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Medics Forward

"Any mission, Anywhere!"

Volume 2, Issue 7 *Heidelberg, Germany* *July 2004*

Hawley-Bowland, new commander, Europe Regional Medical Command

Heidelberg, Germany -- Col.(P) Carla G. Hawley-Bowland, took command of the US Army's Europe Regional Medical Command (ERMC) and became the Command Surgeon for US Army Europe & 7th Army during a ceremony at Nachrichten Kaserne, July 15.

Headquartered in Heidelberg, Europe Regional Medical Command is a major subordinate command of the US Army Medical Command (MEDCOM), headquartered at Fort Sam Houston, Texas, and is responsible for the operation of medical treatment facilities in Germany, Belgium and Italy. She is also the TRICARE Europe Lead Agent.

Before reporting to Europe, Hawley-Bowland worked as the MEDCOM Deputy Director, Health Policy and Services; Chief Consultant; and Chief, Clinical Services Division.

Outgoing commander, Brig. Gen. Elder Granger, commanded ERMC since June 2002 and is slated to take command of the Army's 44th Medical Command, Fort Bragg, N.C. Maj. Gen. Kevin C. Kiley, acting MEDCOM commander, presided over the ceremony. Kiley has been nominated for promotion to lieutenant general and the position of Army surgeon general.
During his final remarks to the ERMC staff and ceremony guests, Granger described this day as bittersweet. "This is a very difficult moment for me," he said. "My service as a Commander, the Command Surgeon and as the TRICARE Europe Lead Agent has been among the most personally and professionally rewarding experiences of my life."

Granger told the crowd that he took pride in this command and in serving the European community. "This great command team has a reputation of never, never forgetting the Soldier and for always doing routine things routinely well."

New commander, Hawley-Bowland, expressed her excitement at being in Europe and thanked Granger for presenting her with a "dynamic, growing organization."

Addressing members of the command for the first time, she told them, "As the Army continues to transform to meet the requirements for an ever-changing world situation, we will face many transitions and challenges. As we traverse this winding trail, we must care for ourselves and for each other to be ready for the road ahead. Hopefully, we will find some fun along the way to lighten our load. Together, with flexibility and accountability, we will face and conquer the demanding tasks ahead, always doing the right thing for soldiers. We must never forget the Soldier."

Photo courtesy US Army

Hawley-Bowland

Born in Casper, Wyo. Hawley-Bowland received her Bachelor of Science degree from Colorado State University. She received her Doctor of Medicine in 1978 from Creighton University under the U.S. Air Force Health Professions Scholarship Program.

After completing a general surgery internship at Sinai Hospital in Baltimore, she transferred to the Army, serving as a general medical officer, Fort Meade, Md. She then completed residency training in obstetrics and gynecology at Walter Reed

See ERMC commander page 2

INSIDE THIS ISSUE:

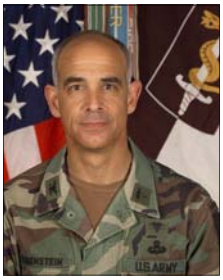

Photo courtesy US Army

Rubenstein

30th Medical Brigade welcomes Col. David A. Rubenstein as new Commander.

See page 3

Operation Iraqi Freedom & Operation Enduring Freedom
as of July 20, 2004

Clinical Operations

- **OIF patients 14,073**
- **OEF patients 2,564**

USAMMCE

- **Line items 223.5000**
- **DoD customers 813**
- **$177.2 million**

ERMC

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

ERMC Commander from page 1

Army Medical Center and was assigned as a staff obstetrician and gynecologist at Darnall Army Community Hospital, Fort Hood, Texas. Other assignments include: Chief, Department of Obstetrics and Gynecology at William Beaumont Army Medical Center, Fort Bliss, Texas; Deputy Commander for Clinical Services, Womack Army Medical Center, Fort Bragg, N.C.; Commander, General Leonard Wood Army Community Hospital, Fort Leonard Wood, Mo; and Commander, William Beaumont Army Medical Center.

Certified by the American Board of Obstetrics and Gynecology, she is a fellow of the American College of Obstetricians and Gynecologists (ACOG), and has served as the Army Section Vice Chairman, the Army Section Chairman, and is currently the Vice Chairman of the Armed Forces District of ACOG. She is a fellow of the American College of Surgeons, a member of the Association of GYN Laparoscopists, the Army Uro-Gynecologic Society, the American Medical Association, and the Association of Military Surgeons of the United States.

She is a graduate of the AMEDD Officers Basic and Advance Courses, Command and General Staff College and the Army War College. She served as consultant to the Army Surgeon General for Women's Health Issues from 1990 to 1996; and the OB/GYN Consultant to the Army Surgeon General from 1996 to 1999. Hawley-Bowland has also served as the DoD representative on the Women's Health Initiative Advisory Board, and on the Joint Programmatic Review Panel for the Defense Women's Health Research Program.

Her awards include the Legion of Merit with one oak leaf cluster, Meritorious Service Medal with five oak leaf clusters, Army Commendation Medal with one oak leaf cluster, Army Achievement Medal with two oak leaf clusters, Humanitarian Service Medal, Armed Forces Reserve Medal with bronze device, The Surgeon General's Physician Recognition Award, and The Surgeon General's Award for Military Academic Excellence (the Lewis Aspey Mologne Award). Her civilian awards include the Outstanding Teaching Faculty Award from the Council on Resident Education in Obstetrics and Gynecology, and the Edward A. Zimmerman Award for contributions to the Armed Forces District and the Army in Obstetrics and Gynecology.

Granger, the outgoing ERMC Commander, previously served as the Acting Assistant Surgeon General for Force Projection, Office of The Surgeon General, Department of the Army, Falls Church, Va.

A native of West Memphis, Ark. Granger began his career with the Army Medical Department in 1971 as a Combat Medic with the United States Army National Guard. He earned his Bachelor of Science degree from Arkansas State University in 1976. A distinguished military graduate, Granger was initially commissioned as a quartermaster officer through the Reserve Officer Training Corps (ROTC) and was reappointed as a Medical Service Corps officer upon entry into the Health Professional Scholarship Program.

He earned his medical degree from the University of Arkansas College of Medicine in 1980, where he was awarded the Henry Kaiser Medical Fellowship for Medical Excellence and Leadership. Granger completed a residency in internal medicine in 1983 at Fitzsimons Army Medical Center and a fellowship in Hematology-Oncology in 1986.

Military schooling includes the Army Medical Department Officer Basic and Advanced Courses, the Combat Casualty Care Course and the U.S. Army Command and General Staff College and the Army War College.

His assignments include commander, Landstuhl Regional Medical Center, August 1999 through July 2001 and commander Ireland Army Community Hospital and the United States Army Medical Department Activity, Fort Knox, Ky. from July 1997 through July 1999. He served as Staff Hematologist/Oncologist, Fitzsimons Army Medical Center, Aurora, Colo.; Division Surgeon, 4th Infantry Division, Fort Carson, Colo. Deputy Commander for Clinical Services, United States Army Medical Department Activity, Fort Huachuca, Ariz. and Chief, Department of Medicine/Chief, Hematology Service, 2nd General Hospital, Landstuhl, Germany.

He has earned the following awards which include the Legion of Merit with one oak leaf cluster, the Meritorious Service Medal with four oak leaf clusters, the Order of the Military Medical Merit and the Expert Field Medical Badge. He is board certified by the American Board of Internal Medicine and the board of Hematology and Oncology. Additionally, the Army Surgeon General bestowed the "A" proficiency designator for healthcare professionals.

30th Medical Brigade welcomes new commander

Heidelberg, Germany – Colonel David A. Rubenstein took command of the US Army 30th Medical Brigade today in Heidelberg, Germany. He previously served as Chief of Staff, Europe Regional Medical Command. The command is responsible for the operation of Army hospitals and health clinics throughout Germany, Belgium, Italy, and the Balkans.

The 30th Medical Brigade is a rapidly deployable, integrated medical task force that provides quality combat health support during deployed military operations. It also augments the European-based healthcare system.

The medical brigade has recently been active in support of operations in Albania, Macedonia, and Kosovo. Most recently it was responsible for combat health support in Iraq supporting Operation Iraqi Freedom.

Among other assignments Rubenstein has previously commanded Landstuhl Regional Medical Center in Germany, the 21st Combat Support Hospital, Fort Hood, Texas, and Task Force Medical Falcon, Bosnia and Herzegovina, 18th Surgical Hospital (MASH), Fort Lewis, Washington, and Headquarters Company, 307th Medical Battalion, Airborne and the 82nd Airborne Division, Fort Bragg, North Carolina.

Rubenstein is a graduate of Texas A&M University and the Army War College. He has earned a Masters Degree in Health Administration from Baylor University and a Masters Degree in Military Art and Science from the Army's Command and General Staff College.

In addition to twice receiving the Legion of Merit and numerous other U.S. and foreign decorations he has earned the Expert Field Medical Badge, Master and Canadian Parachutist Badges, Ranger Tab, The Surgeon General's "A" professional proficiency designator, Army Staff Identification Badge, German Military Proficiency Badge in Gold, German Schutzenschnur (marksmanship badge), and German Sports Badge.
Among his honors are the Order of Military Medical Merit, Federal Excellence in Healthcare Leadership Award, Regent's Healthcare Executive Award from the American College of Healthcare Executives, and the Medical Service Corps Chief's Award of Excellence. He is listed in four *Who's Who* publications and has been included in *Modern Healthcare's* 2003 list of the 100 most influential people in healthcare.

Photo courtesy US Army

Col. David A. Rubenstein, (left) the new commander for the 30th Medical Brigade, Heidelberg, Germany, receives the colors during the 30th Medical Brigade's change of command held on Nachrichten Kaserne this month.

A board certified healthcare executive, Rubenstein is a Fellow in the 30,000 member American College of Healthcare Executives and is a Governor on the College's Board of Governors. He also serves as the healthcare administration consultant to the Army Surgeon General.

Rubenstein has authored professional articles, has two books on military medical history in progress, and has served as a book reviewer in such professional military journals as *Military Review, Army,* and *Military Medicine.*

30th Medical Brigade

Mission:

On order, the 30th Medical Brigade rapidly deploys a task organized, integrated medical task force that provides quality Combat Health Support during the full range of military operations and augments the Theater Health Services mission as directed by V Corps.

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.

Article published by H-MEDDAC Dermatologist

Information provided by H-MEDDAC Public Affairs Office

Congratulations to Lt. Col. Daniel J. Schissel, Medical Corps, USA, Chief of Dermatology HMEDDAC. His article 'Operational Dermatology' was published in 'Military Medicine' issue 169, June (6):444, 2004.

The article explains how military dermatology encompasses all cutaneous manifestations that become present to medical officers in a deployed situation, either in peacetime or in war.

Mannheim Health Clinic change of command

Story by 293rd BSB Public Affairs Office

Photo by Christine Gebhard, 293rd BSB Public Affairs Office

From left to right Lt. Col. Robert A. Smith (incoming commander), Col. David Krieger (commander H-MEDDAC) and outgoing commander, Col. Bruce Fried salute during the playing of the national anthem at the Mannheim Health Clinic change of command ceremony held at Mannheim's Benjamin Franklin Village.

MANNHEIM --In a ceremony held July 16, at Mannheim's Benjamin Franklin Village, Lt. Col. Robert A. Smith took command of the Mannheim Health Clinic.

The presiding officer, Col. David Krieger, commander, Heidelberg MEDDAC, praised the accomplishments of the health clinic during the tenure of the outgoing commander, Col. Bruce Fried, who had been in charge of the clinic for the past 36 months. He and his wife Betty are departing to Kuwait where he will assume Command Surgeon responsibilities.

Smith was born in Passaic, N.J. He is a 1978 graduate of Neumann Prep High School in Wayne, N.J. He graduated in 1982 from Drew University in Madison, N.J., with a BA in chemistry and zoology and received his MS in cell biology from the University of Vermont in 1987.

Smith was commissioned into the U.S. Army as a captain upon graduation from the University of New England, College of Osteopathic Medicine (1992).

He completed his internship (1993) and residency training (1995) in Pediatrics at Tripler Army Medical Center, Honolulu, Hawaii. He is a graduate of the AMEDD Officer Advance Course, Combat Casualty Course, and Humanitarian Assistance Course.

Smith most recently served as the Deputy Hospital Commander, Outlying Clinics, Heidelberg MEDDAC. His positions at the HMEDDAC included Director of Primary Care, as well as Chief of Pediatrics.

Prior to coming to Heidelberg in 1991, he was the Chief of Pediatrics at Wuerzburg Army Hospital. Smith began his career as a staff pediatrician and Director of Pediatric Graduate Medical Education at Darnall Army Community Hospital, Fort Hood, Texas.

Smith will continue to serve as the European Regional Medical Command Pediatrics Consultant, a position he has held since 1999.

Military awards and distinctions Smith has received include the Meritorious Service Medal, the Army Commendation Medal, the Army Achievement Medal (third Oak Leaf Cluster), National Defense Service Medal, Army Service Ribbon and the Overseas Service Ribbon.

He is the 2002 recipient of the American Academy of Pediatrics' Dave Berry Award for Outstanding Young Military Pediatrician.

Smith has led, and respectively participated in, humanitarian missions to the Republic of Georgia, Plovdiv, Bulgaria, and Operation Balikatan in the Philippines.

He is a Fellow of the American Academy of Pediatrics and a Fellow of the American Osteopathic Association. He has been most recently honored with the Order of Military Medical Merit.

Lt. Col. Smith is married to the former Rosemarie Bellscheidt.

Veterinary risk assessment conducted for MEDFLAG '04

Photo courtesy US Army

Food Safety evaluation of the 'Food Factory' located on Hoedspruit Air Force Base, Republic of South Africa. From left to right, Sgt. Smith, RSA Military Pest Control Officer, Sgt. Diane Northington, 64th Medical Detachment, and Capt. (P) Kyle Richard, commander, 79th Medical Detachment.

Article courtesy of the 100th Medical Detachment

The United States has one of the safest food supplies in the world, but in many countries where we perform military operations the risk from foodborne illness is extremely high. In fact, there are numerous examples where readiness of deployed units was devastated by foodborne illness and other disease and non-battle injuries (DNBI), some of which could result in long-term illness or death.

The good news is that such catastrophes can usually be avoided if proper precautions are implemented. Military personnel serving in overseas locations expect and deserve the same public health standards to be upheld wherever they go. Since the commander has the ultimate responsibility to accomplish the mission while minimizing the risk for personnel under their command, the Veterinary Services has developed risk assessment teams to help the commander make prudent decisions to minimize the risk of DNBI.

The 100th Medical Detachment developed a Veterinary Risk Assessment Team (VRAT) to assess food and water safety and security as well as to evaluate potential zoonotic diseases of concern for deployed personnel during exercises. Conducting a veterinary risk assessment prior to an exercise is critical for planners to ensure unnecessary risks are not taken with respect to food safety and potential exposure to zoonotic diseases endemic in the area. Involvement of the VRAT well in advance of an exercise is important as it takes time to thoroughly evaluate the production, processing, delivery, and preparation of food, from farm to table prior to consumption.

By thoroughly evaluating the entire process, we can identify potential issues that could lead to a bigger problem during the exercise. After the assessment, the VRAT makes specific recommendations to help mitigate or lower risk to an acceptable level.

On a recent trip to South Africa in support of MEDFLAG '04, the VRAT identified numerous deficiencies within the farm to table food safety continuum resulting in an extremely high food safety risk to military personnel. By implementing the VRAT recommendations, planners can adjust support plans and improve force health protection to help "conserve the fighting strength."

LRMC

Reintegration program for downrange Soldiers

By Spc. Todd Goodman
LRMC Public Affairs Office

"Tell your children, 'Kids, now is not a good time to sneak up on daddy,'" said Lt. Col. Francis Bannister, Baumholder Health Clinic commander.

Practical advice for downrange Soldiers who are on their way home for 30 days block leave. First stop, however, is the Baumholder Reintegration Facility for a seven-day reintegration program, which began July 10.

"We are here to help ease you back into Garrison life and help you adjust to the changes associated with coming from a hostile environment," said Bannister. "Even something as simple as a change in climate can take some time to get used to."

Many of the incoming Soldiers have no significant health problems, but about ten percent of them have low-level anxiety and sleeplessness due to being in combat, which is to be expected, he said. Soldiers also suffer from various aches and pains from 15 months of pounding the ground in extreme heat.

Incoming Soldiers have blood drawn, undergo health screenings, information on communication sessions and participate in various legal and safety briefings before being released to go on to the block leave they have earned. Many of the reintegration activities take place in temporary facilities marked Day One through Day seven.

"There are all kinds of things to consider … like alcohol," said Bannister. "These guys are coming from 15 months in a dry country. A low tolerance for alcohol combined with a low tolerance for frustration can equal disaster."

That is why the colonel asked the Soldiers to raise their right hands and promise to keep their hero status intact.

To do this, Soldiers had to promise four things:

I will not drink and drive.

No matter how hard it gets, I will not quit. Suicide is not an option.
I will count to six before attacking any person, place or object.

I will not take any short cuts during the seven day reintegration process.

Photo by Spc. Todd Goodman, LRMC Public Affairs Office

Maj. Dan Wacherhagen, U.S. Army chaplain, has a blood sample drawn on July 10 during his first day at the Baumholder Reintegration Program. The seven-day program is designed to reintegrate Soldiers who are returning from duty downrange.

The program will handle about 300 Soldiers per day until August. Thus far, the program has operated very efficiently. And the Soldiers have taken notice.

"I think this system allows us to get through our paper work very rapidly," said Lieut. Col. Theodore Williams, HHC 2/6th Infantry. "It really helps our junior enlisted Soldiers get reintegrated. The staff here has made us feel very welcome. Nobody wants to stand in line and move through various stations, but it has run smoother than I had imagined. Morale has been very good."

If it's good now, it should be off the charts following 30 days of leave. As Bannister said, after 15 months in Iraq, nobody deserves it more.

Maj. Gen. Kevin C. Kiley takes command of Medical Command

Story provided by
MEDCOM Public Affairs Office

Maj. Gen. Kevin C. Kiley became acting commander of the U.S. Army Medical Command in a July 8 ceremony at Fort Sam Houston, Texas. He replaces Lt. Gen. James B. Peake, who retired from active duty at the same ceremony.

Army Chief of Staff Gen. Peter J. Schoomaker presided over the ceremony, passing the flag of the Army major command from Peake to Kiley. He has been nominated for promotion to lieutenant general and the position of Army surgeon general. That nomination requires confirmation by the U.S. Senate. If confirmed, he will serve concurrently as surgeon general and MEDCOM commander.

MEDCOM provides command and control of Army fixed-facility medical, dental and veterinary units within the United States, Europe and Japan. Its annual budget of approximately $9.7 billion and staff of some 27,000 soldiers and 28,000 civilian employees provide health care for more than 5 million beneficiaries. On a typical day, MEDCOM's people see about 37,000 patients in clinics and perform almost 29,000 dental procedures, 5,400 immunizations, 6,300 radiology procedures, 82,000 pharmacy procedures and 52,500 laboratory procedures.

Kiley has served as the commanding general of the Army's North Atlantic Regional Medical Command and of Walter Reed Army Medical Center, Washington, D.C., since June 2002.

He is a graduate of the University of Scranton, with a bachelor's degree in biology. He received his medical degree from Georgetown University School of Medicine, Washington D.C. He served a surgical internship and then an obstetrics and gynecology residency at William Beaumont Army Medical Center, El Paso, Texas.

Kiley's first tour was with the 121st Evacuation Hospital in Seoul, South Korea, where he was the Chief of OB/GYN services. He returned to the residency training program at William Beaumont Army Medical Center and served as Chief, Family Planning and Counseling Service. He then served as Assistant Chief of the Department of OB/GYN.

He was assigned as the Division Surgeon of the 10th Mountain Division, a new light infantry division in Fort Drum, N.Y. He then assumed command of the newly activated 10th Medical Battalion, 10th Mountain Division, serving concurrently in both assignments. He returned to William Beaumont Army Medical Center, where he first served as the Assistant Chief, then Chairman of the Department of OB/GYN.

In November 1990, Kiley assumed command of the 15th Evacuation Hospital at Fort Polk, La., and in January 1991, he deployed the hospital to Saudi Arabia in support of Operations Desert Shield and Desert Storm. Upon his return, he was assigned as the Deputy Commander for Clinical Services at Womack Army Medical Center, Fort Bragg, N.C.
He is a graduate of the U.S. Army War College, Carlisle Barracks, Pa. He assumed command of the Landstuhl (Germany) Regional Medical Center and what is now the U.S. Army Europe Regional Medical Command at Landstuhl, Germany, serving concurrently as the Command Surgeon, U.S. Army Europe and 7th Army.

Kiley then assumed the duties of Assistant Surgeon General for Force Projection; Deputy Chief of Staff for Operations, Health Policy and Services, U.S. Army Medical Command; and Chief, Medical Corps. His next tour was as Commander of the U.S. Army Medical Department Center and School and Fort Sam Houston, where he continued as Chief of the Medical Corps. Immediately before his current assignment, Kiley was commander of Walter Reed Army Medical Center and North Atlantic Regional Medical Command and Lead Agent for Region I. He is a board-certified OB/GYN and a fellow of the American College of Obstetricians and Gynecologists.

Among his awards and decorations are the Distinguished Service Medal, Defense Superior Service Medal, Legion of Merit (three oak leaf clusters), Bronze Star Medal, Defense Meritorious Service Medal, Meritorious Service Medal (two oak leaf clusters), Army Commendation Medal, the "A" professional designator, the Order of Military Medical Merit and the Expert Field Medical Badge.

Peake was presented the Distinguished Service Medal, the Army's highest peacetime award, upon completing 38 years of service. He graduated from the U.S. Military Academy in 1966 and served as an infantry officer in Vietnam, earning a Silver Star, a Bronze Star for valor and the Purple Heart with Oak Leaf Cluster. He earned his medical doctorate in 1972. Peake became MEDCOM commander and Army Surgeon General in September 2000.

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Photo by Holger Koelsch, USAMMCE

The US Army Medical Materiel Center Europe (USAMMCE) had a change of command July 16th at Husterhoeh Kaserne in Pirmasens. The outgoing USAMMCE commander, Col. Jettaka M. Signaigo, second from left, receives the colors from Maj. Gen. L. Martinez-Lopez (second from right) commanding general US Army Medical Research and Materiel Command, Fort Detrick, Md. Signaigo is replaced by Col. Thomas A. Brown (far right) formerly assigned to Europe Regional Medical Command, Heidelberg. Signaigo's new assignment is the Combined Arms Support Command, Fort Lee, Va.

ISO 9001:2000 re-certification

Article provided by USAMMCE

The Certification Body for Quality Management Systems of TUEV Industrie Service GmbH performed a recertification audit IAW ISO 9001:2000 standards at the U.S. Army Medical Materiel Center, Europe. The audit was performed June 3-4.

The objective of the audit was to determine whether USAMMCE continues to meet the requirements for a quality management system (QM system) specified in the ISO 9001:2000 standard. The documents used as a basis for the audit were: DIN EN ISO 9001:2000, the USAMMCE Quality Management Manual, dated May 28, 2004 and other applicable documentation.

Within the framework of the re-assessment, USAMMCE has provided evidence that it continues to maintain a Quality Management System in accordance with the ISO 9001:2000 standard and has fulfilled the requirements of this standard.

The audit team found no non-conformities and recommends USAMMCE for continued certification.

Adjusting to Deployment and the Role of Family History

Article provided by
US Army Medical Research Unit-Europe

Determining the extent to which personal family history and unit climate contribute to the psychological distress of deploying Soldiers is the focus of a paper being presented at the American Psychological Association annual convention next month. Psychological distress is a critical issue for deployed units.

According to a 2003 report to the US Army Surgeon General, mental health problems are one of the most frequent reasons for medical evacuations from Operations Enduring Freedom and Iraqi Freedom. With nearly 150,000 US Army Soldiers deployed in support of these operations, it is important that an effective way to identify Soldiers in need of early intervention be developed.

The US Army Medical Research Unit-Europe (USAMRU-E), an overseas laboratory of the Walter Reed Army Institute of Research, is currently conducting research to determine best practices and procedures for psychological screening. Once this screening tool has been validated, it will be delivered to the Medical Command.

The paper, written by researchers at USAMRU-E, highlights some of the recent psychological screening research conducted with US Army, Europe Soldiers deploying to and returning from deployment. The paper examines the link between family history of alcoholism, family history of suicide attempts, and unit climate ratings, with independent clinician recommendations for behavioral health follow-up. Data are based on psychological screening surveys and structured clinical interviews conducted with a brigade of USAREUR Soldiers one month before deployment to Kosovo.

Logistic regression was used to determine what risk factors (personal background and unit climate) were predictive of two different outcomes resulting from brief clinician interview. A clinician interview, conducted as part of the screening process, could result in a recommendation for follow-up assessment (called a referral), a recognition that the individual had symptoms but not at the level warranting referral (called sub-clinical), and no significant symptoms at all.

The two possible outcomes examined in this analysis included referral (typically for such psychological symptoms as depression, marital conflict, alcoholism, or anger issues) and classification as sub-clinical. The question addressed in this particular paper was whether personal history and unit climate variables could differentiate these two different groups (the referral and sub-clinical group).

Study results indicated that being identified as sub-clinical was predicted by a Soldiers' ratings of morale, assessments of the levels of conflict in their unit, and by a history of childhood trauma, whereas being identified as needing a referral was predicted by Soldier's ratings of morale, conflict in the unit, having relatives with a history of attempted suicide or homicide, and having relatives with a history of alcohol problems. Invariance tests revealed that the pattern of predictors significantly differentiated these two clinical groups.

Having relatives with a history of alcohol problems was determined to be the key discriminating variable in differentiating the two groups and was predictive of referral but not of sub-clinical status. That is, having relatives with a history of alcohol problems was a much stronger predictor of being a referral than simply being identified as symptomatic.

The study's findings are consistent with recent clinical research conducted both in the military and in the civilian sector. Family history of significant problems appears to play an important role in predicting Soldier adjustment to deployment-related stress, and having a family member with an alcohol problem may make the Soldier particularly at risk.

These findings suggest that personal history variables may be useful for inclusion in a psychological screening survey designed to identify Soldiers who may benefit from early intervention services. Directions for future research include replicating the present study's results with troops deploying for combat and determining the usefulness of including these risk factors in the screening procedure to better identify those Soldiers needing follow-up evaluation.

The development of a validated psychological screening tool is one of the priority projects at the US Army Medical Research Unit-Europe.

USAMRU-E

Capt. Jeff Thomas, Dr. Kathleen Wright, Maj. Paul Bliese, Dr. Amy Adler, and Rachel Prayner co-authored a paper titled 'Examining personal history and unit climate as risk factors for Soldier's psychological distress' that will be presented at the American Psychological Association's annual convention in late July.

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.erdc.healthcare.hqusareur.army.mil

Photo by Rick DuVall

Col. Conrad F. Bodai, (right), outgoing commander, Europe Regional Dental Command (ERDC), passes the flag during a change of command ceremony held June 30 at Nachrichten Kaserne, Heidelberg, Germany. Incoming ERCD commander, Col. Michael F. Cuenin, stands by (left), ready to take command.

Change of command ceremony for Europe Regional Dental Command

Leaders prepare for the Europe Regional Dental Command (ERDC) ceremony June 30 at Nachrichten Kaserne, Heidelberg, Germany. From left to right, Col. Michael F. Cuenin, incoming commander, Col. Sidney A. Brooks, commander, US Army Dental Command, and the presiding official, and Col. Conrad F. Bodai, outgoing commander.

Photo by Rick DuVall

TRICARE and your PCS move

Article provided by TRICARE Europe

If you are enrolled in TRICARE Europe Prime and are scheduled for a Permanent Change of Station (PCS) move in the near future, you will remain enrolled for a maximum of 60 days from the date you fly out of the TRICARE Europe region. Transferring your TRICARE Prime benefit is easy with a little preparation on your part.

Your first step is to let your current TRICARE Service Center (TSC) know that you are moving before you move. This protects you and your family from incurring unnecessary charges for unexpected emergency health care needs while you travel back to the states or to another overseas location.

You can also receive the location and phone number of the TSC at your next location. Ensure you also carry your TRICARE Europe Passport with you when you travel.

When you arrive at your next assignment, stop by your new TSC as soon as possible. Here you will be provided information about locally available TRICARE programs so you can make an informed choice about your family's health care. While Active Duty members must remain enrolled in Prime, family members may have several choices.

If you decide to keep your family members enrolled in Prime at your new location, all you need to do is complete a form to transfer enrollment and obtain a new Primary Care Manager (PCM). Your new TSC will help you accomplish this.

If you do not transfer enrollment of your family members, they will automatically revert to TRICARE Standard at the end of their TRICARE Europe Prime enrollment period. This period ends 60 days from the date you fly out of the TRICARE Europe region.

If you need emergency health care while you are in transit to your next assignment, go to the nearest military or civilian emergency room. If the care you need is not an emergency, wait until you enroll in your gaining TRICARE region to schedule an appointment.

If you cannot wait, contact TRICARE Europe for assistance at your earliest convenience. This step will help ensure that your claim is properly processed.

Contacting TRICARE Europe

Dial 1-888-777-8343 if you are in the continental U.S.
Dial 06302-67-7433 if you are in Germany
Dial 1-866-TEUROPE if you are in any other country in Europe.

This is an AT&T toll-free number. You will need the access code from the country in which you are dialing. Access codes and dialing instructions are available at www.att.com/browse

If you receive care from a civilian provider during your PCS, you may be expected to pay first and then file the claim yourself.

However, the claim will normally be filed for you if your civilian provider is part of the TRICARE network. You can get advice on where to find TRICARE providers by calling the nearest TSC. Contact numbers for TSCs worldwide are listed in your TRICARE Europe Passport. In any event, you need to ensure that all claims acquired during your PCS are mailed to:

Family Members:
TRICARE Europe
WPS - Foreign Claims
P.O. Box 8976
Madison WI 53708-8976

Active Duty members:

TRICARE Europe
WPS - Active Duty
Claims Processing
P.O. Box 7968
Madison, WI 53707-7968

As a TRICARE Europe Prime enrollee, you should use these addresses to mail claims received from care delivered anywhere in the U.S. or abroad.

Remember to add your local TRICARE Service Center to your outprocessing checklist. Your TSC should be one of your first and last stops every time you PCS.

TRICARE

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

TFMF

Provide level III combat health support to Multinational Brigade-East and Multinational Brigade-Central.

Sustain or improve the training level of all medical MOS Soldiers assigned to Task Force Medical Falcon and Task Force Falcon.

Promote transition of healthcare to civil authorities.

www.tfmedfalcon.hqusareur.army.mil

Photo courtesy US Army

Soldiers from Task Force Medical Falcon gather up traditional American food, hamburgers, hot dogs and steaks, during the unit's recent Organizational Day.

Organizational day brings TFMF troops together

By Spec. Jennifer Finch
Task Force Medical Falcon

An organizational day at Task Force Medical Falcon (TFMF) IX along with the 1085th Air Ambulance from Task Force Desperado boosted morale and camaraderie of both units to a new high. Presenting their chef talents, Sgt. 1st Class Everett Russell, noncommissioned officer in charge of medical maintenance and Spec. Lance Corner, ground ambulance health care technician, grilled both units an array of chicken, hamburgers, hotdogs, and yes, even steaks.

Troops responded by saying, "Along with the great food, this event presented an opportunity for both units to socially interact," said Sgt. 1st Class David Woods the acting first sergeant of TFMF.

"You also get to know your fellow troops on a personal level," said Spec. Jeffrey Sosa, patient administration specialist.
Having quality time with each other reminds us of family and home," said Staff Sgt. Kimberly Weaver, physical therapist specialist.

Lt. Col. Kevin Drozd, TFMF's adjutant, said that despite the 1085th Air Ambulance being only OPCON to TFMF and Camp Bondsteel Hospital, our two units have an extremely close working relationship and an even closer personal relationship. We relieved them in Bosnia last year and will likely serve side by side with them in the sand in the near future.

Capt. Michael Moranti, air operations officer for the 1085th said "Running into each other while stationed overseas is becoming a habit."

When asked about his opinion of cooking for so many troops, Spec. Lance Corner smiled and said "It's all in a days work."

...People will remain the

centerpiece of all we do—

Soldiers, civilians,

retirees and veterans...

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Military Awards Program — https://www.perscom.army.mil/tagd/awards/index.htm

Army Achievement Medal

Capt. Couch, Clarissa
Capt. Fortenberry, Lynette

Staff Sgt. Raymond, Ainslie
Staff Sgt. Sligh, Cordelia
Sgt. Doran, Bernard

Spc. Ellis, Amber
Spc. Gendreau, Kristina
Spc. Mahanke, Christopher
Spc. Shea, Timothy
Spc. Tiggs, Amanda
Spc. Williams, Veronica
Spc. Yang, Tou
Pfc. Hershman, Johathan

Army Commendation Medal

Lt. Col. Defreeze, Delores
Lt. Col. Schultz, Merritt
Capt. Kallevig, Glenn
1st Lt. Lundblad, Mark
1st Lt. Myles, Shawn

Master Sgt. Douglas, Etta
Master Sgt. Fisher, Richard
Sgt. 1st Class Bryant, Richard
Sgt. 1st Class Woods, David
Staff Sgt. Brown, Tevis
Staff Sgt. Gaston, Patrick
Staff Sgt. Hargraves, Sherry
Staff Sgt. Hobbs, Michael
Staff Sgt. Mobley, Michael
Staff Sgt. Richmond, Dorothy
Sgt. Alarik, Daniel
Sgt. Butchar, Stanley
Sgt. Carlson, Jamie
Sgt. Coder, Kevin
Sgt. Davis, Travee
Sgt. Dupree, Stephen
Sgt. Fawcett, Ian
Sgt. Flitter, Stephanie
Sgt. Hously, Elizabeth
Sgt. Lang, Stacey
Sgt. Lively, Steven
Sgt. McCarty, Matthew
Sgt. Pearsall, Tavarus
Sgt. Plumer, Mark
Sgt. Wilhelm, Matthew
Sgt. Ytuarte, John

Spc. Janik, Sarah
Spc. Minkel, Samantha
Spc. Sosa, Jefferey
Spc. Wolfe, Ian

Mass physicals for children at H-MEDDAC

Heidelberg Hospital Pediatric Services will offer pediatric mass physicals for ID card holding family member youths, age five and above, on Aug. 14 at the Heidelberg Medical Department Activity clinical building (3617) on Nachrichten Kaserne.

Pediatric mass physical are for children living in the Heidelberg community who need physicals for school, sports, child development centers and Youth Services. Approximately 400 children are expected to be seen.

The physical-a-thon will be on a first come, first serve basis. Last names beginning with A-L will be seen from 7:30a.m.until noon and last names M-Z from noon until 4 p.m. Children need to have their immunization records, medical records, and eyeglasses, if worn, with them when they begin. Medical records may be obtained the morning of mass physical day at the Outpatient Records section of the hospital.

Parents will be asked to fill out the medical history portion of their child's physical prior to the visit. Forms may be filled out the day of, or may be obtained sooner through the pediatric clinic. Children should be dressed in comfortable loose fitting t-shirts and shorts.

Check-in for the physical-a-thon will be on the first floor of the clinic building. Each child will be required to complete a number of stations prior to seeing a provider for the actual physical. Stations will be set up throughout the building.

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.