

the LEGACY

Goes Digital

Landstuhl Regional Medical Center

July 2021

Vol. 3, No. 2

Join us as we bid farewell to The Legacy
print edition and introduce a more
interactive online experience

- *Enhanced content*
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Defense Visual Information
Distribution System (DVIDS)

INSIDE: New commanders across
military medicine in Europe

Pro MMA fighter turned Soldier
discusses past, present

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July 1: Hospital Newcomers Orientation

July 14: Medical Trauma Team Training, LRC

July 4: INDEPENDENCE DAY

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July 6-9: LRMC Best Warrior Competition

July 21: Landstuhl Annual Training

July 9: Commander's Awards Ceremony

July 30: 86th MDS Change of Command

July 14: TeamSTEPPS

July 30: Basic Leader's Course graduation

“If you're fit and you're qualified to serve, and you can maintain the standards, you should be allowed to serve.”

— Lloyd J. Austin III, Secretary of Defense



On June 26, LRMC Soldiers, Airmen, staff and families participated in a Pride Month color run aimed to both reduce the stigma that members of the LGBTQ+ community sometimes face and normalize their service. (Photos courtesy of Sgt. 1st Class Sheldon Holliday)

“We are proud to build upon that legacy of emancipation as we work to defend our freedoms and to make real the full promise of American democracy for all our citizens, on June 19 and every day.”

— Lloyd J. Austin III, Secretary of Defense



LRMC Soldiers, Airmen, staff and families participate in the Juneteenth Walk, organized by Pfc. Anthony Mills, to commemorate June 19, 1865, when Union soldiers informed a group of enslaved people in Texas that they had been made free two years earlier by President Abraham Lincoln's Emancipation Proclamation during the U.S. Civil War. (Photos courtesy of Pfc. Anthony Mills)



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LANDSTUHL REGIONAL MEDICAL CENTER
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FROM THE COMMAND TEAM

Stay Classy LRMC...**Col. Andrew L. Landers**Commander
Landstuhl Regional Medical Center

Hey LRMC Team! Thanks so much for reading this and thanks for all you're doing each and every day to support our mission.

Summer is here- though sometimes the weather may not feel like it –that means PCS season. Let's all try to remember to have a little patience with each other as we lose some of our teammates and welcome new ones. PCS season is hard, and overseas PCS can be even more trying, even for

the most experienced. I am excited to meet all of our new teammates over the coming weeks and months and welcome them to the team, and I encourage you to do the same. I'd also like to make sure we thank our staff who may be heading out to their next assignments.

Another topic I'd like to make sure you take note of – DUIs. Let's not take for granted that things are opening back up.

You must still be smart during your off duty time. If you want to go out and have some fun, make sure you do it safely. Have a plan. For those of us in the KMC area, Armed Forces Against Drunk Driving (AADD) is now available again. The primary mission of AADD is to serve as a safe and anonymous pick-up/drop-off service for ID card holders within the KMC and surrounding villages to mitigate the risk of motor vehicle accidents and DUIs. If you find yourself in need of a ride between the hours of 2200-0600 on Friday and Saturday nights, please call AADD at +49 15251723356.

Thanks again for all you do to support our mission of providing safe, quality healthcare!

Final Words**Col. Claude A. Burnett**Deputy Commanding Officer
Landstuhl Regional Medical Center

How do you sum up four years as LRMC DCO?

I can only start by saying, it has been an honor and profound privilege to help lead this team. Leading through 'change' and transition is generally not easy, even without a pandemic! However, I've been fortunate to work with an extraordinary team of Executive Staff, support staff, and great Commanders throughout my time as DCO.

Arriving in July 2014 as Chief of Department of OBGYN, then standing up the Division of Women's Health and Newborn Care in 2016, I had no idea what lay ahead of me. In July 2017, I took on the role of DCO. Having served as DCO under three Commanders over the past four years, the time has come to hand the reigns of the position to someone else.

As I prepare to transition to my next position at RHCE, I want to reflect on all we accomplished and went through during my time as DCO.

First, I want to share my favorite thing about LRMC. From a professional perspective, I'm in awe of LRMC's strategic importance as the largest American tertiary care hospital outside of the US and its legacy of having cared for and healed so many warfighters directly from the battle-zone over the years. From a personal perspective, despite its size and complexity, the close-knit staff stands out to me the most.

Numerous events have significantly impacted this organization during my time as DCO including managing and steering the organization through the 'strict' application of the Overseas Tour Extension (OTEX) regulation during the 2017-19 timeframe; managing MEDCOM-mandated civilian caps due to financial constraints during the 2017-18 timeframe; and managing a 'tightening' budget near constantly.

All of this coincided, further adding complexity and leadership challenges. I think those of us who were here will remember morale was a huge issue during those times.

This was further compounded by the abrupt and unforeseen suspension of our Commander in 2018. As a result, I assumed Command of the organization until the Commander was reinstated, completely exonerated of the allegations. This was particularly a difficult time for the organization and a pivotal time for me.

Other impactful items include overseeing a Workforce or 'Bottom-up' review to ensure the organization's staffing was commiserate with mission. This was a stressor on the organization as, unfortunately, some positions had to be attrited.

I oversaw the implementation of the

HELOS leadership model in the 2017-18 timeframe, opting for the full HELOS model and retiring the modified or hybrid version. This caused a significant realignment of service-lines across the organization, rating/evaluation chains realignments, and the addition of several new Deputy Commanders.

I also oversaw the implementation and execution of the LRMC Strategic Campaign Support Plan encompassing five lines of effort (LOEs). The Support Plan is critical to our interface with line units, readiness, and our healthcare delivery mission, and it continues today.

As a team, we earned our Joint Commission reaccreditation in 2020, and we are also on the cusp of attaining Level 2 Trauma certification.

Last but not least, steering the organization through the COVID-19 pandemic and sustainment operations has been one of the most challenging and unique times in my career.

Suffice it to say; this has been one ride of a lifetime. I couldn't have done it without the leadership team's support, my fellow deputies, senior leaders of the organization and everyone who is a part of the Legacy team. From Soldiers and civilians to local nationals and contractors, Airmen and volunteers to our joint service, multinational teammates, every one of you is valued and integral to this great organization's continued success and legacy. I am truly humbled by all I've learned and all we've been able to accomplish together. Thank you for supporting me as the DCO, and I wish you all Godspeed.



TSG, CSM visit LRMC



The Army's top medical leadership team visited Army medical facilities and medical personnel in Europe June 3-9. Lt. Gen. R. Scott Dingle, the Army Surgeon General and Commander of U.S. Army Medical Command, and Command Sgt. Maj. Diamond Hough, MEDCOM command sergeant major, toured Army medical facilities, and observed first-hand the success of the COVID-19 vaccination program for military communities across the theater.





Mons, Belgium – U.S. Air Force Gen. Tod D. Wolters (center), Supreme Allied Commander Europe (SACEUR), passes the SHAPE Healthcare Facility guidon to U.S. Army Col. Michael D. Ronn during a change of command ceremony where U.S. Army Col. Kathleen G. Spangler relinquished command of Supreme Headquarters Allied Powers Europe (SHAPE) Healthcare Facility and U.S. Army Health Clinic Brussels to Ronn, at SHAPE, Belgium, June 24.

SHAPE Healthcare Facility, Brussels AHC welcome new commander

Mons, Belgium – Supreme Headquarters Allied Powers Europe (SHAPE) Healthcare Facility and U.S. Army Health Clinic Brussels welcomed a new commander as U.S. Army Col. Kathleen G. Spangler relinquished command to U.S. Army Col. Michael D. Ronn, at SHAPE, Belgium, June 24.

U.S. Air Force Gen. Tod D. Wolters, Commander, U.S. European Command and NATO's Supreme Allied Commander Europe (SACEUR), presided over the ceremony.

During the ceremony, Wolters accredited Spangler's leadership with NATO's continued success throughout the COVID-19 pandemic, which garnered international attention,

highlighting the SHAPE installation's COVID-19 response efforts.

"If (Spangler is) ever talking about successes, it's you, they," remarked Wolters, citing Spangler's humility and modesty. "We continue to prove one more time, we're a heck of a lot stronger together.

"Without your readiness for the last year

"Without your readiness for the last year and a half, we would have failed. (NATO) would not be able to meet their task,"
U.S. Air Force Gen. Tod D. Wolters
Supreme Allied Commander Europe

and a half, we would have failed. (NATO) would not be able to meet their task," said Wolters, NATO's top general, addressing

unique role in U.S. Military Medicine as the only U.S.-led international health clinic with five NATO nation clinics (Canada, Italy, Turkey, Poland and Greece) embedded within the facility, providing health care to an international, joint community composed of multiple military commands and supporting the health care needs of approximately 18,000 NATO personnel and family members.

"You all didn't miss a beat. You made sure we worked together, we came together as a community and that is what makes us so unique," said Spangler, addressing the staff and Soldiers of SHAPE Healthcare Facility and U.S. Army Health Clinic Brussels. "This command has made me a better person; a better leader and I thank each and every one of you."

Spangler is slated to be the next commander of Fort Belvoir Community Hospital, a joint-service hospital in the National Capital region.

Ronn, a pharmacist by trade, most recently served as the executive officer for the U.S. Army Deputy Surgeon General, U.S. Army Maj. Gen. Telita Crosland.

SHAPE is the Headquarters of Allied Command Operations, commanded by Wolters. The NATO health care mission has belonged to the U.S. Army since the 196th Station Hospital was assigned to Paris, France in 1955. Additionally, the SHAPE Healthcare Facility provides regional support to units and personnel in Belgium, the Netherlands and Luxembourg, as needed.

Spangler and her team. "On behalf of a grateful NATO, 30 Nations and 51 countries we look out for, thank you so much for your service. We will miss you."

A nurse by trade, Spangler took command of Army Medicine in Belgium in 2019, leading the clinics through a successful survey by The Joint Commission, verifying the clinics' commitment to quality and patient safety, and leading the U.S. Army COVID-19 response efforts across Belgium.

"When the bullet needed to go into the chamber on the frontline, it was never late because you were ready," said Wolters. "I offer my sincerest thanks to the great medical warriors and patriots who represent that cause and represent the organization."

SHAPE Healthcare Facility plays a



Mons, Belgium – U.S. Army Col. Kathleen G. Spangler provides remarks during a change of command ceremony where Spangler relinquished command of Supreme Headquarters Allied Powers Europe (SHAPE) Healthcare Facility and U.S. Army Health Clinic Brussels to U.S. Army Col. Michael D. Ronn, at SHAPE, Belgium, June 24.



U.S. Army Spc. Gopal Kumar (left), medical laboratory specialist, Landstuhl Regional Medical Center, takes note of critical information during Operation Courageous Fury, a joint training exercise designed to assess medical operations in Germany at Landstuhl Regional Medical Center, June 3.



HIGHLIGHTS MILITARY MEDICINE OVERSEAS

LANDSTUHL, Germany – Over 300 Soldiers, Airmen and German Armed Forces Service Members participated in Operation Courageous Fury, a joint training exercise designed to assess medical operations in Germany at Landstuhl Regional Medical Center, June 2-4.

The exercise was designed to measure Service Members' competency in combat lifesaving skills and Army Warrior Training. The three-day exercise is the third training event of its kind at LPMC, a Role 4 theater hospital responsible for the medical care of wounded, ill or injured warfighters evacuated from the U.S. European Command, U.S. Africa Command, and U.S. Central Command areas of operation.

"Operation Courageous Fury is the third of our Courageous Series exercises intended to serve as a culminating training event for our monthly training," said U.S. Army Maj. Erica Huerta, executive officer, Troop Command, LPMC. "There are three components to the exercise, Army Warrior Tasks, base defense, which is part of our troop diversion mission, an enduring mission, and the third aspect of it is our role to medical care."

In addition to refreshing Soldiers on warrior tasks and lifesaving operations, the exercise also introduced other uniformed personnel to Army training exercises, reflective of LPMC's combined operations with U.S. Air Force counterparts.

"We have trained, over the last few months, to sharpen our skills and to make sure we're ready at any time to defend (LPMC) and go out and do what Soldiers do," said U.S. Army Pfc. Connor Tipton, a healthcare specialist at LPMC's Pediatric Clinic. "We had our crawl phase, we've had our walk phase, this is our time to shine and work as a unit."

While the training targeted Soldier competency and performance, LPMC leaders also gained insight to evolve the training in future exercises to improve Soldier performance and readiness.

"I wanted to go through it to get a perspective from the Soldier to better understand what they go through, so we can improve it for

the next iteration," explains Huerta. "There's a lot of potential to further develop these young (Soldiers) into leaders."

The exercise emphasized reconnaissance operations, reacting to contact and radio operations, aiming to prepare Service Members for assignments with front line combat units.

"At the end of the day, the goal or the end state is readiness. We want to make sure our Soldiers are ready to execute any mission they're given," said Huerta.

The Construct for Implementation of Section 702 of the National Defense Authorization Act outlines the priority of operational readiness and support of war fighting and operational missions over the delivery of clinical/health care services, meaning military medical personnel must consistently maintain a high standard of critical lifesaving skills for mission-related operations. At LPMC, war fighting and operational requirements are validated through exercises like Operation Courageous Fury and robust hands-on, practical training programs.

"A couple of years ago, when the (U.S. Army) decided to validate the readiness of the Medical Force, it was difficult to do in some areas where you don't have a high volume of patients, or don't see patients that are sick enough," said Lt. Col. Ekerette Akpan, chief, Hospital Education and Training, LPMC. "To stay ready for (combat) we filled the gap (between Military Treatment Facility patient care and simulated combat scenarios) by standing up a simulation program. Part of that process is making the training space as close as possible to (combat environments) and having the right (simulation) equipment (and simulations)."

As part of the exercise, Service Members participated in a medical trauma

team training, a simulated mass casualty event designed to assess team dynamics and communication in a deployed setting with limited resources. According to Akpan, the trauma training encompasses a briefing over possible scenarios staff may encounter, an orientation to LPMC's European Medical Simulation Center, which mirrors real-world field hospitals in austere environments, and a combat scenario validating the unit's medical combat readiness.

In addition to evolving Soldiers into leaders and testing Military Health System readiness overseas, LPMC leaders believe exercises like Operation Courageous Fury map out the training and support required for other Army Medicine units to develop and train their own Soldiers, swelling the Army's capability to deploy, fight and win.

"Being able to balance our enduring administrative and healthcare mission with the operational aspect of being a Soldier, I think that we have set the foundation," said Huerta. "If we can do it here, where our healthcare mission over the last year and a half has been heavily (stressed) by COVID-19, and we've managed to overcome that to execute this training exercise, I think that it could be something that can be shared across to other MTFs."



U.S. Army Spc. Brooke Rivera (left), healthcare specialist, Landstuhl Regional Medical Center, and U.S. Army Pvt. Qu'Darius Clayton (right), orthopedic specialist, apply a tourniquet to a simulated casualty during Operation Courageous Fury, a joint training exercise designed to assess medical operations in Germany at Landstuhl Regional Medical Center, June 3.

LRMC Troop Command bids

farewell to commander,

welcomes new top brass

LANDSTUHL, Germany -- Landstuhl Regional Medical Center's Troop Command held a change of command ceremony where U.S. Army Lt. Col. Christina Buchner relinquished command to U.S. Army Lt. Col. Casey Wilson, at LRMC, July 1.

Troop Command oversees four companies at LRMC and is responsible for the training, welfare and discipline of Soldiers assigned to the hospital.

"I could probably talk for days about the advancements made to (LRMC) and Troop Command under (Buchner's) leadership. This has been an absolutely unprecedented time in the world. She has led the Troop Command of the largest American Hospital outside the United States with laser focus and precision," said U.S. Army Col. Andrew Landers, commander LRMC, and reviewing officer for the ceremony. "As one of eight children in a military family, (Buchner) continues that tradition in her family to serve our country. The military is in her blood and the military family is part of who she is. (Buchner) you will forever be a part of the LRMC family and the LRMC legacy."

"Today is a tough day, reality struck that I have reached my command expiration date. Over the last few weeks, I've navigated through many stages of loss and grief, and

today I think I have finally reached the acceptance phase," said Buchner. "Though change is upon us, today we celebrate new beginnings and take time to reflect on the awesomeness of the organization. (The Soldiers participating in the ceremony) are only a fraction of a multifaceted and multifunctional team of Warfighters driven by their desire to care, serve, lead, develop and certify leaders, building legacies of future excellence."

During her command, Bucher advanced Soldier readiness with the incorporation of three collective training exercises aimed to showcase integrated medical operations in the European theater primed through a robust Sergeant's Time Training program.

"LRMC was transformed into a dynamic multifunctional medical platform," said Buchner.

The exercises, the first of their kind at Army Military Treatment Facilities, train and tested personnel on Individual Critical Tasks Lists (ICTL), Army Warrior Training (AWT), training over 1,100 Soldiers, Airmen and military providers. The training was so notable, during a visit to LRMC Army Medicine's top leaders, U.S. Army Surgeon General and Commanding General, U.S. Army Medical Command, Lt. Gen. R. Scott Dingle and Command Sgt. Maj. Diamond Hough, U.S. Army Medical Command, command sergeant major, praised the exercises and LRMC staff for their efforts.

"This team is a trained and highly responsive medical force, globally responsive and regionally engaged. A unit that embodies mission



U.S. Army Lt. Col. Christina Buchner receives the unit colors from U.S. Army Command Sgt. Maj. John Contreras, command sergeant major, Troop Command, Landstuhl Regional Medical Center, during a change of command ceremony where Buchner relinquished command to U.S. Army Lt. Col. Casey Wilson, at LRMC, July 1.

command and the ability to win in any environment," said Buchner.

As the only forward-stationed medical center for U.S. & Coalition forces, Department of State personnel, and repatriated U.S. citizens, LRMC is essential in U.S. medical operations across Europe, Africa and the Middle East. LRMC is also the evacuation and treatment center for all injured U.S. Servicemembers and civilians, as well as members of 56 Coalition Forces serving in Afghanistan, Iraq, as well as Africa Command, Central Command and European Command.

"(Buchner) truly puts the Army in Army Medicine," said Landers.

Buchner, a Medical Service Corps officer, is slated to attend Senior Service College at the U.S. Army War College in Carlisle, Pennsylvania.

Following in Buchner's footsteps is Lt. Col. Casey Wilson, also a Medical Service Corps officer who most recently served as the medical operations planner, G-3/5/7, U.S. Army Office of the Surgeon General and Army Medical Command, Falls Church, Virginia.

"This has been the longest and most anticipated position I've ever had in 26 years of service in the army," mentioned Wilson. "I'm looking forward to this opportunity to continue to lead and be led in this amazing profession that I cherish every day."



U.S. Army Lt. Cols. Casey Wilson (left) and Christina Buchner, stand at parade rest during a change of command ceremony where Buchner relinquished command of Troop Command, Landstuhl Regional Medical Center, to Wilson, at LRMC, July 1.



Former MMA Fighter turned Soldier discusses past, present

LANDSTUHL, Germany - Standing in an octagon with one arm held high by a referee, the tell-tale sign of a victor, a triumphant Sarah Schneider Chance should have felt on top of the world. Instead, she felt a void.

Growing up, Schneider Chance had the typical upbringing you would expect from the only daughter in a family of five. Her two older brothers were wrestling enthusiasts, along with her father, but it never struck a chord with the Kansas City native; that is, until she turned 17.

Encouraged by her brother, Schneider Chance entered and won her first Mixed Martial Arts (MMA) tournament. Prior to her first fight, Schneider Chance had only helped train family members in wrestling and boxing but had never stepped into the ring herself.

“(Fighting) was in my family,” clarifies Schneider Chance, who has been a professional fighter for the majority of her adult life. I fought all over the world, was once a world champion, took second in the world twice. “I represented the (United States) three times (in pankration). I was the first-ever Women’s World Champion in pankration, also took two silver medals.”

Now a Sergeant in the U.S. Army, Schneider Chance says she enlisted seeking glory of another kind.

“I wanted to do something great,

something honorable, something bigger than what I was doing,” states Schneider Chance.

During her second-to-last fight, Schneider Chance tore her ACL during a Judo Tournament in Germany. Following her recovery, Schneider Chance fought once more before finding her calling in the Army.

“All of a sudden I asked myself, ‘Why am I doing this?’” recalls Schneider Chance, of her decision to stop fighting.

According to Schneider Chance, now a nutrition care specialist at Landstuhl Regional Medical Center’s (LRMC) Nutrition Care Division, the decision was actually easier than expected. With a family history of serving in the military, she felt it was a way to be part of something bigger than the world of MMA had to offer.

“(The Army is) just a bigger scale, like a way bigger scale,” said Schneider Chance. “As a fighter, you have a team, you have teammates. In the military, you have comrades and it’s a good bond and connection, you’re able to fight and train together.”

Although Schneider Chance states she doesn’t plan to fight professionally again, the Army’s Modern Army Combatives Program (MACP) has piqued her interest.

“Army Combatives definitely helps represent the Warriors ethos. As a fighter, you acquire courage to go out there and finish the fight and not turn and run from

your opponents,” said Schneider Chance. “What I find similar (between professional MMA fighting and MACP) is the mentorship, fighting and your team. You all train to get really, really good and to go out there and do your best.”

Outside the ring, Schneider Chance says team work and mentorship still play a role in a successful Army unit. While characteristics of the combat sport and actual combat may differ, Schneider Chance believes the principles of teamwork in the sport parallel the Army Values, particularly loyalty, duty and courage.

“If you want a promotion, all your teammates help you get that promotion. You’re all working together to make sure that you are all as strong as you can possibly be as a team,” said Schneider Chance.

Although group MACP has been suspended at LRMC due to the COVID-19 pandemic, Schneider Chance hopes to bring it back when allowed, help others train and promote physical readiness.

“As Soldiers, (fighters) are what we are. We’re meant to fight and go win wars,” said Schneider Chance, a second-degree black belt in American Jujitsu and fourth-degree black belt in pankration. “For someone to get out there and conquer that fear (of fighting), it’s a good way to give someone something.”

Patient Caring Touch System

Duty



obligatory tasks, conduct, service, or functions that arise from one's position; something that you must do because it is morally right or the law requires it

Why is Duty Important? Doing your **duty** means more than carrying out your assigned tasks. **Duty** means being able to accomplish tasks as a part of a team. Our work is a complex combination of missions, tasks, and responsibilities – all in constant motion. But, our most important work focus is our patient care mission. The relationship developed between a patient and their health care providers is a special one. We owe a “**duty of care**” to our patients and have a general **duty** or obligation to them to take reasonable care to avoid foreseeable injury and to support them back to optimum health. We fulfill our obligations to our patients and our team by doing always doing what is right and by resisting temptations to take “shortcuts” that might undermine the best patient outcomes possible.

“Small but mighty” Army health clinic welcomes new commander

Kaiserslautern, Germany – U.S. Army Health Clinic Kaiserslautern held a change of command ceremony where U.S. Army Maj. Shara Fisher relinquished command of the clinic to U.S. Army Maj. Stephen Harmon at Kleber Kaserne, June 30.

“Many Army families in the (Kaiserslautern Military Community) receive their primary care at Landstuhl Regional Medical Center but just down the road is an extension to that healthcare at (Kleber Kaserne),” said U.S. Army Col. Andrew Landers, commander of Landstuhl Regional Medical Center, Kaiserslautern Army Health Clinic's higher headquarters. “I know the motto of the clinic is ‘Small but mighty’ and I think there's a very fitting way to describe this team.”

With a patient empanelment of over 4,200 service members and family members, Kleber Army Health Clinic (KAHC), as it is often referred to, has a mission far from small and the efforts of its health care professionals reach beyond the clinic's small footprint.

“Challenges of military health care delivery are plentiful. Yet, under (Fisher's) leadership, the clinic excelled despite operating under COVID-19 restrictions,” mentioned Landers. “The clinic has grown and prospered, achieving Joint Commission accreditation, adapting the clinical posture to the (COVID-19) environment, implementing virtual care and telework to maximize safety and were the first Army health clinic to execute a COVID-19 vaccine point of distribution.”

“As I stand here on the last day of command, I'm very proud of all of our accomplishments, I would not be successful

without the support of the command as well as the team,” said Fisher, a Boston native. “It was not always easy. As a team we tackled (inspections and pandemics). The changes kept changing, but it made us more thankful, innovative, and adaptive. We banded together as staff holding the frontline against an invisible enemy.”

Under Fisher's leadership, KAHC was essential in ensuring Soldiers preparing for training or deployments across Europe were medically ready, often fluctuating patient empanelment with an additional dozen to hundreds at a time.

“(KAHC staff) ensured the mission never faltered. Not only did the clinic staff come together, we overcame challenges,” said Fisher, a family nurse practitioner by trade. “Thank you for your sacrifices. We are a small team and sometimes we ask more of you, but you always rose to the occasion.”

“We're fortunate that one of our own (LRMC) team members has risen up and moved down the road a little bit to take over command here,” said Landers. “(Harmon) says he seeks out command opportunities because he views command as the pinnacle of leadership. I look forward to the continued opportunity to work with you and seeing what you and the (KAHC) team will accomplish together.”



U.S. Army Maj. Shara Fisher transfers the U.S. Army Health Clinic Kaiserslautern unit colors to U.S. Army Col. Andrew Landers, commander, Landstuhl Regional Medical Center, during a change of command ceremony where Fisher relinquished command to U.S. Army Maj. Stephen Harmon at Kleber Kaserne, June 30.

Harmon, a nurse by trade, most recently served as the executive officer for LRMC.

“It was a long road getting here. I come from a military family. My mother, father, stepfather, mother in law, father in law, all served and they all inspire me to continue that tradition of service,” said Harmon, a native of Salt Lake City. “Command is perhaps the greatest privilege the military has to offer. I'm both grateful and incredibly excited to get started.”



(From left) U.S. Army Maj. Shara Fisher, U.S. Army Col. Andrew Landers, commander, Landstuhl Regional Medical Center, and U.S. Army Maj. Stephen Harmon, stand side by side during U.S. Army Health Clinic Kaiserslautern's change of command ceremony where Fisher relinquished command to Harmon at Kleber Kaserne, June 30.

Vicenza, Italy – U.S. Army Lt. Col. Carla Schneider (left) receives the U.S. Army Health Clinic Vicenza colors from U.S. Army Col. Andrew Landers (center), commander of Landstuhl Regional Medical Center, during a change of command ceremony where U.S. Army Lt. Col. Joseph Matthews (right) relinquished command of USAHC-V to Schneider at U.S. Army Garrison Italy, June 22.



USAHC Vicenza welcomes new commander

Vicenza, Italy – Soldiers, staff and guests joined U.S. Army personnel in Italy in welcoming U.S. Army Lt. Col. Carla Schneider to the team as U.S. Army Lt. Col. Joseph Matthews relinquished command of U.S. Army Health Clinic Vicenza to Schneider during a change of command ceremony at U.S. Army Garrison Italy, June 22.

“Both of these fine officers have excelled in their duties and are ready for the next leadership challenge of their careers,” said U.S. Army Col. Andrew Landers, the reviewing officer for the ceremony and commander of Landstuhl Regional Medical Center, USAHC-V’s higher headquarters. “The success of (LRMC) and Regional Health Command Europe can be credited in large part to the amazing subordinate commanders we have on the team, (Matthews) is no exception.”

USAHC-V, often referred to as “Army Medicine South of the Alps,” is the only health clinic at Caserma Ederle in Italy, an Italian-controlled military installation which is home to the 173rd Airborne Brigade, the U.S. Army’s contingency response force in Europe. Additionally, the clinic provides medical support during regional military exercises.

“Leading a clinic during one of the most unique and challenging years in modern history has been no easy feat. You have left a lasting impression on the health clinic and the Vicenza Community,” said Landers. “You’re quite literally at the tip of the spear in the COVID-19 response; developing a patient hold critical care unit and transport capability, opening the first acute respiratory clinic in Regional Health Command Europe, and executing the large task of vaccine

distribution, ensuring your military community members, including local nationals and the Vicenza military community, received their vaccines in a timely and safe manner.”

During Matthews’ command, USAHC-V completed a successful survey by the Joint Commission, a testament of the clinic’s commitment to high-quality health care and patient safety. In early 2020, Matthews led the COVID-19 medical response efforts across Italy, one of the first Nations to implement regional lockdowns, including the area in which USAHC-V is located. Nearly a year later, the clinic began community vaccination efforts.

“It’s hard to believe it’s been two years since I was standing here and took command,” said Matthews. “To say it didn’t quite go how I anticipated would be an understatement. In January (2020), I started watching the reports of (COVID-19) in China, no big deal. We’d seen SARS we’d seen bird flu, swine flu, Ebola, this will blow over like those. Probably a week or so later it showed up in Italy. Later that week, we were shutting down almost everything. Training stopped, travel stopped, the streets were empty, only essential services were running and we become the main effort. For those unfamiliar, military operations at a medical unit being the main effort is a bit of a rarity.”

Matthews described response efforts the clinic initiated to safeguard Americans in Italy, including opening a drive-thru pharmacy, the COVID-19 treatment clinic known as the Acute Respiratory Clinic, and establishing testing capabilities to detect and limit the spread of the virus.

“Bottom line, this command has been anything but business as usual,” said

Matthews. “I’m so proud of this team. They faced every challenge head on and came through victorious. They demonstrated resilience in the face of diversity and flexibility in the face of ambiguity. They have done an exceptional job of taking care of our community.”

Matthews, an emergency medicine physician by trade and Dallas native, is slated to become the next command surgeon for Special Operations Command Europe.

“(Matthews) is a great example of what a servant leader is. I’m so excited to just continue to build upon your legacy,” said Schneider, a native of Willis, Kansas. “I am ready to support (USAHC-V) through the good, the bad and the ugly, but we will be there together.”

Schneider, a medical logistics officer, is coming to USAHC-V after serving a tour as the chief of Logistics at Evans Army Community Hospital, Fort Carson, Colorado.



U.S. Army Lt. Cols. Joseph Matthews (foreground) and Carla Schneider stand at parade rest during U.S. Army Health Clinic Vicenza’s change of command ceremony where Matthews relinquished command of USAHC-V at U.S. Army Garrison Italy, June 22.

the spotlight

ONE TEAM. ONE PURPOSE.

Selfless Service.



Soldiers with Basic Leader's Course, Class 007-21 prepare to graduate from the course, June 9. The Basic Leader's Course, or BLC, prepares the Specialist/Corporal for duties and responsibilities as a Sergeant. Graduates welcomed Command Sgt. Maj. Stephen J. LaRocque, U.S. Army Garrison Rheinland-Pfalz command sergeant major, who discussed the impact NCOs may have on other Soldiers.



U.S. Army Sgt. 1st Class Benjamin Jones receives the Medical Transient Detachment unit guidon from U.S. Army Capt. Kyler Dabolt, commander, MTD, Troop Command, Landstuhl Regional Medical Center, during a change of responsibility ceremony where 1st Sgt. Nathan Hunsaker relinquished responsibility to Jones at LRMC, June 14.

the LEGACY



Medical Service Corps officers around the Kaiserslautern Military Community in Germany gathered to celebrate the 104th anniversary of the Medical Service Corps at Landstuhl Regional Medical Center, June 30. The Medical Service Corps is comprised of 27 different Areas of Concentration spanning from administrative support to clinical positions, making an impact on patient care and Medical Readiness across Military Medicine.

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