



# Medics Forward

*“Any mission, Anywhere!”*

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## Reservists support military medicine in Europe

*By Staff Sgt. Kelly Bridgwater  
ERMC Public Affairs Office*

**Heidelberg, Germany** -- US Army Reserve troops prove to be just as mission essential for the Europe Regional Medical Command (ERMC) and its outlying clinics as their active component brothers and sisters.

“The Reserve Component (RC) is really no longer considered the support of the active component,” said Lt. Col. Jack Magrane, Chief of Reserve Affairs, ERMC and United States Army Europe (USAREUR) Office of the Command Surgeon (OSURG). “We are equal partners,” he said. “They (active component) can’t do it without us.”

In the past the cliché was US Army Reserve Soldiers were nothing more than “weekend warriors”. However, that image is fading fast due to the Global War on Terrorism (GWOT) and the high operational tempo of Operation’s Enduring and Iraqi Freedom (OIF and OEF). And that tempo doesn’t appear to be slowing down anytime soon.

Magrane explained the ERMC mission for the RC. RC Soldiers support the USAREUR Command Sur-

geon and the ERMC Commander by providing RC manpower, advice and services to maintain a forward deployed medical force, trained and ready to support the full spectrum of joint and multinational medical operations, any mission, anywhere.

Further adding that RC troops often



*Photo by Roger Teel, Wuerzburg PAO*

**Master Sgt. Vanita R. Downey, a medical specialist assigned to Wuerzburg Medical Activity.**

times bring on board an additional set of problem solving skills to their active duty status jobs by incorporating (job) practices where they work as civilians. The Soldiers bring those additional skills to the unit they’re assigned thus increasing productivity and sometimes showing active component Soldiers a new or better way of doing something.

One RC Soldier who has been working at the Reserve Affairs of-

fice at Wuerzburg Medical Activity (WMEDDAC) is Master Sgt. Vanita R. Downey. A medical specialist, also called a 91 whiskey, the 46 year old Troy, New York native has been working at Wuerzburg since February of this year. She was mobilized with other members of her home unit, the 348<sup>th</sup> General Hospital based in Albany, New York, to replace those members of the 67<sup>th</sup> Combat Support Hospital based at Wuerzburg, who were recently deployed.

In the civilian world she is an executive administrative assistant for GE Energy legal operation where she supports the Counsel, Labor & Employment and the Coordinator, Global Export Control Compliance.

“I conduct the due diligence on the applications submitted to become a GE Energy international sales representative, distributor, or value added reseller of our products and prepare the agreements for execution,” said Downey when describing what she does.

“I also support the GE commercial legal team in preparing powers of attorney to support bid submittals

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#### **Operation Iraqi Freedom & Operation Enduring Freedom as of August 12, 2004**

##### **Clinical Operations**

- OIF patients 14,633
- OEF patients 2,644

##### **USAMMCE**

- Line items 224.129k
- DoD customers 834
- \$ 175,962,341

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## ERMC



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

### *Reserves from page 1*

Mexico, Canada, France, Italy, Norway, England, China, Singapore and the United Arab Emirates.”

When asked to describe how her civilian job skills apply or enhance her Army job, She said that “At GE we are all about customer service. At WMED-DAC, our motto is to say yes and say thank you. The goal is the same, to please the customer whether it is in providing power generating equipment, or providing world class health care.

At GE you please the customer. It’s the number one goal. In the Army it is mission first. I have found that my civilian job skills – organization, planning, coordination, datasheet preparation, interfacing with many different levels of the GE organization – are the same skills that I use in my military job,” she said.

When asked about the role of the reserve Soldier in today’s transforming Army, Downey said “Reservists are the strengthening force behind our active component counterparts. That is what they are, our counterparts. Current events around the globe and our GWOT indicate to me that the Soldiers currently serving on reserve duty will be requested to serve as an AC Soldier. I think that the reserve Soldier strengthens our Army and that we bring unique talents that enhance our Army’s effectiveness.”

Supporting that statement is Lt. Col. Judith Robinson, ERMC operations officer, and the Chief of Plans and Operations for the USAREUR Command Surgeon. She has four reserve Soldiers working directly for her.

“We could not do our job without the reserves,” said Robinson. “As I was looking at my own shop I realized I couldn’t run my day to day business without them here. And that to me is a snap shot of the bigger picture of the Army Medical Department (AMEDD) and the Army, and how integrated the different types of reserve Soldiers are.”

Magrane couldn’t stress enough the positive attitude that RC Soldiers have received from the ERMC command and staff.

“We do have a strong command support for RC troops here. Brig. Gen. Elder Granger, (former Commander ERMC) has been a strong supporter of this, and I feel good about that,” he said.

Units that fall under ERMC include: Landstuhl Regional Medical Center, Wuerzburg, Medical Activity, Heidelberg Medical Activity, as well as Task Force Medical Falcon, in Kosovo and Task Force Medical Eagle, in Bosnia and Herzegovina.

The support provided to these units adds up to approximately 783 RC AMEDD Soldiers cur-

rently deployed within theater or 25 percent of the ERMC uniformed work force.

Those primary duties include support of OEF and OIF by providing backfill and bed expansion within ERMC, support of Operation Joint Guardian in Kosovo, and Operation Joint Forge in Bosnia. USAREUR also receives RC manpower through Individual Mobilization Augmentation; Overseas Deployment Training (which includes 7<sup>th</sup> Army Training Command, SETAF and ERMC); military exercise participation and Contingency Operations Temporary Tours of Active Duty and Operational Temporary Tours of Active Duty.

When looking into the future of the reserve Soldier, Downey described her more than 20 years of service and the number of incentives that serving in the reserves can bring, such as the GI Bill, bonuses and training. And how better incentives can always be offered. But to her the RC future is based upon one thing that holds it all together -- that is duty.

“There are all kinds of incentives,” she said, “but I think it comes down patriotism and individuals wanting to serve their country.”

At ERMC that patriotism shines through as the RC Soldiers continue to support ‘any mission, anywhere.’

# Better patient care through expansion

**By Spc. Todd Goodman  
Landstuhl Regional Medical Center  
Public Affairs Office**

Landstuhl Regional Medical Center's ongoing "facelift" continues with the construction of two new clinics.

Ground recently was broken on a Vaccination Health Clinic and an existing hospital wing was renovated in an effort to move the Audiology and Speech Clinic back inside the hospital.

Construction for a 250 square meter Vaccination Health Clinic began July 15. The Department of Defense directed project should be completed by Dec. 23, at a cost of more than \$500,000. Located above the helipad, next to Bldg. 3740, the clinic will give LRMC a centrally-located facility to provide immunizations to service members.

Finding a place to move the Audiology Clinic has been in the works for several years, said Rolf Burger, an architect for LRMC Facilities Management.

That place was found in Bldg. 3766, and although the wing wasn't rebuilt from the ground up, it was quite an undertaking – with a cost of \$1.4 million.

"Construction began in August of last year," said Burger. "We took



*Photo by Spc. Todd Goodman, LRMC Public Affairs Office*

**Landstuhl Regional Medical Center (LRMC) architect, Rolf Burger, reviews design plans for a new Vaccination Health Clinic to be completed Dec. 23 at LRMC**

out 80 percent of the walls and completely refurbished the floors. We put in new bathrooms, a speech lab and sound-proof booths. The booths alone cost \$300,000."

Although the renovation is complete, moving the Audiology Clinic still could be months away.

First, the new furniture is not yet available. Existing furniture cannot be used in the new clinic because it doesn't meet the standards of the Joint Commission Hospital Accrediting Organization. Predominantly cloth chairs and sofas cannot easily or thoroughly be cleaned, said Little. The new wing won't have any of those problems with which to deal.

Secondly, is the matter of air con-

ditioning. If funds for air conditioning materialize, the new clinic would be among the first wings to have it. That takes a bit of time to install, and after installation, patients from various wards would be moved temporarily to the clinic while air condition is installed on the patient wards.

"There are plans for us to get \$10 million to air condition the entire hospital, but we are not exactly sure when we will get it," said Burger. "We will not leave the clinic empty for a year, though."

"The new furniture is really the driving force," said Dennis McAvoy, a project manager with LRMC Facilities Management. "Once that is in place, we'll see where we stand with the air conditioning."

**LRMC**



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## Patient liaisons help navigate host nation health system

Your spouse is deployed and you need medical attention. Your Primary Care Manager refers you to a downtown hospital. You are afraid: you can't speak the language, you're worried about the care you will receive, and you may not understand paperwork that you may be asked to complete.

Imagine having a person who could help you with your host nation medical appointment, translate for you, and check up on you regularly to ensure the care was going well.

Enter your Patient Liaison. Most military Medical Treatment Facilities are staffed with Patient Liaisons who can help you navigate your host nation health care system with ease.

Liaisons speak fluent English as well as your host nation language, and they are skilled at handling host nation medical system procedures. In fact, in most cases, they are already well acquainted with your host nation provider or the people at the host nation facility where you are referred. If you are admitted to a host nation hospital after duty hours or on a weekend, have someone contact your nearest military medical treatment facility. They will be able to make sure that a Patient Liaison is notified of your admission.



The following is a synopsis of the key services provided by your host nation Patient Liaison:

- They will help you coordinate care in your host nation medical system
- They will translate for you if your host nation medical staff cannot speak English
- They will assist you with scheduling appointments, consultations, tests and follow-up exams
- They will help you with your medical bill payment and claim if needed.

After you receive care from a host nation provider, you will typically receive a handwritten report that lists your diagnosis, treatment, medication instructions and other important information. Your Patient Liaison is available to help you understand this document if it is not in English.

For more information about the [Patient Liaison program](#) or TRICARE Europe's network of [host nation providers](#), contact your local [TRICARE Service Center](#) or log on to the TRICARE Europe web page at [www.europe.tricare.osd.mil](http://www.europe.tricare.osd.mil).

# USAREUR NCO of the Year

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

To hear Staff Sgt. James Rehl tell his tale, being named the U.S. Army, Europe, Noncommissioned Officer of the Year was simply another step in a process.

"We started on this journey about a year ago," said Rehl, relaxing during the interview as he retraced the steps that have taken him to new heights.

"One of my Soldiers, Sgt. Benjamin Sebban, was going before the Soldier of the month board. When we got there (the Soldier's supervisor presents the Soldier to the board) 1<sup>st</sup> Sgt. David Janney asked me, 'Do you know the answers, sergeant? Do you want to appear before the NCO board?'"

"I wasn't really prepared but said I'd do it," explained Rehl.

He won. So did Sebban. They also won their Soldier and NCO of the Quarter boards, they pair were then named Soldier and NCO of the Year for the 67<sup>th</sup> Combat Support Hospital.

Both are assigned to the 67<sup>th</sup> Forward Surgical Team (FST), a small medical element garrisoned at Giebelstadt Army Airfield. The FST is capable of deploying medical supplies and assistance anywhere in the European theater within 48 hours. It's a unit where every task is always done to standard, added Rehl.

Since arriving two years ago, Rehl, an operating room NCO, has deployed with the FST to the

U.S. Army Trauma Training Center in Miami, Fla., to West Africa on a United Nations mission, and, most recently, to the Republic of Georgia where he and other team members trained several hundred Georgian soldiers in basic life support and combat lifesaving skills.

Rehl and Sebban spent a lot of time together while deployed, asking questions of each other and building each others' confidence.

"When we were in West Africa it was part of our daily routine to get together and hit the books," said Sebban.

Sebban abdicated his Soldier of the Year title when he was promoted to sergeant last December, but Rehl went forward, first to the 30<sup>th</sup> Medical Brigade board, and then to the U.S. Army V Corps board.

"The Corps board was challenging because it was the first time I competed against Soldiers outside of the medical field," he said.

His Army resume - the number of his deployments and the range of his experiences - as well as his physical and mental toughness, had a positive effect on the V Corps panel. He's also an ace on land navigation and weapons. He sincerely believes his unit's leadership has driven him to succeed.

"At the board, I have to do my best because my guys are with me. They put me through mock boards and trained with me and



*Photo courtesy USAREUR Public Affairs*  
**Staff Sgt. James Rehl works the land navigation course.**

pushed me. I never want to make them look bad, and that's the thought that's always with me. My team always takes precedence in my thoughts," he said.

"Here in the FST, we approach everything as a team," said Sgt. 1<sup>st</sup> Class Alexander Abiang, the unit's senior noncommissioned officer. "It's all a team concept. When a Soldier goes to a class or is scheduled to give a class or presentation, we make sure that he or she is going to be successful."

Having a senior noncommissioned officer in charge like Abiang doesn't hurt your chances either, added Rehl. "He's the only person on the planet who can ask questions and always get the right answer. He just keeps drilling down until he hears what he wants to hear," he said.

"Before we deployed to the Republic of Georgia we did class rehearsals, teach back and critiqued each others' techniques and teaching styles - to make sure that we exceed the standard. If we exceed the standard we don't have to worry about meeting it," Abiang explained.

**See Leadership page 7**

## 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.**

## 100th Medical Detachment (VS)



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



*Photo courtesy US Army*

**Slovenian veterinarian Maj. Brian Dolenc (far right) discusses the capabilities of their new mobile lab with Soldiers of Southern Europe Veterinary Detachment. From left to right, Chief Warrant Officer Kenneth Robinson, Col. Michael Buely, Master Sgt. Price Langford, and Sgt. 1st Class. Dave Grosvenor.**

## Slovenian and US veterinarians exchange knowledge

**Photo submitted by 100th Medical Detachment (VS)**

U.S. Soldiers lead the way throughout the world. One aspect that promotes this excellence is the exchange of ideas between Soldiers of different countries. It is often mutually beneficial when Soldiers meet and share knowledge and experiences.

This was definitely the case during the Partnership for Peace program where veterinarians from the Slovenian Army visited soldiers of Southern Europe Veterinary Detachment in Vicenza, Italy. Compared to the U.S. Army Veterinary Corps, which officially began in 1916, the Slovenian Army Veterinary service is relatively new, beginning in 1991. However, their mission is similar to the U. S. veterinary service mission of food safety and care of military working dogs.

During the recent visit, three Slovenian veterinarians demonstrated their new mobile food and diagnostic lab. Although it has not yet been deployed, it was fully equipped with everything necessary to conduct thorough microbiological and chemical analyses on food and water. This capability allows the Slovenian veterinarians to check the food served to their military from farm to fork. The Slovenians enjoyed seeing the di-

verse mission the U. S. veterinary service performs. They were introduced to inspection and surveillance techniques used to ensure food safety at our military installations. Inspections at commissaries, dining facilities and troop issue facilities are only a part of the total program used to protect our soldiers and their families. U.S. Veterinarian Service personnel described how they ensure food safety through an extensive audit program of commercial food and water processing facilities, which is tracked with a worldwide database.

Slovenian and U.S. veterinarians also exchanged knowledge on military working dog (MWD) care. During the visit to the Vicenza and Aviano veterinary treatment facilities they discussed medical equipment, diagnostic techniques and treatment regimens for military working dogs. The Slovenian veterinarians were also able to observe and compare different methods of training MWDs.

This kind of exchange between militaries of different countries not only promotes good will and cooperation, but it also enhances their capabilities to care for MWDs and to protect the health of Soldiers on and off the battlefield.

**Leadership continued from page 3**

“We use that same philosophy when it comes to sending someone to any board - whether it's a promotion board or the Department of the Army NCO of the Year board. In training and preparation, we get everybody involved - from private to sergeant first class. Our mock boards are like a firing squad,” he said.

“Having someone who is always there for you, who's always pushing you to be stronger and better, who's always growing new leaders and teaching you how to do the same, well, that's what's being a Soldier is all about,” said Rehl, praising his supervisor and every member of the FST for helping him succeed.

Sebban, who was seemingly linked at the hip to Rehl during the board selection process over the past year, said Europe's finest NCO deserved the accolade.

“It's great to watch someone you know professionally and personally, who you've spent a lot of time with, achieve at this level,” said Sebban.

Rehl's previous board experience, at Fort Riley, Kansas, gave no indication that he might achieve what he has.

“As a specialist, I wasn't doing too well. I lost the first two boards I went to, won one, and then lost at the quarter board. Then I went to the installation board and lost again,” he said.

That was when his NCO supervisor picked him up and squared him away.

“Sgt. 1<sup>st</sup> Class Neil Watkins told me, ‘If you want to succeed, this is what you need to do.’ And that's when I started to learn how to really check my uniform, how to sit in the chair, how to walk into the room, how to answer questions - all the things that make a difference at a board,” explained Rehl.

While at Fort Riley, Rehl attended Kansas State University. He's working toward a degree in sociology and would someday like to be an agent with the Federal Bureau of Investigation.

“Rehl's dedication and loyalty to his family, the FST and the U.S. Army is unmatched by anyone. When I



*Photo courtesy USAREUR Public Affairs*

**Staff Sgt. James Rehl, 67th Combat Support Hospital, completes the 2-mile run during the USAREUR NCO of the Year competition.**

give him a task or mission, Rehl will go thru a wall, over the wall, or around the wall to accomplish it, said Abiang.

Rehl is now preparing to face two more boards - the U.S. Army, Europe, Sergeant Morales Club board in August and the Department of the Army NCO of the Year board in September.

While there is a finality to preparing for the last boards he may ever face, Rehl said the board experience strengthens the bonds between Soldiers, their supervisors, and the Army.

“My message to supervisors is: If you take the time to work with your Soldiers, your Soldiers will succeed. It all depends on the amount of time you're willing to put into it. And your unit, your Soldier, and the Army will be better because of the effort,” he said.

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## Stuttgart Health Clinic welcomes new commander

*Information provided by  
 H-MEDDAC Public Affairs Office*

In a July 30 ceremony, Col. Cherry L. Gaffney took command of the Stuttgart Health Clinic. The outgoing commander, Col. Barbara L. Jennings, spoke highly of her experiences at the Health Clinic and welcomed the incoming commander. Col. David Krieger, the USAMH commander was present at the ceremony and praised the accomplishments of Jennings and challenged Gaffney to maintain the established high standards.

Gaffney was born in Winston-Salem, N.C. She earned a B.S. degree in biology at the College of Charleston and in 1979 she received an M.D. from the Medical University of South Carolina. After completing her residency in anatomic and clinical pathology at Dwight D. Eisenhower Army Medical Center, Fort Gordon, Ga., she was conferred a Master of Public Health degree from the University of Texas and then completed her residency in aerospace medicine at Brooks Air Force Base, Texas.

Upon entering the Army in 1980, Gaffney has held a variety of assignments, including aircraft mishap investigator at the Armed Forces Institute of Pathology and Chief of Pathology at MED-

DAC, Fort Campbell, Ky. At Fort Sam Houston, Texas, she served as the Clinical Studies Consultant at Health Care Studies and Clinical Investigation Activity and as the Aviation Medicine Staff Officer and Deputy Chief of Ambulatory Care at Health Services Command (now MEDCOM). In 1993 she was appointed as the Division Surgeon of the 101st Airborne Division (Air Assault) at Fort Campbell, Ky. In 1996, she became the Deputy Commander for Clinical Services, MEDDAC, Fort Drum, N.Y. From 1997-1999, she served as the commander of the U.S. Army Aeromedical Research Laboratory, Fort Rucker, Ala.

Prior to her graduation from the Industrial College of the Armed Forces in 2002, she served as the XVIII Airborne Corps Surgeon and Assistant Chief of Staff for Health Affairs at Ft. Bragg, N.C. Her previous assignment was Chief Surgeon, Army National Guard, National Guard Bureau.

Gaffney received primary flight instruction in TH-55A, T-37 and T-38 aircraft and completed Level C Survival Evasion Resistance and Escape Training, Water Survival Training, and the U.S. Air Force Hyperbaric Medicine Course. Gaffney is an Army Senior Flight Surgeon and Air Force Flight Surgeon.



### Hitting the court

**Philisa LeGrier, an LPN assigned to the Heidelberg Medical Department Activity and works in the OB/GYN clinic, won the singles and doubles women's United States Army Europe Tennis championships two weeks ago at Patrick Henry Village, Heidelberg.**

*Photo courtesy US Army*

## Screening for Traumatic Stress: Cut-off Scores Identified

**Article submitted by USAMRU-E**

Researchers at the US Army Medical Research Unit-Europe, a special foreign activity of the Walter Reed Army Institute of Research, released a report last month validating cut-off scores for the four post-traumatic stress questions on DD Form 2796. DD Form 2796 is the Department of Defense Post-Deployment Health Assessment form.

This is a mandatory health screening form being completed by military personnel returning from Operation Iraqi Freedom and Operation Enduring Freedom.

With just four pages, the form covers key behavioral health problem areas, including Post-Traumatic Stress Disorder (PTSD), a set of symptoms characterized by intrusive thoughts of a traumatic event, the avoidance of reminders of the event, and general hyper-arousal.

When these symptoms persist for a period of time following exposure to a potentially traumatic stressor, they can result in PTSD. A recently published article in the *New England Journal of Medicine* reports that post-traumatic stress disorder has been found in 15.6-17.1 percent of U.S. military personnel surveyed after returning from Iraq.

Given the frequency with which

post-traumatic stress disorder occurs, it is particularly important to develop a scale that can assess Soldiers' post-traumatic stress symptoms. Thus, the four post-traumatic stress questions on the Post-Deployment Health Assessment need to be validated and the most useful scoring method needs to be researched in order to provide early identification of Soldiers with these symptoms.

The USAMRU-E report released last week details results from a blind validation study of 592 USAREUR Soldiers returning from Iraq in March of 2004. In the report, scores on the survey were compared with structured clinical interviews conducted by a mental health research team. The individuals conducting the structured interviews were unaware of how the soldiers had responded on the survey.

Results from the clinical interviews were then compared with results from the survey. By making these comparisons, USAMRU-E researchers were able to identify whether the items in the survey were adequately identifying soldiers in need of mental health follow-up.

In the results, the four post-traumatic stress questions on the Post-Deployment Health Assessment form did a good job of identifying Soldiers referred by

mental health providers. Interestingly, it did a better than a frequently used 17-item scale (the Post-Traumatic Stress Disorder Checklist or PCL) that was included in the study for comparison.

The results specifically showed that when a Soldier said "yes" to two or more of the four post-traumatic stress questions on the Post-Deployment Health Assessment Form, he or she was likely to be identified as having symptoms of traumatic stress in the structured interview. Thus, looking at Soldiers' responses to four post-traumatic stress questions and identifying those who provide two or more "yes" responses can serve as an efficient triage tool.

The report, available on the USAMRU-E website [www.usamrue.hqusareur.army.mil](http://www.usamrue.hqusareur.army.mil), is the first in a series of reports designed to validate the four post-traumatic stress questions on the Post-Deployment Health Assessment form and to develop a set of recommended procedures for screening US military personnel returning from deployment.

Through screening, military personnel can receive help quickly, behavioral health services can be provided pro-actively, and behavioral health resource problems can be addressed early.

## USAMRU-E



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



*Photo courtesy US Army*

**Soldiers complete the Department of Defense Post-Deployment Health Assessment form after returning from Operation Iraqi Freedom.**

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## New Task Force Med Falcon team arrives, Camp Bondsteel



*Photo courtesy US Army*

### **Maj. Joel Severson gives a briefing to newly arrived members of Task Force Medical Falcon at Camp Bondsteel, Kosovo.**

**By Sgt. Mary Hammerbacher  
Task Force Medical Falcon**

While welcoming the newly arrived, Task Force Medical Falcon (TFMF) X, TFMF IX in-briefed lessons learned from the past ten months. Assisting TFMF X with handouts and slide shows TFMF IX explained the ups and downs of being deployed to Camp Bondsteel, Kosovo, aiming for a smooth transition.

Task Force Medical Falcon IX met their counterparts on July 29 and lunched together to allow a little one-on-one time for discovering each others individual jobs and how well their sections work. To ease the transition each task force began the left seat, right seat training the next day.

When asked how the transition was going, Staff Sgt. Jacqueline Taylor-Pirtle, who works in the hospital's lab said, "Things are going well. The training portion is very thorough. When they leave, we'll

definitely be able to take over and keep the mission going."

The Headquarters and Headquarters Detachment company commander, 1<sup>st</sup> Lt. Russell Green said, "Our transition is going very smoothly. TFMF IX is doing a good job of orienting us to our new home. TFMF X is assimilating well into our new roles and we're eager to take the reigns."

"The transition is going as smooth as yogurt," said Spec. Tory Braxton an operating room technician. "We are getting all the training we need and our counterparts are teaching us very well."

TFMF X feels very confident about their counterparts and that they will be fully trained and fully operational shortly. As far as the "ups and downs" of being deployed to Camp Bondsteel, there are by far more "ups than downs", but shhh...don't let it out. Everyone will want a deployment here.

# USAMMCE welcomes new commander

**Article provided by USAMMCE**

Colonel Thomas A. Brown is the 17th colonel to command the U.S. Army Medical Materiel Center, Europe (USAMMCE) located at the Husterhoeh Kaserne, Pirmasens, Germany.

The ceremony took place at 2 p.m., July 16, in Pirmasens with the Commanding General, U.S. Army Medical Research and Materiel Command, Maj. Gen. Lester Martinez-Lopez officiating as the reviewing officer. Brown replaces Col. Jettaka Signaigo who is being reassigned to the Combined Arms Support Command, Fort Lee, Va.

Brown is a seasoned medical logistician with previous assignments at the Directorate of Combat Developments, Academy of Health Sciences, Fort Sam Houston, Texas; executive officer, 32nd Medical Battalion, and commander, 32nd Medical Battalion (Forward), Mogadishu, Somalia; commander, 16<sup>th</sup> Medical Logistics Battalion, Waegwon, Korea; Chief, Logistics Division, Landstuhl Regional Medical Center; and G-4, Europe Regional Medical Command, Heidelberg, Germany.

He is a graduate of the Indiana University of Pennsylvania, the Florida Institute of Technology, the Army Command and General Staff College, and Industrial College of the Armed Forces.

He takes command at a time when USAMMCE is experiencing its highest workload since Operations Desert Shield and Storm. USAMMCE has a tri-service, multi-department and multi-national support mission with more than 1,600 customers.

USAMMCE serves as the Single Integrated Medical Logistics Manager (SIMLM) for the U.S. European and U.S. Central Commands, and supports other national forces operating in these theaters, as well as, the Department of State embassies located in Europe, Africa and Asia.

It's staffed with more than 360 personnel, to include U.S. civilians and military from the Army, Navy and Air Force, and local national personnel from Germany and France.



*Photo by Holger Koelsch, USAMMCE*

**The US Army Medical Materiel Center Europe (USAMMCE) welcomes new commander Col. Thomas A. Brown (right). He is joined by outgoing commander Col. Jettaka M. Signaigo (left) and Maj. Gen. L. Martinez-Lopez (middle) commanding general US Army Medical Research and Materiel Command, Fort Detrick, Md. The ceremony was held July 16.**

Brown's awards and decorations include the Legion of Merit, the Defense Meritorious Service Medal, the Meritorious Service Medal (fifth Oak Leaf Cluster), the Joint Service Commendation Medal, the Joint Meritorious Unit Award, the Army Superior Unit Award, the Armed Force Service Medal, the Humanitarian Service Medal, the NATO medal, the Expert Field Medical Badge, Parachutist Badge, Air Assault Badge, and the Joint Chiefs of Staff Identification Badge.

He is married to the former Marilyn Schad Magness of Tulsa, Okla.

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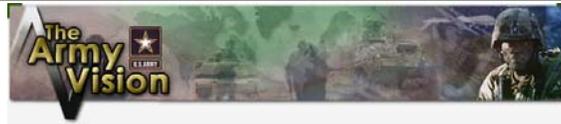
Commanding Officer  
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**Military Awards Program — <https://www.perscom.army.mil/tagd/awards/index.htm>  
Civilian Incentive Awards Program — <http://cpol.army.mil/permis/53.html>  
ERMC Awards — G-1, DSN 314.371.3354**



Photo by Staff Sgt. Kelly Bridgewater, ERMC Public Affairs Office

**Members of the Babenhausen Army Health Clinic are recognized for their outstanding achievement in patient and employee safety by the US Army Europe Commanding General's Annual Incentive Awards program. The ceremony took place in July at the Patrick Henry Village Pavilion in Heidelberg, Germany. Pictured (from left to right) Maj. George Scott, (Babenhausen Clinic commander) Sgt. 1<sup>st</sup> Class Ernest Lang, Col. (P) Carla Hawley-Bowland (commanding general, Europe Regional Medical Command) Sgt. Ronald White (kneeling) Capt. Jane Christensen and Col. David Krieger (commander, US Army Medical Activity Department, Heidelberg). Not pictured is 1<sup>st</sup> Lt. Lisa Bohler.**

## Congratulations

Lt. Col. Daniel J. Schissel, MC USA,  
Chief of Dermatology, Heidelberg Medical Department Activity and Maj. Joseph L. Wilde, MC USA, Chief of Dermatology, Landstuhl Regional Medical Center, recently had their article published in

‘Military Medicine, 169, June 6: 444, 2004’. The title of their article is ‘Operational Dermatology’.

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

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.