



Medics Forward

“Any mission, Anywhere!”

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Heidelberg, Germany

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Influenza vaccination program in Europe most successful in Army

Article by Europe Regional Medical Command Public Affairs Office

Heidelberg, Germany - Only 11 active duty Soldiers have been diagnosed with influenza in US Army Europe (USAREUR) so far during this flu season. Senior leaders credit this low number of cases to a very comprehensive vaccination campaign plan and commanders' emphasis on the importance of medical readiness and a protected community.

“Protecting our expeditionary Soldiers, their families and all of our other beneficiaries is my top priority,” said Brig. Gen. Elder Granger, Commander, Europe Regional Medical Command and USAREUR Command Surgeon. “This is the first time we have truly documented, through electronic systems, the medical readiness of our forces. The USAREUR community can be proud of its military leadership and their dedication to deploying a healthy force and keeping them healthy.”

For the second year in a row USAREUR leads the Army in insuring Soldiers and their families are protected against Influenza. With a 95 percent immunization rate so far, USAREUR has exceeded the Army Surgeon General's goal of vaccinating 90 percent of active duty Soldiers and is again demonstrating the

highest percentage rate of immunized Soldiers of all major commands in the Army.

Influenza vaccinations are continuing among service members and are being recorded in the Army's Medical Protection System (MEDPROS), a web based tracking program that records medical readiness data and allows commanders to view the medical readiness of units or individual Soldiers from their desktop computers.

According to Col. Allen Kraft, Director, Force Health Protection, Europe Regional Medical Command and USAREUR, MEDPROS is showing 1st Armored Division and 1st Infantry Division as both rapidly approaching the 100 percent mark for influenza immunizations.

Additionally, the following USAREUR Units had 97 percent or better Influenza Vaccination Rates (as of March 17) which is truly outstanding: 266th Finance, 28th Transportation Company, Installation Management Agency - Europe, 64th AG Replacement, 1st Personnel Command, 21st Theater Support Command, HQ Europe Regional Medical Command, Heidelberg Medical Activity, Wuerzburg Medical Activity, Landstuhl Regional Medical Center, Center for Health Promotion and Preventive Medicine Europe,

Europe Regional Dental Command, US Army Medical Materiel Center Europe, Headquarters Company 5th Signal Command, 2nd Signal Brigade, 7th Signal Brigade, Security Forces 14, Kosovo Forces 5A, 13th Military Police Combat Support Vice, HQ Southern European Task Force, (ABN), Headquarters Company 11th AV, 7th Army Training Command, and 30th Medical Brigade.

“This is the direct result of medical readiness being a priority for USAREUR Commander Gen. B.B. Bell and the other senior USAREUR leaders,” said Kraft. “It is a remarkable accomplishment, especially for 1st Armored Division since they were deployed during the influenza vaccination campaign. This is the first time in Army history that not only one but two divisions have achieved this incredible accomplishment in protecting their Soldiers.

The leadership of USAREUR and of these divisions clearly recognizes the importance of insuring that each expeditionary Soldier is medically ready to complete *Any Mission, Anywhere*. A flu outbreak can be devastating to a unit. The flu vaccination is our protection against that type devastation.”

See Flu Campaign story page 2

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Operation Iraqi Freedom & Operation Enduring Freedom as of March 10, 2004

Clinical Operations

- OIF patients 10,228
- OEF patients 2,173

USAMMCE

- Line items 215,000
- DoD customers 620
- \$166 million

ERMC



“Caring for our nation’s best”

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Any Mission, Anywhere!**

Flu campaign story cont.

Col. Loren Erickson, Commander, US Army Center for Health Promotion and Preventive Medicine Europe, echoes these sentiments.

“Without this senior leader command emphasis on influenza vaccinations for all our troops, we never would be as well-protected as we are today,” said Erickson. “Given the expected severity of flu this year, this emphasis was extended to include military family members and all civilians working for the US Army in Europe. At this point we’ve immunized more than 70,000 people in our communities - more than 50,000 Army personnel and approximately 20,000 civilians. This provided excellent protection for all of us because it made it difficult for the flu to gain a foothold in our community.”

According to Erickson, a total of 53 cases of influenza have been confirmed by the Landstuhl medical laboratory for this 2003-2004 flu season to date. “Eleven of these were active duty soldiers,” said Erickson, “while 36 were dependent children, and six dependent adults. Four of the children required a brief hospital stay, but recovered. Unlike a number of communities in the United States and elsewhere in Europe, we’ve had no influenza-related deaths among our beneficiaries this flu season.

“We can be justifiably proud of our successful efforts to stop this disease,” he said. “Instead of being in bed sick, our people

were able to enjoy their families through the holiday season. Ten cases among all of our Soldiers in Europe are very few when compared with the outbreak experiences of some of our CONUS bases.”

Erickson points out that the flu season in Europe routinely runs from December through April, peaking in January, and that individuals not yet immunized would still benefit greatly from visiting their local medical treatment facility for the shot - everyone who is eligible, including children and adolescents, should get vaccinated against the flu.

“Though the number of cases being reported in the States and in Europe is dropping off, we still have a few more weeks of flu season ahead,” said Erickson. “The influenza vaccine is still available in Europe free of charge for all military health care beneficiaries including active duty service members and their family members, retirees and their family members, and DoD personnel and their families. This year we are also making the vaccine available to host nation employees who work for the US military,” he said.

“Because of the severity of this year’s flu strain, we are encouraging everyone to be immunized, especially people who are most likely to develop complications from an infection. Adults and children at highest risk include those with chronic medical conditions such as immune deficiencies, chronic on-going health

problems including asthma or other lung problems, kidney or heart disease and diabetes. The vaccine is also recommended for people over 65 years old and for children 6-23 months,” he said.

Erickson added that the vaccine is also recommended for household members of people in these high risk groups as an added level of prevention. He said that getting vaccinated sooner rather than later is best since it takes about two weeks after receiving the vaccine for people to build up immunity against influenza. People who have had a serious allergic reaction to eggs or people who have a history of Guillain-Barre Syndrome should consult with a doctor before getting the vaccine.

“A common misconception is that the ‘flu’ and the ‘common cold’ are the same disease. They’re not. About 40,000 people die as a result of influenza complications each year in the United States,” said Erickson. “Many people confuse the common cold with influenza. While a cold might give you a stuffy head and runny nose, a true case of influenza will put you in bed with a high fever, muscle aches and respiratory symptoms such as a cough. It will cause you to lose time from away from work, your friends and your family. It’s debilitating.”

Erickson added that another common misconception is that the vaccine will cause the flu. It can’t since the vaccine does not contain a live virus.

ERMC announces Noncommissioned Officer and Soldier of the Year

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

Heidelberg, Germany – After three days of tough competition the Europe Regional Medical Command (ERMC) announces the Noncommissioned Officer (NOY) and Soldier of the Year (SOY). The winners are Staff Sgt. Deanna Swords, Landstuhl Regional Medical Center (LRMC) and Spc. Gurusahai Good, LRMC. The announcement was made March 9 at Heidelberg's Nachrichten Kaserne, home to ERMC Headquarters.

Candidates had to compete in a number of events to include the Army Physical Fitness Test, Common Task Testing, a written exam, and an oral board. The next step for the winners is to compete at the Army Medical Command (MEDCOM) NOY and SOY competition May 13 at Fort Sam Houston, Texas.

Out of six candidates – three per category – two were chosen, Swords and Good. Swords, 31, is from Colorado Springs, Col. and serves as a 91W, healthcare specialist at LRMC. Her first Army enlistment was May 1991. Her second enlistment was January 1998 until present.

When asked what motivated her to try out for the NOY her response centered on leadership. "To lead from the front," said Swords, "I was setting an example for my Soldiers whom I encourage to go to boards themselves."

Though a seasoned noncommissioned officer, it was her first sergeant that led the way toward inspiring her to compete. "There were many contributing factors and people who have inspired me, especially my first sergeant. 1st Sgt. Stoney Crump, LRMC, who has believed in me 100 percent," she said.

Aside from winning the NOY and preparing for the MEDCOM level competition, Swords' future goals include earning a degree and climbing to the top of the enlisted ladder.

"My future short term goals include representing the Army Medical Command at the Army level and earning the rank of sergeant first class," she said. "Some of my (future) long term goals include earning a P.h.D. in Psychology, and serving the Army as a command sergeant major."

For Good, 22, a native of Denver, Colorado, winning the SOY was an experience of honor. "It has been very overwhelming and exciting," said Good. "It is a privilege to represent a unit that I have been proud of since my arrival."

Good enlisted into the Army March 2002 and serves as a 91W, healthcare specialist at LRMC. Her motivation to try out for the SOY included setting a future standard. "It is important to see what level you can achieve and operate on to set the standard for the kind of person and leader you want to be now and in the future," she said.

When asked about her future goals, Good expressed the desire to put her leadership skills into practice. "My first goal is to win the MEDCOM SOY and compete at the Army level. I also intend to employ the leadership skills that I have learned thus far in my Army career."

The two Soldiers spent an intense amount of training and studying to earn the NOY and SOY. Many leaders took part in their development and overall success. One of those leaders is Command Sgt. Maj. Craig A. Layton, LRMC, command sergeant major. As the senior

enlisted leader of the NOY and SOY Layton had this to say about their success.

"As the senior enlisted leader for LRMC, I feel the success of our combined NOY and SOY for ERMC is truly a joyous occasion," he said. "I never doubted for a minute that they wouldn't do extremely well at ERMC. However, I knew they would have competition especially as I look around this outstanding command. Even internally at LRMC these two had tough competition. I have served with ERMC for the past four years and this year the other commands brought the best they had for LRMC to know they had a competition."

The other candidates included:

Sgt. Melvin Austin,
US Army Medical Activity,
Wuerzburg

Sgt. Juan M. Rodriguez,
Heidelberg Medical Activity

Spc. Arthur Valdez,
Heidelberg Medical Activity

Pfc. Angel Cruz,
Vilseck Army Health Clinic



Spc. Gurusahai Good puts her land navigation skills to the test during the Noncommissioned Officer and Soldier of the Year competition held in Heidelberg March 7 - 9.

ERMC



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nation's best"**

**Medics Forward ...
Any Mission, Anywhere!**



**Staff Sgt. Deanna
Swords, LRMC, is the
ERMC Noncommis-
sioned Officer of the
Year.**



**Spc. Gurusahai Good,
LRMC, is the ERMC
Soldier of the Year.**

LRMC



Photo courtesy US Army

Lt. Col. John S. Scott, chief of pediatrics at Landstuhl Regional Medical Center and the European Theater's only pediatric cardiologist, spent 10 months in Kirkuk, Iraq, trying to improve the lives of the locals.

He was assigned to be a battalion surgeon of the 2-503rd Infantry Division. However, after the Kirkuk air-base was captured and control of the city was gained, he was transferred to civil affairs.

Kleber billets offer transient Soldiers a relaxing place to heal

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

What used to be spread out and dilapidated, is now consolidated and renovated. The Deployed Warrior Medical Management Center (DWMMC) has turned Kleber billeting into a place where transient Soldiers can relax and recharge their batteries as they wait for their wounds to heal.

As recently as June of last year, downrange Soldiers who came to Landstuhl Regional Medical Center (LRMC) for outpatient treatment lived here and there. Some stayed in the Ramstein Inn at LRMC. Others were in barracks at Kleber Kaserne or Daener Kaserne. The bus schedule was difficult for the injured, due to long walks to the bus stop.

Long lines quickly formed to see the doctors, and routine appointments got to where five hours was considered the norm. The average stay for a Soldier - before returning to duty - lasted more than 15 days, said US Army Sgt. 1st Class Aaron R. Burlingame, senior noncommissioned officer of the Medical Transition Company.

"Once they got here, it was easy to hide out for weeks, sometimes months," said US Army Lt. Col. Richard A. Jordan, director of the DWMMC. "It became an impossible situation to administrate without on-site patrol," he said.

Now transient Soldiers have an average stay of six days, in a barrack that can best be described as 'Club Med'. Morn-

ing formations at 6 a.m. keep Soldier accountability running smoothly.

"It's a wonderful place," said US Army Sgt. Walter R. Chambers, who was injured in Uzbekistan while serving with the 1015 Maintenance Company out of Fort Gillem, Ga. "It's a dream. A big, ole dream here. Plus, I get to play pool and whoop up on staff sergeants. That's the best part."

US Army Staff Sgt. Michael L. Williams, Alpha Co., 151st Signal Brigade, whose unit is operating out of Camp Bucca, Iraq, said staying in the transient barracks has been a boost to his moral.

"The staff here has been so nice," said Williams. "We are in need, and the people really do care for us. It's been a such a big boost for moral."

Between June and December of 2003, with the help of LRMC and the 415th Base Support Battalion (BSB), the barracks were repainted and stocked with new furniture and amenities - to include a pool table, library, computer room, ping-pong table, air hockey table, two day rooms, each with its own wide-screen television, a kitchenette and a telephone room where Soldiers can call their families for free.

The library, which has a load of donated books and new magazines, soon will feature six coffee pots with coffee donated by the Kleber Dining Facility. Once the coffee arrives, the place will look like the coffee house from the television show 'Friends'. Board

games such as Yahtzee and Monopoly also can be checked out for Soldiers' entertainment.

"These facilities are unique," said Burlingame. "There's just nothing else like them."

The new facilities were formed out of necessity. Jordan said a huge influx of injured Soldiers forced him to make a snap decision. He had no place to put them, what with only 20 beds available at LRMC. So he met with Kleber personnel and 48 hours later he had 77 new patients living in bldg. 3210 - a former permanent party barrack that was earmarked for office space.

"The place wasn't what you see now," said Jordan. "It needed some work and new items. The BSB really helped us get started by providing us with new beds."

Right now the barracks can hold 356 Soldiers, but average only 150, said Burlingame. However, if needed, up to 410 Soldiers could be accommodated.

Soldiers who come here receive two sets of desert battle dress uniforms, a gortex jacket and a pair of \$42 gloves. Not to mention a \$250 AAFES gift card so they can purchase some civilian clothing.

"I love it here," said Burlingame. "I couldn't imagine working anywhere else. I meet so many people from downrange and get to hear so many great stories. It makes me and the rest of the staff here feel good to make these Soldiers feel comfortable."

30th Medical Brigade marks its return from Operation Iraqi Freedom

By Spc. Kristopher Joseph
V Corps Public Affairs Office

HEIDELBERG, Germany - A flag bearing a sword intertwined with a serpent was uncased Feb. 24 at the Wilson Theater on Nachrichten Kaserne here, signifying the official return of the headquarters of V Corps' 30th Medical Brigade from Operation Iraqi Freedom.

Brigade commander Col. Donald Gagliano and brigade Command Sgt. Maj. Jeffrey Miller unfurled the banner before an enthusiastic crowd of 'Victory Medics' who had just returned a week earlier from a year in Southwest Asia supporting Operation Iraqi Freedom.

After the flag was restored to its place here, the brigade conducted an awards presentation to honor the accomplishments of its headquarters Soldiers and civilian employees during their deployment to what Gagliano called "... the largest and most successful medical operation in the history of modern warfare."

During the ceremony, 160 Soldiers and two civilian employees were issued combat patches and individual awards for their Iraqi Freedom service with the brigade. Those awards included 29 Bronze Star Medals, one Air Medal, two Army Commendation Medals with 'V' device, and 37 Army Commendation Medals.

The most notable award recipient was Spc. Abeer Abdulhade of the brigade's 557th Ground Ambulance Company, a light wheeled vehicle mechanic who served as Gagliano's interpreter in Southwest Asia.

Abdulhade was awarded an Army Commendation Medal with 'V' device for valor for her actions in helping control a riot at a Baghdad medical warehouse, and a Bronze Star Medal for her overall service in Iraqi Freedom.

At the height of its deployment, the brigade had more than 5,300 Soldiers and civilians, from both organic units and other attached



Photo by Spc. Kristopher Joseph

Col. Donald Gagliano of V Corps' 30th Medical Brigade congratulates Spc. Abeer Abdulhade as he presents her with the Army Commendation Medal with "V" device for valor in a brigade awards ceremony in Heidelberg, Germany Feb. 24. Abdulhade, a light wheeled vehicle mechanic with the brigade's 557th Ground Ambulance Company in Weisbaden, Germany, earned the medal for her actions at the scene of a riot in Baghdad in June 2003.

organizations, under its command. In their year in Southwest Asia, the unit's personnel served more than 10,000 patients; aided in resupplying and refurbishing the medical infrastructure of Iraq that was destroyed when Saddam Hussein's regime fell, and helped to establish a non-governmental medical organization in Iraq similar to the American Medical Association.

During his remarks at the ceremony, Gagliano told his Soldiers, "You have made history. Our achievements will be unmatched for years to come, and our legacy will last forever."

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

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.

Two USAMH physicians pass the OB/GYN boards

By Tracy A. Bailey
 H-MEDDAC PAO

Congratulations are in order for Maj. (Dr.) Claude Burnett and Maj. (Dr.) Steven Robison, obstetric and gynecology (OB/GYN) physicians at US Army Medical Department Activity, Heidelberg (H-MEDDAC) for passing their OB/GYN boards.

Burnett received his Bachelor of Science degree in Chemistry from Howard University in Washington, D.C. and attended Meharry Medical College in Nashville, TN where he received his Doctor of Medicine degree. Burnett completed his residency in Obstetrics and Gynecology at Martin Luther King, Jr./Charles R. Drew Medical Center in Los Angeles, CA. where he was also the chief resident.

Burnett came on active duty in July 2000 and H-MEDDAC is his first duty station. "I joined the Army because of the obligation I incurred from a four year Army ROTC undergraduate scholarship," said Burnett. "I love my first duty assignment. Heidelberg is a great location, I have a super job and enjoy the people



Photo by Tracy A. Bailey, H-MEDDAC PAO

Maj. Steven Robison, obstetric and gynecology physician at US Army Medical Department Activity, Heidelberg, Germany recently passed the OB/GYN board.



Photo by Tracy A. Bailey, H-MEDDAC PAO

Maj. Claude Burnett, obstetric and gynecology physician at US Army Medical Department Activity, Heidelberg, Germany recently passed the OB/GYN board.

that I work with and the patients that I take care of." "My outlook on life can be summed up in one quote—"Only those who risk going too far, can possibly know how far they can go."

Robison attended Brigham Young University for his Bachelor of Science degree in accounting and completed medical school at George Washington University in Washington, D.C. with his residency and first duty station at Tripler Army Medical Center in Honolulu, Hawaii.

"I joined the Army to help finance medical school and for the experience of serving in different places," said Robison. "My advice to anyone wanting to go to medical school and becoming a doctor is this—you have to really love medicine. It takes a lot of time and hard work. I think if anyone wants to do this and is willing to work hard, it is possible." Robison and his family are enjoying their first tour in Germany.

USAMRU-E develops news psychological screening tool for returning Soldiers

Article submitted by USAMRU-E

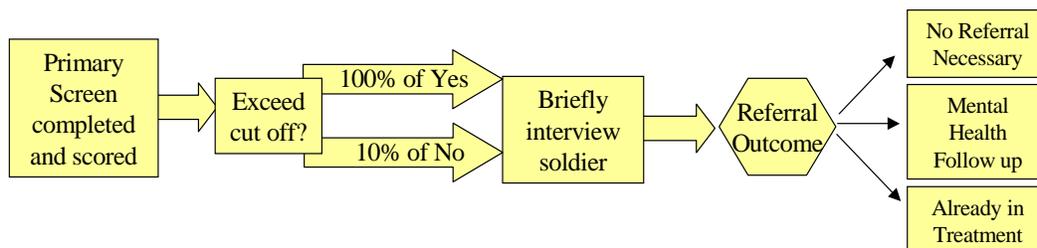
The development of a validated psychological screening instrument took a big step forward this quarter. Two major data collections were conducted by the US Army Medical Research Unit-Europe (USAMRU-E) using procedures designed to compare Soldier responses on a paper-and-pencil primary psychological screening survey to evaluations based on a brief structured clinical interview (see photo).



Photo courtesy US Army
Members of the USAMRU-E screening staff, Spc. Nicol Sinclair (left) and Spc. Ramon Henderson, compare notes while preparing to interview Soldiers.

Soldiers who scored high on the primary screen (assessing symptoms such as depression, alcohol problems, and post-traumatic stress disorder) and ten percent of randomly selected Soldiers who did not score high, were interviewed by a clinician to determine their need for follow-up assessment for mental health problems (see flow chart).

As part of the procedure, interviews were conducted without the interviewer knowing what the Soldier answered on the primary screening survey. Scores on the primary psychological screening survey will be compared with the outcomes of the interviews as part of the development of a short screening survey with valid cut-off scores, coverage of relevant symptom areas, and valid scales.



The first completed psychological screening data collection in the validation study occurred in January 2004 and was conducted at the invitation of the 1st Infantry Division's Division Psychologist in preparing Soldiers from the 1/4 Cavalry for deployment to Iraq.

The second psychological screening data collection, conducted in February and March 2004, was implemented at the invitation of SETAF with 173rd Airborne Brigade Soldiers returning from Iraq. By conducting the screening validation study with Soldiers at both pre-deployment and at post-deployment, USAMRU-E researchers will be able to develop validated procedures and surveys for both points in the deployment cycle.

The ultimate goal of the program is to produce a survey and set of procedures that can be adapted for use Army wide. Research on the screening program is conducted by the US Army Medical Research Unit-Europe, Dr. Kathleen Wright, Principal Investigator, under an approved research protocol, Walter Reed Army Institute of Research Protocol #889. It is a key component of the Science and Technology Objective "Interventions to Enhance Psychological Resilience and Prevent Psychiatric Casualties," which funds this and other related research.

USAMRU-E



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.erdcl.healthcare.hqusa.army.mil



Where's the Dental Bus?

March 8–22
Vicenza, Italy

March 14–27
Vienna, Austria

Vicenza students spend day in the life of a dentist

Article submitted by
Europe Regional Dental Command

A job shadow day was held at Ederle Caserma Jan. 30. Students selected professions in which they were interested and five students selected dentistry. These students visited the Vicenza Dental Clinic and were shown all aspects of a dental organization.

They were introduced to personal protective equipment, x-ray, infection control, laboratory functions, operatory functions and administration duties.

They were briefed by the Officer in Charge, the Noncommissioned Officer in Charge, the dentists, the assistants, the hygienist and the laboratory technician. The visit was informative and fun for both the students and the staff.

Two of the students who visited the Dental Clinic were the daughters of the Vicenza Dental Clinic staff.

One child belonged to dental assistant Cpl. Tekisha Young, and the other to dentist Lt. Col. William Hann.



The photos on this page show students from Vicenza taking part in a job shadow day program held at Ederle Caserma Jan. 30. The students are interested in becoming dentists and spent the day with ERDC personnel learning the ins and outs of dentistry.

Photos courtesy US Army

Reintegration tips - health care during your block leave

Article courtesy
TRICARE Europe

Welcome Home! We want you to know that wherever you take your block leave, TRICARE has you covered. Your TRICARE Prime enrollment protects you and your family by ensuring that you get priority care at all U.S. military treatment facilities (MTF) worldwide. Prime will also help you manage your medical bills when you're traveling. The following are some of the circumstances in which you, an active duty service member or active duty family member enrolled in Prime, may find yourself while you're away from home. If you are active duty military, remember that you must have Service preauthorization before seeking civilian medical care, unless it is an emergency.

Traveling with Prime: Active Duty

Overseas. If you require emergency care, obtain treatment from the nearest military or civilian medical facility and then contact your unit or TRICARE Service Center (TSC) as soon as possible. Active Duty members must have authorization to use local host-nation physicians for non-emergencies. Civilian medical bills must be sent to our overseas claims processor, Wisconsin Physician Services (WPS).

CONUS. If you need emergency medical care while in the U.S., get the care from the nearest military or civilian medical facility. Active duty

members traveling in the U.S. should not receive routine care without authorization from their unit or parent Service. All civilian medical bills must be sent to WPS.

Traveling with Prime: Active Duty Family Members

Overseas. If you require emergency care in your overseas assigned area, obtain treatment from the nearest military or civilian medical facility and then contact your TSC as soon as possible. All routine care must be provided by your Primary Care Manager (PCM) unless you are referred to a civilian provider by your PCM or TRICARE Service Center. Civilian medical bills must be sent to WPS.

CONUS. If you require emergency medical care while in the U.S., get care from the nearest medical facility. For non-emergency medical care, we recommend you

go to a military facility. If an MTF is not available, contact the TSC closest to you for information on network providers nearby. Preauthorization is not currently required for care received in the United States (with the exception of mental health care). Please note that you may face out-of-pocket costs if you use a non-network provider for routine care. In all cases, your medical bills must be sent to WPS.

Care from a military facility in CONUS

You and your dependents are allowed to receive care at any U.S. military treatment facility in the world. You don't need

preauthorization and you don't need to be enrolled in the region where the MTF is located. The only reason that you may not receive care at an MTF is if there is no space available at the time of your visit. If you are told you are not allowed to receive care at a MTF for any other reason, contact TRICARE Europe for assistance.

Prescription Drugs in CONUS

If you need to fill a prescription in CONUS, make sure you go to a TRICARE retail pharmacy. You can find a retail pharmacy by calling one of the numbers listed on back, or at www.tma.osd.mil. In rare cases, you may need to pay up-front and file for reimbursement. In this case, it is critical that you keep a copy of your itemized bill and your receipt. Submit these documents when you file your claim with our claims processor.

Family Members Returning from CONUS

If your dependents resided in the states for over 60 days during your deployment and have now returned overseas, ensure they visit the nearest TRICARE Service Center to transfer their enrollment back to TRICARE Europe.

The entire TRICARE Fact Sheet, complete with a Claims Processing Checklist, TRICARE Regional Points of Contact and much more is available at:

[www.europe.tricare.osd.mil/
main/PAO/Factsheets/
FS22_Reintegration_Tips.pdf](http://www.europe.tricare.osd.mil/main/PAO/Factsheets/FS22_Reintegration_Tips.pdf)

TRICARE



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

Welcome Home!
We want you to know that wherever you take your block leave, TRICARE has you covered.



W-MEDDAC



Providing first class healthcare to the WMEDDAC area of operation and providing the sustaining base for the 67th Combat Support Hospital across the full spectrum of operations.



Photo by Roger Teel

Wuerzburg MEDDAC commander Col. Jeff Clark, left, honors Europe Regional Medical Command Soldiers for lending their skills to the hospital during its transition.

"You folks did a lot more than get our dining facility up and running. You created a warm and friendly environment and gave us a place to have fellowship during the day," said Clark.

Wuerzburg committed to quality care of patients and beneficiaries

**By Roger Teel
USAMEDDAC, Wuerzburg**

Every duty day at 8 a.m., an important meeting convenes in the command conference room at the US Army Hospital in Wuerzburg.

'Morning Report' as this meeting is called, is headed by the hospital commander, Col. Jeff Clark, who is joined by the hospital command sergeant major, the deputy commanders for nursing, outlying health clinics, clinical services, and administration, and other key members of the hospital staff.

Morning Report begins with a concise review of all health care provided by the organization since the last meeting. The current hospital census, the number of patients seen in the emergency room, the number of babies born – all pertinent numbers – are rolled up and reviewed.

The care of all beneficiaries admitted to German hospitals is also reviewed using data provided by the command's patient liaisons from the ten outlying health clinics throughout Bavaria and here at the hospital. Cases referred to host nation facilities are normally an emergency or for care that exceeds clinic capabilities. The referral may originate in the Wuerzburg hospital or in military health clinics in Schweinfurt, Bamberg, Kitzingen, Giebelstadt, Katterbach, Illesheim, Grafenwoehr, Vilseck, Hohenfels and Bad Aibling.

Most importantly, however, is the frank discussion by the hospital's senior leadership about critical diagnoses and treatment plans, plans that invariably include how to best support the family of those who may be hospitalized. Every aspect of a critical case is analyzed and discussed during Morning Report.

The goal is to ensure that every patient receives the best possible care. Since last summer, Morning Report in Wuerzburg has been an important meeting for other reasons.

The January deployment of Soldiers from the 67th Combat Support Hospital to Operation Iraqi Freedom presented the hospital staff with some daunting challenges. Mission-focused training for the medical task force became paramount, as was having every soldier complete pre-deployment processing, care for their families, store household goods and vehicles, and attend to personal or legal matters.

Simultaneously, the hospital staff was responsible for ensuring Soldiers from the 1st Infantry Division were medically fit and ready to deploy. The Big Red One deployed to Iraq in February. Immunizations, physicals and other medical services were made available to every deploying unit.

As 67th CSH Soldiers prepared to depart, available staff at the hospital was greatly reduced. In some instances, the hospital command had to shift manpower assets and consolidate clinical services in order to provide continuous – and the best possible – health care.

During this highly emotional transition period, the Europe Regional Medical Command and the entire US Army medical community leaned forward to assist, sending doctors and nurses and medical support people from stateside hospitals and other European medical treatment facilities.

This manpower boost and the compassionate leadership of the US Army MEDCOM enabled Wuerzburg MEDDAC to seamlessly sustain its health care mission in northern Bavaria, and meet its mandate to deploy a trained and ready force.

US Army Reserve Soldiers from the New Jersey-based 348th General Hospital arrived in Wuerzburg Feb. 27 and are now providing health care in Wuerzburg and the command footprint. As these Soldiers grow into their active duty roles and become familiar with their Bavarian surroundings, they are becoming part of the fabric of an organization where the commitment to quality care remains a core value.

The Wuerzburg MEDDAC command team worked diligently for many long hours so the Army Reserve Soldiers would arrive prepared for duty. An energetic team of junior officers orchestrated and conducted an intense training cycle to bring the Reserve Soldiers quickly up to speed.

Wuerzburg MEDDAC and the beneficiaries it serves are happy these Army Reserve Soldiers are here and welcome them to Germany.

The quality of care at Wuerzburg hospital, its outlying health clinics and at the host nation facilities is the very best care available. Every morning during Morning Report, the commander makes his rounds to ensure that it stays that way.

KFOR accommodates more than 1,100 redeploying troops

By *Spc. Jennifer Finch*
Task Force Medical Falcon IX

During the week of February 2, the Soldiers of Task Force Medical Falcon IX (TFMF) accomplished a mission with 25 of their organic personnel that has not been previously attempted in the Balkans.

They accommodated over 1,100 personnel through the Re-Deployment Process (RDP). These anxious to return home personnel were primarily members of Pennsylvania's 28th Infantry Division, but other KFOR 5A units were represented.

This processing included a preventive medicine out brief followed by various medical stations. At the first station blood was drawn for HIV testing and repository storage. The second station, where a protein purified derivative injection was administered, tested for Tuberculosis exposure with a follow-up visit 48 hours later to read the test.

The third station involved a physician's interview in which the Soldiers' individual Health Assessment was reviewed through the use of the new four-page DD Form 2796.

The schedule for these activities may have appeared simple, but with a daily preparatory



Photo courtesy US Army

KFOR medical personnel keep busy during the redeployment process. Pictured counterclockwise; Spc. Sarah Janik, 1st Lt. Sherry Hedge, Maj. Geraldine Kass and Spc. Andrew Merryman.

time of 6 a.m., a start time of 6:45 a.m., and ending only after accurately inputting all acquired data into the Army's Medical Protection System, the days proved to be long.

The three weeks prior to the post deployment processing saw over 600 optional Release from Active Duty (REFRAD) Physical Screenings administered to the same personnel. This process also included blood draws for laboratory testing, eye and ear exams, height and weight recording, and health evaluations with physicians.

"These REFRAD screening physicals similarly started with 6:00 a.m. days and extended throughout the week", said Sgt. 1st Class Donald Jiles, Wardmaster for the Camp Bond Steel Hospital Intensive Care Unit/Ward. By performing these medical out

processing procedures on an OCONUS captive audience, the medical time required for demobilization was reduced from two days to one half day at Fort Dix, New Jersey.

Lt. Col. (Dr.) Paul Duron, a team physician, commented that without the contributing doctors, nurses, medics and support personnel working as a cohesive team, we could not have accomplished the complete and accurate out processing of so many redeploying Soldiers in such a short time frame.

Col. (Dr.) Franklin D. Robinson, deputy commander for clinical services for TFMF IX, described the performance of his out-processing medical teams as "fantastic".

TFMF



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USAMMCE completes TAMMIS upgrade

By Maj. Gilroy Gotiangco
USAMMCE
Information Management Division

Twelve months ago, United States Army Medical Materiel Center Europe (USAMMCE) began a very critical project to upgrade its Theater Army Medical Management and Information System (TAMMIS).

USAMMCE successfully completed the project Jan. 20. The upgrade was necessary for three reasons; recurring hardware problems; the scheduled expiration of vendor maintenance support; inadequacy of the systems Continuity of Operations.

The project proved to be very complex, because, unlike other units using TAMMIS, USAMMCE had made extensive additions to the standard TAMMIS platform.

USAMMCE had a one-of-a-kind TAMMIS system resulting from the unit's mission to execute depot-level medical logistics support for the entire theater. The undertaking had many challenges:

1) USAMMCE had to engineer and test a unique, non-standard, TAMMIS system.

2) The extensive library of TAMMIS enhancements needed

to be carefully reviewed and re-programmed to operate under the platform.

3) Operation Iraqi Freedom demanded we minimize operational impact and insure high availability of TAMMIS to properly prosecute support to the war.

USAMMCE approached this task in a disciplined manner using a program management framework defining all tasks and mapping each against constrained resources and deadlines.

Additionally, the project benefited tremendously by using process action teams; the information management division engaged the entire organization to properly communicate and coordinate all activities.

Improvements were dramatic. The following is a summary breakdown of the enhancements and capabilities of the upgrade:

Increased capacity, better components:

Increased storage capacity: 36 gigabyte (GB) to 147 GBs.

Increased RAM capacity: 1.5 GB RAM to 4 GB RAM

Increased performance:

Daily MRO cycle run time reduced from 90 minutes to 10 minutes.

Month-end process reduced run time from 30 hours to five hours.

Large reports: a 2-3 time reduction in processing time

Improved backup/Continuity of Operations Plan (COOP):

Backup servers are now capable to assume the complete workload without compromises. Currently developing capability for Server Mirroring to provide full fault tolerance (seamless transition to the backup servers in event of primary server failure).

Reduced Cost of Operation:

Intel based architecture is 10X more affordable versus the previous Hewlett Packard proprietary architecture (\$8K vs. \$110K per server).

Reduced annual maintenance costs: \$7,000 versus \$90,000.00 (Hardware).

The successful TAMMIS upgrade this past January provided USAMMCE increased capabilities, a more robust COOP, and a more stable and reliable platform to support world class logistics operations.



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centerpiece of all we do—
Soldiers, civilians,
retirees and veterans...

The Army Vision



ERMIC

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Military Awards Program — <https://www.perscom.army.mil/tagd/awards/index.htm>
Civilian Incentive Awards Program — <http://cpol.army.mil/permis/53.html>
Ribbon Rack Builder—www.army.mil/tools/ribbonRack/build.asp?service=1
ERMIC Awards — G-1, DSN 314.371.3354

Army Commendation Medal

LRMC
Staff Sgt. Correll, Daniel
Staff Sgt. Casey, Andrew

Army Achievement Medal

LRMC
Sgt. 1st Class Boyd, David
Spc. Barzoi, Silviu
Senior Airman Martinez,
Melinda

USAMH
Staff Sgt. Lundy, Jorge
Staff Sgt. Wilson, Steven
Spc. Dibba, Gibryl
Pfc. Hillard, Antonie

Commanders Coin

USAMH
Sgt. Bissell, Miles
Sgt. Lozano, Noverta

Length of Service — 40

USAMH
Kletti, Dieter

Officially Commended

USAMH
Asquith, Donald
Gannon, Julia
Ott, Monica



Photo by Staff Sgt. Kelly Bridgwater, ERMIC Public Affairs

Brig. Gen. Elder Granger, ERMIC Commander, stands next to the candidates and winner of the ERMIC Noncommissioned Officer of the Year competition inside the ERMIC command conference room in Heidelberg March 9. From left to right: Brig. Gen. Elder Granger; Sgt. Melvin Austin, US Army Medical Activity, Wuerzburg; Staff Sgt. Deanna Swords, Landstuhl Regional Medical Activity (NOY 2004); and Sgt. Jaun M. Rodriguez, Heidelberg Medical Activity.



Photo by Staff Sgt. Kelly Bridgwater, ERMIC Public Affairs

Brig. Gen. Elder Granger, ERMIC Commander, with candidates and winner of the ERMIC Soldier of the Year competition inside the ERMIC command conference room in Heidelberg March 9. From left to right: Brig. Gen. Elder Granger; Spc. Arthur Valdez, Heidelberg Medical Activity; Spc. Gurusahai Good, Landstuhl Regional Medical Center, (SOY 2004); and Pfc. Angel Cruz, Vilseck Army Health Clinic.

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.