Note:

TRICARE For Life beneficiaries who need to update or verify their DEERS eligibility, or beneficiaries who have received an Explanation of Benefits (EOB) stating that they need to update their eligibility should contact the nearest ID card facility for assistance.

Information about DEERS records may be obtained from the DEERS Support Office, 001-800-538-9552, 3 p.m. to 12:30 a.m. Central European Time

TRICARE for Life beneficiaries may also update their home addresses on the TRICARE web site, [www.tricare.osd.mil/deers](http://www.tricare.osd.mil/deers).

## TRICARE Europe recognized at 2004 TRICARE conference

**Article courtesy  
TRICARE Management Activity**

**T**he Department of Defense (DoD) TRICARE Management Activity presented its annual Customer Satisfaction Awards at the 2004 TRICARE Conference. The awards recognize customer service excellence provided to service members and their families in 2003.

The six award recipients are: Branch Medical Clinic Naval

Training Center, San Diego, for Continental United States (CONUS) Ambulatory Care; Darnall Army Community Hospital, Ft. Hood, Texas, for CONUS Community Hospital; 59th Medical Wing, Lackland Air Force Base (AFB), Texas, for CONUS Medical Center; U.S. Naval Hospital Roosevelt Roads, Ceiba, Puerto Rico, for Outside the Continental United States military treatment facility (MTF); Bayne-Jones Army Community Hospital, Fort Polk, La.,

for Obstetrical Care; and TRICARE Europe and TRICARE Northeast, Region 1, both for Most Improved Region. The awards were presented Jan. 26, 2004, by Dr. William Winkewerder Jr., assistant secretary of defense for Health Affairs.

The entire story is available at:

[www.tricare.osd.mil/news/2004/news0403.cfm](http://www.tricare.osd.mil/news/2004/news0403.cfm)

## TRICARE



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

**For more information about TRICARE for Life and Medicare Part B see:**

[europe.tricare.osd.mil](http://europe.tricare.osd.mil)

**or stop by your local TRICARE Service Center.**

U.S. DEPARTMENT OF DEFENSE

MILITARY HEALTH SYSTEM



TRICARE: Your Military Health Plan



## 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.**

[www.tfeagle.army.mil](http://www.tfeagle.army.mil)



### SFOR Mission

[www.nato.int/sfor/](http://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.**

## Task Force Medical Eagle Soldier shares talent

**Story and photos by Master Sgt. Edwin Holt  
135th MPAD**

**T**ask Force Medical Eagle (TFME) Sgt. Kesha Whitehurst, Health Inspectionist, 790th Preventive Medicine Detachment, has always loved to write short stories and poetry. In high school she put a lot of her work into a now well-worn, small notebook, capturing works that evoked memories of how she felt when writing them.

The notebook begins, “I always loved to write as a pastime, or as a means of relief. I will now attempt to make sense of what’s in my mind by putting it in this book.”

As a child in a military family, Whitehurst’s writings provided her comfort during frequent moves, relationship problems and other life challenges.

For a long time Whitehurst kept her writings and poems to herself.

“I never thought others would understand what I was writing about or what my feelings were,” she said.

However, that changed in 2001 when she attended the funeral of one of her favorite uncles. During that time she wrote a poem that captured her sense of loss. Her mother and aunt inadvertently saw it and were touched. They asked Whitehurst to read it as part of the ceremony.

By sharing her work Whitehurst realized her ability to write helped others crystallize their feelings.

Most recently on Eagle Base, Whitehurst shared a poem and read it as a tribute to



**Whitehurst checks a container of water for impurities while working at her job as health inspectionist with the 790th Preventive Medicine Detachment, TFME.**

Rev. Martin Luther King Jr. She received a standing ovation upon completion.

“My poems are simple,” she said.

“When my feelings come out, they are common everyday feelings. I’m learning that other people understand what I am trying to convey and can relate to what I am writing.”

“That’s what poetry is,” Whitehurst added. “It should be able to touch others and put their feelings into words.”

Whitehurst no longer feels she has to keep her work to herself. She has been asked to do some readings and obliges those who ask.

While she has compiled an extensive collection of poems and stories, she brought only a portion of them along on deployment. If asked, she will pull a larger, well-worn, black folder off the shelf at her office and allow people to look at her work.

Inside, is the notebook she put together in high school along with poems written on paper, envelopes and anything that might have been on hand when Whitehurst wanted to capture a thought or feeling.

“I like to write at the moment I am inspired,” she said. “If I wait, I might lose the thought or feeling.”

Whitehurst says she doesn’t see her writing taking her anywhere professionally.

“I write because it calms me. I’m glad when someone else can relate to it the same way I do.”

Based on the reception at Eagle Base, Whitehurst is relating to a lot of people.



**Sgt. Kesha Whitehurst, TFME, looks through her notebook of poems and short stories. She has been writing stories since she was a child growing up in a military family.**

## Generals attend Camp Bondsteel awards ceremony

By Spc. Jennifer Finch  
Task Force Medical Falcon IX

Camp Bondsteel, Kosovo - An awards ceremony was recently held at Camp Bondsteel, Kosovo to show support for the hardworking Soldiers taking part in Task Force Medical Falcon (TFMF) IX.

Three brigadier generals attended the ceremony atop the hill which supports Camp Bondsteel's Hospital and Multi-National Brigade East Headquarters.

Snowcapped Mount Lubeten, also called Old Duke, and its neighboring Lepenc Mountain Range, offered a colorful background as the commanders formally recognized those Soldiers assigned to TFMF IX.

Brigadier Generals Elder Granger, Command Surgeon, USAREUR/7<sup>TH</sup> Army; Michael Beasley, Commander, 88<sup>TH</sup> Regional Readiness Command; and James Hasbargen, Commander, 330<sup>TH</sup> Medical Brigade, promoted, awarded and addressed the Soldiers who are from the many Army Reserve and National Guard units that make up TFMF IX.

After promoting selected enlisted Soldiers and presenting service and campaign medals to departing Health Care Practitioners, the gener-

als each addressed the TFMF IX formation.

Granger expressed his appreciation for the repeated contribution of units from the 88<sup>TH</sup> Regional Readiness Command (RRC) and the 330<sup>TH</sup> Medical Brigade to the KFOR and SFOR Balkan missions.

Beasley remarked that it was a personal pleasure to observe the end product of the 88<sup>TH</sup> RRC preparatory and mobilization efforts.

---

*Granger expressed his appreciation for the repeated contribution of units from the 88th Regional Readiness Command and the 330th Medical Brigade to the KFOR and SFOR Balkan mission.*

Hasbargen described his heartfelt pride for his Eagle Base and Camp Bondsteel deployed Soldiers.

Colonel Donald Harris, Commander TFMF IX commented that it was truly a rare opportunity for all three generals to converge upon Camp Bondsteel from their distant commands and share their thoughts with each other and their Soldiers.

Later in the afternoon Maj. Gen. Roger Lempke, the Adjutant General for the State of

Nebraska and Brig. Gen. Robert Bailey, Joint Forces Headquarters Commander, Nebraska Army National Guard, joined the other visiting commanders in meeting and greeting the 24<sup>TH</sup> Air Ambulance Company, the aviation arm of TFMF.

One Soldier deemed the generals visit as being beneficial to the troops.

"The coming together of so many commanders for the morale of the Soldiers means a great deal to all of us," said Spc. Jennifer Finch, TFMF Administrative Specialist, adding, "We may not experience another opportunity like this one for awhile."

A certificate of appreciation and general's coin were delivered to TFMF's Ground

Ambulance Section by Hasbargen at the evening dinner. The certificate acknowledged the section's exceptional contributions to supporting TFMF's morale through their assistance of postal operations during the heavy parcel volume of the Christmas season.

Spc. Lance Corner, the primary coordinator for Ground Ambulance's assistance of TFMF's postal operations, had only one comment "Hooah!"

## 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.**

[www.tfmedfalcon.hqusaeur.army.mil](http://www.tfmedfalcon.hqusaeur.army.mil)

## USAMMCE



The choice for one-stop global medical logistics dedicated to exceeding our customer's expectations.

[www.pirmasens.amedd.army.mil](http://www.pirmasens.amedd.army.mil)

[.mil](http://.mil) customers only

Medical Logistics  
Customer Workshops

March 2-5

June 15-18

For more information  
call:

DSN 314-495-7412

Commercial  
06331-86-7412

## Requesting new items — not as hard as it seems

By Maj. Marie T. Chochran  
Chief, Material Management Division,  
USAMMCE

You've just been asked by a clinician on staff to buy a new item. You've never ordered this item before and have never seen it listed on US Army Medical Materiel Center Europe's (USAMMCE) catalog. What do you do? Requesting a new item is not as hard as it may seem.

Under USAMMCE's Customer Support Division page on our website, customers will find a web based form to request a new item. By completing this information accurately and completely, customers will obtain what their clinical staff needs.

Because USAMMCE processes over 500 New Item Requests (NIR) on average every month, it is helpful if customers know the key data they must to provide in order to expedite their request.

First, ensure all customer information is correct. If, during the research phase of processing a NIR, a USAMMCE cataloger needs additional information, it is absolutely critical to be able to reach our customer for clarification.

Second, because of the way the Theater Army Medical Management Information System (TAMMIS) functions, a valid document number is required to place the item on order once the

Contact Information (items with * are required)	
Unit Name	<input type="text"/>
DODAAC	<input type="text"/>
APC/Fund Code	<input type="text"/>
POC	<input type="text"/>
Alternate POC	<input type="text"/>
Phone Number	<input type="text"/>
Email Address	<input type="text"/>
Item Information	
Item Category	<input type="text"/>
Date Needed	<input type="text"/>
NSN	<input type="text"/> If available
NDC	<input type="text"/> If available
Item/Part#	<input type="text"/>
Manufacturer	<input type="text"/>
Manufacturer Address	<input type="text"/>
Manufacturer Phone Number	<input type="text"/>
Item Description	<input type="text"/>
Unit of Issue	<input type="text"/>
Unit of Measure	<input type="text"/>
Estimated/UDR Price \$	<input type="text"/>
Quantity Needed	<input type="text"/>
Estimated Monthly Usage	<input type="text"/>
Document Number	<input type="text"/>

Image provided by USAMMC

The above web page is part of USAMMCE's Customer Support Division. By filling out the form accurately and completely, customers will obtain what their clinical staff needs.

research and cataloging actions are complete. If a NIR is received without a document number, it cannot be ordered. Additionally, our TAMMIS catalog system will delete any item that has not had a demand against it at month end processing.

Third, it is important for customers to know what USAMMCE can and cannot order. If the customer requires a medical item, or an associated medical item, USAMMCE will support the request.

Samples of associated medical materiel include various nylon bags for carrying a Medical Equipment Set and specific support items for clinical or diagnostic computers such as paper, cables, etc.

If the item is not a medical or associated medical item, customers must submit the request

through their servicing Source of Supply (SOS) for that class of materiel. Some examples of NIRs that have been returned to the customer for this reason are, "Rambo" Knives, weapon system tri-pods, and two-way radios to name only a few.

The NIR page is continuously updated for simplicity as well as to ensure our customers know the mandatory information required in order to complete the request.

Do not hesitate to contact the Customer Support Division if you require assistance in filling out the form. Because our only mission is supporting customers, it is USAMMCE's focus to be your one and only source for medical materiel.



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

The Army Vision



**ERMIC**

***“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.

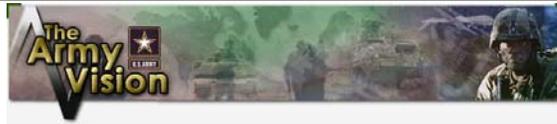
Commanding Officer  
Brig. Gen. Elder Granger

Public Affairs Officer  
Cynthia Vaughan

Europe Regional Medical Command  
CMR 442  
APO AE 09042  
Nachrichten Kaserne Karlsruhe Str. 144  
69126 Heidelberg, Germany

Phone: DSN 314.371.3317  
Commercial 06221.17.3317  
[Cynthia.Vaughan@hbg.amedd.army.mil](mailto:Cynthia.Vaughan@hbg.amedd.army.mil)

**[WWW.HEALTHCARE.HQUSAREUR.ARMY.MIL](http://WWW.HEALTHCARE.HQUSAREUR.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>  
ERMIC Awards — G-1, DSN 314.371.3354

**Meritorious Service Medal**

Chief Warrant Officer Greene, Roy  
USAMH  
Sgt. 1<sup>st</sup> Class Colquitt, Timothy  
USAMH  
Sgt. 1<sup>st</sup> Class Wadsworth, Ronald  
USAMH

**Army Commendation Medal**

Sgt. Page, Robert USAMH  
Spc. Hayre, Lali USAMH

**Achievement Medal for Civilian Service**

Glenn, William H. USAMH

**Commanders Award**

Ackermann, Kathleen USAMH  
Rice, Melvin USAMH  
Walker, Robert B. USAMH

**Length of Service Award— 10 years**

Bazan, Ernest USAMH  
Regel, Birgitta USAMH

**Certificate of Achievement**

Pizor, Andrew Civilian Employee of the Quarter USAMH  
Shoot, Jutta Local National Employee of the Quarter USAMH  
Smith, Heidi USAMH

**Officially Commended**

Chatman, Irene USAMH  
Emberton, Tina USAMH  
Garcia, Glenda M. USAMH  
Knocke, Zenouba USAMH  
Taylor, Gabriele USAMH  
Walmsley, Eleanor USAMH

**Certificate of Achievement (Organizational Day)**

Lt. Col. Palaschak, Kristen USAMH  
Capt. Hart, David USAMH  
Capt. Spangler, Kathleen USAMH  
1<sup>st</sup> Lt. Abalos, Jeanne USAMH  
1<sup>st</sup> Lt. Bohler, Lisa USAMH  
1<sup>st</sup> Sgt. Weis, Daniel USAMH  
Master Sgt. Amos, Patrick USAMH  
Master Sgt. Woodward, Jeffery

USAMH

Sgt. 1<sup>st</sup> Class Colquitt, Timothy USAMH  
Sgt. 1<sup>st</sup> Class Hairston, Terry USAMH  
Sgt. 1<sup>st</sup> Class Palmer, David USAMH  
Sgt. 1<sup>st</sup> Class Schnitker, Kasey, USAMH  
Sgt. 1<sup>st</sup> Class White, Diahann USAMH  
Staff Sgt. Acevedo, Denise USAMH  
Staff Sgt. Chatman, Lamonte USAMH  
Staff Sgt. Lundy, Jorge USAMH  
Staff Sgt. Rodriguez, Erin USAMH  
Sgt. Craft, Michael USAMH  
Sgt. Dickens, Teranesha USAMH  
Sgt. Griffin, Marion USAMH  
Sgt. Payton, Stephanie USAMH  
Spc. Bond, Daniel USAMH  
Spc. Jean-Pierre, Gracie USAMH  
Spc. Krauss, Philip USAMH  
Pvt. Sullivan, JR USAMH  
Bailey, Tracy USAMH  
Mabe, Dolores USAMH  
Moss, Tanja USAMH  
Weis, Sherilyn USAMH

**Certificate of Achievement (Physical-a-thon)**

Col. Daniels, Don USAMH  
Lt. Col. Salzman, Keith USAMH  
Lt. Col. Smith, Robert USAMH  
Lt. Col. Storch, Maureen USAMH  
Lt. Cmdr. Westbrook, Christopher USAMH  
Capt. Preen, Amy USAMH  
Capt. Thompson, Troy USAMH  
Sgt. 1<sup>st</sup> Class Humphrey, Angelica USAMH  
Staff Sgt. Ancheta, Monica USAMH  
Staff Sgt. Bussie, Angela USAMH  
Sgt. Blough, Carrie USAMH  
Sgt. Dalton, Cynthia USAMH  
Sgt. Peterson, Bradley USAMH  
Spc. Ellis, Angelina USAMH  
Spc. Hernandez, Eric USAMH  
Spc. Rush, Landis USAMH  
Spc. Harvey, Jacqueline USAMH  
Pfc. Scott, Kerry USAMH  
Dr. Walker, Robert USAMH  
Hampton, Chevay USAMH  
Batluck, Irene USAMH  
Bautista-Devoss, Alpha USAMH

**Certificate of Achievement (Change of Command)**

Maj. Laurel, Raymond USAMH  
1<sup>st</sup> Lt. Abalos, Jeanne USAMH  
Master Sgt. Bellis, William USAMH  
Sgt. 1<sup>st</sup> Class Mickelson, Michael USAMH  
Sgt. 1<sup>st</sup> Class Wadsworth, Ronald USAMH  
Sgt. 1<sup>st</sup> Class Kirk Stanscheit USAMH  
Staff Sgt. Barnes, Andre USAMH  
Staff Sgt. Grant, Symone USAMH  
Staff Sgt. Lundy, Jorge USAMH  
Staff Sgt. Myles, Edward USAMH  
Staff Sgt. Freeman, Michael USAMH  
Staff Sgt. Oteghile, Lachina USAMH  
Spc. Carnes, Richard USAMH  
Sgt. Conkel, Daniel USAMH  
Sgt. Dickens, Teranesha USAMH  
Sgt. Ray, Terrence USAMH  
Sgt. Vance, Douglas USAMH  
Sgt. Craft, Michael USAMH  
Sgt. Bickle, Edward USAMH  
Sgt. Granzow, Brandi USAMH  
Sgt. Miller, Keith USAMH  
Spc. Ruvalcaba, Ericka USAMH  
Spc. Bassett, Mitchell USAMH  
Spc. Cain, James USAMH  
Spc. Dickens, Christopher USAMH  
Spc. Krauss, Phillip USAMH  
Spc. Negrete, Maria USAMH  
Spc. Newman, Isaac USAMH  
Spc. Rosenbaum, Holly USAMH  
Spc. Ellis, Angelina USAMH  
Spc. (p) Valdez, Arthur USAMH  
Spc. Ahman, Nikia USAMH  
Private 1<sup>st</sup> Class Hilliard, Antonie USAMH  
Taylor, Gabriele USAMH  
Bailey, Tracy USAMH

**Scroll of Appreciation**

Spc. Rens, Jesse

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.