

Deployment Quarterly

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U.S. DEPARTMENT OF DEFENSE
Deployment Health Support Directorate



DIRECTOR'S message

Dear Readers:

As the deputy assistant secretary of defense for force health protection and readiness it is my job to lead the Defense Department's efforts to develop policies and programs designed to protect the health of the servicemembers we deploy all over the world. This gives me responsibilities that cover a lot of territory within the office of the assistant secretary of defense for health affairs, including deployment medicine, medical readiness, national disaster support, and the broad subject of force health protection.



The creation of my office is an indication of how seriously DoD now takes force health protection. As the war on terrorism continues, and operational tempos increase, almost everyone in uniform will be affected. We must be prepared to protect our people from hazardous environmental conditions and endemic diseases in every corner of the world, the growing threat of biological and chemical weapons, and the very real health risks presented by operational stress.

That means we will have to continue to improve medical record keeping, environmental surveillance, and our ability to give the best possible medical care in the field wherever our military members go. We must develop sound and safe vaccine policies to protect the force against the use of diseases as weapons. And we must train our servicemembers to spot the warning signs of the effects of stress.

Our force is diverse, and we need to protect the health of every member in it. In my time in this office I have learned that there are special challenges in delivering the right care to the department's civilians, National Guard and Reserve members, those deployed to places we have not established an infrastructure, and those deployed on our own soil for homeland defense. New systems are being implemented, but there is much more to do.

We are not developing these new policies and programs in a vacuum. We need the input from those who have to implement the plans made in the Pentagon. To that end, teams from my Deployment Health Support Directorate are on the road, visiting the units that have deployed in the last couple of years. Members of DHSD have spent years investigating the events of the Gulf War to gather the lessons learned from that conflict. Now they are doing the same with present day deployments, gathering first-hand information from commanders and their staffs. Their goal is to find out what policies work in the field, which programs didn't work as planned in real life, and how policy makers can make things better for those out there at the tip of the spear.

DHSD staff will continue to report what they learn in the pages of this magazine. We hope our efforts make life easier, safer and healthier for our deploying forces.

Sincerely,

Ellen P. Embrey
Deputy Assistant Secretary of Defense for
Force Health Protection and Readiness

Deployment Quarterly

The Deployment Health Support Directorate

Volume 2

Issue 2

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Deployment Quarterly is published quarterly by the Deployment Health Support Directorate Public Affairs Office, 5113 Leesburg Pike, Suite 901, Falls Church, Virginia 22041. Send address changes to the same address.

SUBMISSIONS: Print and visual submissions of general interest to active duty, Reserve Component members, veterans and families are invited. Please send articles with name, phone number, e-mail and complete mailing address and comments to:

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LETTERS: Letters to the editor must be signed and include the writer's full name, city and state (or city and country) and mailing address. Letters should be brief and are subject to editing.

AUTHORIZATION: *Deployment Quarterly* is an authorized publication for past and present members of the Department of Defense. Contents of *Deployment Quarterly* are not necessarily the official views of, or endorsed by, the U.S. Government, the Department of Defense or the Deployment Health Support Directorate.

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U.S. Navy photo by Jessica Davis

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On the Cover

GULF OF OMAN -- A CH-46 Sea Knight helicopter assigned to the "Dragon Whales" of Helicopter Combat Support Squadron Eight (HC-8) delivers supplies to the flight deck of the aircraft carrier USS George Washington (CVN 73) from the Military Sealift Command ship USNS Supply (T-AOE 6). The Washington Battle Group is on a six-month deployment conducting combat missions in support of Operation Enduring Freedom and Operation Southern Watch.



U.S. Navy photo by Photographer's Mate 1st Class David C. Lloyd

*Suicide Prevention Week
is November 18 - 22, 2002*

Protecting the Force: The Anthrax Vaccine

By **William Winkenwerder Jr., M.D., M.B.A.**

The attacks of September 11, 2001, reminded us all that America's enemies will do anything within their power to kill and terrorize. The fact that terrorist organizations, and the nations that support them, may possess chemical and biological weapons means that we must be prepared to face threats to our force from risks beyond bullets or artillery.

The civilian and uniformed leadership in the Department of Defense continues to view anthrax as a real and present threat to the safety of our armed forces. In response to that threat, the secretary of defense has issued a policy to vaccinate our service members against anthrax, starting with those believed to be at greatest risk of attack.

Independent scientific experts and our own military medical authorities have concurred that the anthrax vaccine is safe and effective. I hope you'll check what the scientists and physicians — the experts — have to say. For example, the National Academy of Science's Institute of Medicine, a national organization whose only function is to advance scientific knowledge to improve human health, released their findings on the safety of the anthrax vaccine in March 2002. This prestigious group of researchers found the anthrax vaccine to be safe and effective against all the ways people get anthrax infections, including inhalational anthrax. In fact, they stated that the evidence showed that the vaccine is effective against anthrax caused by all known or plausible engineered strains of the disease.

Additionally, researchers found no evidence that people face an increased risk of experiencing life-threatening or disabling adverse events immediately after receiving the anthrax vaccine. Nor did they find any convincing evidence that people face an elevated risk of adverse health effects over the longer term. You can read their summary of the report for yourself on the Internet, at [http://www.iom.edu/iom/iomhome.nsf/WFiles/Anthrax-4-pagerFINAL/\\$file/Anthrax-4-pagerFINAL.pdf](http://www.iom.edu/iom/iomhome.nsf/WFiles/Anthrax-4-pagerFINAL/$file/Anthrax-4-pagerFINAL.pdf)

In the next few weeks, you'll be hearing more about the program from leaders in your chain of command and members of your medical community. They will tell you what we know about the vaccine, and what you can expect. They will let you know that local reactions to this vaccine are common. The typical reactions include soreness, redness, itching, swelling and lumps at the injection site. The types and frequency of these reactions are similar to those we see with other, more familiar vaccines, such as the tetanus and influenza vaccines. During the discussions with your leaders and health care providers, I encourage you to ask questions. Learn the facts!



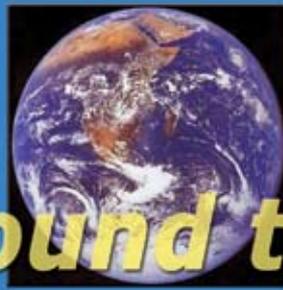
We in the Department of Defense have no doubt that the threat of an enemy using anthrax as a weapon against us is very real. Anthrax is one of the top choices of biological weapons. The disease is almost always fatal if not treated early, and the odorless, colorless spores could be spread on the battlefield without warning.

Several of our potential adversaries have worked to develop an offensive biological warfare capability using anthrax. One of them, Iraq, has admitted to producing and "weaponizing" anthrax.

As the assistant secretary of defense for health affairs, your health and safety are my personal responsibility. Knowing that our enemies will use whatever means they have to pursue their ends, we have an obligation to use every means available to protect you. That includes our best intelligence, detection equipment, protective gear, and a safe, effective, FDA-approved vaccine. We owe you that protection.

William Winkenwerder Jr., M.D., is the assistant secretary of defense for health affairs. He serves as the principal staff assistant and advisor to the secretary of defense for all the Department of Defense health policies, programs and activities, and subject to the direction of the secretary of defense, exercises oversight of all Department of Defense health resources.

News from Around the World



Security Check



Photo by Master Sgt. John Nimmo

Senior Airman Alden L. Garlitz, with the 438th Air Expeditionary Wing security forces squadron, inspects the underside of a vehicle Sept. 10 before permitting it to drive onto the base at a forward-deployed location supporting Operation Enduring Freedom. Garlitz is an Air National Guardsman deployed from the 173rd Security Forces Squadron at Kingsley Field, Klamath Falls, Ore.

DARPA Combats Information Overload

ARLINGTON, Va., — In the civilian world, it's called "information overload."

That's when so much information is coming in that the receiver cannot separate the wheat from the chaff.

In the military, information overload can get you killed. That's why the Defense Advanced Research Projects Agency set up the Information Exploitation Office.

"What we're all about is finding and killing bad guys on the battlefield," said office director Dick Wishner. "We're focused on land and surface targets."

There is a certain amount of information a servicemember needs. The services collect data in a number of ways, from satellites to communications intercepts to human intelligence to remote sensors. Part of the rationale for setting up the office is the "military gets a lot of data, but not enough information," Wishner said. "What we're trying to do is extract information out of this huge stream of data."

But even with all the information coming in, Wishner does not try to claim that everything is known.

"I'm not trying to imply that all the data we need is available," he said. "We actually have a shortage of high-quality sensors."

The office will work with others inside DARPA and the services to develop new sensors. Wishner said the office is particularly focused on what the military is finding to be the norm: situations where servicemembers have restricted rules of engagement.

"You can't shoot at somebody you think is a bad guy unless you can verify there are no neutrals or good guys in the weapons splash radius," he said. "So we're invoking the new sensor technology to do very precise target identification and make sure we don't make any mistakes." The technology would take an image, identify it as friend or foe and give that information to the servicemember.

"We don't want people trying to make an identification from a screen," Wishner said. "By the time they see it, the vehicle is already labeled with what it is."

He said the office would work to speed up reaction time. He said the services now have similar deliberate planning processes.

"The Air Force has something they call 'find, fix, target, track, engage and assess,'" he said. "That's a fine methodology, but there are segments between these that take too long."

Wishner said the office is looking to synchronize everything "so that when you find a guy who's potentially a threat, we can precisely ID him quickly. Then we'll have a shooter platform nearby that can launch a weapon and destroy him if we deem he's a bad guy."

He said the office would work with warfighters and service laboratories to ensure the products are real, usable and needed. The office will also address other problems like pinpointing targets under foliage and the problems entailed with finding enemies in urban environments. ■

DoD Asks Eligible Donors to Give Blood Now

WASHINGTON — Department of Defense blood donor centers are asking eligible blood donors to give blood to ensure DoD supplies and assist civilian blood collection agencies experiencing unusually severe blood shortages.

"The next few months will be tough for us to keep blood supply at optimal levels," said Army Col. Mike Fitzpatrick, Armed Services Blood Program director. "Summer is the time when most military personnel move to new duty stations. Add to that summer vacations, and you get an increased need for blood donations."



"We encourage military blood donors to give blood through the Armed Services Blood Program, which is supporting civilian requests for blood products in the current shortage," said Navy Cmdr. Rebecca Sparks, deputy director, Armed Services Blood Program.

"In military communities where our program does not have blood collection facilities, we urge soldiers, sailors, airmen and Marines to support blood drives in their local communities," Sparks added.

Unlike civilian agencies, the Armed Services Blood Program, which provides blood products for military hospitals and military readiness purposes, is not experiencing a blood shortage.

Armed Services Blood Program officials attribute the fact that they have a sufficient amount of blood on hand to meet military needs to two factors. First, DoD's current needs are much smaller than those of civilian agencies. DoD collects about 1 percent of the blood collected from Americans. Second, military personnel donate blood at about twice the rate that civilians do. About 10 percent of eligible military donors donate; civilian blood collection agencies estimate that less than 5 percent of the eligible U.S. population donates.

However, a disproportionate number of DoD donors are deferred from giving blood under standards implemented last fall by the Food and Drug Administration, which regulates blood products in the United States.

The standards were

instituted as a pre-cautionary measure against exposure to the human form of mad cow disease.

About 18 percent of active duty military personnel cannot donate blood because of duty assignments in the United Kingdom and Europe, according to Sparks. Because of concerns about exposure to the human form of mad cow disease, the FDA restricted donations from people who lived or traveled in these places during specified timeframes. DoD issued a policy based on that of the FDA, which defers military personnel and family members who meet any of the following criteria:

- Traveled or resided in the United Kingdom from 1980 through 1996 for a cumulative period of three months or more.
- Traveled or resided in Europe from 1980 through 1996 for a cumulative period of six months or more.
- Traveled or resided in Europe from 1980 to the present for a cumulative period of five years or more.
- Received a blood transfusion in the United Kingdom since 1980.
- Received a bovine insulin product produced in the United Kingdom since 1980.

The deferral policy also affects military retirees and their family members who meet any of the above criteria.

DoD blood officials have begun a campaign to make personnel aware of the need to donate blood on a continuing basis using DoD's internal media. The Defense Department also has added blood recruiting and collection personnel at its collection facilities, and encouraged commanders to support blood collection efforts.

To find out how you can give blood through the Armed Services Blood Program, contact your local blood donor center.

For information on blood deferral policies and on risks associated with travel or assignment in the United Kingdom and Europe, visit the U.S. Army Center for Health Promotion and Preventive Medicine Web site at <http://chppm-www.apgea.army.mil>. ■

Q *What can I do to keep from getting sick while deployed?*

A In the last issue of *Deployment Quarterly*, we discussed how to avoid diarrhea or dysentery by being careful about what you eat and drink. There are other important steps that you should take to avoid illness and injury while you are deployed. The need for such steps varies according to the health threats in the place where you are deployed. If you don't like getting sick in the field, find out, before you deploy, what to look out for. The more that you know about the threats and how you can block them, the less likely it is that you will get sick. Some of the most common and potentially dangerous threats are described here.

Heat can kill. Heavy exercise increases your body temperature. In warm, humid weather, losing that body heat may be difficult. Heat exhaustion, or the more serious, heat stroke could result. If you get too dehydrated because you haven't

replaced body water lost by sweating, you may develop heat exhaustion, an inability to continue to work. If heat exhaustion or heat stroke occurs, you will become a casualty requiring assistance from medics and possibly evacuation. Preventing such heat injuries requires you to be aware of the threat. Avoid unnecessary exertion during the heat of the day. If you must work in hot weather, seek out shade, rest often, drink plenty of water, and loosen your uniform as much as the mission permits. Water is key. You should drink enough to keep your urine light yellow in color (not dark) and normal in volume. Drink before you get thirsty. If you're thirsty, it means



Col. Dr. John W. Barnes, MC, FG, USA

you're already at least a pint behind.

Cold is also a threat. The most common severe cold injury is frostbite, which results in the permanent loss of skin or larger body parts that become frozen. Trench foot and immersion foot result from prolonged exposure of the feet to wet, cold conditions. Hypothermia is the dangerous, potentially fatal lowering of body temperature due to loss of body heat.

You prevent cold injuries by keeping your body and its more exposed parts warm and dry. Wear the available cold weather uniforms. Protect your head, face, ears, hands and feet from the cold. Keep clothing clean and dry. If your clothing (especially socks and gloves) gets wet, change to dry clothes as soon as possible. Eat all your meals and keep moving when outside in the cold.

Insects, ticks, and other bugs can also be hazardous to your health. When deploying, find out which of

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drugs & HERBS

Q *Thank you for sending your magazine out here where we are in support of Operation Enduring Freedom. My question is just a clarification. I don't think you don't publish my name. I have gained over 15 pounds since I have deployed and am truly struggling to keep the pounds off. I am not eating that much. However, our work tempo in aircraft support allows very little time for exercising. A friend of mine gave me a bottle of weight loss pills, and I noticed one of the ingredients was Ephedra. I have heard this name in the news before, but don't remember the specifics. Is this ok to take?*

No. If you wanted approval —

A implicit or direct — you have asked the wrong person. Here is why. I am very conservative when it comes to "things" you ingest, that are supposed to effect or alter

some type of function in your body. This includes



Cmdr. Gene DeLara, MSC, USN

pharmaceuticals, neutra-ceuticals, sport supplements, diet products, herbal products, etc. However, the non-regulated herbal products are the ones I would be most concerned about. The manufacturers of these products are not required to submit proof of safety and efficacy to the

U.S. Food and Drug Administration before marketing. As a result, the adverse effects and drug interactions are unknown. You are playing roulette with your health. Given the fact you are deployed, you also put at risk those who rely on you to do your job.

There is no doubt this topic has generated a lot of discussion among the experts in the various segments of healthcare.

However, here are the facts as I know them.

- Ephedra-containing products have been associated with adverse cardiovascular events, seizures, psychoses, and sudden deaths.
- These products are not approved by the FDA.

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Transitional Health Benefits Improve for Guard,

WASHINGTON — A recent change to health care benefits will be a big help for National Guard and Reservists who were mobilized in support of the war on terrorism.

Under the revised transitional health care benefit plan, Guard and Reserve who were ordered to active duty for more than 30 days in support of a contingency and have more than six years total active federal service are eligible for 120 days of health care following their period of active service.

Guard and Reserve members with less than six years service will get 60 days of continued medical care. Under a worldwide demonstration project, family members are also covered under this plan. This program is retroactive to Jan. 1, 2002.

Eligibility for these benefits will be determined by information in the

Defense Enrollment Eligibility Reporting System.

"I think the number one thing a member can do upon demobilization is to ensure their information in DEERS is correct," said Col. Kathleen Woody, director of medical readiness and programs in the office of the assistant secretary of defense for reserve affairs. "That's paramount because all of your benefits are contingent on the information in DEERS."

The Defense Manpower Data Center is sending a letter to people who are eligible for this benefit, but only if the information in DEERS reflects their having served in support of a contingency operation such as Operations Noble Eagle or Enduring Freedom.

"Our Guard and Reserve members and their families have sacrificed a great deal by responding to the call to duty

in support of the war on terrorism," Woody said. "We have an obligation to ensure that each individual is aware of this transitional health care benefit."

Members and families who were enrolled in TRICARE Prime while on active duty will automatically be disenrolled upon release from active duty. The Reserve Component member or family must actively re-enroll if they wish to continue TRICARE Prime during the transitional health care period.

For more information on TRICARE and claim forms, call the Worldwide TRICARE Information Center toll-free at 1-888-363-2273, visit the TRICARE Web site at <http://www.tricare.osd.mil>, or visit the TRICARE service center or benefits counselor at the nearest military health care facility. ■

Ask the Doc

— Continued from Page 5 these creatures to guard against where you are going. Defenses against biting insects include proper wear of the uniform to cover the skin, the use of permethrin repellent on the uniform and DEET on the skin. Bed netting is a very effective barrier against biting insects at night when sleeping. You can get added protection by treating the netting with permethrin. In many parts of the world, malaria — spread by mosquitoes — is an important threat. Protective drugs, like chloroquine, mefloquine or doxycycline can keep you from getting sick from malaria, even if you can't keep all of the mosquitoes from biting you.

Field bivouac areas should be kept clean so that you don't attract flies, biting insects, rats and other wild animals. Human waste (feces) should be disposed of in accordance with military doctrine. Flies are capable of carrying disease-causing germs from latrines to exposed food. Rats and other animals can bite humans and may harbor insects that carry disease. Leftover food and trash should be carted away, burned or buried in accordance with command guidance. You should keep the area where you

sleep free from spilled food, crumbs or water, so that you don't draw pests to you.

There are many other precautions which you should take to stay healthy when deployed. There's not enough space here to discuss them all, but you can learn more from a variety of sources. Detailed information about the health threats of a region should be available to units deploying there. Each of the services has printed manuals about hygiene and sanitation in the field. Medical officers, medics, preventive medicine and public health technicians are reliable sources for tips to stay healthy. Don't miss the pre-deployment briefings about the medical threat in the region where you're going. There are also many Internet-based Web sites where you can find out what to guard against when you deploy. Several examples can be found at <http://chppm-www.apgea.army.mil/deployment/shg.asp>. ■

Col.(Dr.) John W. Gardner, MC, FS., U.S. Army, serves as the program director of medical readiness in the Deployment Health Support Directorate. He received his medical degree in 1976 from the University of Utah and a doctorate in public health from Harvard University in 1981.

DoD Pays Some Employees' Health Premiums

WASHINGTON — Some DoD civilian employees in the Reserve Components who are called to active duty will see Uncle Sam pick up their Federal Employee Health Benefits Program premiums.

The new personnel policy, recently authorized by Deputy Defense Secretary Paul Wolfowitz, applies to call-ups for contingency operations under Title 10 of the U.S. Code.

"This is a really good benefit for our civilian employees in the Guard and Reserve who are deployed in support of contingency operations," said Nancy J. Wilson, chief of the Employee Benefits and Records Management Division, Human Resource Services Center, Washington Headquarters Services, at the Pentagon.

Depending on their health care plan, Wilson pointed out, participants can save up to \$50 a week.

Eligible DoD civilians also may obtain retroactive reimbursement of their Federal Employee Health Benefits Program premium payments if they were called to active duty for certain

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Air Force Lab Soothes Air Contamination

by rita boland

When an airplane smashed into the side of the Pentagon Sept. 11, 2001, the focus was on terrorism and the immediate attack, but people had to return to work. Dealing with the fear that absorbed the nation after that day, those people didn't need the added fear of contaminants in their air.

To ensure the safety of their working environment, the personnel in the chemistry division at the Air Force Institute for Environment, Safety and Occupational Health Risk Analysis, located at Brooks Air Force Base, Texas, analyzed samples of the air for asbestos and dangerous metals.

"We analyzed samples of air simulating what people would breathe," Kurt Greebon said. Greebon is a chemist at Air Force Institute for Environment, Safety and Occupational Health Risk Analysis and the acting technical branch chief for Inorganic Industrial Hygiene.

Since no packages were going in or out of Washington, D.C., at the time, the Surveillance Directorate Chemistry Division at AFIERA tapped into their chemical laboratory network to find a suitable lab nearby that could analyze the samples quickly.

The Surveillance Directorate Chemistry Division, which handles more than 60,000 samples a year, works with 10 contract labs throughout the country to analyze hazardous waste, water and soil samples from 250 military bases around the world. They work with the Air Force, Air National Guard and Air Force Reserves as well as other branches of the armed forces.

"We analyze samples to ensure health and safety in the workplace and the environment," said Juanita Gilliland, chief of program management for the Surveillance Directorate Chemistry Division.

During the anthrax scare, Air Force Institute for Environment, Safety and Occupational Health Risk Analysis chemists analyzed many samples

of white powder from different locations to determine the identity of the substances.

"We can support people on any environmental or occupational analysis," Gilliland said. "If we can't do it [at Brooks] we send it to one of our contract labs."

The Surveillance Directorate Chemistry Division sends assessment teams to the contracted labs periodically to ensure the work meets Department of Defense standards. U.S. Central Command Air Forces is one of the important customers they support by analyzing air and soil samples to ensure a safe environment for those deployed. The Surveillance Directorate Chemistry Division has also worked on projects with JP-8, the fuel in jets, and aviators' breathing oxygen.

They analyzed samples of JP-8 in the air and on clothing to determine how much had been absorbed by people working with the planes. Those results helped develop guidance for safer clothing and protective gear for the workers.

The Surveillance Directorate Chemistry Division checks that companies who provide oxygen for pilots don't supply contaminated canisters. They have also analyzed oxygen samples after crashes to see if contamination played a role in the accident.

In certain cases, the division sends equipment for gathering and analyzing out to the site, so the material doesn't have to be shipped or contaminate anyone in the lab.

The Surveillance Directorate Chemistry Division once received a package that a chemist identified as a chemical warfare object before it was opened. The sample was returned to the sender. "I didn't want to open it," Greebon said.

The chief of Surveillance Directorate Chemistry Division, Air Force Lt. Col. Dave Gibson, has been working with



the FBI and the Centers for Disease Control and Prevention to establish a system for chemical response in the event of a chemical weapons attack. According to Gibson, such a system is still speculation and many logistical aspects must be arranged.

"We want to prompt the system and say, 'Are you guys ready for to handle a chemical event?'" Gibson said.

Despite Surveillance Directorate Chemistry Division's role in recent events, its mission is mainly unchanged from the pre-Sept. 11 era. The chemists still focus on providing timely and valid analyses to keep people safe in their working environments.

"Nothing has consistently changed," Greebon said.

The Surveillance Directorate Chemistry Division used to examine mainly drinking water, but with new regulations, drinking water has become safer and the examination requirements moved from one year to two years. The chemists now analyze more soil, air, hazardous waste and charcoal tube samples, though they

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Vaccine Healthcare Center Helps Protect Troops, Trains Doctors

by austin camacho

Some people fear vaccines more than they fear the illnesses they can prevent. In response to growing concerns about the safety of immunizations, the Department of Defense created the Walter Reed National Vaccine Healthcare Center. Dr. Renata Engler, director of the National Vaccine Healthcare Center, says that the center has been established as the lead agent for a much broader approach to supporting immunization health.

"It's intended to become a network of vaccine healthcare centers of excellence," Engler said.

Engler, an expert in dealing with adverse reactions to drugs, is chief of the Allergy and Immunology Department at the Walter Reed Army Medical Center in Washington, D.C. She and Dr. Bryan Martin conceived the center while running a Walter Reed Army Medical Center program that provides training in immunization and allergy nursing skills to medical professionals of all the military services. Her vision for the National Vaccine Healthcare Center is to develop a network throughout DoD to improve immunization delivery, education and research, and to better manage the adverse effects of vaccines.

Engler says the center's mission is to provide clinical support and leadership for immune readiness, in collaboration

with the Centers for Disease Control and Prevention. Together, the two organizations will develop programs to enhance vaccine safety and effectiveness. They will also work to increase vaccine acceptability, a growing issue in the military and America in general. For people in uniform, the controversy has mostly surrounded the Defense Department's Anthrax Vaccine Immunization Program.

"When the anthrax vaccine program started, a lot of questions and issues arose," Engler said. "Servicemembers had concerns about adverse events."

According to Engler, front line personnel weren't properly prepared and, unlike other vaccines, clear provisions weren't made for medical exemptions. For example, if a doctor chooses to exempt a servicemember from his or her next hepatitis B shot, there is a system in place to manage that situation without the person being barred from deployment.

Also, she says, the basic message the Pentagon sent to servicemembers — that the vaccine is safe and effective — may have been over-simplified. She says people have to remember that vaccines are prescription drugs, and even the safest prescription medications have a 1 to 2 percent incidence of adverse reactions. So

she would expect one out of 100 people who get a drug to have a reaction close to the time of the drug's administration. That would raise a question about the risk of re-exposure.

"With the anthrax vaccine — which requires six doses in 18 months — it's not a surprise that this became far more visible than with vaccines you get once every five or 10 years," Engler said.

Engler believes that training for the people delivering vaccines has been deficient, both in the military and in the civilian sector. In that way, she says, the military system is no different from the rest of the country.

"Immunization health care is a national issue," Engler said. "The concerns people have, the questions, and things we need to do to make immunizations better are not unique to the military. If we don't do better as a nation, we'll lose the trust of the public. They won't immunize their children, and we'll see diseases come back and other negative effects that are preventable."

Congress directed the CDC's national immunization program to work with the Army to develop clinical vaccine safety improvements. While DoD developed the Vaccine Healthcare Center, the CDC has launched a parallel initiative — the Clinical Immunization — Continued on Page 14

Drugs & Herbs

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regulated by the Food and Drug Administration.

- There are no safety and efficacy studies for these amphetamine-like products which acts as a stimulant in the body.

Don't be fooled by slick marketing and misinformed friends. I won't name the various brand names here for obvious reasons. However, the FDA is warning consumers not to consume ephedrine-containing products. Read the label. You may find names like Ma huang, Chinese Ephedra, Ephedra sinica, ephedron or some variation. Any of these ingredients listed indicate the

presence of ephedrine. Many of these products are marketed under a variety of brand names with labels that claim or imply weight loss, increased energy, aphrodesia, euphoria and other effects.

I think a better idea is talk with a dietician and the medical folks at your location or via the Internet. I bet with slight modifications and realistic

Cmdr. Gene DeLara, Medical Service Corps, U.S. Navy, serves as the medical planner in the Directorate for Deployment Health Support. He has a Doctorate of Pharmacy degree and a Masters of Business Adminis-

tration degree. DeLara is both a pharmacist and medical planner holding the 1805 Plans, Operations, and Medical Intelligence specialty code.



Database Helps Locate Gulf War Hospital Records

Editor's Note: This article appeared in the August 1998 edition of *GulfNEWS*. Following the article is a brief update to the project.

WASHINGTON - The Office of the Special Assistant for Gulf War Illnesses announced that it is offering assistance to those Gulf War veterans who have had difficulty in obtaining copies of their inpatient hospital records from the Gulf War. Collaborating with the Department of Veterans Affairs, the National Personnel Record Center and the Department of the Army, the office is creating a consolidated database

"The records were never lost or

to retrieve hospital records for all patients treated in Army, Navy and Air Force Gulf War hospitals. Veterans who are interested in securing information from these records are encouraged to contact the office to request a data search.

In the military, the disposition and storage of records is governed by each service, DoD regulations and statute. Medical records fall into two categories: individual health records and inpatient hospital treatment records.

Individual health records include clinic visits, diagnostic tests, immunizations, dental care and, in some cases, discharge summaries of inpatient care. These records represent a history of a service-member's medical care and accompany them throughout their military career. Upon a member's separation or retirement, the individual health record is retired to the Department of Veterans' Affairs Record Management Center in St. Louis, Mo.

Inpatient hospital treatment records are created each time a servicemember is admitted to a military medical treatment facility for care. These records document all treatment and procedures performed while the member is hospitalized. If the patient is evacuated to another facility, a copy of the treatment record accompanies the patient and the original record is retained with the hospital's files. Defense Department guidelines call for hospital in-patient treatment records to be retired within a span of four to 10 years, depending upon the facility's record disposition policy to the National Personnel Records

Center where they are archived under the

name of the hospital transferring the records.

War often skews even the best policy. In a fast-paced, chaotic battle environment a servicemember's individual health record may be maintained by his unit and never reach the hospital administering care or the individual may receive treatment in a number of facilities. The in-theater hospitals did not have transcriptionists, so discharge summaries were not done in most cases. Also, the in-theater hospital generally did not have copy machines, so when a patient was transferred to a hospital, the original record was sent with the patient.

After the war, veterans seeking their medical records had to know the name of the facility that treated them during the war in order to obtain the record from the hospital or the National Personnel Records Center.

The need for a database grew out of the concerns veterans expressed about locating their records. Many veterans thought that their records were lost or destroyed.

"The records were never lost or destroyed," explained Mike Boyle, an investigator on the medical issues team. "If veterans didn't know the name of the hospital that treated them, there was no way of finding their records."

To come up with a solution for veterans, the staff built on the work accomplished by the Department of the Army. The Army created an electronic database which cross referenced the patient's name and Social Security number with the name of the admitting hospital and dates of care for 10,500 in-patient treatment records before sending the records to the records center in St. Louis. This accounted for approximately 70 percent of the Army Gulf War inpatient records.

Staff members flew to the records center in St. Louis to examine more than 2,000 boxes identified as Air Force and Navy hospital records from the Gulf War. The hands-on effort, augmented by Army Reservists, resulted in the identification of 7,000 additional Air Force and Navy inpatient hospital records. Rostker's team added this list of individuals by name, Social Security number and hospital facility name to the Army's electronic database.

"We literally examined and reviewed every record," said Boyle, explaining how the team provided the bridge to unlock the information.

Boyle hopes that this effort will assist veterans who require records to establish a claim with the Department of Veterans Affairs due to service-related illness, as well as those who wish to keep track of their medical conditions.

Individual health records of former servicemembers are archived in two locations, Boyle said. The VA

— Continued on Page 13

Reserve Component Personnel Need to Know About Medical

by rudi williams
american forces press service

When some Guardsmen and Reservists who are sick, injured and suffering from some disease return from deployments or training, they don't know which way to turn for medical care.

That disturbs Kathleen Woody, director of the Department of Defense Reserve Affairs' Reserve Medical Readiness and Programs. Because, she said, not knowing what their benefits are can be a big problem for Reserve Component personnel.

Woody recently spoke at the

"If you feel that your illness is related to your deployment, you can ask for evaluation and treatment of that medical condition. You don't have to be in an active

seminar entitled "Post-Deployment Care Risk Communication and Terrorism: New Clinical Approaches" held in Alexandria, Va.

Active duty servicemembers have access to military treatment facilities whereas health care providers for Reserve Component personnel are in the civilian community. Therefore, their exposure to military health care is limited, Woody pointed out.

A critical information pipeline is needed to ensure that Reserve Component personnel are educated about their medical benefits before and after they're deployed, she said.

"In their post-deployment, they may not be sensitive to the fact that whatever symptoms they're manifesting might be related to their deployment," said Woody, an Air Force Reserve colonel who has served as a critical care nurse and nurse educator in civilian life.

She said someone in the medical field might make the connection, but a mechanic out on the flight line may not associate their problem with their active duty service.

"Hopefully their civilian physician

will," said Woody. "However, they may not because the civilian community doesn't have the same access or understanding of military medicine as the military physicians do."

More than anything in risk communications is the need to communicate the risk of post-deployment, immunizations, medications and medical procedures for Reserve Component personnel, Woody said.

"We need to drill it down, not just to the commanders and down to the troops, but we need to reach out to the communities and civilian medical providers," Woody pointed out. "The

whole gist is to get the information out to people who need to be sensitive to Reserve members in the areas they're deploying to. And, we need to ensure that Reservists know what their benefits are."

Reserve Component personnel are only entitled to military medical or dental care for any injury, illness or disease incurred or aggravated in the line of duty. That includes travel to and from military duties. But they must be tested to ensure the injury, illness or disease happened while they were on active duty, the colonel noted.

"For example, if you feel that your illness is related to your deployment, you can ask for evaluation and treatment of that medical condition. You don't have to be in an active duty status to do that," Woody explained. "Often the Reserve member doesn't know that. It's very important for commanders to know the process and pass the information on to their troops."

One example of this ignorance occurred during the anthrax immunization program.

"Many of our Reservists were getting the anthrax immunization during their weekend duty and returning to their communities," she said. "They didn't know that one of



Soldiers from Bravo Company 1st Battalion 295th Infantry of the Puerto Rico Army National Guard, 92d (Sep) Infantry Brigade, wait to have their records reviewed during the Mobilization Deployment Readiness Exercises at Camp Santiago Training Site, Salinas, Puerto Rico.

nel al Benefits

the common reactions to the vaccine is the nodule. Many of the civilian physicians didn't know nodules are common to the anthrax vaccine."

Consequently, she said, some physicians put patients on antibiotics, while others lanced the nodule.

"They didn't know that in time the nodule would resolve itself," the colonel said.

"It has been quite a challenge to get information about anthrax down to the lowest level," Woody said. "There are a lot of issues that Reserve Component members had with the anthrax vaccine, especially our pilots and aircrew members."

Since Reserve Component personnel are stationed around the world, Woody said it's important from a risk communication standpoint that they're given the right information about their medical benefits.

"When they're finished with their deployment, all they want to do is to go home — back to the Reserve community and their jobs," she noted. "So, they're probably not going to report or be aware of a lot of things that happen post-deployment."

She told the audience about the dilemma of a soldier who was in

Somalia before the Army Rangers. He had emotional problems and a hard time focusing.

The soldier didn't know where to go for help or what resources were available after he returned home.

"He had to be referred to [Department of] Veterans Affairs for treatment," Woody said. "It's important to get information to the command level so the commander can provide guidance to people."

Woody emphasized that it's also important that the facts are straight.

"They need to be correct and not anecdotal," she added. "There needs to be a comprehensive communications plan to reach out to Reserve members in their civilian communities."

Educational programs should be targeted to military health care providers as well as commanders, servicemembers and civilian health care providers, Woody said.

"It needs to be part of an overall



communications plan so that your information is built from the top and drilled down," she said. "The message needs to be consistent all the way down." ■

Keep Out

Staff Sergeant James L. Walters, a security forces member attached to the 405th Air Expeditionary Wing, installs concertina wire on top of a barrier protecting the secret compartmented information facility at a forward-deployed location in support of Operation Enduring Freedom. Walters is an Air National Guard member deployed from the 129th Security Forces Squadron, Moffett Federal Air Field, Calif. When not activated, he is a police officer in his hometown of Placerville, Calif.

U.S. Air Force photo by SSgt. Cheresa D. Clark





Pilot Down

Naval Air Station Fallon, Nev. — Air Force Lt. Col. Russ Thomas, playing the role of a downed pilot, shields his face as a HH-60 Pave Hawk helicopter lands to extract him during exercise Desert Rescue.

U.S. Air Force photo by Staff Sgt. D. Myles Cullen

Air Sampling

— Continued from Page 7
still work with drinking water samples occasionally. They study the samples to ensure they meet standards determined by

“We analyzed samples of air simulating what

the Environmental Protection Agency and occupational health organizations.

The equipment used by the Surveillance Directorate Chemistry Division is valued at around \$6 million and has names like gas chromatograph and mass spectrometer. All of the tools break down samples into individual chemicals to identify the amount of pollutants or hazardous materials in a particular environment, natural or occupational. ■

Health Benefits

— Continued from Page 6
crises on or after Dec. 8, 1995, according to a June 3 Defense Department personnel document listing the change. Filing procedures for these payments are still being developed and will be announced when available.

Reserve Component members affected by the retroactive policy change include those called to active duty in support of operations in:

- Bosnia, by Executive Order 12982, effective date Dec. 8, 1995.
- Iraqi Crisis, by Executive Order 13076, effective date, Feb. 24, 1998.
- Kosovo, by Executive Order 13120, effective date, April 27, 1999.
- Sept. 11, 2001, terrorist attacks on America, Executive Order 13223, with effective date Sept. 14, 2001.

The personnel document noted that to be eligible for retroactive reimbursements, the DoD civilian employee must have been: enrolled in the Federal Employee Health Benefits Program at the time of call-up and elected to continue coverage while on active duty; a member of the Reserve Components of the armed forces; ordered to active duty voluntarily or involuntarily in support of a contingency operation as defined in Section

101(a)(13), of Title 10, U.S.

Code; and placed on civilian leave without pay or separated from service to perform active duty.

The maximum period of eligibility for each period of active duty is 18 months.

Defense Department civilian employees who are Guardsmen are ineligible for reimbursements for periods they are or were ordered to duty under Title 32 of the U.S. Code or any provisions of state, territorial or District of Columbia codes.

Current eligible participants must provide their personnel administration offices with an official written copy of orders stating they are being assigned to active duty in support of a contingency operation under the Title 10 authority.

Upon receipt of valid military assignment orders, the servicemember's personnel office will prepare and forward the required paperwork.

It's important that individuals notify their benefits specialist as soon as possible, Wilson said. The specialist will work with the employee to make sure that all applicable benefits process smoothly, including the new provisions for payment of Federal Employee Health Benefits Program premiums, she noted. ■

'War Letters' Giveaway Highlights Legacy of

by jim garamone
american forces press service

Sometimes the dead still speak to us, and sometimes the moms and dads and grandpas and grandmas we know today take on the voices of young men and women.

This is the power of "War Letters," edited by Andrew Carroll.

The book, released last year, was a New York Times bestseller. It is a compendium of American war letters from the Civil War to today. The letters are immediate and give the flavor of life and death in the military or on the home front. The letters are by turns sad, funny or hopeful. They give voice to those killed in battle or remind us what our veterans sounded like when they were in their late teens and early 20s.

The book is available to service-members in another blast from the past — an Armed Services Edition. Carroll is traveling the country giving away copies to servicemembers free. He started at the Pentagon and will visit many major bases in weeks to come.

Armed Services Editions trace their lineage to World War II. Publishing houses created compact, condensed books that would fit in the cargo

pockets of troops' fatigues. The U.S. government distributed more than 120 million of these books from 1943 to 1947. Titles ranged from westerns to philosophy.

The "War

versions.

Fast forward a few months. Carroll had been working with the Veterans of Foreign Wars on the Legacy Project, a national volunteer effort that asks Americans to save and preserve their war letters. All the proceeds from the retail "War Letters" book goes to veterans groups.

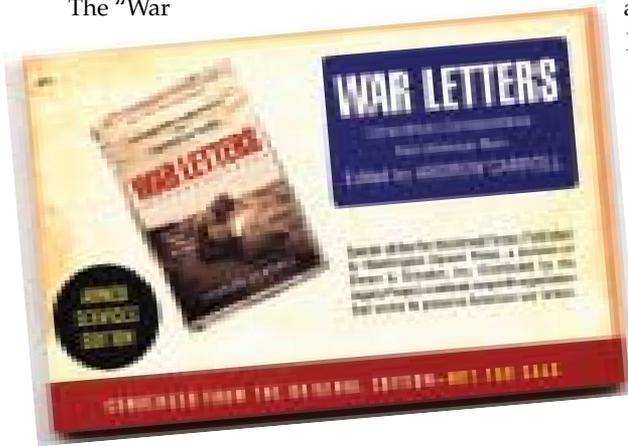
"The VFW asked if I was bringing back the ASEs," he said. "I said, 'Yeah,' and they said they wanted to underwrite some." The VFW signed on to produce 2.5 million books.

"It's really great because it means we can do this launch in a huge

way and really make a very powerful statement, especially to the publishing industry that this is something they might want to bring back," Carroll said.

"I sincerely hope that 'War Letters' is not the last of the new editions, that other publishers will say 'Let's do this too. Let's give books to the troops.'"

Carroll said such books as "Black Hawk Down," "D-Day," "We Were Soldiers Once ... And Young," and "Undaunted Courage" would be Page 16



Letters" ASE is the first of its kind since 1947. Carroll got the idea when he first saw an original ASE in a used bookstore.

"I immediately was drawn to these," he said. "It just seemed, what a great thing to bring back!"

Well before Sept. 11, Carroll spoke with his publisher about re-releasing a "War Letters" ASE. His publisher researched it and, while not cheap, came up with 10,000 ASE copies that look exactly like the World War II

Database

— Continued from Page 9
maintains records for Army veterans discharged after 1992; and Air Force, Marine and Navy veterans discharged after 1994.

To obtain copies, veterans may call the VA's toll-free number (800) 827-1000. For all other records, veterans should write to the National Personnel Records Center, 9700 Page Ave., St. Louis, Mo. 63132.

To obtain VA Form 180 Request for Medical Records, go to <http://www.va.gov> or go to a local VA office.

Update

The Department of Defense's Office of the Special Assistant for Gulf War Illnesses concluded its effort to establish an Inpatient Treatment Records Database of the surviving Gulf War hospital inpatient treatment records archived at the National Personnel Records Center in St. Louis, Mo., in May 2001. The need for this database grew out of the concerns

veterans had expressed about locating and obtaining copies of their hospital treatment records. Because hospital records are archived by hospital and not the patient's name locating records can be a daunting task. To come up with a solution, staff members worked with NPRC to search more than 2,00 boxes of records in order to identify and capture information necessary to create a database.

Through out the project, NPRC staff was continuously given updated inventory lists for their use in helping Gulf War veterans to obtain copies of their records.

The final Inpatient Record Database contains 28,007 records for 22,444 admissions to U.S military hospitals in the Kuwait Theater of Operations and 5,563 records for evacuee admissions to U.S. military hospitals in Germany. Of the total number of admission records in Germany, 1,998 records

— representing 36 percent — were newly identified patients having no corresponding record of treatment from a hospital in the Kuwait Theater of Operations. Of this number, 645 were patients who had not been identified as Gulf War veterans by the Defense Manpower Data Center.

The net result of the combined efforts of this office and the NPRC has been to reduce, on average, the turn around time for veterans to receive a copy of their records from eight to three weeks.

To obtain copies of inpatient hospital records from hospitals deployed to the Gulf, veterans should call the (800) 497-6261 to request a database search. Staff members will complete a request form and forward it to the veteran for signature and mailing to the record center. ■

Vaccine

— Continued from Page 8
Safety Assessment Centers of Excellence. Their first four sites are in operation. The CDC can't provide health care, but their program will serve as a platform for research on rare adverse events.

Engler says the National Vaccine Healthcare Center program will provide five vital services, starting with what she terms a much-needed educational outreach. To start, she says, the center will provide a core staff accessible by phone or e-mail for consultations, so that those involved in immunizations will have clinically skilled people to back them up and help them address their needs. Her team is also examining Internet training options.

"We're working on a Web-based distance learning tool for core immunization education for training people to understand the standards," Engler said. "And, I want the centers to be an advocate for the resources to do that effectively and efficiently."

A second focus for the center is quality improvement in the Vaccine Adverse Events Reporting System, also known as VAERS. This system, if used properly, provides a central place for clinicians to see if people receiving a particular vaccine show an increased incidence of symptoms. However, reports may not always be made. In the military, where primary health care providers are asked to see a patient every 15 minutes, there is little time to ask all the right questions and get symptoms reported properly. Engler says she will encourage both doctors and patients to be more diligent in that area.

"Although the quality of the VAERS is generally better if a health care provider participates in the process, beneficiaries need to know that they can file their own VAERS," Engler said. "By letting everyone know how to access the VAERS system when they get their shots and by providing additional support through the regional centers, we eliminate some of the barriers to effective adverse event reporting. We will also be reaching out to the provider community."

Clinical support is also a pivotal role for the National Vaccine Healthcare Center. The center will expand and standardize the support offered by Walter Reed's Department of Allergy and Immunology to evaluate and manage complex adverse events that

appear to be related to immunizations in general, and to the anthrax vaccine in particular. By providing confidential consultations to health care providers they can spread their knowledge.

A quality improvement program for data collection is the fourth mission. Engler says we need to increase what we know about attitudes and beliefs regarding immunizations among providers and among servicemembers and beneficiaries. This is also a way to compile more data about adverse events associated with vaccines.

Finally, the center supports clinical research. Engler says studies are needed to monitor the results whenever changes are made in the way vaccines are given. Such research would scientifically validate vaccine administration strategies or suggest useful changes.

When the Walter Reed Vaccine Healthcare Center was established in September 2001, the planners didn't expect it to do all those jobs alone. Engler hopes to see three new sites opened within the next year. The Navy Ambulatory Care Center in Portsmouth, Va., which serves the Portsmouth Naval Shipyard, is expected to be one of them. Centers are planned soon for the Wilford Hall Medical Center at Lackland Air Force Base, Texas, and the Womack Army Medical Center at Fort Bragg, N.C. Other centers are also planned for Europe and the Pacific region. Further in the future, Engler says, we may see several centers with smaller staffs assigned to training sites and troop concentration areas because of their special support needs.

"We would then be building, with the CDC, a national network that's cohesively linked for data sharing," Engler said. "It would be a national resource, not just to help the servicemember, but to help the whole immunization mission."

Now that the first steps toward a network of National Vaccine Healthcare Centers have been taken, Engler hopes that people can be better educated about the relative risks of vaccines. Even more importantly, she hopes that medical personnel will be able to better care for those who have symptoms that might be

associated with those vaccines. She says for the individual whether or not a vaccine really is the cause of illness should be a secondary issue.

"We need to focus on helping people because the limits of our knowledge may not for many years allow us to prove or disprove a solid link between symptoms and vaccine administration," she said.

Engler does not think that the known low incidence of adverse reactions to vaccines should stop people from having that important health protection. However, she says that does not reduce the importance of any adverse reaction.

"Even if only one person in a thousand has a serious problem, we have to make sure that we take very good care of that one person," said Engler.

Individuals or medical personnel who have health-related questions about vaccines can contact a consultant at the Walter Reed Vaccine Healthcare Center via e-mail at askvohc@amedd.army.mil. The Anthrax Vaccine Immunization Program can field general questions about anthrax vaccine at AVIP@otsg.amedd.army.mil. ■

Calling Home for Free

Courtesy of the VFW

by lisa gates

Countless numbers of deployed servicemembers have used millions of free phone minutes to call loved ones back home, courtesy of the Veterans of Foreign Wars' Operation Uplink. Operation Uplink, now in its sixth year, has distributed more than two million pre-paid phone cards — representing more than 18 million minutes of free airtime — to servicemembers and hospitalized veterans worldwide.

"Sometimes a five-minute phone call to a loved one is all that it takes to ease the burden of loneliness," said VFW Special Programs/Projects Manager Joanne Dickerson. "No one person is immune. Operation Uplink gives a person the chance to call home — from anywhere in the world — free of charge."

Dickerson noted that the cost of long distance phone calls can be very expensive which might prevent someone from calling home. For example, a 10-minute call from Albania can cost \$25, and a 10-minute call from Saudi Arabia is \$15.

"A soldier, sailor, airman or Marine can use one of our pre-paid [Operation Uplink] phone cards and talk to someone for at least 10 minutes," said Dickerson.

According to Dickerson, the Operation Uplink cards provide 10 minutes of free airtime domestically and nearly that same amount when calling internationally. The cards can be used from phones anywhere in the world, including aboard military ships.

"As soon as we hear that a group or unit is deploying, we get the cards to them as they're boarding the plane so that they can call home," said Dickerson.

The calling cards are available for all servicemembers on a first-come, first-serve basis and can be obtained

through the VFW's national headquarters, state and local VFW posts and ladies' auxiliaries.

"We get lots of requests for phone cards every month," said Dickerson. "We encourage people to use their local VFW post as a resource."

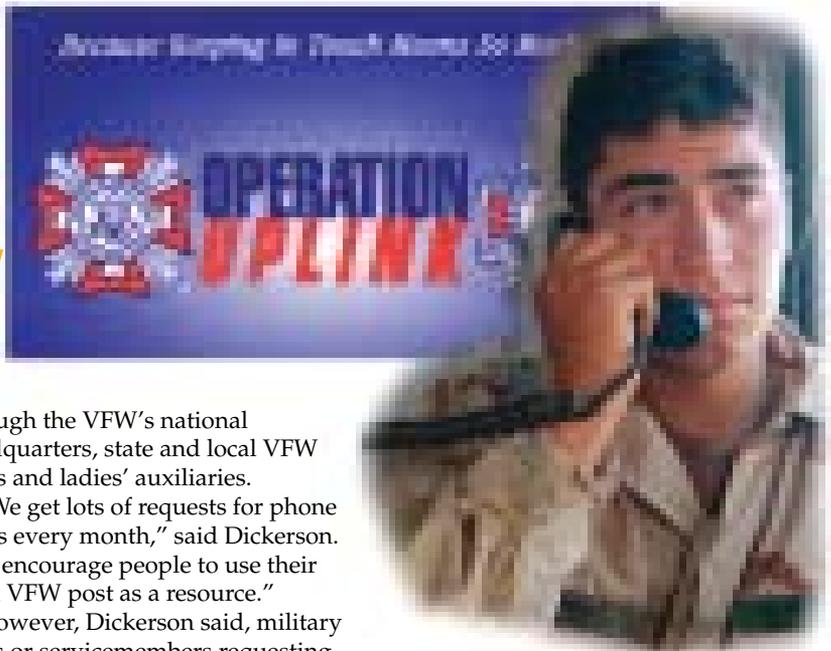
However, Dickerson said, military units or servicemembers requesting phone cards can write to Operation Uplink, VFW National Headquarters, 406 West 34th Street, Suite 718, Kansas City, Mo. 64111. In the letter, Dickerson asks, that the military address of the intended recipient or group is also provided. Additionally, family support centers and Veterans Affairs hospitals can also request to receive the phone cards.

In recent years, some 7,000 Operation Uplink phone cards have been given to servicemembers in Kosovo and another 25,000 pre-paid phone cards to troops stationed in Korea. Shortly after the attack on the USS Cole, the VFW arranged to have more than 600 domestic and the same number of global Operation Uplink phone cards delivered to the families and crewmembers within 24 hours.

"I also get lots of thank you messages from servicemembers who have used the card," said Dickerson. "This is an important way for the public to connect with our servicemembers and to show them our appreciation, especially now."

"Being able to call home and talk to my four-year daughter makes a difference in my deployment. Thank you," wrote an Army sergeant who sent a message to Dickerson.

"I used the card to let my wife and two children know that I arrived in Korea safely. The card could be used from any base phone so it made it easy to make my first call home," said another message received by Dickerson from a deployed servicemember.



Although the VFW's Operation Uplink is a not-for-profit program, funding is provided for by private donations from individuals, VFW posts, ladies' auxiliary units and private corporations.

"Due to a large monetary donation from a private corporation last year, we had 30,000 pre-paid calling cards on hand that were distributed to servicemembers and veterans right after Sept. 11," said Dickerson. The donation from the private corporation provided cards for the troops serving in Operation Enduring Freedom for the 2001 holiday season.

To learn more about this program, visit the Veterans of Foreign Wars Web site at <http://www.vfw.org>. The Veterans of Foreign Wars, based in Kansas City, Mo., is the oldest major veterans' group in the U.S. The VFW and Ladies Auxiliary have 2.7 million members, combined. ■

For More Information

Since 1996, Operation Uplink has provided more than 7.5 million minutes of free long-distance calling cards to hospitalized veterans and active duty military personnel and their families.

For more information about Operation Uplink and other services and programs offered by the Veterans of Foreign Wars, go to <http://www.vfw.org>.

UPDATE: The Millennium Cohort Study

Research Study Evaluates Troops' Health Trends

by gerry j. gilmore
american forces press service

An ongoing Department of Defense health study will ultimately examine health surveys submitted by 140,000 current and former servicemembers across two decades.

The joint-service Millennium Cohort Study will evaluate the health risks of military deployments, occupations and general military service, said Navy Cmdr. Margaret A.K. Ryan, director of the DoD Center for Deployment Health Research in San Diego.

The Millennium Cohort Study is designed to examine the health effects of military service on men and women, both during service and after they leave, Ryan explained. More than 60,000 servicemembers have signed up to take part since program enrollment began in August 2001, she added.

The project "is the largest and most ambitious study of military people ever," she added, noting that

participants' health would be evaluated over a 21-year period.

Ryan, principal investigator for the study, works with six other investigators. The results of the study, she noted, may also be used to develop future DoD health policies.

Active and Reserve Component Army, Marine Corps, Navy and Air Force members were randomly selected and invited to participate in the study, she said.

"People could not volunteer to be part of the cohort — that would be a different kind of study, like a registry project. A cohort study is a much stronger study design," Ryan explained.

She said the first group, or cohort, will ultimately consist of about 100,000 enrollees. Ryan said participants enroll by filling out a paper form or signing up online at <http://www.millenniumcohort.org>.

The study will enroll another group of 20,000 people in 2004, Ryan said. The last 20,000 of the total 140,000

Millennium Cohort members will enroll by 2007.

Ryan said participants are asked to complete surveys about their basic health every three years. The surveys, she noted, inquire about any acute or chronic health problems, possible exposures to toxic substances during military deployments and health-related behaviors like smoking and exercise.

Information gathered from surveys is held in the strictest confidence, Ryan emphasized, and is only shared as summarized, anonymous research data.

"We take quite a bit of effort to make sure that all of the information people provide is confidential," she said. "None of this information leaves the DoD Center for Deployment Health Research."

Communications are maintained between officials and survey participants for the duration of the program, Ryan said.

"We ask cohort members to help us track their addresses and so on throughout the years, so that we can contact them," she added.

She said participants specify how they'll maintain contact — work address, home address or e-mail — however they prefer. She noted the critical importance of cohort members maintaining contact — participants are selected scientifically to provide an accurate cross-section of the force.

For example, she said, some people invited are currently deployed overseas as part of Operation Enduring Freedom. Recognizing the challenge of enrolling in The Millennium Cohort Study while deployed, Ryan noted people could sign up when they return to a more convenient location.

People who've received invitations to enroll in The Millennium Cohort Study should take the time to do so, she emphasized. Information from the surveys, she said, "is very important for the military and for veterans." ■

Oral Cancer: *Are You at Risk?*

by bureau of medicine and surgery

The most common form of oral cancer is known as squamous cell carcinoma. It classically develops as a crater-like lesion having a velvety red base with rough edges similar to a very bad "pizza burn." However, it may appear as white patches, with some irregular red patches, mixed together in its earlier stages.

An important aspect of squamous cell carcinoma is its location within the mouth. The lower lip and the tongue are the most frequent sites with the floor of the mouth not far behind.

Lesions are usually solitary. However, in some cases, have been found to occur in groups. The concern with the location is that certain areas allow the cancer an easier route to spread to other parts of the body, metastasize and lessen chances for a good prognosis. Lesions found on the back third of the tongue have the greatest chance to metastasize, usually to lymph nodes in the neck.

As with most cancers, the medical community still doesn't know everything there is to know about what causes squamous cell carcinoma. However, they do know what increases the risks of developing it.

The use of tobacco products

— smoking, snuff, pipe or cigar — are major risk factors. Additionally, the use of alcohol products has been found to increase the risks of developing the cancer.

When these two risk factors are put together, it becomes the greatest risk factor. This is why the highest occurrence of oral cancer is found in the middle-aged to elderly male population who has a history of tobacco and or alcohol use

The treatment of squamous cell carcinoma depends on several factors: time of detection, size of tumor, spread of tumor, etc. Treatments may range from surgical removal of the tumor, radiation of the tumor to chemotherapy. Most occurrences may require a combination of these treatments.

The overall five-year survival rate for all oral cancer patients is about 40 percent. This percentage is getting better as we are detecting the cancer earlier and educating patients to the risk factors associated with the cancer.

It is very important that patients periodically examine their mouths for any changes that could be associated with oral cancer. A self-exam is fairly simple and could save a person's life. It must be understood that there is very little, if any, pain associated with oral cancer until the very late stages. Therefore, it is imperative that people routinely stand in front of the mirror

and actually take a look inside of their mouth.

Use a mirror with good lighting, open your mouth wide enough to see all of your teeth and the back of your throat. A good time to do this is right after you brush your teeth. Look at the insides of your cheeks, the roof of your mouth, your tongue (especially the sides as far back as possible), the floor of your mouth, your gums and the inside of both of your lips.

Note anything that appears to be an odd color, texture, or shape especially when it is only found on one side of your mouth. Keep in mind that the early signs of squamous cell carcinoma usually show up as white or red patches or some combination.

Should you find anything suspicious, schedule an appointment with your dentist for a professional exam, especially if you fall into one of the high-risk groups (use of tobacco and or alcohol). Your dentist should examine an ulcer in your mouth that doesn't heal within two weeks. Dentists routinely do an oral cancer screening upon your normal check-ups, but do not neglect to do a self-exam on your own mouth at least once a week.

Remember, the earlier that squamous cell carcinoma is detected, the better the prognosis. As with all oral health concerns, prevention is the key to success. ■

Sick Call Open Wide

Capt. (Dr.) Angela Pelletier, a 376th Expeditionary Medical Group dentist deployed to Ganci Air Base, Manas, Kyrgyzstan, from Luke Air Force Base, Ariz., cleans a patient's teeth with assistance from dental technician Republic of Korea Army Cpl. Seong-Beom Ryu. Ryu and other South Korean military personnel join medical personnel from the United States and coalition countries to treat forces deployed in support of the war on terrorism.

Photo by Master Sgt. Keith Reed



Study Evaluates Pneumonia Vaccine in Healthy Adults

by doris ryan
bureau of medicine and surgery

Since October 2000, more than 100,000 healthy sailors, soldiers and Marines have volunteered in the largest vaccine trial in military history to see if the current pneumonia vaccine can reduce the incidence of disease among military members.

"From previous research, we know that pneumonia outbreaks occur and we know that this pathogen circulates in recruit populations," said Naval Health Research Center's Cmdr. Kevin Russell, Medical Corps, who is the principal investigator of the study. "We also know that a lot of other pathogens are circulating and can cause illness. This study will tell us if giving another vaccine to recruits will have a positive impact or not."

The vaccine, which protects against many strains of *Streptococcus pneumoniae* (pneumococcus), is FDA-approved and has been commonly recommended for the elderly, the chronically ill and newborns, especially since some strains are becoming anti-biotic-resistant. The vaccine's value in protecting healthy young adults, however, is unproven.

Nearly 192,000 military members will be enrolled in the study before it is completed in late 2003. Volunteers receive an injection of either the vaccine or a placebo, and are followed for up to 24 months to assess their respiratory health.

"This study will help answer an important question for both military and civilian communities," said Russell.

Military trainee volunteers from Fort Jackson, NC; Parris Island, S.C.; Great Lakes, Ill.; and Fort Leonard Wood, Mo., are participating. The Centers for Disease Control and Prevention, the Mayo Clinic and Foundation, the University of Iowa and Wyeth Pharmaceuticals collaborated with DoD and Navy researchers on the trials.

Data show that military trainees are at increased risk of all respiratory diseases, including pneumonia. Outbreaks of pneumococcal disease have occurred at Camp Pendleton, Calif., and Fort Benning, Ga. ■

Notable QUOTE

"Protecting the health of deployed military personnel is a paramount concern of the Department of Defense."

— William Winkenwerder Jr., M.D., MBA
Assistant Secretary of Defense for Health Affairs



U.S. Air Force photo by Staff Sgt. Cheresa D. Clark

Healing the Sick

Maj. Janet P. Broome (left) attends to the medical needs of Army Spc. Serena L. Scott, during transport from a forward-deployed location in support of Operation Enduring Freedom Aug. 28, 2002. Servicemembers with major illnesses and injuries are evacuated from forward locations as soon as possible in order to receive specialized medical care currently unavailable in their deployed environments. Broome is a member of the Air Force Reserve attached to the 438th Expeditionary Aeromedical Evacuation Squadron. As a civilian, she is a bone marrow transplant coordinator for the University of Alabama at Birmingham School of Medicine.

Field First Aid Kits Redesigned to Save Lives

by jan davis
bureau of medicine and surgery

ew hospital corpsmen in the world know more about saving lives in the field than Thomas M. Eagles.

As a young corpsman in Vietnam, he served six years in the battlefield, patching up wounded Marines and sailors, flying medevac, building dispensaries, and even saving an injured child from an active minefield.

Master Chief Eagles retired nine years ago, but his intense caring for the well being of others hasn't changed. He wears civilian clothes now, but he still works to save the lives of Marines, sailors, soldiers and airmen.

Eagles is now an acquisition project officer with the Marine Corps Systems Command. His mission is to make a better individual first aid kit for Marines and Navy medicine personnel to carry in the field.

According to Eagles, it's the first time in more than 20 years the kit has been revamped.

"My number one imperative [to improve the kit] is to provide Marines with a new capability to stop bleeding as quickly as possible," said Eagles.

He said that half of warriors wounded in the field who die do so because of blood loss — a statistic that hasn't changed since World War II, and one he has a personal interest in improving.

"I've seen Marines bleed to death in the field," said Eagles, grimly. "It's not something I want to see again."

His search for a way to stop bleeding led him to QuickClot, a coarse, super clotting powder. An informal conversation with a visitor to his office led to a discussion about a moisture-absorbing component of a newly developed oxygen generator.

"I asked him if it would stop the bleeding," said Eagles. "He said his boss cut himself while shaving and it worked, and that his little daughter had scraped her knee and it worked on that, too. I asked him to send a sample of it to me, overnight mail."

At the same time, the Office of Naval Research and the Marine Corps Warfighting Laboratory were working on developing a dressing that would control bleeding.

"ONR [Office of Naval Research] and MCWL [Marine Corps Warfighting Laboratory] had money to look at three [clotting] candidates," said Eagles. "We had three lined up to look at, but one didn't get FDA clearance in time. We needed a third, so I asked them to look at the sample."

Eagles admitted that he wasn't enthusiastic about the powder.

"I had to change my way of thinking," said Eagles. "The others I looked at were pads, something corpsmen are familiar with. This was completely different."

Besides being exceptionally effective in stopping the bleeding, the sample, called QuickClot, is simple to use — tear a corner off the plastic bag and pour the powder on the wound. Virtually indestructible, and biologically and chemically inert, it is well suited for the harsh conditions of the battlefield. It's also much cheaper than the other proposed candidates.

Another change to the kit includes a newly developed tight-cinching battle dressing, made from common materials.

"It's really just an elastic wrap bandage, a feminine pad, a Velcro strip and a shower hook," said Eagles.

The big difference from battle dressings used in the past is that it's easy and quick to use, and super absorbent. In fact, like QuickClot, it can be applied with one hand in less than 30 seconds. The third new key component in the kit is a crinkled absorbent vacuum-packed rolled bandage that can either be unwound and used like gauze or wadded into the wound as a back up for QuickClot.



"The three of them used together are incredibly effective in stopping bleeding," said Eagles. "I'm convinced it will change the statistics."

The remaining contents of the kit include 10 adhesive bandages for scrapes and scratches, water purification tablets and Betadine, a germ killing liquid. The contents fit tightly into an olive green cloth pack. Another plus for the new kit is that it weighs 11 ounces. That's five ounces lighter than the old one. The weight saving is something to be excited about, especially when a Marine's or SEAL's pack may already weigh 80 pounds or more.

Eagles said that a few of the new field first aid kits are already in use in Afghanistan, and are scheduled for widespread use in the field with the Marines and Navy medicine personnel as early as next year. One of Eagles' next projects is to evaluate the hospital corpsman's medical kit used in the field. ■

Air Force Association
1501 Lee Highway
Arlington, VA 22209-1198
Phone: (800) 727 - 3337
<http://www.afa.org>

American Legion
1608 K St., NW
Washington, DC 20006
Phone: (202) 861 - 2700
<http://www.legion.org>

American Red Cross
17th & D Streets, NW
Washington, DC 20006
Phone: (202) 639 - 3520
<http://www.redcross.org>

AMVETS
4647 Forbes Blvd.
Lanham, MD 20706
Phone: (877) 726 - 8387
<http://www.amvets.org>

Association of the U.S. Army
2425 Wilson Blvd.
Arlington, VA 22201
Phone: (800) 336 - 4570
<http://www.ausea.org>

Department of Veterans Affairs
810 Vermont Ave, NW
Washington, DC 20400
Phone: (202) 273 - 4300
<http://www.va.gov>

Disabled American Veterans
807 Maine St., SW
Washington, DC 20024
Phone: (202) 554 - 3501
<http://www.dava.org>

**Enlisted Association of
the National Guard**
1219 Prince St.
Alexandria, VA 22314
Phone: (800) 234 - 3264
<http://www.eangus.org>

Fleet Reserve Association
125 N. West St.
Alexandria, VA 22314-2754
Phone: (703) 683 - 1400
<http://www.fra.org>

Marine Corps Association

715 Broadway Street
Quantico, VA 22134
Phone: (866) 622 - 1775
<http://www.mca-marines.org>

Marine Corps League
8626 Lee Highway, #201
Merrifield, VA 22031
Phone: (800) 625 - 1775
<http://www.mcleague.org>

**National Association for
Uniformed Services**
5535 Hempstead Way
Springfield, VA 22151
Phone: (800) 842 - 3451
<http://www.naus.org>

**National Committee for Employer
Support of the Guard and Reserve**
1555 Wilson Boulevard, Suite 200
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Phone: (800) 336 - 4590
<http://www.esgr.org>

**National Guard Association
of the United States**
1 Massachusetts Ave., NW
Washington, DC 20001
Phone: (202) 789 - 0031
<http://www.ngaus.org>

Naval Reserve Association
1619 King St.
Alexandria, VA 22314-2793
Phone: (703) 548 - 5800
<http://www.navy-reserve.org>
Navy League
2300 Wilson Blvd.

Arlington, VA 22201
Phone: (800) 356 - 5760
<http://www.navyleague.org>

**Non Commissioned
Officers Association**
225 N. Washington St.
Alexandria, VA 22314
Phone: (703) 549 - 0311
<http://www.ncoausa.org>

Reserve Officers Association
1 Constitution Ave., NE
Washington, DC 20002
Phone: (800) 809 - 9448
<http://www.roa.org>

Retired Officers Association
201 N. Washington St.
Alexandria, VA 22314
Phone: (800) 245 - 8762
<http://www.troa.org>

Veterans of Foreign Wars
200 Maryland Ave., NE
Washington, DC 20002
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<http://www.vfw.org>

Vietnam Veterans of America
8605 Cameron Street, Suite 400
Silver Spring, MD 20910-3710
Phone: (301) 585 - 4000
<http://www.vva.org>

OTHER RESOURCES

By Phone

**Direct Hotline for Servicemembers,
Veterans and Families**
(800) 497 - 6261

Department of Veterans Affairs
(800) 827 - 1000

VA Persian Gulf War Registry
(800) 749 - 8387

VA Benefits and Services
(877) 222 - VETS

On the Web

Department of Defense
<http://www.defenselink.mil>

Department of Veterans Affairs
<http://www.va.gov/>

DeploymentLINK
<http://deploymentlink.osd.mil>

GulfLINK
<http://www.gulflink.osd.mil>

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<http://www.tricare.osd.mil/>