



# Medics Forward

“Any mission, Anywhere!”

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## Sand Flies in Iraq and Afghanistan may cause leishmaniasis

Article by Europe Regional Medical Command Public Affairs Office

**Heidelberg, Germany** – The sand flies in Iraq and Afghanistan are tiny, annoying and not much bigger than a gnat. Soldiers often may not even notice them. Sand flies are almost impossible to avoid and can carry the parasite known as leishmania.

Bites can result in small, itchy bumps that form scabs or open sores known as cutaneous leishmaniasis – a term becoming familiar to Soldiers deployed in support of Operations Enduring and Iraqi Freedom.

According to Col. Kent Bradley, Preventive Medicine Consultant, Europe Regional Medical Command, most leishmaniasis cases among US Soldiers have come out of the rural areas in the eastern and northern areas of Iraq, so the 1<sup>st</sup> Armored Division and members of the V Corps Headquarters saw only a few cases due to their urban areas of operation. Currently, only four cases of cutaneous leishmaniasis have been confirmed among USAREUR Soldiers.

He indicated that more cases could be seen here in Europe as operations continue and soldiers move through more high risk areas, and that Soldiers and their families should have an awareness of cutaneous leishmaniasis by knowing how to prevent it as well as how to recognize the symptoms.”

*“This type of information is included in the pre-deployment health briefing given to units and individual Soldiers prior to deploying,” said Col. Kent Bradley, Preventive Medicine Consultant.*

“Cutaneous leishmaniasis is not contagious from person to person, fatal or painful, nor is it 100 percent preventable,” said Bradley.

“However, deployed Soldiers should do all they can to minimize risks since it can cause discomfort and scarring. The best method of prevention is for Soldiers to protect themselves from being bitten by the sand fly. BDUs or DCUs properly worn and treated with Permethrin are very effective.

Additionally, the uniform does not cover all of the skin so any exposed skin should be covered with lotion containing DEET and sleeping areas should have screens or mosquito nets that have been sprayed with Permethrin. These are the optimal means to prevent sand fly bites.”

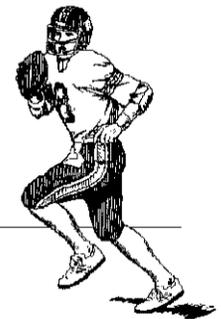
Bradley added that sand flies tend to come out at night so Soldiers are more likely to be bitten between dusk and dawn, and that the peak season for transmission of leishmaniasis in Iraq is April through October.

“The military medical community has worked to insure Soldiers are aware of the precautions necessary to prevent the contraction of leishmaniasis,” he said.

“This type of information is included in the pre-deployment health briefing given to units and individual Soldiers prior to deploying. Additionally, several messages about this infection have gone out to units in Iraq and Soldiers are given an information card specifically about leishmaniasis.

**See Leishmaniasis page 2**

### INSIDE THIS ISSUE:



**NFL players visit Germany to tackle one of their toughest games yet; Soldier morale.**

**See story page 3**

**Operation Iraqi Freedom & Operation Enduring Freedom as of May 17, 2004**

#### Clinical Operations

- OIF patients 12,278
- OEF patients 2,335

#### USAMMCE

- Line items 223.4K
- DoD customers 675
- \$177.2 million

## ERMC



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

### *Leishmaniasis continued from page 1*

card specifically about leishmaniasis.

Bradley said that on average, the infection will become evident two to eight weeks after the initial bite by the sand fly but it could be much longer.

“Cutaneous leishmaniasis most frequently shows up on the exposed parts of the body such as the hands, arms, neck and face, and usually begins as a small bump on the skin known as a papule which is often itchy. It may persist in this form for a while and continue on to form a small scab or open sore,” he said.

“These lesions do not heal quickly and left untreated, most -- about 90 percent -- of these type lesions will heal on their own. This may take a very long time, from 6 to 18 months and the longer the time the larger the scar.”

According to Bradley, treatment for cutaneous leishmaniasis is available in the United States and involves the use of a medicine called pentostam (sodium stibogluconate) which is taken daily for 10 to 20 days. Currently the only US military treatment facility providing this therapy is Walter Reed Army Medical Center.

Topical heat has also been used and as an alternative treatment modality. The Landstuhl Regional Medical Center recently received the device used to provide this type of therapy if needed.

“There are three types of leishmaniasis – cutaneous, mucocutaneous and visceral,” he said. “Leishmaniasis is actually a group of infections of the skin, mucous membranes, or internal

organs. Cutaneous leishmaniasis refers to the infection of the skin and is by far the most predominant type of infection we have seen from Iraq. The term mucocutaneous leishmaniasis refers to an infection involving mucus membranes like your nose or mouth and is only found in South America. Finally, visceral leishmaniasis refers to an infection involving internal organs.

Although present in Iraq and Kuwait, less than one percent of all cases of



leishmaniasis in US and coalition soldiers have had this type of leishmaniasis. Visceral and cutaneous leishmaniasis are found in Central and South America, Africa, parts of Europe, Southwest and Southeast Asia.”

He added that visceral leishmaniasis is a much more serious disease and has an average incubation period of two to six months. Most often the person will have a gradual onset of occasional or intermittent fever, progressive enlargement of their spleen and liver and some vague abdominal discomfort.

They may notice a decrease in weight, have diarrhea, and a cough. Occasionally the person will initially experience an abrupt onset of fever, chills, and overall malaise. Anemia is almost always present and liver enzymes will often be mildly elevated.

Besides Iraq, visceral leishmaniasis is also endemic in the Mediterranean and family members of US service members have been infected in Spain and southern Italy.

Bradley indicated that cutaneous leishmaniasis is diagnosed through a skin biopsy or scraping of the lesion.

The specimen can be touched to a microscope slide to look for the presence of the parasite. This test can be conducted here in Europe but confirmatory tests are done at Walter Reed Army Institute of Research and the Armed Forces Institute of Pathology. Visceral leishmaniasis can be detected with a special test from a blood sample.

According to Bradley, deployed Soldiers who are diagnosed with visceral leishmaniasis will be medically evacuated from their deployed area and those diagnosed with cutaneous leishmaniasis would be considered for medical evacuation, especially if the lesions are large, multiple, or involve the face or joints. Soldiers who complete treatment for cutaneous leishmaniasis are deployable and may, in fact, return to their unit at their deployed location.

“In the military medical community part of our mission is keeping Soldiers healthy while they are deployed,” Bradley said.

“By adhering to a few simple preventive measures Soldiers can greatly minimize their risk of becoming infected with leishmaniasis. However, Soldiers who have a non-healing lesion or ulcer on their skin for more than three weeks or those with persistent intermittent fever and headaches should consult their health care provider for biopsies or blood tests.”

## NFL players visit troops recovering at LRMC

**By Spc. Todd Goodman**  
**LRMC Public Affairs Office**

“These people are unbelievable,” said Atlanta Falcons running back Warrick Dunn. “To still have a positive attitude after what they have been through is incredible.”

When three players and the commissioner from the National Football League came to Landstuhl Regional Medical Center and Ramstein Air Base Contingency Aeromedical Staging Facility to visit troops and patients, it was they who left feeling inspired.

“It makes you start trying to picture what they went through and how fortunate they are to still be alive,” said Dunn. “If you never thought it was real, you know, watching the war on television, well, to come here and see these patients .... it’s real.”

The visit was coordinated by NFL Commissioner Paul Tagliabue and USO Europe and Kaiserslautern. Players selected were those who embodied the spirit of community service. All three of them have their own charitable foundations, said Tagliabue.

“We just felt it was really important to support the men and women in the military,” said Tagliabue. “We’ve been here at Landstuhl Regional Medical Center before. These types of visits



Photo by Spc. Todd Goodman LRMC Public Affairs Office

**Atlanta Falcon’s running back Warrick Dunn gives an autographed picture to Spc. Nicholas Frick at the Landstuhl Regional Medical Center during the USO-NFL Europe Players and Commissioner visit May 7.**

are something we try to do each year. Last year we had players at Baghdad International Airport.” “It’s really an honor to be put in this situation,” said Atlanta Falcons linebacker Keith Brookings.

“When the NFL approached me to come here, I didn’t think twice. I just jumped on it. To be able to look these Soldiers in the eye and tell them how appreciative I am is an honor. Words can’t express the feeling it gives me.”

On this day, words were sometimes hard to come by. “It’s kind of overwhelming,” said Baltimore Ravens tight end Todd Heap.

“It’s hard to put how I feel into words, really. Coming here to visit these men and women is the

least we can do, but it’s really special to me. I appreciated what they did before, but now it has a whole new meaning.”

The players and commissioner visited several patient wards where they distributed team hats, pins, signed pictures and calling cards. They also visited the intensive care unit, which obviously touched them.

When a surgeon told them that the first words out of an injured Soldier’s mouth usually were “How’s my buddy?” or “I just want to get back to the action,” and that it’s similar to the attitude displayed by players in the NFL, Brookings shook his head and quickly said, “It’s not even close to the same thing.” **See NFL at LRMC page 4**

### LRMC



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## LRMC



***“We’ve been working on this for almost four years,” said Lawson. “When I became chief, straightening out poison control was one of my main agendas.”***

**NFL at LRMC continued from page 3**

In the NFL, there are plenty of war analogies thrown around. It’s going to be war out there today. There’s going to be a battle in the trenches.

“After seeing something like this, I doubt I’ll ever make a comment like that again,” said Brookings.

This visit was especially poignant following the

Pat Tillman situation, which saw the NFL player turned Army Ranger killed in Afghanistan. Heap, who met Tillman at a charity bowling event, said Tillman was indeed a character.

“You had to know Pat,” said Heap. “His morals and commitment ... he didn’t care what others thought. You could tell he really had a purpose. There was a reason behind it, and he obviously believed in it. Just like the wounded Soldiers we visited today.”

## LRMC changes poison information phone line

**By SPC Todd Goodman  
LRMC Public Affairs Office**

**T**ime is of the utmost importance when someone ingests a poison, and Landstuhl Regional Medical Center (LRMC) has made it so sufferers can get medical advice in a more rapid way.

Standard procedure for a poisoning was to call the LRMC Emergency Room, tell the staff of the problem, what was taken and wait as they searched for the right person to call.

“The procedure normally took 10 minutes,” said US Army Lt. Col. Jeffrey A. Lawson, chief of the LRMC Department of Emergency Medicine. Now patients can dial one number and immediately be in contact with a toxicology expert at the National Capital Poison Center in Washington, D.C.

“I identified the need for more comprehensive poison control service and felt like we were not able to give people the full benefit of poison control services, include follow up calls to patients and

tracking of poison control trends,” said Lawson. “I felt that if we were going to provide poison control, we needed to do it right. This system will provide thorough information in an efficient manner.”

The phone number is 00800-444-88444 and is toll free from either a cell phone or home phone. Patients who call the number should have the name of the poison ingested as well as the weight of the victim in either pounds or kilograms.

“These toxicology experts are so experienced that they usually can tell the patient off the top of their heads whether or not the ingested substance is poisonous or harmless,” said US Army Capt. Christopher T. Stake, Army nurse in the LRMC Department of Emergency Medicine. “It’s all about quick access to information.”

In addition to being more efficient for patients, the new system frees up Emergency Room staff to focus more on patient care as opposed to fielding questions regarding potential poisonings.

“On average we fielded four calls per day, so that was 40 minutes right there,” said Stake. “Those situations usually can be handled at home, so it was not the best way for both the patients and us to utilize our time.”

This newly devised system was the brainchild of Lawson, who said this has been years in the making.

“We’ve been working on this for almost four years,” he said. “When I became chief, straightening out poison control was one of my main agendas. Thus far, the system has gone off without a hitch.”

Lawson is working to get the system set up to forward any call to the old number directly to the poison control center. Until that happens, anyone who calls the old number will be given the toll-free number from LRMC staff.

For more information about poisonings, visit the poison control center’s website at [aapcc.org](http://aapcc.org).

## TRICARE for active duty family members eligible to PCS without sponsor

*Article courtesy  
TRICARE Europe*

Due to the temporary extension of tour lengths in Iraq for many 1<sup>st</sup> Armored Division Soldiers, affected family members in Europe scheduled for a Permanent Change of Station (PCS) move this summer may be considering whether to remain overseas or return to the U.S. prior to the return of their active duty sponsor. Access to TRICARE health benefits is assured regardless of the option eligible family members choose.

TRICARE Europe Prime active duty family members eligible to PCS to the Continental U.S. (CONUS) without their sponsors will be treated as if their sponsors were with them. The move will be treated as a normal PCS. TRICARE Prime will be available at their new duty location if the family members choose this TRICARE option.

"Our priority is to make sure we take care of our beneficiaries at all times, regardless of deployments and contingencies," said Air Force Col. (Dr.) James Rundell, TRICARE Europe executive director. "If you're an active duty family member whose spouse is deployed, we guarantee you and your family will continue to have access to great health care wherever you live, whether from your local Military Treatment Facility (MTF) or from one of TRICARE's top-notch preferred providers."

### PCS points to remember

Once active duty family members PCS to the states without their sponsor, they must update their address in the Defense Enrollment Eligibility Reporting System (DEERS).

DEERS information may be verified or updated by contacting or visiting the nearest uniformed services personnel office. Beneficiaries may also contact the DEERS office at 1-800-538-9552, or visit [www.tricare.osd.mil/DEERSAddress/](http://www.tricare.osd.mil/DEERSAddress/).

Individuals who are enrolled in the TRICARE Dental Program (TDP) will be able to continue using the program while in CONUS. In the states, there are co-pays for all services except annual routine check-ups and cleanings.

Beneficiaries may enroll in the TDP at any time. If beneficiaries are not enrolled in the TDP, they will face high out-of-pocket dental costs in CONUS regions. Beneficiaries can learn more about applicable co-pays and the TRICARE Dental Program at [www.ucci.com](http://www.ucci.com).

### Temporary Stops During PCS Move

If Active Duty family members choose to stop while en route to their new PCS location at a location where Prime is not offered (more than 50 miles from a MTF) and remain there for more than 60 days from their PCS 'fly date' they will automatically revert to TRICARE Standard on the 61<sup>st</sup> day.

If the temporary stop at an alternate location is for less than 60 days, family members will remain covered by TRICARE Europe Prime until they reach their new duty station. In either case, beneficiaries must visit the TRICARE Service Center at their new duty station as soon as they arrive to transfer their enrollment to their new TRICARE region.

### Remaining at OCONUS location

TRICARE Europe Prime Active Duty family members who choose to remain at their overseas location will continue to enjoy TRICARE Europe Prime benefits as usual. Increased deployments and preparations for possible contingency operations may affect the availability of appointments at some MTFs in Europe, but beneficiaries will continue to be seen by MTFs to the maximum extent possible. Beneficiaries who are referred to host nation providers can count on quality, competent medical care through the TRICARE Europe Preferred Provider Network (PPN).

### How to get help

If beneficiaries have problems or questions about their health care in the TRICARE Europe region, they may contact their local TRICARE Service Center or the TRICARE Europe Centralized TRICARE Service Center at commercial 011-49-6302-67-7433/34 or toll free (from the U.S.) at 1-888-777-8343. In CONUS, they may also call the TRICARE Health Care Finder at (800) 242-6788.

## TRICARE



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



## H-MEDDAC



**Mission:**  
To ensure medical readiness while providing quality, integrated healthcare.

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

## News Note

**Lt. Col. Daniel Schissel, MD, Dermatologist, HMED-DAC. He co-authored the article 'AN UNUSUAL ALA12Thr POLYMORPHISM IN TH1A cx-HEILCAL SEGMENT OF THE COMPANION LAYER-SPECIFIC KERATIN K6hf: EVIDENCE FOR A RISK FACTOR IN THE ETIOLOGY OF THE COMMON HAIR DISORDER PSEUDO-FOLLICULITIS BARBAE'.**

**The article is about a common hair disorder characterized by a pustular foreign body inflammatory reaction that is induced by ingrown hairs of the facial and submental regions after shaving. It occurs predominantly in black males. It is rather rare and usually less severe in caucasian males.**

## MEDCOM Information Management Soldier of the Year

By Tracy A. Bailey, USAMH PAO

Sergeant Jaime Williams, an Information Systems Operator/Analyst at US Army Medical Department Activity, Heidelberg (USAMH) is US Army Medical Command's Information Management Soldier of the Year.

Williams attended AIT at Fort Gordon, Ga. "AIT was very challenging," said Williams. "All I knew about computers was how to type on one."

Williams's current duties include managing the USAMH laptop program. She is also the lead technician for mobile computing support. Her current project is assisting with the Information Assurance Vulnerability Alerts security program.

In support of the hospital's mission to provide pre-deployment screenings to USAREUR's deploying Soldiers, Williams was responsible for configuring, loading, and deploying 50 laptop computers to the hospital and nine outlying clinics to facilitate data entry and capture information in the MODS/MEDPROS systems within extremely short timelines.

"I am very versatile in my office, kind of a jack of all trades," she said. "One thing that is important to me is knowing that my colleagues and customers can come to me about any issues and I will do my best to take care of them."

Williams added "Once people stop coming to you with their problems or concerns you are no longer any



Photo by Tracy A. Bailey, USAMH PAO

**Sgt. Jaime Williams is assigned to US Army Medical Department Activity, Heidelberg. She is the US Army Medical Command's Information Management Soldier of the Year.**

help and they believe you don't care."

"Sgt. Williams is the kind of soldier every noncommissioned officer (NCO) desires to clone," said Jan Stuppel, Chief, Information Management Division at USAMH. "Since her arrival, she has proven her worth time and time again."

Williams arrived at USAMH in May 2000. "This is her first duty assignment. Her computer knowledge is recognized and respected by the senior computer specialists in this organization," said Stuppel.

"I truly love my job here and if it was not for my colleagues, I would not know as much as I do. This field is always changing and you can never know everything," said Williams.

"We have a great team here at

IMD and I am very grateful for all they do. I am also grateful to my supervisors who recommended me for this honor. They truly believe in me and push me past 100 percent. There has also been many NCO's here at the hospital that have tutored me on how to be a good soldier."

For fellow Soldiers in her field, Williams offers this advice, "Train, train, train. This field is always changing and you cannot know everything. Always try to gain knowledge and share your knowledge with others."

Williams is from Portsmouth, Virginia. She enlisted in the Army under the Delayed Entry Program in August 1998. Williams is currently engaged and so far has enjoyed her tour in Heidelberg.

## Study demonstrates importance of ‘train as you fight’

Article courtesy of USAMRU-E

Soldiers are trained to perform under a variety of circumstances to include acute and chronic stress loads (e.g., combat vs. peacekeeping demands).

This broad training ensures that Soldiers are ready to perform when called upon. Yet despite extensive instruction, Soldiers often encounter mission demands for which they have not been specifically trained. How do Soldiers deal with these unrehearsed demands? How do these demands affect Soldiers compared to the demands for which they have received ample schooling?

These questions were the primary driving force during an international collaboration between the US Army Medical Research Unit-Europe (USAMRU-E), an overseas laboratory of the Walter Reed Army Institute of Research (WRAIR), and researchers in Austria and Germany.

In 2001, Austrian soldiers participating in an intense, week-long training exercise involving both routine and unre-

hearsed training simulations volunteered to complete surveys in which they rated the amount of psychological and physical stress they felt each day. The training consisted of routine but physically demanding exercises such as road marches, movement to contact, and airborne operations.



In addition, these soldiers also participated in unrehearsed training including capture and interrogation simulation.

As expected, we found that soldiers reported higher physical and psychological demands during the unrehearsed capture and interrogation scenario when compared with routine training. Moreover, soldiers reported higher psychological demands even a day after the unrehearsed training scenario ended while their ratings of physical demands returned to routine training levels.

This pattern points to a lingering effect of psychological stress after participating in a psychologically demanding and unrehearsed exercise.

These results support the concept of psychological toughening. This is described as the strengthening of the ability to tolerate psychological stressors and to perform well as a result of repeated exposure (i.e. training). It also includes successful coping, and adequate recovery skills. Such a training paradigm is consistent with the US Army doctrine of ‘train as you fight’. The challenge for military trainers is to develop scenarios that are consistent with ethical and legal standards while appearing realistic.

Results from this international cooperative study will be published in the July 2004 issue of Military Medicine. The article ‘Comparing Elite Soldier’s Perceptions of Psychological and Physical Demands during Military Training’ was written by Capt. Jeffrey Thomas (WRAIR-



USAMRU-E), Dr. Amy Adler (WRAIR-USAMRU-E), Lt. Col. Carl Castro (WRAIR-Division Neurosciences), Col. Peter Wittels (Austrian Military), 1<sup>st</sup> Lt. Robert Enne (Austrian Military), and Dr. Bernd Johannes (Freie University of Berlin).

## USAMRU-E



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

## ERDC



### ERDC Mission

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

[www.erdcc.healthcare.hqsareur.army.mil](http://www.erdcc.healthcare.hqsareur.army.mil)

## ERDC celebrates Army Dental Corps 93rd Anniversary

### Article courtesy of ERDC

This year the Europe Regional Dental Command celebrated the 93<sup>rd</sup> Anniversary of the founding of the Army Dental Corps. It was an occasion for remembrance and joyful camaraderie.

The events of the past year have called for great sacrifices from Soldiers and family members. The global war on terrorism will continue to be demanding on all of ERDC in the future.

This year's ball was held at the Heidelberg Castle and was a great success. The evening was highlighted by entertainment from the Heidelberg Army Band's chorus as well as a rendition of a classic Elvis Presley tune sung by Col. Michael Fulkerson and Col. Russell Czerw.



Photo courtesy ERDC

**Col. Conrad F. Bodai, commander, Europe Regional Dental Command, talks about the history of the Army Dental Corps prior to the cake cutting ceremony.**



Photo courtesy ERDC

**During the celebration recognition was given to the O2M3 award recipients.**



Photo courtesy ERDC

**The ceremonial cake was baked and decorated courtesy of the H-MEDDAC Dining Facility in Heidelberg.**

## Veterinary Laboratory Europe obtains laboratory accreditation

**Article courtesy 72nd Medical Detachment (Veterinary Services)**

Swollen jars of Kimchi, milk with clumps, cheese with ‘crystals’, these food items, and many others like them, have been tested at the Veterinary Laboratory Europe (VLE) which was recently accredited by the American Association for Laboratory Accreditation (A2LA).

Located in Landstuhl, Germany and a subordinate unit of the 100<sup>th</sup> Medical Detachment (Veterinary Service HQ), VLE routinely examines samples of military subsistence which may contain harmful substances. Thankfully, most do not pose a health risk, but laboratory testing is required for verification.

Under the leadership of Lt. Col. Tim Stevenson, with a team of 13 military and seven civilians, VLE began the journey toward laboratory accreditation in August 2001.

In February they received their A2LA accreditation certificate, joining an elite group of only 46 A2LA accredited food laboratories in the world. They completed the accreditation process in only 2.5 years, a feat which normally requires five years.

Laboratory accreditation uses an extensive quality assurance system to ensure only accurate results are produced. It requires a personnel training program and periodic proficiency tests.

VLE must conduct testing on samples containing unknown substances. Afterward the test



Photo courtesy US Army

**Members of the Veterinary Laboratory Europe, Landstuhl Germany, work on pouring microbiology growth plates as they strive to complete the American Association for Laboratory Accreditation. (From left to right) Leslie Fuhrman, Chief of Quality Assurance, Sgt. Michael Lee, NCOIC Microbiology and Maj. John Beach, Chief, Food Analysis Department.**

results are compared with those of other participating laboratories to ensure accuracy and reliability.

*Until a few years ago there was no agency that accredited food testing laboratories. The American Association for Laboratory Accreditation was the first agency to provide this service.*

Until a few years ago there was no agency that accredited food-testing laboratories. The American Association for Laboratory Accreditation was the first agency to provide this service.

To become accredited VLE had to complete numerous prerequisite programs and an intensive three day on-site audit.

Now that the initial audit is behind them, they cannot simply relax and ignore the policies and procedures that they have painstakingly established.

They must continue to measure up to the international standards for operation of food laboratories as audits are conducted annually for the next two years, and then every other year to ensure they maintain compliance.

This accomplishment ensures that VLE complies with the most effective laboratory practices. Thus helping commanders make informed decisions about the safety of the food supply throughout the European and Central Command.

**100th Medical Detachment (VS)**



**The Veterinary Laboratory Europe is located at Landstuhl and is a subordinate unit of the 100th Medical Detachment.**

## W-MEDDAC



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

## Wuerzburg hospital opens Victory Ward

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

The fourth floor medical and surgical ward at the US Army Hospital in Wuerzburg is now called 'Victory Ward'.

The new name better describes the ward where injured Soldiers from the 1<sup>st</sup> Infantry Division, 67<sup>th</sup> Combat Support Hospital and other supporting units will recover once they return from Iraq.

"We've expanded our services because our mission is taking care of Soldiers and their families," said hospital commander Col. Jeff Clark. "Expanding our medical surgical ward provides us with more room, facilitates family and unit visits, and allows us to centralize our care for Soldiers returning from Iraq."

During opening ceremonies April 28, V Corps chief of staff Brig. Gen. Daniel Keefe expanded on Clark's vision. "We really are a band of brothers, both here and on the battlefield. The Army medical corps, as evidenced by this initiative, is an invaluable element in the combat team."

Col. Terry Carroll, representing the Europe Regional Medical Command, noted a special nature of people assigned to the Big Red One footprint. "People in Wuerzburg always seem to find a way to do the right thing, and truly care about one another," he said.

Following the ribbon cutting, Keefe awarded Purple Heart medals to Sgt. Arthur Coleman III, 1<sup>st</sup> Battalion, 77<sup>th</sup> Armor, Schweinfurt, and two Soldiers from Bamberg, Staff Sgt. Wardell McGhee and Spc. Luke Ness, both from B company, 1<sup>st</sup> Battalion, 6<sup>th</sup> Field Artillery.

Maj. Sara Sproat, clinical operations officer for Wuerzburg hospital, was charged with orchestrating the grand opening event, coordinating community efforts, formulating policy that will govern donations, activities and visitations to Victory Ward, and ensuring seamless healthcare for 1<sup>st</sup> ID Soldiers.

"This is very much a community event," Sproat said of the grand opening. "Many segments of our community, especially agencies in the 417<sup>th</sup> BSB, the Army and Air Force Exchange Service, and Family Readiness Groups from throughout the 1<sup>st</sup> ID, have shown support for our Victory Ward and Victory Soldiers.



*Photo by Roger Teel, US Army Hospital, Wuerzburg Public Affairs*

**An April ribbon cutting ceremony at the US Army Hospital in Wuerzburg celebrates the opening of the new 'Victory Ward' where injured Soldiers can spend time recovering once they return from Iraq.**

This is a coming together, a way of taking care of our Army's heroes who have been injured."

Expanding the ward quickly and efficiently over one weekend, April 16-18, was important to keep interference to routine patient care at a minimum.

Soldiers from Wuerzburg's 69<sup>th</sup> Signal Battalion installed a world-wide access portable telephone so Soldiers can call directly home. Four computer stations for email and Internet access were set up in the ward's dayroom.

Four televisions and digital video disc (DVD) players were mounted on mobile stands and rolled into rooms for Soldiers unable to get to the TV lounge. The Wuerzburg Spouse's Club donated \$500 for DVD movies for the ward.

Services and donations to Victory Ward include: a Red Cross Cantina, AAFES personal shoppers, desert camouflage and physical training uniform issue, a washer and dryer in the ward, in-house nametape sewing, and phone cards issued by the Veterans of Foreign Wars.

Victory Ward gives the hospital 24 inpatient beds, according to hospital senior clinical noncommissioned officer Sgt. 1st Class Stephen Mattice.

The hospital staff, now consisting primarily of Army Reserve Soldiers from the 348<sup>th</sup> General Hospital, worked through the weekend, April 16-18, to move hospital equipment and office furniture. The hospital's internal medicine clinic was relocated to the third floor to make room for the Victory Ward.

## Years of experience make TFMF IX a success

By Spc. Jennifer Finch  
Task Force Medical Falcon IX

The current military service of our senior Soldiers is proving to be exceptionally rewarding for members of Task Force Medical Falcon (TFMF) located in Multinational Brigade-East and Central in Kosovo.

The senior health care practitioners assigned there have proved to be ideally suited to shaping today's younger military medical professionals. By mentoring and guiding junior Soldiers, these senior Soldiers instill a sense of duty, belonging, and individual growth in the new generation of Army medics.

Col. Donald L. Harris, TFMF IX Commander, is a Veterinary Corps officer, who at the age of 63 has served 40 years of military service and been awarded two Meritorious Service Medals and a Legion Of Merit. Retiring at the age of 47 as a Veterinary Pathologist, but not retiring as a Soldier, he maintains a farm in northern Wisconsin when not frequently deployed.

When asked for words of wisdom or advice for his less experienced Soldiers, he said, "You need to set goals and accomplish them, make mistakes and learn from them, everything happens for a reason, good or bad, accept it and move on."

Col. Howard T. Harcke at age 65 serves as TFMF IX's Radiologist. Harcke graduated from West Point in 1960 and went on to be an Airborne Ranger and Flight Surgeon. He is currently a professor of radiology and pediatrics at a civilian and military college. Harcke volunteered and served as a forensic radiologist during the September



Photo by Col. Marlin D. Brendsel

**From left to right, top row, Lt. Col. Kenneth Graf, Col. Renato Pimentel, bottom row, Col. Howard Harcke, Col. Donald Harris, and Col. Mark Hoffer. Their years of experience contribute to the success of TFMF IX.**

11<sup>th</sup> Pentagon casualty identifications. His words of wisdom are, "When the Army asks for volunteers, step up, you will get to do some incredible things."

Col. Renato R. Pimentel, TFMF IX's Anesthesiologist, is 60 years old and has 23 years of military service and 30 years of medical experience. He is currently a senior Clinical Instructor of Anesthesiology at Case Western Reserve University in Cleveland Ohio. He said that he has no words of wisdom, but frequently asks the question "Has my 'extension' been approved yet?"

Lt. Col. Kenneth W. Graf, TFMF IX's General Surgeon, who at the age of 60 with 35 years experience in medicine, is an Associate Professor of Surgery at Penn State University. He expressed his wisdom by stating, "Embrace the Army's way, have fun and enjoy the adventure."

Col. Mark M. Hoffer, TFMF IX's Orthopedic Surgeon, at 68 with 44 years of military service volun-

teered to deploy to Kosovo. Having served in the Navy from 1956-1964 with honors received from President John F. Kennedy, he went on to be a Professor and Chief of Orthopedics at the University of California.

While an Army Reserve Soldier, he participated in overseas tours in Korea, Sri Lanka, Honduras, the Gulf War, and Operation Enduring Freedom. During his many years of military and medical service he became an associate editor on two professional journal staffs, examiner for orthopedics, and has acted as an advocate and advisor for numerous Army programs.

He offers this advice to the newest Soldiers. "Take advantage of the opportunities the military provides to expand your horizons."

Recently TFMF IX was honored with the patriotic service of these exceptionally accomplished and experienced professionals. They provide an example and a challenge for the next generation of Soldiers.

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Photo by Holger Koelsch, USAMMCE

**The German Canteen  
in its former condition  
prior to renovation.**

## USAMMCE opens new German Canteen on post

By Capt. Bruce Argueta  
USAMMCE

One of the benefits of an overseas assignment in Germany is the opportunity to experience a new culture and traditions. Part of that culture is the wonder of new dishes and the fine cuisine that Germany has to offer.

For military service members, DA civilians and local nationals working at USAMMCE, located in the city of Pirmasens, this is no exception. USAMMCE's German Canteen has been providing authentic German food for many years, and that includes making some of the best German breakfasts and lunches. In April USAMMCE opened a new canteen for the Husterhoeh Kaserne.

The workforce eagerly anticipated the opening of the new canteen for some time. The project to build the new canteen started more than five years ago when the former canteen could not be upgraded to meet safety requirements.

The old canteen opened in 1952 and since then it has not only provided good German food, but made history as one of the oldest buildings on the installation.

During its existence the older canteen did not go through any major renovations and the building retained its original structure when it was opened 52 years ago.

With new hygiene and safety requirements, plans began for a new Canteen to provide high quality food in a safe environment. However, the project was not without its obstacles. After a cost analysis was done it was decided that building a new canteen would be more beneficial and easier than renovating the existing one.

The main obstacle to building the Canteen was to stay within the \$500,000 budget and get it funded. The new building provides an efficient fire prevention and ventilation system, new stove, swivel pans and grill plates that meet safety requirements.

Also included in the upgrade are a toilet facility for the physically impaired and a shower facility for the cooks. An added feature made possible due to upgrades and improvements is that part of the canteen can be secured for hosting special events during duty and non-duty hours.

Building a new canteen for the Husterhoeh Kaserne has been one of the top priorities for Col. Jettaka M. Signaigo, the USAMMCE commander. Signaigo ensured that the canteen would be built after former commander Brig. Gen. Sheila R. Baxter developed the justification to replace the old canteen, and acquired the necessary funding.

Two people responsible for mak-



Photo by Holger Koelsch, USAMMCE

**The 'new' German Canteen located in Pirmasens where you can stop in and enjoy an authentic German meal. The canteen opened April 5 on Husterhoeh Kaserne.**

ing this project a reality were USAMMCE's chief of logistics, Frau Waltraud Kieborz and chief of services, Frau Margaret Von Boehlen, along with numerous advocates outside USAMMCE.

"The new canteen is a great addition to the Husterhoeh Kaserne," said Signaigo. "Not only does the building have a great deal of 'curb appeal' it is beautifully decorated and has a perfect atmosphere to enjoy the exceptional food prepared by Herr Bernd Seeleiter," she said. Seeleiter has been operating the Husterhoeh Canteen since April 1, 1993.

"The next time you're in Pirmasens visiting our world-class medical logistics operation that supports the US European Command and US Central Command theater stop by and enjoy a traditional German lunch," said Signaigo. With good food so readily available, an overseas assignment to Germany is definitely one of life's great experiences.

## DPW and CHPPMEUR conduct pest control class

*Article courtesy CHPPMEUR*

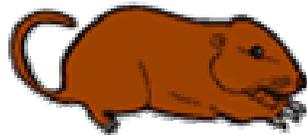
**D**irectorate of public works (DPW) and contract pest controllers do a great job at keeping pests under control at US Army Europe (USAREUR) installations.

In conjunction with the Installation Management Agency-Europe, the US Army Center for Health Promotion and Preventive Medicine-Europe (CHPPMEUR) provides training and pest control consultation during a one week German Language Recertification Course for Pesticide Applicators.

This year, the course was held at The Rosenhof, Landstuhl, April 29 through May 2. Effective pest management programs require the attention of

a number of individuals and offices involved in installation management.

Individual installation pest management programs are especially designed to consider host nation pesticide allowances, appropriate control measures, and environmental concerns.



Because of the scope of effective pest management programs, the design of the pesticide applicators course provides pest control training to a variety of installation personnel.

This year, 16 personnel attended the week-long class.

The attendees at the course included DPW pest controllers and contract pest control personnel as well as AAFES representatives.

Other personnel attended the course for installation support in roles as quality assurance evaluators and, or installation pest management coordinators.

USAREUR pest control personnel are quiet professionals. Their activities do not get much visibility on a day-to-day basis.

However, their dedicated attention to pest concerns helps to maintain the health of personnel and provides excellent environmental responsibility in support of host nations.



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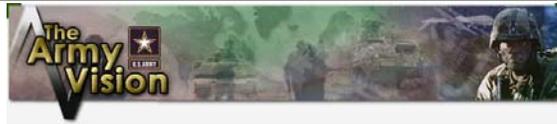
Commanding Officer  
Brig. Gen. Elder Granger

Public Affairs Officer  
Cynthia Vaughan

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

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

[WWW.HEALTHCARE.HQUSAREUR.ARMY.MIL](http://WWW.HEALTHCARE.HQUSAREUR.ARMY.MIL)



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The US Army Europe Regional Medical Command was activated 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.