



# Medics Forward

*“Any mission, Anywhere!”*

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## Senior Enlisted Medical Advisor visits troops in Germany

**By Staff Sgt. Kelly Bridgwater**  
*Europe Regional Medical Command,  
Public Affairs*

**Landstuhl, Germany** – Command Sgt. Major Sandra K. Townsend, US Army Medical Command (MEDCOM) Senior Enlisted Advisor to Lt. Gen. James B. Peake, Army Surgeon General and MEDCOM Commander, recently visited Germany where she spent time with wounded service members from Operation Iraqi Freedom and shared her goals and vision with Soldiers working in Army medicine.

As the Senior Enlisted Advisor to troops in the medical field Townsend wants Soldiers to know she is there to hear their concerns and ideas.

“My intent is to be the sounding board for the AMEDD enlisted Soldiers. To hear their ideas and any issues they may have that will make us more effective in our mission and improve the quality of life of our soldiers,” she said.

One of her primary focuses is the 91 Whiskey Program. The 91W Health Care Specialist is an individual who is highly trained in emergency medical care. “Sustainment of these medical skills is essential, as they are perishable skills,” said Townsend.

One of the requirements as a 91W is to maintain certification as a National Registry Emergency Medical Technician-Basic. Army combat medics were not previously required to have



*Photo by Sgt. Philip E. Breedlove, LRMCA Public Affairs*  
**Command Sgt. Major Sandra K. Townsend, US Army Medical Command Senior Enlisted Advisor talks with medical Soldiers during her visit to Landstuhl Regional Medical Center.**

this. The need for a more advanced combat medic came as a result of the Army Medical Department’s transformation. Different skills are required to support the changing and diversified battlefield. With that change is the need for a medic that can operate more independently in a variety of situations.

Prior to her arrival in Germany, Townsend was in Kuwait and Qatar where she spent time with medical troops working in support of Operation Iraqi Freedom. She had this to say to the service members in Germany about their fellow Soldiers serving in the desert.

“In the medical units that we visited, the Soldiers were very dedicated to

their mission and took great pride in their contribution to the Global War on Terrorism,” said Townsend. “They were working really hard, they felt good about the impact they were having on the soldiers they are there to provide care for,” she said.

Townsend described her visit with Soldiers who are patients at Landstuhl as humbling. She praised the hard work and quality care provided by members of the medical field.

“Positive comments from the patients – at every level of treatment – have been numerous. They talk about the care, dedication and compassion they have received from the combat medics, nurses and doctors who have cared for them,” she said.

### INSIDE THIS ISSUE:



*Photo by Staff Sgt. Kelly Bridgwater, ERMC Public Affairs*

**Two senior leaders talk about sharing the past and present due to a recent promotion.**

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**Operation Iraqi Freedom & Operation Enduring Freedom**  
as of Jan. 12, 2004

#### Clinical Operations

- OIF patients 9,108
- OEF patients 2,035

#### USAMMCE

- Line items 213,000
- DoD customers 598
- \$163 million

## ERMC



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



US Army photo

**Lt. Col. Robert B. Halliday III gets his new rank pinned on by his wife Patricia (r.) and Col. Casey Jones, (l.) ERMC Deputy Commander, while daughters Allison and Hannah look on during a Nov. 21 promotion ceremony held at ERMC Headquarters in Heidelberg.**

## Officer's promotion incorporates friend from the past

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

**Heidelberg, Germany** -- When Lt. Col. Robert B. Halliday III got promoted the event brought together family, fellow service members, friends and a colleague from his past; and a Soldier who had gone through the ranks with Halliday though the two didn't know one another until 20 years into their Army careers.

On Nov. 21 at the Europe Regional Medical Command (ERMC) Headquarters in Heidelberg, Germany, Halliday, a physician's assistant, pinned on the rank of lieutenant colonel.

His wife and daughters took care of replacing his uniform shoulder boards removing the gold leaf rank of major and replacing them with the silver leaf of a lieutenant colonel. However, the man pinning on the new rank to Halliday's beret was Sgt. Major Dennis Wheeler.

Halliday and Wheeler both work on the ERMC clinical operations staff. The office is dual hatted for US Army Europe Surgeon's Office.

"I picked Sgt. Major Wheeler to pin the beret because he is a non-commissioned officer (NCO) and a friend," explained Halliday.

Though Halliday is a commissioned officer, he began his career as an enlisted troop. He went on to become an NCO as well as a Warrant Officer prior to his commissioning.

"I have a great appreciation for NCOs. They are the backbone of the Army and Sgt. Maj. Wheeler is a great American and the epitome of an NCO. I think that (background) helped through my

whole career," said Halliday. Being part of the ceremony was special for Wheeler because of Halliday's former experience as an NCO and the work they shared together during their time at V Corps.

"I felt honored," said Wheeler, "As a lieutenant colonel he remembered me, as a friend and a confidant -- people you talk to -- I think we developed a great working relationship at V Corps. We always went to the field together, deployed together, put up tents together in the field," said Wheeler.

"We are the same age, have the same time in the Army so we have seen some of the same things. I think we have gelled together more or less because of this. And being a sergeant major it is my job to take care of my officers. I think I'm closer to him than other officers because I know him -- we've worked side by side," said Wheeler.

Halliday's and Wheeler's history dates back to 1976 when they were in the same basic training battalion at Fort Leonard Wood, Missouri. Yet it wasn't until the two men were working for the V Corp Surgeons Office in Heidelberg in 2000 that they became friends and discovered their shared history.

"We did not know each other in basic (training)," explained Halliday. "We were in the same battalion but in two different companies. We were in the same class at Advanced Individual Training but I didn't know him," he said.

One day at work the men began talking about their Army backgrounds. This is when they realized they had been in the same

places at the same times and the shared connection became apparent. "We just were talking when I was at the Corps Surgeons Office about where we went to basic and it just popped into our heads," said Halliday.

Wheeler describes the event in a similar fashion.

"We first met at V Corps in 2000, he was Maj. Halliday then, and we knew some of the same people since he grew up as a physician's assistant (PA) and I grew up as a bravo (Army medic)," Wheeler explained, "and to top that off one of my additional duties as a bravo was to assist PAs and doctors. You see the whole patient population. So at that academic level I was just a couple of levels below a PA. It is an extended usage of medics to see patients."

Halliday began his career as an enlisted Army combat medic. He became a warrant officer in 1982 and later got his commission when the PA program transitioned from warrant officers to commissioned officers in 1992.

Wheeler, a sergeant major since 1999, who has been a combat medic and a clinical specialist during his career, chose a different path. The opportunity to become a PA was available but he decided to stay enlisted. When asked what he thought about Halliday becoming an officer he had this to say.

"He is one of a kind that has gone through all the ranks. He was enlisted, he was a warrant officer and he is a commissioned officer. He has been through all the rank structure. He's a great person to work with," said Wheeler.

## Soldier injured in Iraq undergoes eye surgery at LRMC

By Spc. Christopher Goodman  
LRMC Public Affairs

Private first class Patrick J. O’Keeffe thought it was okay to relax, seeing that the major combat operations in Iraq are officially over. Now the tanker is hopeful that Landstuhl Regional Medical Center (LRMC) surgeons have successfully restored the vision his right eye once possessed.

O’Keeffe, 19 years old and a Boston native, was escorting a convoy loaded with confiscated weapons found in an Iraqi bunker in Bajii, a small town between Baghdad and Mosul. The mission of the convoy was to destroy three truck loads of ammunition, rockets and missiles, he said.

Leading the way was a Wolverine tank designed to search out mines. O’Keeffe followed in an M1 Abrams tank. He was riding along a trail, just minutes from making it safely to the main highway when his tank rolled over a land mine missed by the Wolverine.

“It was crazy,” said O’Keeffe. “There was just a big cloud of gray. I wanted to do something but couldn’t. I was hurt.” O’Keeffe lost consciousness.

When he woke up and saw the medics, he wondered what all the fuss was about. “The med-

ics kept poking me with IV’s, and I said, ‘I am all right. What are you doing?’” He quickly was informed that he had suffered a concussion and an orbital blow out.

O’Keeffe said his injuries resulted from a false sense of security. “I opened the hatch right before I got to the highway,” he said. “I kind of relaxed a bit, and they caught me off guard.”

He was airlifted to Tikrit where he remained for several hours. It was in Tikrit that he realized he could not feel his right cheek. He also discovered that the vision in his right eye was gone, he said. “It began as blurred vision,” he said.

“Soon after, I could not see anything.” He later discovered the blast had fractured his cheek and damaged the nerves around his eye, he said.

“When I saw him, his eye appeared sunken and had fallen into the sinus in his cheek,” said Maj. Mark Covington, a surgeon in the Otolaryngology Department at LRMC.

“It was off by a couple of millimeters. In these cases, it is important to correct the condition because the patient could sustain permanent double vision.” Prior to his Nov. 26 surgery to lift his eyeball into

place, O’Keeffe’s sight had improved to a blurred, double vision. During surgery, Covington noticed the eye had fallen and pinched a nerve in O’Keeffe’s cheek, which was the culprit behind the facial numbness.

“It was surprising to me how quickly the feeling in his face was restored,” said Covington. “He could feel it the next day.”

O’Keeffe’s vision wasn’t far behind. Now, though still painful, his sight has improved greatly. “I feel much better,” he said, examining the three scars under his right eye. “The doctor said the scars should heal pretty well.”

Even after the blast and the subsequent loss of sight, O’Keeffe remained quite positive and upbeat. He said he was happy to have one eye that still worked.

“I don’t regret it,” he said. “I have had a lot of good times since I joined the Army. I have gotten to travel the world. Granted, I had to get hurt to see Germany, but without this I would just be sitting around in Boston. At least now I’ll have plenty of stories to tell my friends when I get home.”

### LRMC



**O’Keeffe said his injuries resulted from a false sense of security. “I opened the hatch right before I got to the highway,” he said. “I kind of relaxed a bit, and they caught me off guard.”**

**Pfc. Patrick J. O’Keeffe, US Soldier injured in Iraq.**

**H-MEDDAC**



**Visiting the troops**

**Brig. Gen. William T. Bester, Chief, US Army Nurse Corps talks with Spc. Spencer Anderson in the Physical Exams Clinic at Heidelberg MEDDAC about his tour in Germany.**

*Photo by Tracy Bailey  
H-MEDDAC Public Affairs*



*Photo by Tracy Bailey  
H-MEDDAC Public Affairs*

**Baby New Year!**

**Heidelberg MEDDAC's first baby of the year was born Jan. 4, 2004 to Staff Sgt. Michael and Sgt. Shonna Young. Brig. Gen. William Bester, Chief US Army Nurse Corps was on hand to present the Young family with a gift certificate donated by AAFES. Staff Sgt. Young is with the 7<sup>th</sup> Signal Battalion and Sgt. Young is a lab technician at the Coleman Troop Medical Clinic in Mannheim. Heidelberg-MEDDAC welcomes the newest addition to the Army family.**



*Photo by Tracy Bailey  
H-MEDDAC Public Affairs*

**OUCH ...**

**Spec. Oscar Lopez, a 91W with the Community Health department administers the flu vaccine to Brianna Reed, while her father Staff Sgt. Roderick Reed, NCOIC of Social Work Services at H-MEDDAC holds her tightly. The flu vaccine was administered to 118 children at Heidelberg Child Development Centers and 279 vaccines were administered at the Pediatric Flu-A-Thon held Dec. 15, 2003.**

# Care continues at Wuerzburg

By Roger Teel

US Army Medical Activity, Wuerzburg

The Europe Regional Medical Command (ERMC) is providing hands on help to the US Army Medical Activity, Wuerzburg, as Soldiers from the Wuerzburg based 67<sup>th</sup> Combat Support Hospital (CSH) prepare to deploy in support of Operation Iraqi Freedom.

Physicians, nurses and administrators are en route to Wuerzburg, or one of its nine outlying health clinics, to sustain the community healthcare mission during the early stages of the deployment. Several augmentees arrived before the holidays to staff critical needs in the hospital pharmacy, emergency room and medical surgical ward.

"ERMC is dedicated to taking care of families and providing healthcare to beneficiaries in the Wuerzburg footprint," said ERMC Commander Brig. Gen. Elder Granger. Sixty four physicians and nurses from clinics throughout Europe have been directed to report to Wuerzburg by the first week of January.

"If that's not enough, we'll send more," Granger added.

The Wuerzburg medical configuration is unique to Army medicine. The 67th CSH is a deployable combat hospital under the command and control of the 30th Medical Brigade and US V Corps. The medical activity is an ERMC element consisting of the hospital and outlying health clinics that provide day-to-day healthcare for Soldiers, families and retirees living in northern Bavaria.

"To our beneficiaries, the delivery of healthcare should be seamless," said hospital commander Col. Jeff Clark, who took command from Col. Patricia Lillis-Hearne when the rear detachment stood up Dec. 19. Colonel Lillis-Hearne will lead the 67th CSH in Iraq.

Clark noted that help from Landstuhl Regional Medical Center and the US Army Medical Activity, Heidelberg, is greatly appreciated and vital to providing care in Wuerzburg facilities. He also praised the hospital's civilian workforce.

"Our civilians continue to be the backbone of our organization during this transition. They are stepping up and doing whatever needs to be done, showing their true colors of support as the foundations of our hospital," said Clark.

"We're going to be fine," said Wuerzburg director of nursing Col. Mary Clark. "Our people will be attentive during this period of transition, and new people coming from other medical centers bring great experience and backgrounds with them. Their focus will be

on taking over our healthcare mission and the outcome will be excellent."

The hospital will make one major clinic change. The family practice clinic and internal medicine clinic will merge effective Dec. 30. Clinic phone numbers will remain the same.

"This will be a smooth change," said Angela Campbell, a licensed practical nurse at the internal medicine clinic. "It will allow better use of our staff by putting the two clinics together," she said.

The general surgery clinic will relocate to the hospital's fourth floor.

"We are fortunate to have world-class healthcare available at our host nation hospitals," Clark, the commander, said. "We will continue to refer our patients to our Preferred Provider Network for certain specialties and for those requiring a higher level of care that we do not provide. Our patient liaisons and our physicians will, as always, closely follow our referred patients."

"To better provide mental health coverage for our patients, we are making some changes," he continued. "We have assigned a psychiatrist, Maj. Jeff Drexler, in Schweinfurt to support the Schweinfurt and Bamberg communities."

"In early February, a U.S. Army Reserve psychiatrist will arrive in Vilseck to support Vilseck, Hohenfels and Grafenwoehr communities," continued Clark. "In addition, Social Work Service providers in each of our communities are working as one team with each of our clinics to provide prompt evaluations and counseling."

Other pending staff additions include a pediatrician and psychiatrist in Wuerzburg in mid-January, a pediatrician in Schweinfurt and a family physician in Wuerzburg in mid-February.

The hospital is now hiring nurses, physicians, administrative assistants and clerks. Applicants must follow normal Resumix procedures outlined on the Civilian Human Resources Management Activity (CHRMA) website.

Once a Resumix is posted, applicants should self-nominate as positions are announced. Positions are not limited to Wuerzburg. Jobs are also available in Schweinfurt, Bamberg, Grafenwoehr, Vilseck, Hohenfels, Kitzingen, Ansbach and Illesheim. For further information visit the CHRMA website at:

<http://www.chrma.hqusareur.army.mil>

## W-MEDDAC



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

## ERDC



### ERDC Mission

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



### Where's the Dental Bus?

Jan. 25–Feb. 7  
Berlin, Germany  
Mobile Dental Clinic 1

Feb. 22-28  
Bonn, Germany  
Mobile Dental Clinic 1

Feb. 22–March 6  
Rotterdam, Netherlands  
Mobile Dental Clinic 2

## ERDC performs doggie dentistry on military police dog

*Article courtesy Europe Regional Dental Command*

Heidelberg Dental Activity dentists, Col. John Davis, Col. Steve Brousseau, Col. Al Smith, and Lt. Col. George Gibson teamed up with the 100<sup>th</sup> Medical Detachment Veterinary Services veterinarian, Capt. John Coulter to keep a military police working dog “on duty” for many more years.

Cash, one of several military police dogs specializing in bomb and explosives detection, was about to be retired because of his severely worn teeth. One of the mission requirements of these working dogs is that they do 16 hours per month of obedience and bite work training.

They have to be able to hold onto a wrap and not release while their handler vigorously attempts to

break the dogs hold. Due to Cash’s long habit of chewing on metal objects, to include the fence in his compound, he had completely worn his four canine teeth, the long ones on the top and bottom, down flat. He was no longer able to bite and hold the wraps during his regular training.

Unable to perform his secondary mission to bite and hold if required, Cash would be retired and returned to Lackland Air Force Base, in San Antonio, Texas. By giving Cash his bite back we greatly extended his usefulness as a military working dog.

Approximately 35,000 dollars is spent to purchase and train these highly qualified dogs. To save these dogs career through modern dental techniques is a great service to not only these dogs, but to the military as well.



*Photo courtesy ERDC*

Cash rests after his dental surgery that was done to repair damaged teeth. His handler, Sgt. Joshua Garvens, stays by his side.



*Photo courtesy ERDC*

This photo shows 3 gold crowns previously placed in Cash’s mouth. However, the fourth crown on the lower right canine came off due to the excessively short nature of the remaining tooth.



*Photo courtesy ERDC*

Military Police dog Cash receives his anesthetic prior to tooth surgery.

## New changes to Medicare could impact TRICARE beneficiaries

*Article courtesy  
TRICARE Management Activity*

Recently, the House and Senate passed the "Medicare Prescription Drug, Improvement, and Modernization Act of 2003." The President is expected to sign the bill into law shortly. This bill is extensive and complex, and it makes dramatic changes to Medicare. It is important for uniformed services beneficiaries to understand the effect these changes may have on them in the near future and in the years to come.

A preliminary assessment of some of the bill's provisions is presented below. As additional provisions of interest to uniformed services beneficiaries are identified, and as more information becomes available, we will update this site.

We intend to work closely with beneficiary representatives to ensure that important information gets the widest possible distribution. In the meantime, if beneficiaries have questions about their TRICARE benefits, they should contact their local TRICARE Service Center for assistance.

### Medicare Prescription Drug Benefits

For most Americans, the most significant aspect of the new bill is that it introduces an outpatient prescription drug benefit. This does not affect uniformed services beneficiaries their TRICARE pharmacy benefits will continue as a separate program.

Beneficiaries who desire to participate in the Medicare outpatient prescription plan should enroll when first eligible. If a beneficiary does not enroll when first eligible, and subsequently desires to do so, an annual late penalty would normally be as-

essed. However, TRICARE pharmacy benefits are considered a creditable prescription plan under the bill, and as such, uniformed services beneficiaries who do not enroll in the Medicare prescription drug benefit when first eligible do not have to pay an annual penalty if they subsequently enroll because they involuntarily lost their eligibility under TRICARE.

Individuals could involuntarily lose their TRICARE eligibility when a dependent widow or widower remarries a person who is not a uniformed services member or retiree, or when a dependent and member or retired member divorce, and the dependent spouse does not qualify under the law as an eligible former spouse for TRICARE benefits.

The TRICARE pharmacy benefit provides excellent coverage and wide availability of services through military facilities, retail pharmacies, and mail order. Thus, it is likely that the vast majority of uniformed services beneficiaries will not find it advantageous to enroll in the new Medicare pharmacy benefit. TRICARE and Medicare will need to establish procedures for coordination of benefits for beneficiaries who do decide to sign up for the Medicare benefit.

### Part B Premiums

The bill makes three very important changes relating to enrollment in Medicare Part B, the Supplementary Medical Insurance Program. The first two changes affect persons not enrolled, or paying surcharges because they enrolled after they were initially eligible for Part B:

First, uniformed services beneficiaries who would be eligible for TRICARE For Life, but are not enrolled in Medicare Part B, may

enroll without penalty during a special enrollment period through December 31, 2004. The special enrollment period will be announced via Medicare on the TRICARE web site and publicized widely.

Second, uniformed services beneficiaries who enrolled in Medicare Part B in 2001, 2002, 2003, or 2004 and are subject to a premium surcharge for late enrollment in Part B can get those surcharges eliminated by demonstrating that they are covered under TRICARE.

The elimination of surcharges is effective January 1, 2004, but the Department of Health and Human Services will need to work out procedures to be followed. Procedures will be announced via Medicare on the TRICARE web site and publicized widely.

The third change made by the bill affects all seniors, not just uniformed services beneficiaries. The Part B premium will be tied to income, beginning in 2007. Individuals with incomes above \$80,000 will pay more, and couples with incomes above \$160,000 will pay more.

### Medicare Advantage Program

The bill introduces several enhancements to the current Medicare+ Choice program that are expected to increase the availability of private plans offering benefits to Medicare beneficiaries.

TRICARE For Life beneficiaries can enroll in Medicare+ Choice plans (and TRICARE will reimburse their co-payments). More details about Medicare+ Choice plans are available on the Medicare web site:

[www.medicare.gov/](http://www.medicare.gov/)

## TRICARE



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[europe.tricare.osd.mil](http://europe.tricare.osd.mil)

**or stop by your local TRICARE Service**

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## TFME



[www.tfeagle.army.mil](http://www.tfeagle.army.mil)

**Task Force Medical Eagle (TFME) continues its primary Level III medical support in Multinational Brigade—North (MNB-N), Stabilization Force (SFOR) and US Forces deployed throughout Bosnia-Herzegovina, Croatia, Hungary and Slovenia.**



### SFOR Mission

[www.nato.int/sfor/](http://www.nato.int/sfor/)

**The Stabilization Force will deter hostilities and stabilize the peace, continue to secure environment by providing a continued military presence in the AOR, target and coordinate SFOR support to key areas including primary civil implementation organizations and progress towards a lasting consolidation of peace without further need for NATO-led forces in Bosnia and Herzegovina.**

## Task Force Medical Eagle vaccinates 100 percent of SFOR soldiers

By Cynthia Vaughan  
ERMC Public Affairs Officer

**Heidelberg, Germany** – Thanks to a goal, a strategy, and a committed Army medical team, every soldier deployed in support of Stabilization Force (SFOR) XIV has received a flu shot.

According to Col. You-Ying W. Whipple, Commander, Task Force Medical Eagle (TFME) Tuzla, Bosnia, keeping soldiers healthy and preventing illnesses in a deployed environment is always a priority.

“We are warrior medics promoting peace in Bosnia-Herzegovina, and we want to ensure our soldiers are well-protected so that they may perform their missions.

On October 14<sup>th</sup> TFME set a goal to vaccinate every service member in SFOR against influenza this season. Leading by example, on October 31<sup>st</sup>, TFME became the first deployed US Army Reserve and National Guard unit to vaccinate 100 percent of its personnel.

On December 16<sup>th</sup>, they met their SFOR goal by tracking down one lone SFOR unvaccinated service member and giving him his flu shot.

“We are here to provide the best health care possible for these soldiers and it was important to take preventive measures to mitigate any flu outbreaks in SFOR,” Whipple said.

In order to meet their goal of vaccinating each SFOR soldier, Whipple said that creative strategies were used.

“We took this job seriously and met our goal through a variety of methods. We contacted soldiers individually, we sent out the brigade surgeon to personally give some flu shots and we tracked medical records.”

According to Whipple, TFME did not do this alone, the support received from commanders of Task Forces Eagle, Iron, Bearcat and Renegade was key. “They all placed a command emphasis on the importance of flu shot and set the example. Also, the NCO Corps and company commanders worked to ensure their sol-



Photo courtesy US Army

**Colonel You-Ying W. Whipple, Commander, Task Force Medical Eagle, Multinational Brigade (North), Stabilization Force 14.**

diers got the shots. It was real team work, and it feels fantastic to be at 100 percent. Most importantly, we are taking care of our most precious resources, our soldiers” said Whipple.

*“We took this job seriously and met our goal through a variety of methods,” said Whipple.*

Task Force Medical Eagle (TFME) is composed of soldiers from eight Reserve and National Guard units. The

Soldiers come from 22 states and Puerto Rico. The unites are listed below.

- 334th Medical Group, Grand Rapids, Michigan (USAR)
- 3297th USAH, Fort Gordon, Georgia (USAR)
- 427th Medical Logistics, Forest Park, Georgia (USAR)
- 467th Combat Stress Control, Madison, Wisconsin (USAR)
- 790th Preventive Medicine, Rockville, Maryland (USAR)
- 422nd Veterinary Services, Rockville, Maryland (USAR)
- E/434 MSB (Ground Ambulance), Cottage Grove, Minnesota (MN National Guard)
- 86th Air Ambulance, Burlington, Vermont (VT National Guard).

## Task Force Medical Falcon troops visit orphanage during holidays

By Chief Warrant Officer Nick Krajcek  
Medical Evacuation Pilot, 24<sup>th</sup> Medical Company Air Ambulance

On Christmas Eve morning, more than 20 members of the 24<sup>th</sup> Medical Company (Air Ambulance) assisted by additional members of Task Force Medical Falcon planned on visiting an orphanage in Pristina, Kosovo.

However, Mother Nature had something else in mind for these National Guard and Reserve Soldiers. After six to eight inches of snow and no sleigh to ride on, safety concerns forced them to postpone their visit until Dec. 28.

When the weather finally cooperated, these Soldier-Santas made the one-and-a-half hour trek to Pristina. Upon their arrival they appeared eager to see the children.

Prior to the visit the Soldiers organized all of the donated gifts into groups for distribution to the orphans.

The donated gifts had been gathered from the homes, families and friends of the Soldiers.



Photo courtesy TFMF

**Major Geraldine Kass holds baby Diana, one of the children the troops visited at the orphanage.**



Photo courtesy TFMF

**Sergeant Stacey Lang (l.) and Sgt. 1st Class Vickie Coulter (r.), TFMF Soldiers, enjoy getting their 'baby fix' during their holiday visit to the SOS Orphanage in Kosovo.**

Donations included teddy bears, candy, crayons and hygiene supplies. The Soldiers also donated several soccer balls, footballs, and a multitude of art supplies and managed to gather up some much needed blankets for the children.

Upon the group's arrival at the home, they were greeted by several babies and toddlers. Staff Sgt. Ronald Schroeder, a flight medic from the 24<sup>th</sup> Medical Company, immediately picked up two little children and said, "This is really making me miss my two boys at home."

The troops then proceeded to present the armfuls of gifts. It was an exciting, yet tender experience for all.

Passing from one to another of the four group homes, the voice of Sgt. 1<sup>st</sup> Class Vickie Coulter from Task Force Medical Falcon's Camp Bondsteel Hospital could be heard saying, "It's really nice

to get my baby fix again." With smiles on everyone's face, from the babies and children, to the caregivers and Soldiers, it was an unforgettable day.

The humanitarian aid projects have been very successful and rewarding for the members of the 24<sup>th</sup> Medical Company.

Besides allowing these aviators an opportunity to experience the world immediately outside of their base at Camp Bondsteel, it has presented them with a totally different view (from the ground) of Kosovo.

These good-will actions have helped all participants feel that they are truly making a difference in their lives and in the lives of the people of Kosovo.

## TFMF



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

**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.**

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Photo courtesy  
USAMMCE

**Major Thomas Wiczorek, USAMMCE Chief of Storage, checks out the new warehousing system.**

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## USAMMCE workload increases by 1,400 percent

**By Maj. David R. Gibson  
Chief Support Operation,  
USAMMCE**

Every day, the US Army Medical Materiel Center, Europe (USAMMCE), located in Pirmasens, Germany receives about 3,000 materiel release orders (MROs) to ship materiel to over 1,500 customers in 18 countries.

On an average day, 14 trucks arrive and depart to fulfill this mission. Over the last 24 months, USAMMCE has seen an increase in workload from 40 to 1,400 percent. Looking ahead, it is reasonable to assume this level of workload or more. Supporting Joint Forces with diverse missions in geographically disparate locations requires robust and flexible logistics systems.

Increasing an organization's capabilities often means upgrading hardware, software, personnel skills and overall methods of operation. This is exactly what's taking place with USAMMCE's warehouse modernization effort.

USAMMCE is installing a new narrow aisle storage system that provides more efficient utilization of space. The installation of this shelving system will increase storage capacity by over 2,000 pallet positions.

Although the most obvious changes will be the replacement of existing shelving units and the utilization of new stock selecting devices, the equipment upgrade is only one of many steps in overhauling the entire operation. USAMMCE is conducting a comprehensive analysis of the warehousing operation. Indi-

vidual teams have taken ownership of different processes and are working collectively to streamline how materiel is received, replenished, selected and processed for shipment to customers located throughout the European and Central Command Areas of Responsibility.

Additionally, project team members have conducted site visits to other Department of Defense and civilian distribution centers to garner ideas about equipment and operations. The idea is to learn about new technologies, methods and processes and integrate the best business practices at USAMMCE that will yield the greatest improvements.

Although the overall analysis will include some capital investments, many process changes alone will improve operations. For example, the currently used warehouse inventory management software, Theater Automated Medical Management Information System has limited MRO sorting capabilities.

This limitation is currently addressed with an automated sorting cycle and then a manual sorting cycle. By automating this process alone, six man-hours daily or 1,560 man hours a year, can be saved and then used for other functions. Finding these efficiencies is critical for an organization that often relies on borrowed military manpower to meet mission requirements.

Once project process teams clarify process actions, these processes will be entered into a three-dimensional, graphic

simulation to validate the recommended changes and identify process bottlenecks. The simulation methodology is based on linear and non-linear programming techniques and provides an ability to optimize the overall operation through a series of automated trial and error.

One of the major benefits to using the simulation software is that it allows mistakes to be made without disrupting support to customers. Lessons can be learned without making capital investments, re-training personnel or making changes to the information support systems. Any effort that expedites refinement of the operational layout will translate into better support to customers.

The biggest challenge for the modernization effort will be to constantly meet growing mission requirements while simultaneously executing the modernization. USAMMCE recognizes that this effort will present challenges, however the entire project team is committed to completing this project with minimal disruption to current and future customers. The modernization effort started in January of 2004 and the first two phases are scheduled to be complete by December 2004.

For more information on this effort, contact Maj. David R. Gibson at DSN 314-495-6046, commercial 06331-86-6046, or by e-mail at [david.r.gibson@us.army.mil](mailto:david.r.gibson@us.army.mil).



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



## ERMC

***“Caring for Our Nation’s Best”  
Medics Forward ... Any mission,  
Anywhere!***

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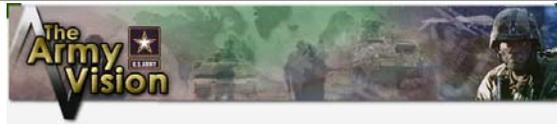
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## It helps to know why, when you are giving it your very best!

**Landstuhl Regional Medical Center (LRMC)  
Chaplain’s Office**

Competent and compassionate leaders know why and remind themselves and others daily!

Wilfred Owen volunteered to go off to war. He was an officer and a poet and wrote these words, ‘I came out in order to help ... directly by leading them as well as an officer can; indirectly, by watching their sufferings that I may speak of them as well as a leader can.’ in a letter to his mother, Oct. 4, 1918, in the Hindenburg Line.

Lieutenant. Owen was killed in action Nov. 4, 1918 one week before the end of the war. Competent and compassionate leaders know that

Soldiers have feelings, yet still pay the price for war. It is that price that changes us and our world.

Tech. Sgt. Michael E. Schranghamer works at LRMC and shared his thoughts in the following poem he wrote. I believe it speaks volumes to why we do what we do.

Competent and compassionate leaders know that it is no small sacrifice that Soldiers and their families make for the hopes and dreams of others. That is why we give it our very best!

Blessings and Peace,

**Chaplain (Col.) David E. McLean  
LRMC Chaplain’s Office**

<b>Change of Life</b>	<b>skin that is charred</b>	<b>could wear desert brown</b>
<b>I’ve seen some things in the past 30 days</b>	<b>They’re lucky to be living, but permanently scarred</b>	<b>I could be scarred like the others, or give up my life</b>
<b>They’ve made me rethink, want to change my ways</b>	<b>We’d all wear the same desert camouflage brown</b>	<b>To never again see my beautiful wife</b>
<b>I’ve seen some young men with scars on their skin</b>	<b>So our enemies don’t see us when we hit the ground</b>	<b>I’ve seen what’s important as I walk down the hall</b>
<b>I’ve seen other’s with holes, where the bullets went in</b>	<b>Young men and young women who’ve given their life</b>	<b>That which I thought, is not important at all</b>
<b>I’ve seen other Soldiers with burns on their face</b>	<b>Will never again see their husband or wife</b>	<b>Some men have lost little, some men have lost more</b>
<b>I’ve seen some young men who’ve died in this place</b>	<b>I’m lucky to serve where I’m safe and I’m sound</b>	<b>But there are some things worth fighting for.</b>
<b>Limbs that are missing and</b>	<b>But in a moments notice, I</b>	<b>By Tech. Sgt. Michael E. Schranghamer</b>

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.