



Medics Forward

“Any mission, Anywhere!”

Volume 2, Issue 6 Heidelberg, Germany

June 2004



Medical Protection System Ensures Soldier Medical Readiness Documentation

Article courtesy ERMIC Public Affairs

With a web connection and a few simple key strokes commanders and leaders across Europe can access the medical and dental readiness status of a unit or a Soldier.

Leaders at all levels can check for the status of immunizations, physical examinations and 14 other medical readiness factors that ensure Soldiers are medically ready to deploy.

The Army’s Medical Protection System, commonly known as MEDPROS, is the primary source to record, track, and report the medical readiness for Soldiers and units.

It has been identified by the Army Surgeon General as the medical readiness data source for the Total Army, one that will continue to evolve to meet and respond to force health protection requirements as the Army evolves.

MEDPROS offers commanders and leaders a real time, world wide operational system to manage the medical deployability of units. Keeping in line with the Chief of Staff of the Army’s concept of deploying expeditionary forces, it even provides the capability for commanders to assess a unit’s medical readiness status and needs based on DoD medical requirements for specific world regions.

According to Col. Allen Kraft, Director, Force Health Protection, Europe Regional Medical Command (ERMIC) and US Army Europe (USAREUR), MEDPROS is used across Europe at all echelons as a

command medical readiness tool in tracking medical preparedness. “The benefits of MEDPROS to the commander and to the Soldier are many,” Kraft said.

Since MEDPROS is used during Soldier readiness processing and during pre and post deployment processing, it provides the added benefit of complete and accurate electronic documentation of immunizations and other Soldier medical readiness requirements before and during deployments, as well as when they return – capturing a comprehensive picture of a Soldier’s medical readiness.

Additionally, MEDPROS has been used during deployments in areas of Iraq, Afghanistan, Kosovo and Bosnia.

“All Army components – commands, units, Soldiers, civilians and contractors benefit from having a program that allows for the gathering, validating and reporting of medical readiness data,” she said.

“Not only can commanders get a medical readiness snapshot of a unit or of a Soldier from their desk top, MEDPROS allows us for the first time to document electronically and on one data base that we are deploying healthy and medically fit Soldiers,” said Delois Klemm, ERMIC and USAREUR MEDPROS Medical Readiness Coordinator,” Klemm said.

It also insures that same documentation during redeployments from wars or other contingencies so that we can address any health issues that occurred when a Soldier was

deployed or health concerns that may potentially arise later as a result of that deployment.”

Klemm added that MEDPROS can be used to capture electronically pre and post deployment health assessment forms which are mandated by DoD for every Soldier who deploys 30 or more days.

Since its original inception in 1998 when it was developed to track the Anthrax vaccine compliance rates, the system has been expanded and modified significantly. MEDPROS was initially put to the test in Europe between September 2002 and March 2003 when the Army in Europe documented in MEDPROS the historical immunization data of over 500,000 individual immunizations for approximately 56,000 soldiers.

“For the first time,” Kraft said, “we have an electronic data base that actually tracks the specific immunizations and dates, as well as other medical readiness items. We’ve gone from sorting through paper files of individual medical records to a few key strokes of a central electronic filing system to determine medical readiness, or what needs to be done.”

“We’re moving away from the days when hard copy medical records or immunization records were locked up, lost or misplaced resulting in Soldiers having to receive immunizations again. When the records are posted in MEDPROS they are accessible world wide,” he said.

See MEDPROS page 4

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Photo by Staff Sgt. Kelly Bridgwater, ERMIC PAO

Good brings it home for LRMIC as the Medical Command Soldier of the Year.

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Operation Iraqi Freedom & Operation Enduring Freedom as of June 14, 2004

Clinical Operations

- OIF patients 13,090
- OEF patients 2,433

USAMMCE

- Line items 224,000
- DoD customers 757
- \$177.2 million

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The European Army Medical Department Regimental Ball



AMEDD senior leaders, from left to right, Brig. Gen. Elder Granger, Mrs. Brenda Granger, Lt. Gen. James B. Peake, and Command Sgt. Major Sandra Townsend. This was Peake's final visit with AMEDD troops in Europe prior to his approaching retirement that will take place later this summer.

The European Army Medical Department Regimental Ball was held May 27th at the Patrick Henry Village Pavilion in Heidelberg. Attending guests came from the major medical treatment facilities and surrounding clinics in the Europe Regional Medical Command footprint.

Senior leaders included Europe Regional Medical Command, Commanding General, Brig. Gen. Elder Granger, guest speaker, Lt. Gen. James B. Peake, Commander US Army Medical Command and Army Surgeon General, and Command Sgt. Major Sandra Townsend, Army Medical Command.

*Photos by Staff Sgt. Kelly Bridgwater
ERMC Public Affairs*

Soldiers dressed in historic Army uniforms take part in the fallen comrade ceremony. The table, set for one, is small, a symbol of the frailty of one Soldier alone against his oppressors.



Lt. Gen. Peake greets Command Sgt. Maj. Shirley A. English-Massey, 421st Medical Evacuation Battalion, during the receiving line. In the background is Lt. Col. Patrick Sargent, commander of the 421st Medical Evacuation Battalion.



One of the evening's highlights was the cutting of the ceremonial cake. The senior officer and most junior enlisted Soldier take part in this time honored tradition.

LRMC's own honored as MEDCOM Soldier of the Year

By Spc. Todd Goodman
LRMC Public Affairs

She can smoke the physical fitness test. She can give a speech that will make a grown man cry. Her knowledge of regulations and protocol is stellar. Say hello to the newest Medical Command (MEDCOM) Soldier of the Year.

U.S. Army Spc. Gurusahai Good, 23, Landstuhl Regional Medical Center, (LRMC) was awarded the title May 20 at Fort Sam Houston, Texas, after a grueling 48-hour competition. The competition included Army MEDCOM Soldiers from around the world.

"I was so happy," she said. "My family was there, and I was really proud because of the noncommissioned officers who put so much time in to my training. I wanted to do them justice and put their knowledge and training to good use."

The competition demanded stamina, fitness, marksmanship, knowledge and the ability to expressively get a point across to a panel of senior Noncommissioned Officers.

For Good, it appeared as if it was all too easy. However, as 1st Sgt. Stoney N. Crump, Charlie Company, describes it, she stood out from the start.

"She set precedence from day one. Her candor and mannerisms just set her apart. She put it together and really brought it home," he said.

And bringing it home was very important to Good.

"I am really happy to bring a victory to Landstuhl," said Good. "I wanted the Soldiers here to have a good representative. I like to think I am the kind of Soldier who is here at Landstuhl Regional Medical Center."

There was, however, a lot of work that went into getting her from the LRMC level to the MEDCOM level. Instead of traveling to the mountains for some snowboarding, the Colorado native opted to read a field manual.

"She is a total Soldier," said Crump. "I don't use the term 'Soldier' loosely, but that is what she is. No matter how difficult a task may be, she just says 'Hooah,' and gets it done."

"She is an exceptional Soldier, well-rounded both physically and mentally," said LRMC Command Sgt. Maj. Craig A. Layton. "She is like a sponge. She just absorbs knowledge."

Sure there was a lot of studying involved, but the studying paid off for her – in the form of two \$1,000 savings bonds, \$800 cash, an NCO sword, a Meritorious Service Medal, numerous plaques and AAFES gift certificates.

Next up for Spc. Good is the Army-wide competition, which will be held September in Washington D.C. A daunting task, but one she said she can handle.

"I'm going to win it," she said. "I'm going to train like there is no tomorrow."

"There is no doubt in my mind that she can do it," said 1st Sgt.



Photo courtesy US Army

Staff Sgt. Deana Swords (left) congratulates Spc. Gurusahai Good for winning the AMEDD Soldier of the Year competition at Fort Sam Houston, Texas. Swords is the ERMN Noncommissioned Officer of the Year and also assigned to LRMC.

Crump. "If she puts her mind on winning the whole thing, I'll put my money on it."

Crump went on to say what it was about Good that set her apart. "... she just has that intangible quality," he said. "It's kind of like an actor who walks onto the stage and sucks the air out of the room. It's the 'It' factor.

"What really impressed me was hearing her acceptance speech," he said. "She spoke so eloquently and from the heart that it just blew me away. To look around and see tears in people's eyes just let me know how special she was."

Good is taking it all in stride and remaining humble, while also having fun.

"I enjoy the Army," said Good. "It's fun to challenge yourself, it's fun to see how much you can accomplish."

Thus far, the sky seems to be the limit for her.

LRMC



"I enjoy the Army," said Good. "It's fun to challenge yourself, it's fun to see how much you can accomplish."

ERMC



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ERMC Commanding General and US Army Europe Command Surgeon, Brig. Gen. Elder Granger and Spc. Tina Jones advance to place a wreath in the Somme American Cemetery in Bony, France as representatives from the American and French governments watch. Jones, a Soldier from the 515th Transportation Company, was wounded in Iraq and inducted into the Order of the Purple Heart.

**Photo by Jerry Bryza
3rd COSCOM Public Affairs**

MEDPROS from page 1

The campaign to capture the historical shot records was integrated with the influenza campaign, and USAREUR led the Army by documenting the highest flu vaccination compliance of any major Army command ever recorded in MEDPROS for two consecutive years.

Last year USAREUR had a command-wide documentation of 93 percent compliance with the influenza immunization program and this year a 95 percent documentation rate. “Army history was made this year with 1st ID and 1st AD recording 100 percent and 99 percent respectively documented in MEDPROS. Many other USAREUR units achieved 97 percent or better,” Kraft said.

Brig. Gen. Elder Granger, Commander, Europe Regional Medical Command and USAREUR & 7th Army Command Surgeon, is impressed with the success of MEDPROS in Europe.

“The leadership in USAREUR at every level recognizes that this centralized data system is key to unit readiness. They realize the importance of having medically ready Soldiers to support the expeditionary force and they realize the significance of protecting these Soldiers and documenting these efforts,” he said.

“Our medical staffs could not capture this data and serve our Soldiers with this system without that support.”

Granger added that while Soldiers’ individual medical readiness data is now documented in MEDPROS throughout the Army, USAREUR took the lead in 2002 and set the standard for other Army major commands.

On an Army level, MEDPROS won the 2003 Army Knowledge Management Award for Enterprise Systems for collaboration with Army Knowledge Online (AKO) by providing current medical readiness data to individual Soldiers when they sign on to AKO.

In the event there is concern about unauthorized access to these records Kraft emphasized that the data posted and reported on the system is secured and protected by using a combination of logon identifications and passwords as well as firewall and encryption techniques.

According to Kraft, the Army is working to expand MEDPROS and to continue to meet any challenges that occur by continuing to train data entry personnel, emphasize the system and its significance during command briefings and conduct distance learning as well as formal class room training to maximize use of the program.

Hospital focuses on exceptional families

By Roger Teel
US MEDDAC, Wuerzburg

The US Army Hospital in Wuerzburg is currently focusing on the Army's Exceptional Family Member Program, or EFMP.

Two staff members, Stacy Landino and Simone Knowles, are rejuvenating the program and now educating community members about EFMP.

There are many frequently asked questions about the program. Landino and Knowles are working to shed light on the issues.

"The EFMP is a mandatory enrollment program that works with other military and civilian agencies to provide comprehensive and coordinated medical, educational, housing, community support and personnel services to families with special needs," said Landino.

"Any family member, child or adult with any physical, emotional, developmental, or intellectual disability that requires special treatment, therapy, education or counseling is considered to be an exceptional family member," she added.

Addressing the impact enrollment may have on a Soldier's career, Knowles said,

"Enrollment does not adversely affect the Soldier's career in any way. EFMP is a service provided free of charge. This

service assists personnel managers in assigning Soldiers to areas where their exceptional family member needs can be met. All soldiers are still eligible for worldwide duty stations."

"Screening should take place when a Soldier marries, seeks command sponsorship, makes a permanent change of station to an overseas location, or when a new medical condition requires consideration," said Landino.

The EFMP status should be updated every three years or whenever there is a significant change in the family member's educational or medical condition.

The criteria for enrollment are straightforward:

- * Any condition that warrants the services above the level of a family practice physician in an outpatient care setting, such as a potentially life threatening condition, including, but not limited to, asthma, sickle cell disease, or insulin dependent diabetes.

- * More than six months of continuous outpatient mental health care over the past five years or any inpatient mental health care within the last five years.

- * Attention Deficit Disorder or Attention Deficit Hyper Activity Disorder requiring management by a pediatrician, mental

health care provider or counselor.

- * Any family member that requires special education services that are specified on Individualized Education Program or and Individualized Family Service Plan.

"For medical screening and enrollment contact your local medical treatment facility or health clinic. Each has a designated EFMP case coordinator to assist family members with the screening/enrollment process," said Knowles.

For educational enrollments contact your child's school. Your child's teacher, the case study chairperson or principal should be available to assist you. If your child is less than 36 months of age contact your local Educational and Developmental Intervention Services office for assistance.

Services are also available through Army Community Service (ACS) offices. ACS provides information and referral, advocacy, support groups, recreational activities, respite care, resource library, family member assistance and relocation assistance.

For more information please contact Landino, EFMP Special Needs Advisor, 350-2373 or (0931)8042373, or Knowles, case coordinator, 350-3347 or (0931)8043347.

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Vision:
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Heidelberg Soldier wins US Armed Forces Boxing Championship

*By Tracy A. Bailey,
 Heidelberg Army Hospital PAO*

Specialist Candace Young, a supply Soldier at Heidelberg Army Hospital, is the US Armed Forces Boxing Champion for 2004 in the 125-132 pound weight class.

Young started boxing about two months ago. “Candace picked up boxing quicker than anyone on my team,” said Gary Pickeron, Young’s coach. “She is a quick learner and very smart.”

“I got started in boxing when coach Gary approached me and asked if I was interested in learning how to box and I said yes,” said Young. “I started practice that very night.”

In order to win this championship, Young had to beat a seasoned boxing veteran.

“I was a little nervous going up against this person because I knew she had been boxing for about a year.” Young beat her anyway.

“I like boxing, I get a lot of exercise and it keeps me motivated,” said Young. “It takes a lot of heart to get into the ring and to box somebody not knowing what kind of skills they have.”

Young joined the Army in September 2002. “I joined the Army because I was not ready for college and wanted to do something with my life.”



*Photo by Tracy A. Bailey
 Heidelberg Army Hospital PAO*

Spc. Candace Young, a supply Soldier assigned to the Heidelberg Army Hospital in Germany, stands with the trophy she won as the US Armed Forces Boxing Champion for 2004 in the 125-132 pound weight class.

Young graduated from Green Oaks High School in Shreveport, Louisiana. Young is currently pursuing an associate of arts degree in Criminal Justice at Central Texas College.

Small unit work climate impacts Soldiers perceptions

Article provided by **USAMRU-E**

The immediate work climate in a small unit such as a platoon or company may have an important impact on soldiers' perceptions of the organization as a whole.

That is, individuals' attitudes towards an entire organization may be heavily influenced by the climate in the immediate work setting. When it comes to assessing the climate in the immediate work group, the level of conflict between co-workers serves as an excellent indicator.

Within-group conflict is very common within organizations, and the industrial/organizational psychology literature shows that within-group conflict has a negative effect on a host of organizational outcomes such as increased financial costs as well as employee health and job attitudes.

Major Paul Bliese and colleagues at the US Army Medical Research Unit-Europe (USAMRU-E), an overseas laboratory of the Walter Reed Army Institute of Research, presented a paper in May at the annual International Applied Psychology Symposium in Oslo, Norway, focusing specifically on how Soldiers' views of the US Army are influenced by the conflict within their unit.

Surveys were administered to a brigade of 864 combat arms

Soldiers representing 46 platoons deploying to Kosovo. Two scales included in the survey are relevant to this analysis. First, the within-group conflict scale consisted of four items, including questions such as "How often do people in your unit get into arguments with each other at work?"

Second, perceptions of organizational support were measured by a scale with eight statements that Soldiers rated in terms of their agreement, including "My organization really cares about my well-being."

To understand the way in which within-group conflict affected perceptions of organizational support, two different analyses were conducted. In one set of analyses, individual perceptions of within-group conflict correlated with negative perceptions of organizational support. That is, individuals who rated within-group conflict as high also rated their organization as unsupportive.

In a second set of analyses, the shared perceptions of conflict among platoon members also correlated with negative perceptions of organizational support.

These analyses showed that shared perceptions of conflict among platoon members drove ratings of organizational support over-and-above individual perceptions of conflict.

This suggests that the perceptions of the platoon as a whole affect Soldiers' perceptions of organizational support. As an example to illustrate this point, consider a Soldier who does not personally perceive a great deal of within-group conflict in his or her platoon.

If this Soldier is in a platoon with an overall high rating for within-group conflict, then his or her perception of the organizational support will suffer despite his or her own ratings of minimal within-group conflict.

These findings, coupled with previous research, have implications for targeting interventions. For instance, these findings suggest that platoon-level interventions aimed at reducing levels of conflict in platoons with high conflict would be an effective way of improving Soldiers' average levels of perceived organizational support.

One efficient method for reducing within-group conflict may be through training leaders at the small-group level. Leaders, especially at the small group level, have the potential to manage their platoon's social environment.

By targeting organizational resources to these small group leaders, Soldiers' perceptions of the organization, and even their health and well-being should be enhanced.

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.erdchc.healthcare.hqsareur.army.mil

Dental bus helps reintegrate Soldiers

By Spc. Adrian Schulte,
SETAF Public Affairs

Caserma Ederle, Italy - It looks like a regular coach bus used to carry troops, school children or tourists across Europe, but the bus that is parked next to the dental clinic is unique, both in its design and mission.

The bus is a fully functional traveling dentistry and has been brought to Caserma Ederle to help reintegrate the 173rd Airborne Brigade with minimal inconvenience on the community and the dental clinic's day-to-day mission. Since the paratroopers have come back from Iraq, they are required to go through a thorough oral exam including x-rays.

The bus, complete with a waiting room, two chairs and an x-ray facility all powered by a generator, is a self-sufficient unit capable of providing including x-rays, cleanings, root canals and extractions.

Based out of Heidelberg, Germany, the bus normally travels all over Europe visiting embassies and anywhere else that doesn't have dental facilities, according to Cpl. Michael Barris, Readiness NCO at the Vicenza Dental Clinic. Its mission has changed slightly though because the troops returning from deployment have stressed the dental facilities, especially in Italy.

"When we did our re-deployment plans, we found out that we were deficient in a lot of areas," said Col. John



Photo by Spc. Adrian Schulte, SETAF PAO

Dr. Joel Lambert examines Sgt. Carlos Novas, who just returned from Iraq, while dental assistant, Anamaria Alvarez looks on. The exam is taking place in a dental bus being used at the Vicenza dental clinic to help reintegrate Soldiers returning from Iraq.

Buyer, Commander of the Landstuhl Dental Activity.

"One continual deficiency we had was resource constraints as far as facilities here in Italy. We realized early on that we weren't going to be able to meet the minimum mission without some help, so the bus is what we have," said Buyer.

Gen. B.B. Bell, commander U.S. Army Europe, provided new guidance making sure family needs were fully satisfied during the reintegration process.

"The nice thing with the bus is, we are able to get the Soldiers through quicker and we'll be able to get back to routine care for Soldiers and family members with minimal interruption," said Buyer.

"This is a high priority mission. This bus helps the exam flow and it also gives us an extra x-ray capability to keep

up with the pace of the troops. So instead of running one lane of people through exams, we can run two, doubling our capacity."

"Without the bus, there is no way we could bring the brigade through here in such a short time frame," said Barris.

"We have a deadline to get these guys cycled through. Without it, it would probably take us a couple of months. With it, we'll get it done in about three and a half weeks. We are seeing roughly 50 to 60 people a day in that bus alone for exams and x-rays," he said.

There are two of these buses in Europe. The second bus is currently in Germany performing a similar mission. The dental bus will be at Caserma Ederle through the beginning of June when the clinic will return to normal operations.

School's out, it's time for summer travel

By Troy Kich
TRICARE

For many TRICARE Prime beneficiaries in Europe, the end of the school year marks the start of the summer travel season. The following is important need-to-know information about health care for vacationing TRICARE Europe beneficiaries and visiting relatives from the United States who travel to Europe during this busy travel season.

Travel in Europe

If you require emergency medical care while on vacation, seek care at the nearest military treatment facility. If you aren't certain where to go, contact the nearest TRICARE Service Center (TSC) for a referral to a host nation provider or seek care at the nearest emergency room, hospital or clinic (your TRICARE Europe Passport lists contact numbers in Europe – contact your TSC before you depart if you don't have one).

In all cases, you must contact your servicing TRICARE Service Center as soon as possible, preferably before care is rendered or immediately afterward if this is not possible. This is essential to make sure your claims are processed correctly. Remember that preauthorization is required for any non-emergency civilian care received overseas.

Travel in the United States

If you need emergency medical care while traveling in the United States you are not required to seek authorization for care. Go to your nearest military or civilian emergency room. If it is not an emergency, we recommend you wait until you return home to receive care. If you cannot wait, refer to your TRICARE Europe Passport or call TRICARE for instructions.

Travel over 60 days

If you will be traveling to the United States for a visit that exceeds 60 days, contact your servicing TSC to request a transfer of your Prime enrollment to the region in which you will be staying. When you arrive at your destination, you must contact the gaining TSC to ensure your enrollment is transferred. Once you return to Europe, you must contact your TSC again to ensure your Prime enrollment is transferred back.

TRICARE dental program while traveling

Family members of active duty military stationed overseas, as well as reservists and their family members living overseas, may enroll in the TRICARE Dental Program (TDP) at any time. This paid dental insurance plan, managed by United Concordia Com-

panies, Inc. helps offset out-of-pocket expenses for overseas civilian dental care.

If overseas TDP enrollees seek dental care in the United States while on vacation, CONUS dental benefit procedures and costs will be followed (see www.ucci.com). Whether traveling in the U.S. or overseas, a Nonavailability and Referral Form is required from the beneficiaries' servicing military Dental Treatment Facility (DTF) for all treatment outside the DTF. More information may be found at www.ucci.com and www.europe.tricare.osd.mil.

Visiting children of active duty members assigned Overseas

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

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

When students who have transferred their enrollment to TRICARE Europe return to school in the U.S. they must outprocess with their servicing overseas TRICARE Service Center (TSC) and return to the Prime or Standard coverage they had in the states. Contact your TSC for more information.

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

Other visiting family members

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

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

For more information about traveling with TRICARE, see www.europe.tricare.osd.mil or stop by your local TRICARE Service Center.

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europe.tricare.osd.mil

or stop by your local TRICARE Service Center.

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Promote transition of healthcare to civil authorities.

www.tfmedfalcon.hqusareur.army.mil



Photo courtesy US Army

TFMF provides continuing medical education in Kosovo

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

Seeing the need for further education in the Emergency Department of Gnjilani Hospital, Task Force Medical Falcon's Teach, Coach, Mentor (TCM) Program Director and Officer-In-Charge of Emergency Medical Treatment, Maj. Geraldine Kass coordinated health-care classes through Camp Bondsteel's 448TH Civil Affairs for Kosovo's newest graduate nurses.

The TCM Program provides instruction ranging from starting intravenous lines using a mannequin's arm, to practicing mass casualty exercises. This ongoing education is taught to both Albanians and Serbians with the assistance of expert medical linguists.

"I was amazed at how quickly they caught on

and were so eager to participate," said Capt. Lori Lee, Camp Bondsteel's General Surgeon. Spc. Joseph Dahs, TFMF's operating room specialist, and Spc. Jason Parviz, a US Army health-care specialist, both said that they think it is an excellent program, being educational for both the students and the Soldiers.

Dahs, and Parviz described the experience as a way to offer students and Soldiers the chance to learn their way as well as learn and practice hands-on techniques with equipment that they might not have otherwise had a chance to see.

The Kosovar classrooms are very austere but they continue to improve with multi-national help. The TCM Program demonstrates TFMF's ability to bring Albanian and Serbian ethnicities together to learn, share, and become more self-sufficient.



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



ERMC

***“Caring for Our Nation's Best”
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Anywhere!***

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Military Awards Program — <https://www.perscom.army.mil/tagd/awards/index.htm>
Civilian Incentive Awards Program — <http://cpol.army.mil/permis/53.html>
ERMC Awards — G-1, DSN 314.371.3354

Meritorious Service Medal

Col. Freeman, Bradley, D.
Col. Henderson, Doris H.
Col. Rubenstein, David A.
Lt. Col. Campbell, Kyle D.
Lt. Col. Glad, Mark H.
Lt. Col. Hawthorne, Margaret
Lt. Col. McConnon, James F.
Lt. Col. Stecher, William
Maj. Wooldridge, Stephen C.

Army Commendation Medal

Col. Brown, Thomas
Lt. Col. Campbell, Kyle D.
1st Lt. Hedge, Sherry
Sgt. 1st Class Jiles, Donald
Sgt. Carlson, Jamie
Sgt. Dreussi, Nancy
Sgt. Flitter, Stephanie
Sgt. Housley, Elizabeth
Sgt. Johnson, Jonathon
Sgt. Kaphing, Steven
Sgt. Weaver, Kimberly
Sgt. Willimas, Michael
Spc. Corner, Lance
Spc. Jacobson, Daniel
Spc. Minkel, Samantha
Spc. Parviz, Jason

Army Achievement Medal

Capt. Haddox, Joshua
Sgt. Schenck, Sarah
Spc. Parviz, Jason
Spc. Vitas, Christopher
Mr. Atdhe, Myftari

Order of Military Medical Merit

Col. Markusfeld, Jack
Lt. Col. Barber, George
Lt. Col. Campbell, Kyle D.
Lt. Col. Matcek, Gary J.
Lt. Col. Stecher, William
Lt. Col. Swalko, Michael A.
Lt. Col. Velasquez, Julian
Maj. Loppiccolo, Anthony
Maj. Tucker, Jessie
First Sgt. Crump, Stoney
Dr. Walker, Robert B.
Mr. Bereswill, Johannes
Ms. Coffman, Tina
Mr. Gerlach, Holger
Mrs. Jochum-Igoe, Christine
Mr. Schmitt, Joachim
Mrs. Treter, Liesl

Certificate of Achievement

Master Sgt. Allen, George P.

Commanders Award for Civilian Service

Mr. Huff, Girdley

Length of Service Award (30 Years)

Ms. Richards, Diane

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.