



Medics Forward

“Any mission, Anywhere!”

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Heidelberg, Germany

April 2004



Vaccine shortage results in temporary dosage change

Article by Europe Regional Medical Command Public Affairs Office

Heidelberg, Germany – Due to a production shortfall of the Pneumococcal Conjugate Vaccine, military treatment facilities will follow Centers for Disease Control (CDC) guidelines for the administration of this immunization to children.

All medical facilities will temporarily provide two doses of the vaccine to children rather than the usual four doses. Additional dosages are expected to be available later this summer when full production by the manufacturer is resumed. The vaccine, commonly known as Prevnar, protects against illnesses such as meningitis and blood infections, caused by one type of bacteria.

According to Lt. Col. Robert Smith, Pediatric Consultant, Europe Regional Medical Command, this is a world wide shortage since there is only one



Photo by Tracy A. Bailey, USAMH Public Affairs Officer
Lt. Col. Robert Smith, Pediatric Consultant, Europe Regional Medical Command, talks about the worldwide shortage of Prevnar, the vaccine used to protect against illnesses such as meningitis and blood infections caused by one type of bacteria.

manufacturer of the vaccine in the world. Military health facilities are following the CDC guidelines in administering only two doses of the vaccine during the production shortfall.

The vaccine is generally administered at two, four, six and 12-15 months of age. Smith said that administering doses of the

vaccine at two and four months will provide adequate protection to the population and that two doses of this vaccine has shown to be 94 percent effective.

Also, children with certain chronic diseases (such as diabetes, sickle cell anemia, HIV, congenital heart disease,

See Vaccine shortage page 2

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Compassion fatigue; how military doctors handle the stress of treating a never ending flow of patients.

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Operation Iraqi Freedom & Operation Enduring Freedom as of April 12, 2004

Clinical Operations

- OIF patients 11,162
- OEF patients 2,227

USAMMCE

- Line items 215,000
- DoD customers 644
- \$165.6 million

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“Meningitis can be either viral or bacterial,” said Smith. “Bacterial meningitis is more serious and needs to be treated with antibiotics. If parents suspect their child has this disease, the child should be examined by a doctor.”

Vaccine shortage cont.

immune deficiencies and renal insufficiency) are at an increased risk from these bacteria and will continue to receive all four doses of the vaccine.

Smith added that each MTF is keeping a record of infants who do not receive the full completion of the vaccine and will notify parents when it becomes available.

Children who miss the third and/or fourth dose of the vaccine will receive it during their next scheduled well child examination following parental notification.

However, third and fourth doses are only indicated if the child is under two years old unless the child is considered high risk.

“With regard to meningitis, an inflammation of the membranes covering the brain, it is not common, nor is it rare,” Smith said. “A main key to the prevention of infectious diseases is hand wash-

ing - especially after using the restroom, before and after eating, and after coughing and sneezing.”

Symptoms of the disease include headache, nausea, vomiting, anorexia, irritability and restlessness as well as fever, sensitivity to light, changes in mental status, seizures, neck pain and rigidity.



“Meningitis can be either viral or bacterial,” he said. “Bacterial meningitis is more serious and needs to be treated with antibiotics.

If parents suspect their child has this disease, the child should be examined by a doctor.

“We have numerous vaccines that prevent many deadly and debilitating diseases such as measles, tetanus and polio. Although these diseases are not common in our population, our children receive an enormous benefit by not contracting these illnesses,” said Smith.

“Vaccines are significantly important to the well being of our children and we will resume providing the full dosage of the Pneumococcal Conjugate Vaccine as soon as possible.”

For more information or questions concerning your child’s health care contact your primary care provider at your local military treatment facility or call the TRICARE healthcare information line at **0800-825-1600**.

The TRICARE line is operated 24 hours a day, seven days a week. Additional information about the vaccine production and CDC guidelines for vaccine administration can be found at the following web site. www.cdc.gov

'Compassion fatigue' hard on many in medical support

By Marni McEntee,
Stars and Stripes Sunday magazine
March 21, 2004

Maj. Kendra Whyatt had just returned home from Sunday church services when she heard on the TV news that a Chinook helicopter had crashed in Iraq.

Whyatt, head nurse of the orthopedic ward at Landstuhl Regional Medical Center (LRMC) in Germany, knew the next few days would be intense at the ward, one of the busiest at the hospital. Sixteen soldiers had been injured in the Nov. 2 crash.

"The first thing I did was I called up the nurses on the floor and said, 'When are they coming?' Because I knew they were coming. It was just a matter of time," said Whyatt. Then, she helped the ward prepare for the onslaught of patients.

It was the beginning of the most deadly month in



Photo by Marni McEntee, European Stars and Stripes
Maj. Kendra Whyatt, chief of nursing in Landstuhl Regional Medical Center's orthopedic ward, talks with another nurse.

Iraq for Americans and their coalition allies since the start of Operation Iraqi Freedom, and one that would send dozens of patients to the hospital, the military's primary care center between the Middle East and the United States.

For health-care professionals such as Whyatt, it was just the continuation of a near-constant flow of ill and wounded patients in the past year. "We come to work and we take care of patients because that's why we came into this profession — to help those in need," said Whyatt, 36. "There's absolutely nothing that stands in the way of that other than fatigue, and even when you are tired you are still trying to do more."

In many ways, Whyatt hit the nail on the head in describing a prime job hazard facing physicians, nurses, medics and other staff members at Landstuhl. Constantly caring for others often takes a great toll. Since November 2001, hospital staff members have treated roughly 12,500 patients from Afghanistan and Iraq alone, including more than 1,700 combat casualties.

"The number began rising in January 2003 with troop levels in the Middle East, peaked in May and June and has leveled off in recent weeks to an average of 30 new patients a day. Seventy percent of the patients require surgery — nearly doubling the workload for the hospital's current 31 surgeons, said Lt. Col. Ronald Place, chief of surgery.

The hospital's six orthopedic surgeons are especially busy, putting in 60- to 80-hour weeks, said Place. If things get stressful or emotionally draining, Place said: "The surgeon's credo is 'just work harder. It's going to be OK if you just work harder.'"

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See *Compassionate fatigue* page 4

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The stress can particularly affect reservists who are deployed to the hospital, because they don’t have the support that active duty service members stationed there do.

**Compassionate fatigue continued**

However, for some health-care professionals at Landstuhl, just working harder doesn’t always help keep a handle on the incredible physical and emotional demands of care-giving.

“With an influx of new patients every day and no end in sight, some health-care workers face the risk of simply running out of energy altogether,” said Lt. Col. Sally Harvey, chief of Landstuhl’s psychology services office.

Harvey uses an analogy of a person with a pitcher of water who keeps pouring glasses for those who need it — some appreciating the gesture, some only asking for more.

“Eventually, there’s no more water in your pitcher,” she said.

Taking action

The clinical term for the problem is “compassion fatigue” — a deep physical, emotional and spiritual exhaustion accompanied by acute emotional pain, said Harvey.

Some of its causes are the volume and pace of the patient load, the level of trauma experienced by some patients, the constant change and uncertainty of staffing, and lifestyle changes, especially for deployed service members separated from families and friends.

It’s a relatively common malady among health-care professionals, police officers, firefighters and those whose duty is to serve others, often in traumatic situations, said Harvey. And it’s something that comes naturally to a human being.

“It wouldn’t hurt if we didn’t care,” said Air Force Maj. Steve Franco, a psychologist at Landstuhl. But it’s not something that many health-care professionals will easily admit.

“Mothers, nurturers and nurses are phenomenal for taking care of everybody but themselves,” said Whyatt.

The stress can particularly affect reservists who are deployed to the hospital, because they don’t have the support that active duty service members stationed there do.

Reservists’ families are at home; the reservists are living in a billeting area with several other people, and they often don’t have a car to get around. About 305 reservists are working at Landstuhl now — a slight decrease from earlier this year — along with 1,700 permanent staff members. In Whyatt’s orthopedic ward, 19 out of the 33 nurses and medical technicians are reservists.

Harvey last year launched a series of briefings on overcoming compassion fatigue. However, the large, public nature of those briefings sometimes dissuaded people from speaking out. That’s why she and the rest of the psychologists at Landstuhl organized a series of smaller workshops to help people work through the issues. About 900 staff members have attended.

Along with the workshops, Harvey said, she also counts on the “hallway consults” that psychologists give to the hospital staff.

“I have people call me and ask me to meet them in the cafeteria or they invite me to have a cappuccino so we can talk,” said Harvey.

Diversions

Harvey and the other psychologists encourage staff members to handle the stress in healthy ways so it doesn’t turn into compassion fatigue. Lt. Col. Kevin Kumke, a critical care pulmonary specialist, said he has

learned through his 15 years of experience how to deal best with job stress.

“You deal with it by talking with your colleagues, taking your break time. You have to decompress — you have to have your outlets, your time off, your hobbies.”

Kumke’s hobby is traveling, and he’s working his way around Western Europe. Several of his photos from trips to Paris and Venice, Italy, decorate his office walls.

“That’s my battery regenerator,” said Kumke.

Whyatt said she has her three children to care for, and that makes leaving work behind easier at the end of the day. She’s also pursuing a master’s degree in international relations.

For Place, it’s spending time with his three children. And, he notes, the sheer volume and variety of patients he sees at the hospital keep the treatment of the most horrific war wounds in perspective.

“As surgeons, we live day in and day out with the changes to the way people live — and that’s not just combat wounds,” said Place. “Does that mean we don’t cry when they die? It doesn’t mean that at all. It’s very, very sad when a 19-year-old kid who is doing what he thinks is the right thing is badly injured and dies from it.”

“But the beautiful thing about what we do here is that the number of casualties that we’ve had die in our facilities is less than can be counted on one hand. And that’s outstanding.”

Published March 21, 2004 in the European Stars and Stripes. Used with permission from the Stars and Stripes, a DoD publication.

Veterinary units redeploy to Germany from OIF

**By Maj. Christopher Lanier,
deputy commander, 72nd Medical Detachment**

The last remaining elements of the 72nd Medical Detachment (Veterinary Services), recently redeployed from Iraq. The veterinary unit, based at Giebelstadt Army Airfield, Germany, along with its subordinate unit, the 21st Medical Detachment (Veterinary Service)(Small), deployed 64 people, the earliest in March 2003 to support Operations Enduring (OEF) and Iraqi Freedom (OIF).

Back in Germany, the units are under the command and control of the 100th Medical Detachment (Veterinary Services Headquarters), Heidelberg, which directs all tri-service veterinary support in the European Command.

Under the leadership of Lt. Col. Tim Adams and Master Sgt. William Applegate, the 72nd and 21st Medical Detachments provided all veterinary combat service support to the Iraqi area of operations during combat and support and sustainment phases of OIF, supporting almost 140,000 US and coalition forces at the height of the conflict.

The 21st Medical Detachment was the first veterinary unit ordered forward into Iraq during the operation's combat phase.

The original group of deploying personnel endured extremely harsh and difficult conditions to establish six site locations over a geographic area spanning 500 miles, from An Nasiriyah in the south to Mosul in the north.

They endured sandstorms and incredible heat to establish the solid framework for continuous operations. Their hard work, perseverance and dedication operating in a rapidly changing and



Photo courtesy US Army

Spc. Erin McLoughlin, Animal Care Specialist from the 51st Medical Detachment, Veterinary Medicine, deployed as an augmentee to the 72nd Medical Detachment, works with cheetahs at the Baghdad Zoo.

increasingly dangerous environment were nothing short of heroic. In total, the 72nd and 21st Medical Detachments would account for food safety, wholesomeness and quality assurance of more than 800 million pounds of class-A subsistence and 4.9 million cases and modules of operational rations.

They provided veterinary medical and level I-II surgical care for more than 100 working dogs from the Department of Defense and other federal agencies, and traveled well over 90,000 ground and air miles while performing its veterinary combat service support mission. More important than numbers were their countless contributions to OIF.

Through their proficiency and professionalism, they became known and respected by not only other medical units but also units at the 'tip of the spear'. They are proud standard-bearers for the Veterinary Corps in supporting the cause of freedom, and establishing a foundation and example for future veterinary elements to emulate.

100th Medical Detachment (VS)



The original group of deploying personnel endured extremely harsh and difficult conditions to establish six site locations over a geographic area spanning 500 miles, from An Nasiriyah in the south to Mosul in the north.

LRMC



An alcoholic is someone who has developed an increased tolerance, consumes larger amounts of alcohol, displays withdrawal symptoms and is unable to effectively curb his drinking. An alcoholic will give up occupational or recreational activities in favor of a drink, according to the Diagnostic & Statistical Manual of Mental Disorders.

April is alcohol awareness month

By Spc. Todd Goodman
LRMC, Public Affairs Office

In the South, there's a saying that nothing is better on a hot day than a cold beer. The saying, however, doesn't mention anything about 12 or 13 beers. Moderation is the key to enjoying alcohol in a healthy way.

For many people, though, moderation is merely wishful thinking. Some people can drink socially and have no adverse experiences. Others develop an affinity for alcohol and become dependent.

An alcoholic is someone who has developed an increased tolerance, consumes larger amounts of alcohol, displays withdrawal symptoms and is unable to effectively curb his drinking. An alcoholic will give up occupational or recreational activities in favor of a drink, according to the Diagnostic & Statistical Manual of Mental Disorders.

"An alcoholic is someone whose drinking is interfering with their normal behavior or is drinking to feel normal," said Terri A. Anderson, prevention coordinator at Landstuhl Regional Medical Center (LRMC).

It is difficult to say how many drinks turns a person from a social drinker to an alcoholic because everyone's body is different. There are, however, some things that social drinkers just do not do.

"If you have health issues

and you continue to drink anyway, that is not social drinking," said Anderson.

"If your family is concerned and asks you to cut down on drinking and you refuse, that is not a social drinker. If you miss work because you got wasted the night before, that is not a social drinker. A social drinker doesn't order five drinks at closing time and then drink them all. A social drinker can leave a half-full glass of wine on the table, whereas an alcoholic would not."

According to the National Institute on Alcohol Abuse and Alcoholism, more than four drinks a day for men is too much. Women should leave the bar even earlier, as their drink total tops out at three per day.

One way to separate social drinking from alcoholism is through consequences. "Social drinking has no serious consequences," said Anderson. "Heavy abusers have serious consequences, such as DUIs, domestic violence and other risky behaviors."

Many heavy abusers are caught in a cycle of shame. They may feel shame about getting a DUI, then drink to make themselves forget about the shame they feel.

"Alcoholics know more shame and blame than we can

imagine," she said. "That is why you can't shame an alcoholic into going into rehab. If you feel shame about something and your therapy tool is drinking, then that is what you are going to do. And it will lead right back into the cycle of shame and blaming others."

In addition to shame and blame, alcoholism also comes complete with several health problems, including ulcers, migraine headaches, pancreas and liver problems.

There are, however, treatment options available. LRMC has both counseling sessions as well as a six-week, partial hospitalization program. The latter being for those who aren't helped by counseling alone.

"The six-week program consists of group therapy, fitness and educational classes in the afternoon and an Alcoholics Anonymous meeting at night," said Donald L. Schuman, clinical director of the LRMC Alcohol Treatment Facility. "I think it's a very successful program – operating at a 63 percent success rate."

The program can accommodate up to 24 patients. Active duty, dependents, government employees and retirees all are welcome to attend.



Occupational health medical examinations address Soldier specific exposures

**By Barbara Smith,
Wiesbaden Occupational Health Nurse
Department of Occupational Health and
Epidemiology, USACHPPMEUR**

The Defense Department's Occupational Health Program defines occupational health as, "... the practice of preventing occupational illness and injury through the anticipation, identification, evaluation, and control of health hazards; training workers, supervisors, and commanders; medical monitoring of potentially exposed workers and the treatment of occupational illnesses and injuries."

By conducting walk-through surveys, reviewing industrial hygiene samples and working closely with local safety offices, the Occupational health nurse advises Soldiers of potential occupational hazards, appropriate protective equipment, safety practices, and job related medical examination requirements of their work assignment. Enrollment into various medical examination programs to prevent and monitor Soldiers health status may include hearing conservation, occupational vision, pregnancy surveillance, job-related immunizations, respiratory protection or laboratory testing.



In addition to routine military entrance and periodic examinations, certain assignments will require further pre-assignment, periodic, and termination examinations that are specific for any potential chemical, physical or biological hazard the may be encountered in their work environment. Upon returning to work after an occupational illness or injury, personnel should be sent to occupational health to ensure they will be able to perform their previous duties.

Exposures unique to the military are working in very high altitudes, via aircraft or mountainous terrain, undersea environments, extreme conditions of cold and heat, and the potential exposure to chemical, biological, or nuclear weapons. Forces deployed in tropical or third world countries may be exposed

in nature to a variety of infectious diseases such as malaria or hepatitis.

Hearing loss caused by loud noise is the most common injury in the Army. The most dangerous occupational noise is from firing weapons. A Soldier who fails to wear hearing-protective devices on the firing range today will be a deaf and ineffective leader on the battlefield. Soldiers are often surprised that they can achieve better protection by pulling their ear up and out while inserting an ear-plug. Occupational health nurses serve as an excellent resource for education and training for the hearing conservation and other occupational health programs.

Armored vehicle crewmen operate in confined, sometimes poorly ventilated spaces of their vehicles. They may receive short, intermittent, high-level exposures to a variety of toxic gases, such as carbon monoxide, ammonia, sulfur dioxide, and nitrogen oxides. They are also exposed to the hazards of weapons and engine exhaust. The tank commander who uses his vehicle's ventilation system improperly while firing his weapons will put his crew at risk of carbon monoxide poisoning.



Occupational health programs assure that all personnel are physically, mentally, and psychologically suited to their work. Military readiness is assured by protecting employees against adverse effects of health and safety hazards in the work place, including field operations, as well as the individual work-place.

Every military garrison environment has access to occupational health services. It is vital, for the welfare of the Soldier that we work together to meet the goal of a safe and healthy work place.

For the occupational health nurse in your area contact the Department of Occupational Health and Epidemiology, USACHPPMEUR at DSN: 486-8113 or commercial. 06371-86-8113.

CHPPMEUR



Mission:
The world-class center of excellence for the systematic prevention of environmental, occupational, and disease threats to the health and performance of individuals and populations.

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.

Heidelberg MEDDAC Civilian of the Year, Jutta Shoots

**By Tracy A. Bailey, PAO
 H-MEDDAC**

Heidelberg Army Hospital is pleased to announce the Civilian of the Year, Jutta Shoots, ward secretary for the multi-service unit. Shoots has been with the hospital since November 2001 where she started as a receptionist in the TRICARE Service Center.

"I call this job my first love. The hospital was looking for a person with a medical background, one who had both English and German language skills. They were also looking for someone who would enjoy helping patients understand the German health care system. I felt it was a perfect fit because I am a German pediatric nurse married to an American," said Shoots.

"I have worked in the German health care system as a pediatric nurse as well as a clinic

manager for a German internal medicine practice."

Shoots moved to the multi-service unit in July 2003 where she enjoys being an integral part of the medical team and taking care of patients.

"Jutta has always shown the utmost in professionalism and truly embraces the inherent value one looks for in an employee who deals with ill patients. She is someone I can and have trusted throughout our time working together," said Dr. Robert Walker, Chief of Family Practice. "She has always gotten along well with the patients and staff and I have received only accolades about her from my German colleagues."

This is just a sampling of the comments one hears when one



*Photo by Tracy A. Bailey, PAO H-MEDDAC
 Heidelberg Army Hospital's civilian of the Year, Jutta Shoots, ward secretary for the multi-service unit.*

mentions Jutta Shoot's name. She goes above and beyond in her everyday job and is the type of person that will do what it takes to accomplish the mission-patient care.

Shoots has four children, two dogs and a wonderful husband. "After work my real job starts as taxi service, housekeeper, cook, nurse and entertainer," said Shoots.

When she's not taking care of her family, she enjoys reading, movies, bowling and the great outdoors.

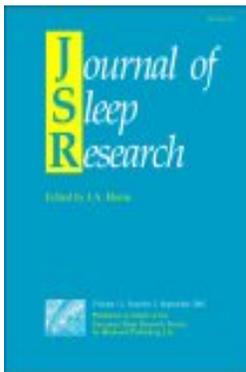
Sleep restriction and performance; How do we measure the impact?

Article submitted by
US Army Medical Research Unit-Europe

In extreme situations it is easy to see that sleep deprivation impacts cognitive performance (the ability to pay attention, to use good judgment, to problem-solve, etc.).

Mentally, most people are only marginally functional after only two or three days of total sleep deprivation, and their cognitive impairment is obvious. It is also reasonable to assume that cognitive functioning suffers under less extreme sleep deprivation conditions. For instance, restricting sleep to five hours a night for several consecutive days almost certainly has some impact on most people's cognitive performance.

Interestingly, though, it turns out to be fairly difficult to reliably and easily detect these cognitive changes. That is, while it is relatively easy to tell if someone is operating at only 55 percent cognitive capacity, as opposed to a well-rested 95 percent cognitive capacity, it is not very easy to tell if someone is operating at only 85 percent cognitive capacity.



For military operations, however, these moderate cognitive declines due to sleep restriction are important because even moderate declines can adversely impact critical decision-making skills. The question of how one might go about reliably and easily detecting these moderate

declines in cognitive performance was the focus of a recent study conducted by scientists at the Walter Reed Army Institute of Research in Washington D C.

Researchers there, led by Dr. Thomas Balkin, investigated the issue of measurement sensitivity by contrasting a wide variety of cognitive tests with various amounts of sleep restriction. The data, analyzed by Maj. Paul D. Bliese, Commander, US Army Medical Research Unit-Europe, resulted in a paper that will be published in an upcoming volume of the *'Journal of Sleep Research'*.



The findings showed that a simple vigilance test administered via a hand-held PDA (e.g., Palm Pilot) was very sensitive in its ability to detect the effects of sleep restriction.

In this test, participants were asked to pay attention to a small computer screen and press a button when a target appeared. For those individuals whose sleep was moderately restricted, their scores on this test declined relative to those who received a full night's sleep.

Future research will be able to use this test in assessing the impact of moderate sleep restriction on Soldier's cognitive performance. In this way, we hope to help Soldiers more effectively manage their sleep, and improve their performance.

USAMRU-E



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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.erd.c.healthcare.hqusareur.army.mil

Get a dental check-up at least once a year

A yearly dental check-up is a good idea for all adults. This is because people often do not become aware of dental problems until considerable damage has occurred. A dentist can recognize potentially damaging problems early. In addition, the dentist can diagnose other problems which cause bad breath including abscesses, periodontal disease, and impacted teeth.



Where's the Dental Bus?

**April 18 - 22
Bonn, Germany**

Tips and techniques for eliminating bad breath

*Article submitted by
Europe Regional Dental Command*

Brushing and flossing are two of the most crucial elements for attacking bad breath. Bad breath is caused by bacteria which live on our teeth and gums. These bacteria feast on food particles left on our teeth creating volatile sulfur compounds. These sulfur compounds give breath its foul odor.

Brushing and flossing remove bacteria and the food bacteria feast on so that they can no longer create volatile sulfur compounds. Unfortunately, many people do not brush long enough to remove bacteria from their teeth. It takes 2-3 minutes to brush all tooth surfaces yet most people spend less than a minute brushing their teeth.

Worse yet, few people take the time to floss allowing odor producing bacteria to grow rampantly in the spaces between your teeth. Brushing without flossing is like washing only 70 percent of your body when you bathe - the other 30 percent remains dirty.

Clean your tongue

While brushing and flossing are crucial first steps, brushing and flossing do not always eliminate bad breath. This is because odor causing bacteria hide deep within the crevices of the tongue.

Ironically, many of these bacteria are anaerobic meaning they can not live in oxygen. How do these bacteria live in the mouth then? They live safe from oxygen under a protective layer of mucous, food particles and proteins.

Cleaning your tongue with a tongue cleaner can remove this layer and much of the bacteria which reside on your tongue. Remember to clean near the back of the tongue where most of the bacteria resides but be careful not to gag yourself.

Drink plenty of water

A dry mouth represents the ideal home for odor causing bacteria which flourish in this type of environment. Saliva normally keeps the mouth moist. Additionally, saliva helps wash away the food particles bacteria feed on and dissolves odorous volatile sulfur compounds. Actions which dry the mouth or reduce saliva flow can increase bad breath odor. These include:

- The use of prescription medications including antihistamines and decongestants
- Excessive talking
- Exercising
- Dieting
- Drinking alcohol or using mouthwashes containing a high amount of alcohol
- Smoking

By drinking water we stimulate saliva flow, wash away leftover food particles, and moisten the mouth making it less hospitable to odor causing bacteria.

Use chlorine dioxide Mouthwashes

Mouthwashes containing chlorine dioxide are the latest advance against bad breath. Conventional mouthwashes at best only temporarily mask bad breath odor. At worst, conventional mouthwashes can make

the situation worse by drying out the mouth making it more hospitable to odor producing bacteria.

Chlorine dioxide has been used for years to sanitize water supplies. In these mouthwashes the chlorine dioxide directly attacks the volatile sulfur compounds responsible for bad breath.

Chew sugarless gum

If you can't brush after a meal or snack consider chewing sugarless gum. This chewing action helps cleanse the teeth and stimulates the flow of saliva.

Saliva in turn further helps to cleanse the mouth and dissolves odorous volatile sulfur compounds. Make sure, however, to use gum which does not contain sugar.

Check for signs of gingivitis and other dental problems

Periodontal disease is a bacterial infection of the gums and ligaments which support the teeth. Periodontal disease creates new hiding spots in the gums for odor causing bacteria. Signs that you may have periodontal disease include:

- Red or swollen gums
- Loose teeth
- Sensitive teeth
- Pus coming from around the teeth
- Pain on chewing
- Tender gums
- Bleeding gums.
-

When dentists treat periodontal disease they can eliminate the bad breath associated with it.

TRICARE Europe Beneficiary Feedback

*Article courtesy
TRICARE Europe*

The information in this column features frequently asked questions from beneficiaries and answers provided by the TRICARE Europe Office staff.

Q: How can I check the status of my claim without placing a long distance call?

A: If you would like to check the status of your claims or obtain a copy of your TRICARE Europe Explanation of Benefits, visit Wisconsin Physician's Service online (WPS is the TRICARE Europe claims processor). This site provides quick, confidential, and secure access to TRICARE beneficiary claims status and other claims-related information. Log on at www.tricare4u.com.

Of course, you can also write to or call WPS if you don't have web access. Their contact information is available through your local TRICARE Service Center. You'll also find this contact information in the back of the TRICARE Europe 'Passport'.

Q: Can active duty family members enroll in TRICARE Prime when they PCS overseas if they voluntarily dis-enrolled from Prime when they left their last location?

A: We advise TRICARE Prime enrollees to stay enrolled during PCS moves. This will ensure that family members are covered should they need medical care during the PCS.

However, all DEERS eligible active duty family members are eligible to re-enroll in TRICARE Prime overseas if they reside with their sponsor near an MTF. Once enrolled, family members will be assigned a Primary Care Manager (PCM).

Q: I will be traveling in Europe during spring break with my children. If we need medical care,

what do we need to do?

A: If you are visiting Europe from the US, please visit or call your local TRICARE Service Center in the states for information about your medical care while traveling outside of your region.

If you and your family members are enrolled in TRICARE Prime at an overseas location, you may get emergency care without TRICARE authorization. However, we ask that you contact your TRICARE Service Center back home as soon as possible to let them know about the incident.

Bear in mind that you may be asked to pay for the care you or your family member receives upfront. When you return home, visit your TSC for help filing the claim. If you would like to get routine care while traveling, you must first contact your Primary Care Manager for authorization. In general, it is best to wait until you get back home for routine care. See your TRICARE Europe 'Passport' or visit www.europe.tricare.osd.mil for more information.

Help Your Dependents Avoid Health Care Access Problems

If you are a TRICARE beneficiary with a dependent who does not have a Social Security number, TRICARE Europe officials recommend that you apply for one as soon as possible to ensure continued access to the Military Health System for your son or daughter.

While all U.S. citizens need to get a Social Security number, there are cases of military children as old as five or six who still do not have one because parents never applied. If you do not take steps to get a Social Security Number for your dependent child, you may experience problems receiving care for your child at your military clinic or hospital.

TRICARE officials use Social Security numbers to verify eligi-

bility in the Defense Enrollment Eligibility Reporting System (DEERS), a database used by the DoD to manage sponsor and dependent information. When a dependent child is born, the military issues a temporary identification number to serve as a 'place holder' in DEERS until a permanent Social Security number can be entered into the system.

This temporary number is only valid for a limited period of time (270 days), based on when your newborn's DEERS record is first accessed. For example, when you arrange the first appointment for your baby at a Military Treatment Facility, you then have 270 days from that point to update your child's DEERS record with a permanent Social Security number.

If you applied for a Social Security number and are nearing the 270-day mark and are still waiting, you may request a 90-day extension at your Personnel or DEERS office.

If you do not take steps to get a Social Security number for your child and you pass the allotted deadlines, you may experience delays and inconveniences when you try to arrange for care for your child at a military clinic or hospital.

Once you receive a new number from the Social Security Administration, visit the ID card-issuing facility (Personnel office) on your installation to update DEERS.

Of course, ensuring you and your dependents have unimpeded access to your TRICARE benefits is just one of many reasons that a Social Security Number is important.

Visit the Social Security Administration online at www.ssa.gov for application details, as well as information about the Social Security system.

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Photo by Roger Teel

Three-month old DeShawn Glenn sleeps during The Parenting Journey on the shoulder his mother Crystal Glenn. Stephanie Fodczuk and daughter Ashley, left, and Christian DeJesus and daughter Faith, also took the journey to learn about being parents.

Preparing parents for life

By Roger Teel
USAMEDDAC, Wuerzburg

A baby's first steps are precious. So, too, are the parent's first steps as they begin the parenting journey with their child.

Two Wuerzburg MEDDAC staff members were quick to recognize the distinct challenges and difficulties facing first-time parents with infants under age one. So, in light of the 1st Infantry Division's deployment to Iraq and by simply being proactive providers and mothers themselves, Anne Cohn, a clinical social worker with Social Work Service, and Linda Morse, an early childhood special educator with the hospital's Educational and Developmental Intervention Services (EDIS) developed a program to share their parenting experiences and professional knowledge with first-time parents.

"The Parenting Journey" is an eight-week program that addresses the many concerns new mothers and fathers may have, from how to establish helpful sleeping and eating habits in their children to understanding the complexities and emotional experiences of being first-time parents.

Every aspect of early child development and associated parenting issues are addressed in a two-hour group setting once a week.

"It's just good to know I'm not the only one going through this," said Stephanie Fodczuk, spouse of deployed 2nd Lt. Spencer Fodczuk and mother of 9-month old Ashley.

"Before coming here I didn't know what tummy time was, or how to get Ashley to hold her own bottle. Now she does, and I've learned so many things from these ladies. They're real pros," Fodczuk said, acknowledging Cohn and Morse.

In the inaugural parenting journey, six parents (five mothers and one father) sprawled on an EDIS playroom floor with their children.

As 10-month-old Faith DeJesus waddled around the room checking on other babies, Christian DeJesus, husband of SPC Angelica DeJesus of the 1st Infantry Division Support Command, stretched his legs.

"I want to learn everything I can about kids," he said. "I've taken Red Cross courses and this course because I want to learn anything that will make it better or safer for my baby."

He said the course is helpful.

"It's definitely benefiting my daughter. She sleeps through the night now and she eats real good."

"The program is more about supporting each other than it is about educating parents, although there is a

general topic we cover each week. It's more about sharing feelings and experiences and picking up some general knowledge, strategies, and ideas, from not only Anne and I, but from each other," Morse said.

Samantha Stokes, spouse of deployed Pvt. Shayne Stokes of Schweinfurt's HHC, 1st Bn, 77th Armor, said she knew no first-time parents in her immediate area, so she decided to give The Parenting Journey a try.

"This really puts things into perspective for me," she said as she cuddled 6½-week old Corey in her arms. "This was absolutely the best thing I could have done. I've met others who are in the same boat and I now have a support network of people who understand what I'm going through."

"One of the program goals is for these people to develop links with each other," Cohn noted.

"One reason I come is to have contact with these ladies once a week," said Crystal Glenn, whose husband PFC Damien Glenn deployed to Iraq with the 67th Combat Support Hospital in January. Three-month old DeShawn slept through most of the evening.

"I've learned a lot about my baby and others in the group are very supportive, which makes them a support group to me. When we started I really related to Samantha (Stokes). Our lifestyles were the same in many ways and it felt good to find someone to relate to.

"But the best reason for coming is talking to the two ladies running the program. I was facilitating as best I could, but they help us grasp things in ways you can't imagine."

"We don't see this as purely educational in terms of only when to feed the baby, etc. We have indeed spent a lot of time discussing deployment issues, depression, and dealing with the responsibilities of parenting," added Cohn.

Tasha Knox, wife of CW2 Bernd Knox, deployed with Schweinfurt's 1st Squadron, 4th U.S. Cavalry, said the opportunity to network motivated her to attend.

"I thought it would be something to do while my husband was gone, part of my plan to stay busy to help pass the time. But it's turned into much more than that."

KFOR troops share medical skills with local emergency personnel

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

Emergency Medical Service classes for the Kamenica Albanian and Serbian Fire Department “Proved to be a great educational success,” said 1st Lt. Sherry Hedge an Emergency Department Nurse with Task Force Medical Falcon (TFMF) IX, Camp Bondsteel, Kosovo.

The event was sponsored by the TFMF’s Emergency Medical Treatment, Nursing, Ground Ambulance, and Res-

piratory divisions, and was presented through the introduction of educational slides as well as hands on training with new equipment that was donated by TFMF.

The classes included in-line c-spine immobilization, back-board precautions, fire caution, first through third degree burns, dressing changes, smoke inhalation, and mock trauma.

All classes were well attended and appreciated. “The team of firefighters

were fascinated by the new equipment as well as by the training,” said Master Sgt. Bruce Mann, TFMF Nursing Staff.

“It was inspiring to see the camaraderie between the ethnic Albanians and Serbians as they worked together”, said Spc. Daniel Jacobson, respiratory therapist, TFMF and Spc. Gary Steurer, healthcare specialist, TFMF.

“We can’t wait to go back and share more medical skills and knowledge on our next mission, which will include CPR techniques, emergency response to cardiac arrest, and the proper transport of trauma victims utilizing sandbags and splints,” said Sgt. Steven Kaphing and Spc. Jason Parviz , ground air ambulance, TFMF.

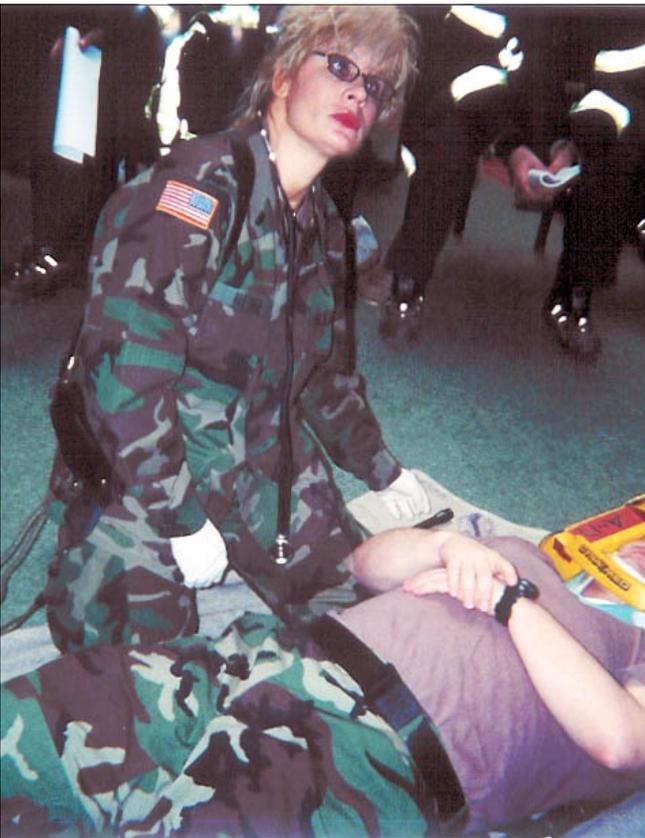


Photo by Sgt. Steven Kaphing, TFMF

1st Lt. Sherry Hedge, Emergency Department Nurse, Task Force Medical Falcon, Camp Bondsteel, Kosovo, demonstrates mouth to mouth resuscitation on Spc. Gary Steurer during Emergency Medical Service classes for the Kamenica Albanian and Serbian Fire Department.

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Photo by Sgt. Steven Kaphing, TFMF
Spc. Gary Steurer, a healthcare specialist assigned to Task Force Medical Falcon, Camp Bondsteel, Kosovo takes part in Emergency Medical Service classes.

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Cold chain management update

Article submitted by USAMMCE

At US Army Medical Materiel Center Europe (USAMMCE), we strive to ensure that medical supplies are shipped under proper conditions to all of our customers. We currently use the TempTale 3 temperature monitors to measure how temperatures fluctuate during shipment of medical supplies requiring cold chain

management.

This technology allows us to meet FDA shipping requirements and ensures

high quality medical supplies are shipped to our customers.

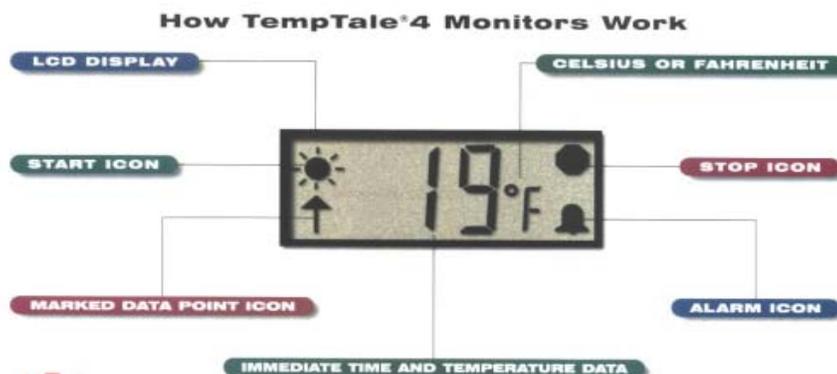
Despite the success we have had with the TempTale 3 temperature monitors, we want to make things better for our customers. We are converting all of our TempTale 3 monitors to the new and improved TempTale 4 monitors.

You might ask, what is the difference? The new TempTale 4 allows our customers to get more instant feedback upon opening a refrigerated shipment. The new monitor comes with a Liquid Crystal Display (LCD) that flashes the average temperature during shipment, as well as the

highest and lowest temperatures reached during shipment and duration.

This capability allows our customers to gather temperature data more readily to submit to the USAMMCE pharmacists and decrease the waiting time for releasing the product if the shipment was exposed to extreme temperatures.

temperatures, once the monitor is stopped, an 'Alarm Bell' sign will also be displayed on the screen, just below the 'Stop Sign'. If the 'Alarm Bell' is displayed, the shipment might not be suitable for use and the customer must provide the USAMMCE pharmacist with the temperature readings for further instructions.



Keep in mind that only the USAMMCE Pharmacy Team is authorized to release a refrigerated shipment if

it exceeds the recommended temperature range during shipment. Also remember that customers must return all the TempTale monitors back to USAMMCE within 30 days in order to avoid charges for the monitors.

Completion of this conversion project is expected to be within the next six months. The points of contact for the USAMMCE Cold Chain Management Program and TempTale conversion are Maj. Jorge Carrillo at DSN 495-7230 and e-mail jorge.carrillo@pir.amedd.army.mil or HMI Michael Stricker at DSN 495-7193 and e-mail michael.stricker@pir.amedd.army.mil.

In addition to the readings displayed in the LCD, our customers will also be able to download the TempTale 4 monitor readings with the TempTale Plus Reader Software, as they currently do with the TempTale 3, if equipped with the software.

Another notable difference is that our customers no longer have to look for the green or red light. Upon receiving the refrigerated shipment, the customer must press the stop button for one to three seconds until the 'Stop Sign' is displayed on the right side of the LCD screen.

If shipment was exposed to ex-



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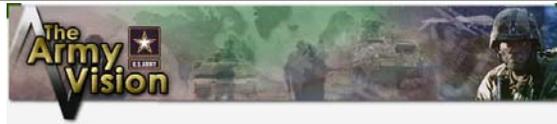
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**Army Commendation
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USAMH**

Maj. Villiard, Robin
1st Lt. Abalos, Jeanne
Cpl. Abrams, Michael
Staff Sgt. Ray, Terrance
Spc. Lopez, Oscar
Spc. Monteiro, Tekanya
Spc. Pearson, Nicholas
Spc. Walker, William

**Certificate of
Achievement
USAMH**

Maj. Helinski, Dianne
Maj. Shaw, Janie
Maj. Villiard, Robin
Capt. Mahoney, Bergen
Capt. Saville, Theresa

1st Lt. Abalos, Jeanne
1st Lt. Aguiar, Jennifer

Sgt. 1st Class
Schnitker, Kasey

Staff Sgt. Jones, Sharon

Staff Sgt.
Rodriguez, Erin

Sgt. Miller, Keith

Sgt. Ramos-Martinez,
Eduardo
Sgt. Thorne, William

Spc. Bond, Daniel
Finney, Elizabeth
Preheim, Richard

Length of Service

**Award
10 years
USAMH**

Specht, Heidi

**Officially Commended
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Bailey, Tracy
Bautista-DeVoss, Blythe
Helgeson, Thomas
Whisenant, Allen
Shoots, Jutta

**Certificate of
Appreciation
USAMH**

Fell, Lilli
Rodrigues, Illidio

**LRMC receives Army
Superior Unit Award**

During the last year, Landstuhl Regional Medical Center (LRMC) saw an average of 1,000 patients per month. From tending to the wounds of downrange personnel to the retired and government employees, LRMC never missed a beat. The staff’s hard work and dedication was recognized with the Army Superior Unit Award. The award was presented to LRMC on April 3 at Heaton Auditorium by Secretary of the Army Gen. Peter J. Schoomaker (left) to Col. Rhonda Cornum (right), LRMC Commander. He cited the work of LRMC’s staff as the reason for the award.



Photo by Spc. Todd Goodman, LRMC Public Affairs Office

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.