

Deployment Quarterly

Fall 2003 Vol. 3 Issue 2

**Trying To Strike
A Balance In
Mobilizations**
- Page 6

**Don't Be Afraid
Of Med Boards**
- Page 7

**Kick The Habit
Of Using Tobacco**
- Page 15

**Don't Let The Flu
Strand You In Bed**
- Page 17



U.S. DEPARTMENT OF DEFENSE
**Deployment Health
Support Directorate**



DIRECTOR'S message

Dear Readers:

When you receive this edition of the magazine, we as a nation will already have commemorated Veterans Day. This year, many more have joined the ranks of those we honor on this special day. I hope you were able to thank them for their service, as I thank you for yours. We are blessed many have accepted the call to service.

As we reflect on the events of the past year, please allow me to commend and recognize all of the hard work and heroic effort accomplished daily by our deployed medical personnel. These highly trained medical experts work under extreme duress and harsh conditions to provide the best care and treatment to our wounded troops. They are credited with saving lives of countless men and women serving in Operations Enduring Freedom and Iraqi Freedom.

War is still a dangerous endeavor — that hasn't changed with time — but the good news is that servicemembers who are wounded are twice as likely to survive their injuries than in past conflicts. The nature of battlefield injuries has changed due to recent changes made in force health protection. However, we can do more to protect the lives of the men and women who serve in harm's way.

Recently, my office hosted a medical lessons learned symposium based on Operation Iraqi Freedom to better understand how medical equipment and technology performed in the field and to discuss medical care and disease prevention with operational and policy leaders. The two-day symposium provided a unique opportunity to assess the real-world health and medical issues surrounding our deployed forces. Attendees included military members from across the medical and operational spectrum. With their on-the-ground experience, we were able to discuss those areas within the Military Health Care System that need improvement. Our intent was to clearly define areas of concern among the categories of force health protection and to initiate corrective action.

What did we find? Improvements to body armor and other personal protective equipment have led to a decrease in chest and abdominal injuries. The protective body armor, worn by many of our troops, protects the heart, lungs and other areas where injuries are often fatal. Mobile surgical medical teams traveling with combat units can begin operating on the severely wounded within minutes while waiting for evacuation.

Advances in portable technology such as digital X-ray machines means that military health care providers in the field are making better-informed decisions for treatment and care of the injured. Medical personnel are carrying blood supplies onto the battlefield and are now able to immediately stabilize patients who in previous conflicts might have died before receiving treatment at a field hospital.

We also found that while providing top-notch quality care to the wounded, our deployed medical personnel face several other challenges. These include an increased demand to provide care to non-U.S. casualties as well as the difficulty in delivering medical supplies to units in country from stateside locations. There are also some internal communication and interoperability of equipment problems between the services. We are currently working to correct this.

This conference was necessary for us to examine the results of our force health protection and readiness efforts and to help us focus on ways to enhance our efforts to create and sustain a more healthy, fit and ready armed force. We are committed to using that new information to developing better ways to ensure the well-being of our servicemembers. We are here because they serve.

Sincerely,
Ellen P. Embrey
Director, Deployment Health
Support Directorate



Deployment Quarterly

The Deployment Health Support Directorate

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Issue 2

Director, Deployment Health Support Directorate

Ellen P. Embrey

Deputy Director, Deployment Health Support Directorate

Michael E. Kilpatrick, M.D.

Program Director, Public Affairs and Outreach

Barbara A. Goodno

Public Affairs Team Leader

Robert Dunlap

Editor

Lisa A. Gates

Staff Writers

Austin Camacho

Joan Kennedy

Melissa Burslie

Judi Gold

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Deployment Quarterly
5113 Leesburg Pike, Suite 901
Falls Church, Virginia 22041

Phone: (800) 497-6261
Fax: (703) 824-4229
E-mail: special.assistant@deploymenthealth.osd.mil

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fall

2003

Features

Commentary. U.S. Air Force Chief of Staff Gen. John P. Jumper raises the fitness bar and announces new PT standards for 2004.

6

A Balancing Act. DoD officials say rebalancing of Reserve Component resources will help reduce multiple mobilizations.

7

Don't Be Afraid. Air Force technical sergeant finds facing a medical evaluation board not to be a career ending affair.

8

All In The Family. One National Guard family from North Carolina serves together in the desert.

An End Of An Era. The Air Force C-9A Nightingale retirement signals a new era in aeromedical evacuations.

Tracking Patients. DoD makes plans to implement a new medical human resources system via the Internet in 2005.



U.S. Army photo by Staff Sgt. Davis

U.S. soldiers from "Renegade" Platoon, Bravo Company, 2/8th Infantry attached to 1/67th Armor Battalion located in Baqubah, Iraq, patrol a street during a raid of a local village of Diyala Province, Iraq. The 2/8th Infantry and 1/67th Armor Battalions are part of the 2nd Brigade Combat Team, 4th Infantry Division.

Vital Research. Mosquitoes are bred weekly for research to improve repellents, drugs and vaccines at the Walter Reed Army Institute of Research in Maryland.

Ditch the Dip. DoD officials challenge current and new users of tobacco products to kick the habit for good.

In Every Issue

News from Around the World 3
Rumsfeld Outlines Plan For Replacing Troops In Iraq. Deployed Troops Get Break On School Loans. Guard, Reserve Job Center Opens In Virginia.

Ask Our Doctors 5
Information For Returning Troops Inquiring About Donating Blood.

Vaccines, Drugs & Herbs 5
SERPACWA Makes Debut On Battlefield In 2003.

Gulf War Update 9
Study Finds Increased Frequency of ALS In Gulf War Vets.

Health Beat 17
Make Flu Protection Your Top Priority.

Resource Guide 20

On the Cover

Al Faw, Iraq (Oct. 16, 2003) -- A lone Marine assigned to Expeditionary Strike Group One (ESG-1) keeps watch on supplies while fellow Marines and sailors distribute water to the people of Al Faw, Iraq. Water distribution is one of several humanitarian operations being provided by ESG-1 in the Al Faw Peninsula during Operation Sweeney.



U.S. Navy photo by Photographer's Mate 1st Class Ted Banks

Raising The Bar: Jumper Issues 'Fit To Fight' Challenge

By Gen. John P. Jumper
Air Force Chief of Staff

Our superb Total Force performance in Operations Enduring Freedom and Iraqi Freedom secured our reputation as the greatest Air Force in the world. We should all take great pride in that. Our execution of the war plan was also consistent with our core values.

Integrity — in that we upheld the highest standards of performance — learned from the things we could have done better, and will make ourselves better as a result; service before self, in that 40,000 warriors deployed forward, supported by thousands more back home, to do the right thing for the people of Iraq and to play our part in the joint air, land, and sea effort; and excellence, in that we demonstrated the ability to plan and execute air and space missions with a degree of precision never before achieved.

When looking at our Air Force overall, I am very pleased. One aspect of our Total Force that does need improvement, however, is our physical fitness.

About 10 years ago, we transitioned to fitness testing based on the cycle ergometry test. This was done to preclude injuries experienced in the previous 1.5-mile run format. It was also deemed a more precise and high-tech way to measure aerobic performance.

My belief is that we are a much different Air Force today. We deploy to all regions of the world, living in tent cities and working on flight lines in extremes of temperatures. Some of our airmen today are operating from inside Iraq, subject to attack, and could be called upon to help defend the base, a trend that will surely increase in the growing expeditionary nature of our business.

The amount of energy we devote to our fitness programs is not consistent with the growing demands of our warrior culture. It's time to change that.

We will soon release a new fitness program that gets back to the basics of running, sit-ups, and pushups. There will be accommodations made for those who aren't able to run for legitimate reasons. The cycle ergometry test may still be used for those not medically cleared to run. We are planning to issue physical training gear as part of the program and to put responsibility for PT in the chain of command, not with the medical community or the commander's support staff.

I expect this effort to be led from the top, starting with commanders and senior NCOs, and I expect those who have trouble meeting the standards to be helped by others in their unit until they do meet the standard. Physical

fitness should also be an area of concern for the Air Force civil servants. I encourage the civilian members of our Air Force organizations to join with their uniformed peers in participating in this program.

While we have weight and body fat standards that we must meet, there will be some, weightlifters in particular, who may be perfectly fit but not meet these standards. This is where I expect commanders to step in and make a decision. Everyone will have to pass the commander's eyeball test about how fit we are to wear the uniform.

Every year we muster out about 400 people from our Air Force because of fitness issues. We should ask ourselves how many of those people were really trying to meet the standard and how many leaders and supervisors took an active part — getting out and running with them, etc. — in helping them meet the standard.

We will start this program on Jan. 1, 2004.

To be ready, you need to know how the new fitness program works. At my request, the Air Force Surgeon General has developed criteria to assess the fitness and readiness of our force. These criteria will bring about significant change in the way we currently manage our fitness and weight management programs. A new Air Force Instruction will be published in November 2003 detailing the changes. You can read the new fitness criteria tables at http://www.af.mil/news/USAF_Fitness_Charts.pdf. The tables give you a way to gauge your personal fitness, and just as important, the testing gives commanders a measure of their overall unit fitness. I want to make very clear that my focus is not on passing a fitness test once a year. More important, we are changing the culture of the Air Force. This is about our preparedness to deploy and fight. It's about warriors. It is about instilling an expectation that makes fitness a daily standard — an essential part of your service. ■

Gen. John P. Jumper is chief of staff of the U.S. Air Force, Washington, D.C. As chief, he serves as the senior uniformed Air Force officer responsible for the organization, training and equipage of 710,000 active duty, Guard, Reserve and civilian forces serving in the United States and overseas.





News from Around the World

Rumsfeld Outlines Plan For Replacing Troops In Iraq

WASHINGTON — Whether or not another multinational division is ready for deployment in February 2004, the 101st Airborne Division will come home on time, said U.S. Central Command officials.

A plan unveiled in July called for a multinational division to replace the 101st in Mosul, Iraq, in February. Defense Secretary Donald H. Rumsfeld said he still hopes an international division will be ready for duty in Iraq, but the U.S.

military is making plans in case this does not happen.

Rumsfeld said getting a multinational division in place is

complicated and will take time. He said the nations providing troops would have to work with the U.S. Central Command and the Iraqi Governing Council. The nations would have to work out a memorandum of understanding on how the troops would be supplied, where they would be based, how they would receive orders, and so on.

“That suggests to me that it will take a bit of time,” he said during a Pentagon press conference.

The U.S. military has made decisions on what would happen if the international troops weren't ready. Rumsfeld and Chairman of

the Joint Chiefs of Staff Air Force Gen. Richard B. Myers said that almost all Reserve Component units that might be needed have been notified. Some combat support and combat service support units — mostly in the Reserves — have not yet been notified.

The secretary said some support may come from other services.

Beginning in February 2004, the 1st Cavalry Division, augmented by the 39th Infantry Brigade of the Arkansas National Guard, will begin replacing the 1st Armored Division in Baghdad. Beginning in March 2004, the 1st Infantry Division, augmented by the 30th Infantry Brigade of the North Carolina Guard, will begin replacing the 4th Infantry Division in Tikrit. The 81st Infantry Brigade of the Washington National Guard will replace the 53rd Enhanced Special Brigade from the Florida National Guard around Baghdad.

Officials in Baghdad said the Mosul area is relatively calm. The northern area of Iraq has a good number of trained Iraqi police and may not need a unit the size of the 101st in February. Plans remain for a multinational division for the area, but officials said it may not turn out to be a soldier-for-soldier swap. If changes force an American unit to go to the area, then there is a back-up plan, Rumsfeld said. ■

Deployed Troops Get Break on School Loans

WASHINGTON — Military personnel who have been deployed or mobilized are not required to make student loan payments during their absences.

Federal regulations require lenders to postpone the student loan program payments of active duty military

— Continued on Page 4

Can You See Me Now?



U.S. Marine Corps photo by Lance Cpl. Monroe F. Seigle

Lance Cpl. Jared Shaver, a scout sniper with Weapons Co., 2/3, Marine Corps Base Hawaii, Kaneohe Bay, keeps a low profile and moves slowly across a field as he attempts to move in close to the observers in order to fire off one deadly shot.

personnel. This applies to members of the National Guard and Ready Reserves who have been called to active duty, as well as to active duty personnel whose duty station has been changed as a result of a military mobilization.

"Many of the brave men and women serving our nation right now have put their personal lives on hold to answer the nation's call to duty," said U.S. Education Secretary Rod Paige in a news release earlier this year. "As they defend the freedoms we cherish, our soldiers should not have to worry about their student loan obligations and resuming their studies."

He encouraged the higher education and lending communities to be flexible and provide assistance to service members, so they can "easily resume their studies and financial obligations after they complete their tours of duty."

The regulations apply to student loans made under the Federal Family

Education Loan, William D. Ford Federal Direct Loan and Federal Perkins Loan programs.

The law also requires that active duty military people who have not begun the repayment period on their loans continue to receive a grace period (generally six months) before repaying their loans. Students who were in school at the time of mobilization must also be given a reasonable period to resume school before lenders request payments.

Colleges will not be required to collect financial aid funds that now-active duty students were given to pay for books and living expenses. Additionally, Education Department officials encourage colleges and universities to either fully refund tuition and other institutional charges or give comparable credit against future charges to students forced to withdraw from school to fulfill their military obligations.

Additional information is available by calling 1-800-433-3243 or visiting the Department of Education Web site at <http://www.ifap.ed.gov/IFAPWebApp/index.jsp>. ■

Army Guard, Reserve Job Center Opens

LEXANDRIA, Va. — The 125,000 National Guard and Army Reserve soldiers currently mobilized for the war on terror will have help finding jobs when they go home.

The Army Career and Alumni Program Demobilization Center that opened in Alexandria, Va., Sept. 29 will help them find new jobs, said James Hoffman, program director.

"Things change," Hoffman said. "A soldier gets home after being mobilized and finds the job he was counting on isn't there anymore; maybe the company folded, or maybe that soldier realized he has grown and the old job just wasn't right any longer."

The center responds to questions about eligibility for transition services and benefits and offers referral to other service providers such as the Department of Labor, Department of State Employment Office and Department of Veterans Affairs.

Program officials are giving Reserve Component soldiers business cards with contact information as they demobilize, Hoffman said.

A returning Guardsman or Reservist can be put in touch with the person who can help by calling the toll-free number (877) 722-2270 or sending an e-mail to acap4rc@hoffman.army.mil. Additional details are at <http://www.acap.army.mil>.

In addition, soldiers who want to return to their jobs have reinstatement rights under the Uniformed Services Employment and Reemployment Rights Act. More information about that can be found at the offices of the Employer Support of the Guard and Reserve at <http://www.esgr.org>. ■



AF Sets New PT Standards For 2004

Trainees at the U.S. Air Force Honor Guard technical school at Bolling Air Force Base in Washington, D.C., participate in a physical fitness routine several times a week. This includes push-ups, crunches and a 1.5-mile run and mirrors the proposed Air Force fitness standards which will be implemented in January 2004. You can read the new fitness criteria tables at http://www.af.mil/news/USAF_Fitness_Charts.pdf.

U.S. Air Force photo by Master Sgt. Jim Varhegyi

Q

I read that soldiers who served in Iraq can not donate blood when they come home. Why is that?

A

All servicemembers who have served on the ground in Iraq and Afghanistan for Operations Enduring Freedom and Iraqi Freedom are deferred from donating blood for one year after they leave those countries. This means that blood banks should not accept donated blood from deferred persons during that one year period. This deferral is intended to prevent the spread of a disease called leishmaniasis through blood transfusions.

Leishmaniasis is caused by a parasite that humans get through the bite of an infected sand fly. Leishmaniasis and the sand fly that carries the parasite are common in Iraq and

Afghanistan. Military scientists have confirmed the presence of sand flies carrying the parasite around U.S. base camps. More than 50 American servicemembers have developed the skin form of the disease, cutaneous leishmaniasis, since OEF and OIF began.

Cutaneous leishmaniasis shows itself as one or more open skin sores or ulcers that arise weeks to months after the bite of an infected sand fly. Left untreated, these sores can produce disfiguring scars, so infected servicemembers are routinely evacuated to Walter Reed Army Medical Center in Washington, D.C., for treatment.

A more serious form of the disease, visceral leishmaniasis, results when the parasite moves through the blood stream to internal organs, such as the liver, spleen, and bone marrow.



Dr. Francis L. O'Donnell

Visceral leishmaniasis is potentially fatal, so early diagnosis and treatment are critical. Although no cases of visceral leishmaniasis have been found in Americans serving in OEF and OIF so far, they remain a definite possibility. During the 1990-1991 Gulf War, there were 20 cases of cutaneous

leishmaniasis and 12 cases of visceral leishmaniasis among American military personnel.

Scientists have reported the transmission of leishmaniasis through blood transfusion in a small number of cases. Because of the lengthy time lag between the infecting sand fly's bite and the onset of signs and symptoms of the disease, the one year deferral policy was chosen to prevent transfusion of infected blood drawn

— Continued on Page 19

vaccines DRUGS & HERBS

Q

Before combat operations in Iraq were initiated, the chemical officers/NCOs of our unit were giving us training briefings on something they were calling SURPACK. I have to admit a lot of training information on numerous topics was provided to us during this preparation phase. I never had to use it, but now that I'm back in CONUS, I'm trying to remember exactly what that stuff was. Can you shed some light on this?



Cmdr. Eugene de Lara, MSC, USN

A

Thanks for the question. Since it was the chemical officers/non-commissioned officers who were providing your briefing, I suspect the product you are referring to is called SERPACWA. This is an acronym for "Skin Exposure Reduction Paste Against Chemical Warfare Agents." Developed by the U.S. Army Medical Research and Materiel Command, SERPACWA received FDA final approval in February 2002 for use in conjunction with your Mission Oriented Protective Posture gear to reduce absorption of

chemical warfare agents through the skin.

When applied prior to exposure to chemical agents, SERPACWA works by simply being a physical barrier. Numerous controlled laboratory studies showed reduced or delayed absorption of a variety of chemical warfare agents, including sulfur mustard (HD), soman (GD), thickened soman (TGD), T-2 Mycotoxin (VX), and CS which is a riot-control gas.

In the rush to put on MOPP gear, soldiers may do so incorrectly, which can result in a possible leakage of chemical agents at the closure points — ankles, wrist, neck, and waist. This weak link is why the paste was developed. In development since 1993, SERPACWA transitioned to full production, fielding, and deployment in 2003.

Like most pharmaceuticals, SERPACWA has side effects and precautions. Of particular note, the scientific literature indicates that one should not smoke cigarettes or any other smoking products once SERPACWA is applied — even if

— Continued on Page 16

Officials Say Rebalancing Will Reduce Multiple Reserve Mobilizations

by donna miles
american forces press service

If you're a National Guardsman or Reservist, chances are about 64 percent that you've been called to active duty during one of seven major mobilizations since 1990. There's about a four to five percent chance that you've been mobilized two or more times.

And if you're among about 8,000 members of the Reserve Components, you've experienced the one percent chance of being mobilized three or more times since 1990.

As significant as these percentages are, they don't factor in about 7,800 Guard and Reserve members who have been mobilized more than once for the global war on terrorism alone.

Those most likely to have been tapped multiple times serve in what the Defense Department calls "high-demand, low-density" or "stressed" specialties concentrated largely in the Reserve Components. These include

"There is no one single solution to rebalancing ..."

civil affairs, psychological operations, mortuary affairs and air traffic control positions.

Thomas F. Hall, DoD's assistant secretary for Reserve Affairs, said repeated call-ups for some Reserve Component members are putting too much strain on families, employers and the troops themselves.

And although Hall reported that all the Reserve Components met their end-strength targets for fiscal year 2003 by Sept. 30, he's concerned that too many call-ups for Reserve troops could hurt recruiting and retention down the road.

That's why Hall is committed to Secretary Donald H. Rumsfeld's plan to rebalance the force — basically shifting missions between the active



U.S. Army photo by Spc. Derek Gaines

A soldier from the 115th Military Police Company, a National Guard unit from Cranston, R.I., guards men detained during a raid in Falluja, Iraq, during Operation Iraqi Freedom. The raid was conducted following reports of the compound being a storage site for stolen goods and weapons as well as a location for counterfeit money production.

and Reserve Components, and in some cases, to civilian contractors.

Rebalancing, Hall explained, isn't simply a matter of taking high-demand Reserve component jobs and moving them to the active force. While that might work in some situations, it won't necessarily work in all, he said.

He pointed to examples in which mobilized Reservists bring a treasure trove of experience to their military missions. For example, Army Reservists, who make up 97 percent of the Army's civil affairs units, are contributing city mayors, public works managers, school principals, health care

administrators, banking officials and other highly qualified professionals to rebuilding Iraq's infrastructure.

Another consideration is that building active units "doesn't happen overnight," Hall said. "You have to have training, you have to grow the leaders, you have to recruit. That could take three to four to six years. It takes awhile."

And defense planners aren't willing to take that long to rebalance the force. Hall said he expects it to occur "over this year and next year, not five, six or seven years from now." The services each have plans and "are committed" to the concept, he said.

Another option being considered to rebalance the force, Hall said, is adding more billets for high-demand

jobs in the Guard and Reserve. This, he explained, would increase the number of Reserve component troops in a particular specialty, broadening the pool of qualified people available for mobilizations. "That way," Hall said, "you wouldn't have to keep using the same ones."

Still another way to help rebalance the force is to contract out some of the jobs Reservists and Guardsmen are being mobilized to carry out, particularly those that are not considered "core" military functions. So far, Hall said, DoD has identified as many as 370,000 jobs that could be performed by civilians.

For example, when Hall visited troops mobilized to Kosovo, he was particularly impressed by the successful use of a contractor to run many typical garrison-type functions. Contractors there ran the food service operation, all Morale, Welfare and Recreation activities, and trash and garbage disposal. "They were also doing force protection," Hall said. "And they were doing a magnificent job."

Hall said DoD probably will use a combination of these options in its strategy to rebalance the force. "There is no one single solution to rebalancing," he said. "It's a multiple-solution problem, and we're looking at all of those multiple options."

In some ways, he said, the military's heavy reliance on its Reserve Compo-

— Continued on Page 8

Med Boards Not Always A Career Ender

by 1st Lt. Brandon Ingle
Air Force Personnel
Center Public Affairs

Airman may think that being “medically boarded” means an end to a military career, but that is not always the case, according to medical officials at the Air Force Personnel Center.

While the goal of the medical review system is to maintain a fit and vital force, officials say the Air Force does not take the prospect of separating people for medical conditions lightly. A multi-step evaluation process helps ensure that the needs of both the Air Force and the member are served.

“Being medically boarded isn’t the same as being kicked out of the Air Force,” said Lt. Col. (Dr.) Leonard Trout, of the medical standards branch at the center. “The reality is that someone who faces a medical evaluation board has a good



fit to stay in the military and, if approved, can the individual serve overseas?

An airman found unfit for military service may appeal the decision. Appeals go to medical officials at

Randolph
Air Force
Base,
Texas, and
sometimes

reach the secretary of the Air Force level. There is no appeal process for those found still fit for duty.

“We process an average of 4,000 medical boards each year,” said Air Force Col. (Dr.) Ed Taxin, chief of the medical standards branch.

One airman whose future rested in the board’s hands is Air Force Master Sgt. Dan Derlein, a computer programmer at the Air Force Personnel Center at Randolph Air Force Base,

Texas. Derlein was diagnosed with Parkinson’s disease, a debilitating and incurable disease of the nervous system that afflicts more than 1.5 million people, according to the Parkinson’s Disease Foundation.

“It’s difficult going through the diagnosis of a chronic, degenerative disease,” said Derlein, a 37-year-old father of three. “To be honest, I was more afraid of that board than the disease. I still have two years before I can retire, and I want to be able to finish my career.”

Before his medical board, Derlein visited a Web site run by Tom Berdine, a former technical sergeant who also suffers from Parkinson’s disease and also faced a medical board.

“Tom understood what I was going through,” Derlein said. “He really helped me through the diagnosis and my medical evaluation board.”

Although he temporarily lost his mobility status, Derlein passed the medical board and is still able to do his job. Medications currently keep Derlein’s disease in check, but since there is no cure, the medicine only treats the symptoms, and his nervous system continues to degrade; however, he is still productive at work.

“Dan feels like he’s really gone downhill, but his work doesn’t show it,” said his supervisor, Cheri Hummel. “He’s top notch, an amazing person. People are always coming to him for help because he’s so good with computers.”

Derlein plans to continue serving his country as long as he can and looks forward to a computer programming job after his Air Force retirement.

“Things may take me a little longer, and I might complain a little louder, but I’ll get them done.”

“To be honest, I was more afraid of that board than the

chance of remaining on active duty.”

When an airman is diagnosed with any of several hundred medical conditions outlined in Air Force guidance, he or she may face a medical evaluation board. This is the first step in the Air Force’s disability-evaluation system. The airman’s medical record is reviewed by a panel of three base-level physicians. They forward their recommendation to senior reviewers at the personnel center who have to answer two questions: is the individual

Continued on Page 18

All in the Family

Father, 2 Sons And Daughter-In-Law Serve Together In NC Unit

by spc. petersi liu, usa
special to american
forces press service

At least one family in a unit deployed to Operation Iraqi Freedom isn't complaining much about family separation. That's because most of the family found itself together here. A father, his two sons, and a daughter-in-law work in the same unit.

The National Guard's 211th Military Police Company of Clyde, N.C., was reactivated for Operation Iraqi Freedom in June, just five months after returning home from Operation Enduring Freedom in Afghanistan. The family father is Staff Sgt. Michael Coggins, non-commissioned officer-in-charge of the company's motor pool. His first son, Spc. Jason Coggins, a military policeman, is married to Sgt. Vicky Coggins, an administrative clerk in the unit. Their son was born two days before Jason left for Operation Iraqi Freedom. His second son, Sgt. Ryan Coggins, a mechanic with two children of his own, works under his father's supervision at the motor pool.

"My old man is very old. He has been in the Army since 1972," said Ryan with a laugh.

"Our grandfather is Furman Coggins, and he was a private in the Korean War," said Jason.

The family intended to fight terrorism together. Michael and Jason served together for Enduring Freedom. Ryan had belonged to the 210th Military Police Company, but upon hearing that the 211th was



being reactivated for Iraqi Freedom in March 2003, he volunteered to join the unit to serve with his father and brother.

In civilian life, Ryan worked as a direct-care provider for youths who have been in trouble.

"I joined the National Guard for education benefits. It is one weekend a month and two weekends a year. You can't beat that," he said with a laugh. He has a bachelor's degree in criminal justice and psychology. Jason worked as an independent contractor with a landscaping company.

The staff sergeant and his sons used to enjoy fishing together, they said. But since their forward deployment to Iraq in August, they had to settle for spending their off-duty time at the air-conditioned Morale, Welfare and Recreation tents at Camp Kohema, a small camp adjacent to Camp Arifjan. ■

Rebalance

— Continued from Page 6

nents is actually a good news story — proof that the military's "total force" concept is working, and that Guard and Reserve have proven themselves as full partners in America's defense.

That's something that won't change through the rebalancing effort. America's Reserve Components, Hall said, will remain an important part of U.S. national defense plans.

"We made a commitment in the '90s ... to make our Guard and Reserve just as good as the active duty force, to totally integrate them into the force," Hall said. The result is that today's Reserve forces are equipped and trained just as well as their active component counterparts, he said, and they've become vital to the nation's defense.

"These units are superb units, and they're very well trained and very capable," he said. "So we're sending them forward and they're doing the job."

When members of the Reserve Components are called to active duty, Hall said, he's committed to making sure they're trained and ready to do their military jobs, and that they're mobilized only for the length of time absolutely required.

"We don't want to have one more or one less Guardsman or Reservist on active duty at any time than we need. Not one more or one less," he said.

"And when we do mobilize, we don't want it to be 'just in case.' We want it to be 'just in time,'" Hall said. "We don't want to mobilize [you] just in case and let you sit at some mobilization station for three months."

The goal, Hall said, is to "get the mobilization timelines down so we mobilize you just in time, have the required training you need, get you over so you can do your job, and get you home as quickly as we can.

"We're leaving the paradigm of 'just in case' and replacing it with 'just in time.'" ■



Study Finds Increased Frequency of ALS In Gulf War Veterans

by joan kennedy

The results of a scientific study of amyotrophic lateral sclerosis, or ALS, in veterans of Operations Desert Shield and Desert Storm were published in the Sept. 23 issue of the journal *Neurology*. The study found that veterans who had been deployed to Southwest Asia during the Gulf War were nearly twice as likely to have developed the disease as active duty military troops who had not deployed there.

"This research is the product of a significant investment by the Department of Defense and the Department of Veterans Affairs over the past several years and reflects our desire to investigate the medical problems and health concerns of Gulf War veterans," said Dr. William Winkenwerder Jr., the assistant secretary of defense for health affairs. "Scientific research helps answer veterans' questions and holds the promise for better protection of the health of our men and women during future deployments."

ALS, also referred to as Lou Gehrig's disease, is a rare, chronic disease which kills cells in the brain and spinal cord that control muscle movement, resulting in gradual wasting of the muscles. Medical science doesn't know the cause of this progressive illness. It most often strikes adults 50 to 70 years of age, although it has been diagnosed in people as young as 19 years old. Lou Gehrig was 36 when he was diagnosed. According to the ALS Association, little more than 5,000

people in the U.S. are diagnosed with the disease each year. The incidence of ALS is about two per 100,000 people. It is estimated that as many as 30,000 Americans may have the disease at any given time. There is also no effective treatment for ALS, which generally leads to death in two to seven years.

The study began in March 2000. Although previous reviews of data on ALS mortality and diagnosis showed no increased rate of ALS in those who served in the Gulf region, DoD and VA recognized the issue merited a special review. The \$1.3 million study, funded by DoD and the VA, was done in collaboration with the Department of Health and Human Services, the Centers for Disease Control and Prevention and other academic centers of excellence in neurology, along with advice from the ALS Association.

The study researchers looked for cases of ALS among the nearly 700,000 servicemembers deployed to Southwest Asia and the 1.8 million on active duty during the period who were not deployed to the gulf. The study found 40 cases of ALS among deployed veterans and 67 cases among the non-deployed. This translates to a nearly two-fold increase in the rate of this rare, neurological disorder in the deployed group. The incidence of ALS was highest among deployed Air Force personnel, who were 2.7 times more likely to have developed ALS than non-deployed Air Force personnel.

The ALS study does not identify a cause for the disease or the increased occurrence in this group of veterans. There have been many hypotheses as

Facts About ALS

- The onset of ALS is insidious with muscle weakness or stiffness as early symptoms.
- ALS is not contagious.
- It is estimated that ALS is responsible for nearly two deaths per hundred thousand of the population annually.
- ALS occurs throughout the world with no racial, ethnic or socioeconomic boundaries.

Adapted from the ALS Association Web site at <http://www.alsa.org>

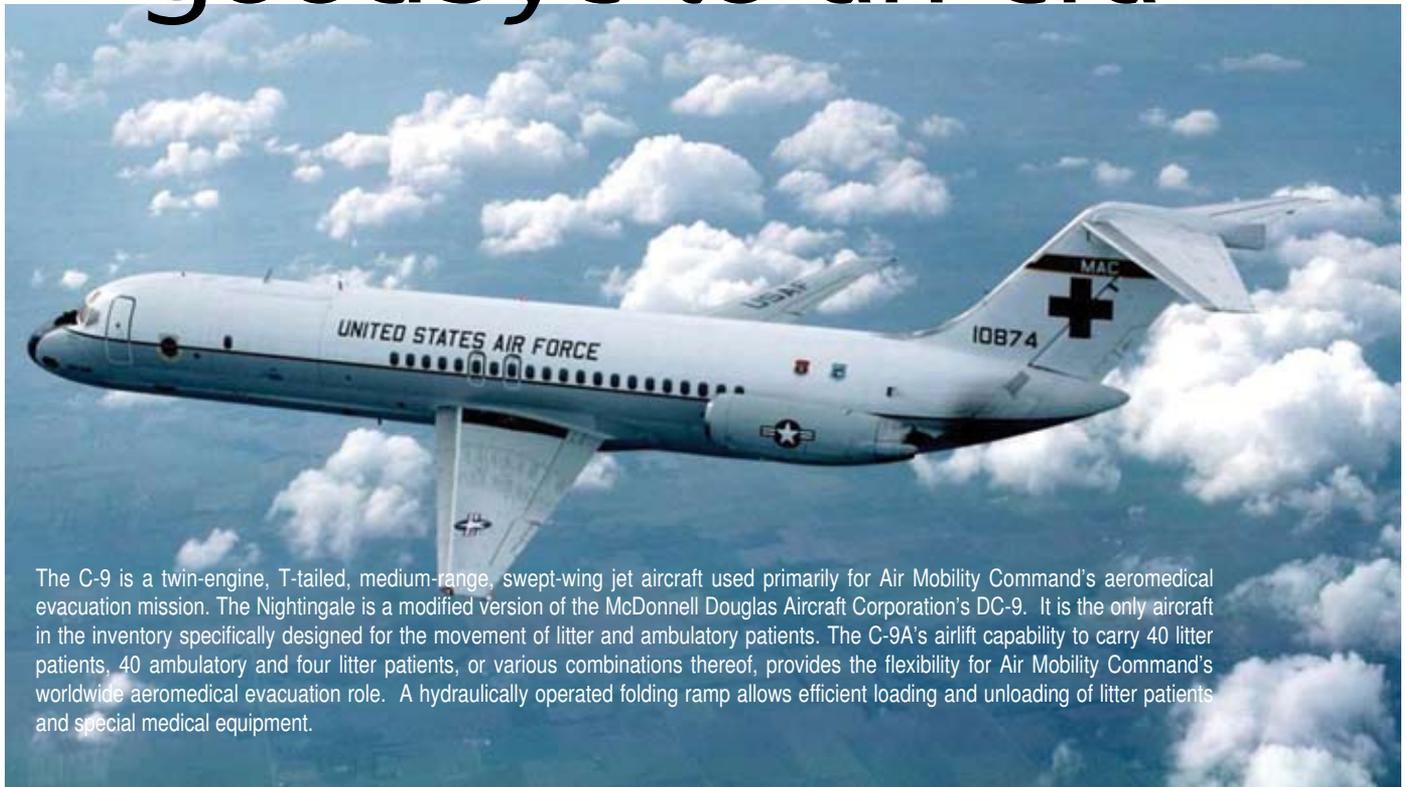
to the cause of ALS, all of which may be reexamined in light of this study. This disease is extremely rare, even with the two-fold increase found among Desert Shield/Desert Storm veterans compared to the non-deployed veterans.

Since the preliminary results were announced in December 2001, the policy of the VA has been to authorize disability compensation for veterans with ALS who served in the gulf between Aug. 2, 1990, and July 31, 1991. Gulf War veterans who have been diagnosed with ALS are eligible for about \$21,000 in service-connected VA medical benefits, as well as in-home medical equipment and assistance. The ALS Association has sent out a

— Continued on Page 12

"This research ... reflects our desire to investigate the medical problems and health concerns of Gulf War veterans."

goodbye to an era



Official U.S. Air Force photo

The C-9 is a twin-engine, T-tailed, medium-range, swept-wing jet aircraft used primarily for Air Mobility Command's aeromedical evacuation mission. The Nightingale is a modified version of the McDonnell Douglas Aircraft Corporation's DC-9. It is the only aircraft in the inventory specifically designed for the movement of litter and ambulatory patients. The C-9A's airlift capability to carry 40 litter patients, 40 ambulatory and four litter patients, or various combinations thereof, provides the flexibility for Air Mobility Command's worldwide aeromedical evacuation role. A hydraulically operated folding ramp allows efficient loading and unloading of litter patients and special medical equipment.

Aeromedical Evacuation Changes To Focus On Requirements

by tech. sgt. mark diamond
air mobility command public affairs

When the Air Force officially announced the retirement of the C-9A Nightingale on July 23, 2003, to some the announcement simply meant the end of an era in Air Force aeromedical evacuation.

To others, the retirement of the C-9A — the aeromedical evacuation workhorse for the past 35 years — signaled the beginning of a new aeromedical evacuation environment; an environment where continental United States, or CONUS, peacetime aeromedical evacuation missions become the exception, rather than the norm. Or what Air Mobility Command officials are calling

a "requirements-based" rather than "capacity-based" system.

According to AMC Command Surgeon Brig. Gen. (Dr.) Thomas J. Loftus, although the C-9 is going away, the mission of aeromedical evacuation will continue, but with noticeable changes.

"In the past, we used a capacity-based system. Many of our patients were transported from small medical facilities to larger medical facilities simply because we had a system in place [the C-9] dedicated to moving patients from one location to another throughout the United States," Loftus said.

Scheduling of the C-9 was comparable to commercial airlines, with mostly predetermined stops for any passenger needing to travel. The only limit was the capacity of the aircraft.

This capacity-based system was used extensively from the 1970s through the early 1990s. However, the general said, the full implementation of TRICARE in the early 1990s led to a significant decrease in the number of CONUS, peacetime aeromedical evacuation missions — from about 70,000 in 1990 to about 11,000 in 2001. At that rate, the number could reach as low as 3,000 by 2005.

"The full implementation of TRICARE created a shift in health care to local medical facilities, which considerably decreased the number of patients who required in-flight medical care," said Loftus.

The general said more patients now receive medical care in their local area,

which allows the change to the requirements-based system. The Defense Department's TRICARE program has successfully created networks of local doctors and hospitals to take care of the medical needs of military personnel, retirees and their families.

Educating CONUS military treatment facilities on the new requirements-based aeromedical evacuation system is a continuous process. Part of that education will take place each time a patient movement request is made, according to Air Force Lt. Col. Duane Hill of the Global Patient Movement Requirements Center located at Scott

Air Force Base, Ill. The GPMRC handles aeromedical evacuation mission requirements determination, validation and coordination. Hill said the requirements-based system will be a mindset change for everyone involved in the aeromedical evacuation process.

"We need to be sympathetic to the [patient movement] requests, but at the same time, our MTFs need to understand that the C-9 is gone and the TRICARE network needs to be utilized," said the colonel.

Col. Darnell Waun, AMC's chief of health care operations division and the AMC command nurse, agreed that the new aeromedical evacuation system will be a significant change for many because patient movement has traditionally been synonymous with the C-9.

"Now, [aeromedical evacuation] is just one way to move a patient," Waun said. "Depending on patient needs, they can be moved commercially, by ground, or as a space-available passenger on military airlift. Moving a patient from Point A to Point B does not necessarily mean [military] airevac, unless they

"The full implementation of TRICARE created a shift in health care to local medical facilities ... decreased the number of patients who required in-flight medical care."

require en route care."

Requirements-based, in essence, means urgent or priority (or patients needing in-flight care) aeromedical evacuation is needed, and the Air Force aeromedical evacuation system will get them where they need to go.



U.S. Air Force photo by Staff Sgt. Justin D. Pyle

A servicemember wounded during Operation Anaconda in Afghanistan is carried off an Air Force C-9 Nightingale in March 2002. The wounded arrived at Ramstein Air Base, Germany, where they were transported by the 86th Aeromedical Staging Flight to Landstuhl Regional Medical Center in Germany for treatment.



A host of stretcher-bearers, doctors and medics place Canadian journalist Kathleen Kenna on an ambulance at Ramstein Air Base, Germany. The ambulance took Kenna to Landstuhl Regional Medical Center in Germany, the largest military hospital in Europe, for further treatment.

U.S. Air Force official photo by Master Sgt. Keith Reed

Without the C-9, the Air Force's CONUS aeromedical evacuation mission will continue using other AMC airlift and tanker aircraft.

New aeromedical evacuation technology, called patient support pallets, is making it possible to transport patients aboard aircraft not normally used for aeromedical evacuation. The patient support pallet, developed at the Human Systems Center at Brooks City-Base in San Antonio, Texas, is

built on a standard cargo pallet and provides support for six litters or a combination of three airline seats and three stretchers. The Air Force uses the patient support pallets on KC-135s, KC-10s and C-17s airframes.

The Air Force began using C-130s and

KC-135s aircraft for aeromedical evacuation within CONUS Aug. 7, 2003. According to AMC officials, the KC-135 missions run cross-country to Scott AFB and end at Travis Air Force Base, Calif. There will be C-130 routes from each of the three areas: Andrews Air Force Base, Md., Scott AFB and Travis AFB, to transport patients to their final destinations.

AMC officials are confident that the new requirements-based aeromedical evacuation system will work, but not without a few challenges.

"Anytime you make a change, there are challenges," said the general. "We've been using the C-9 to transport patients around the United States for many, many years."

Although current usage of the C-9 is

— Continued on Page 19

New Human Resources Management System Makes Medical Readiness Easier to Track

by joan kennedy

A new medical management support system has been developed that will soon standardize the way human resources are tracked and managed across all service branches of the Military Health System. The Defense Medical Human Resources System-internet, scheduled to be completed and in use by 2005, will manage human resources for about 170,000 medical personnel from the services' entire military and civilian workforce. DMHRSi uses the Oracle 11i E-Business Suite to integrate processes for the Army, Navy and Air Force medical communities.

"We will soon have a single system to maintain key human resource information on personnel supporting military health care," said David

Gervais, director of human resources for the Resources Information Technology Program Office (RITPO). "Across the services, this will include all active duty, Reserves, DoD civilians, contractors, borrowed personnel and even volunteers."

DMHRSi, which has prototypes at three test sites, will eventually be deployed to approximately 600 sites, and be accessible to more than 170,000 authorized users worldwide via the Internet.

Gervais said that DMHRSi will standardize human resources management and eliminate the need to maintain service-unique systems. "This will result in immediate cost savings and improved data quality," he said.

DMHRSi is designed to streamline cumbersome and time-consuming

medical business processes, which Gervais said will result in improved data quality for medical management decision-making. The system provides tri-service, standardized business rules and processes and maintains all medical human resource information, received from Service Source systems, in a single tri-service database hosted by the Defense Information Systems Agency. DMHRSi will support the military health system functional areas of Manpower & Personnel, Labor Cost Assignment, Personnel Readiness, and Education and Training.

"DMHRSi will assist medical commanders to determine who their people are, how much they cost, what training they have, and who is deployable," said Gervais. ■

Looking For Signs



U.S. Army photo by Sgt. Jack Morse

U.S. Army Maj. Andrew Barr, the brigade surgeon for 3rd Brigade Combat Team, 4th Infantry Division out of Fort Carson, Co., eyes some X-rays Oct. 26. Soldiers with the 205th Military Intelligence Brigade, 64th Forward Support Battalion, 502nd Dental Company (Area Support) and 561st Medical Company (Dental Services) were at a school in Balad, Iraq, on Oct. 26, 2003, to conduct a medical capabilities mission during which they provided services for about 300 children.

ALS Study

— Continued from Page 9

message to all neurologists to make sure they convey this information to ALS patients who served in the Gulf War.

"When in doubt, VA should act in favor of the veteran," said Secretary of Veterans Affairs Anthony J. Principi. "We moved aggressively to extend benefits to ALS victims in December 2001, based upon preliminary data. Now, the full study supports the wisdom of that action."

Earlier this year, VA established a national ALS registry to identify veterans with the disease — regardless of when they served — and track their health status. Veterans with ALS who enroll will complete an initial telephone interview, covering their health and military service, and will be interviewed twice yearly thereafter.

For more information about VA's ALS Registry, based at North Carolina's Durham VA Medical Center, call 1-877-DIAL-ALS (1-877-342-5257) or send an e-mail to norma003@acpub.duke.edu.

The ALS Association has a toll-free information and referral service available to patients, caregivers and family members. The ALSA Information and Referral number is (800) 782-4747. To reach ALSA's Patient Services department by e-mail, contact alsinfo@alsa-national.org. ■



A group of frozen mosquitoes is viewed through the eyepiece of an entomologist's microscope.

U.S. Air Force photo by Airman Samantha Willner

Institute's Insectary Vital In Repellent, Drug, Vaccine Research

by karen fleming-michael
ft. detrick standard staff writer

While everyone tries to keep their summers insect free, the insectary at Walter Reed Army Institute of Research painstakingly breeds tens of thousands of them every week.

Aedes, *Anopheles* and *Culex* mosquitoes are reared weekly to supply the needs for repellent, drug and vaccine work the institute does to protect servicemembers from diseases like dengue fever, malaria and encephalitis.

The Department of Defense has about a dozen insectaries around the globe; however, WRAIR's is one of the largest and most elaborate, said Col. Daniel Strickman, chief of its entomology department.

The insectary in Maryland, with funding hovering around \$750,000 annually, is "probably the best in the world as far as meeting the needs we have," Strickman said. In fact, entomologists helped create the 964-square foot facility that opened in 2000, keeping things like temperature controls, security and hygiene at the forefront of design talks.

Lisa Jones, a research technician who breeds *Aedes aegypti* mosquitoes for her own and others' studies, works within the temperature-controlled insectary that has double-doored entryways to protect the rest of the institute from

insects on the lam. Infected mosquitoes used in volunteer studies to test the effectiveness of vaccines or drugs are kept under lock and key, Strickman added.

"You sort of have your heart in your mouth about having infected mosquitoes because if you have one loose, you're going to have people infected," he said.

Jones is a mosquito master, prodding larvae to hatch and grow into swimming pupae then flying mosquitoes. Only females are used in experiments; males are simply studs. But before they'll breed, female mosquitoes need a blood meal, which in the insectary comes in from the belly of anesthetized hamsters.

Then the ladies mate and lay eggs.

Blood meals from a living creature are unavoidable, Strickman said, because researchers need to ensure mosquitoes are cooperative for experiments. "If they grow accustomed to feeding on only expired blood or artificial diet through a membrane, they may not be attracted to human skin to take a blood meal, so we wouldn't know if a repellent truly worked or if the mosquito simply lost interest in humans," he said.

Taking the results of a good egg lay, which resembles dense coffee grounds on a paper towel, Jones puts the eggs in a small bench-top vacuum for 30 minutes. Low oxygen levels stimulate

hatching and ensure a batch of mosquitoes is approximately the same age. Mosquitoes typically live three to four weeks, and researchers use them when they're five to 15 days old.

With a trained eye, Jones notes the subtle wiggles that indicate hatching has occurred. She moves them to a breeding room into a shallow stainless steel tub. Other than the bad hair days the humid hatchery causes, Jones said the only other thing that can cause a bad day is underestimating the number of eggs. If she falls short, she must play catch up to supply enough mosquitoes to meet the lab's weekly demand of 4,000 *Aedes aegypti*.

After seven days in water, feeding on ground-up fish food, bottom-feeding pupae emerge and look like tiny tadpoles, or as Strickman noted, "all the unused commas in the world." At this stage, Jones pours the pan's contents through a separator, which stalls the large ones and lets the small pupae return to the pan for more growing.

When it comes to rearing mosquitoes, size matters. Jones said the larger the mosquito, the better the biter.

"You can take all the proper measures to rear good sized mosquitoes, but some will never get to the pupae stage," she said. "When you're dealing with Mother Nature,

— Continued on Page 14

Insects

— Continued from Page 13
you can't be precise like with other parts of science."

Large pupae are transferred to an ice cream cup-sized bowl of water inside a half-gallon tub with a mesh top. There, they'll evolve into adult mosquitoes that can again start the 10-day breeding cycle to meet the lab's demand.

Because troops are deployed to Southwest Asia, where leishmaniasis-carrying sand flies flourish, the insectary's expertise with the phlebotomine family is being tapped. Dr. Edgar Rowton, assistant chief of entomology, has had a passion for sand flies for years. Now his team's expertise is being put to the test as shipments of flies from Lt. Col. Russ Coleman, an in-theater entomologist, arrive daily for identification and testing for "leish."

"We get real feedback from the field," Rowton said. "There's no gap from the bench to the real world."

From testing that researcher Lisa Hochberg completed on 200 pools that each contain 10 sand flies, lab researchers have been able to determine that 1.5 percent of the sand flies in theater test positive for leishmaniasis, Strickman said.

"We don't know which type of leish they carry, though we know in the civilian population they have some cutaneous and lots of visceral leish," he said, adding that the military health community could be facing "an infectious disease train wreck" when troops return. Affecting the spleen and liver, visceral leishmaniasis can take months to develop and is considered fatal if left untreated. For this reason, Strickman said, military health providers need to know what to look for and how to treat it.

Because of his research, Rowton has twice taken a 21-day regimen of antimony compound, the remedy for leishmaniasis. "It was not a very pleasant treatment, but [mucosal leishmaniasis, the form of the disease he had,] starts with a sore that goes away but the parasite later shows up in the nose and destroys the whole area," he said. "I thought it was worthwhile to get treated."

For now, Coleman can take the lab's data and let commanders know what troops are facing in terms of disease and what precautions need to be taken.

"If we actually show there's leish in sand flies where we have soldiers, they can pull out all the stops to prevent it: treat tents, spray pesticides, stress repellent use in soldiers," Strickman said. "Without help from WRAIR's lab, all he could do is say, 'We have sand flies,' which may or may not prompt a commander to spend resources on prevention."

Sand flies take 45 to 50 days to mature from larvae to adults and have their own section of the insectary. Phil Lawyer, a retired Army entomologist, maintains the sand flies that eat a ground up mixture of composted rabbit chow and rabbit feces. The combination resembles the diet found in the burrows sand flies naturally live in for their two- to three-week life span.

Amid a background of classical music, female sand flies also need blood meals before mating. When the flies become finicky, Lawyer said, he takes matters into his own hands to meet the lab's weekly sand fly quota of 5,000.

"You roll up your sleeve," he said, displaying bites from the previous day.

Colonies are collected this way as well. "Sometimes when we're out in the field and we want to get a colony, the only way we can get eggs is to give them blood, and so lots of times we'll have 100 to 200 sand flies on our arms," Rowton said. "We don't like to do that because it's grueling, but sometimes we have to."

The insectary's colonies hail from Kenya, Saudi Arabia, Jordan, Brazil, India, Turkey, Peru and Israel and range in age from less than a year to more than 30 years old. "Right here, by far, has the greatest diversity of sand fly colonies in the world, no question about the United States," Rowton said. "It's probably one of the only facilities that produces them in great enough quantities that we can conduct serious repellent studies, which take a lot of flies, and collaborate on a DNA vaccine for leishmaniasis."

The insectary is also loaning lab



space and mosquitoes to Paul Weldon, a researcher from the College of Notre Dame in Baltimore, Md., who's exploring materials monkeys use to rub on themselves for protection from mosquitoes. The rubbing, also called anointing, often repels or kills mosquitoes. Weldon tests different items — compounds from millipedes, bird feathers, leaves and frog toxins, to name a few — by spreading them on thin membranes stretched across a well of heated fluid with adenosine triphosphate, an energy substance put into sugar water that attracts mosquitoes. The fluid is also dyed with food coloring.

After letting the mosquitoes spend time with the membrane and fluid, he can tell if they fed by crushing them to see if food coloring is present. Neither animals nor people are exposed to bites, and he said he gets uniform results from test to test. It also saves the amount of repellent he needs for each test because he needs just enough to cover a 9.6 square centimeter area instead of enough to cover a human's forearm.

Using blood as an attractant, he said, would limit him to four test runs each day, but his method lets him run as many as he likes.

Though Weldon said he has no agenda for product development, leaving that endeavor for others to pursue, "it's a good example of how WRAIR partners with academic groups to further science," Strickman said. "He [Weldon] is taking a completely different approach and is just doing research. The resources he uses are trivial money, but the results are not trivial." ■

Snuff The Cigarette. Ditch The Dip.

Make the Commitment Stop Using Tobacco Products

by lisa a. gates

Kick the habit and stop smoking. That's the message that Defense Department health officials are hoping military members who currently smoke or use other tobacco-related products will take for action during this year's annual Great American Smokeout campaign set for Nov. 20.

The annual event sponsored by the American Cancer Society is in its 27th year and has helped to highlight the health risks associated with smoking and tobacco use as well as recognizing the challenges associated with kicking the habit. While the Great American Smokeout places an emphasis on quitting smoking for a full 24 hours, DoD health officials are hoping that current users of tobacco products will think of this day as the day to quit for good.

According to the American Cancer Society, it is estimated that cigarette smoking alone causes approximately 30 percent of all cancer deaths and an annual total of 440,000 premature deaths due mostly to heart disease and cancer. An estimated 47 million adults in the United States currently smoke, and approximately half will die prematurely from smoking. Defense health officials estimate that approximately 16 percent, or one in six, of all deaths in both current and former military personnel is from smoking and using other tobacco-related products.

"Smoking or using tobacco products is not only a health issue, but a force

health protection issue as well. Lives depend on how physically fit our military members are. Smoking or using tobacco-related products may impact their fitness level, putting lives of their fellow servicemembers at risk," said Ellen P. Embrey, the deputy assistant secretary of defense for force health protection and readiness.

Research has shown that smoking is a proven risk factor for heart disease, which is compounded for women taking oral contraceptives; certain cancers including mouth, lung, urinary tract and kidney, chronic lung disease, sinusitis, pneumonia and decreased fertility. Research has also shown that second-hand smoke is equally harmful to those around smokers, especially children. Smoking also seriously affects the quality of life to include temporary conditions like bad breath and ruined clothes to more permanent conditions such as wrinkled skin and stained teeth.

"Most military members [who smoke] want to quit smoking. Many will eventually quit after several attempts," said U.S. Air Force Lt. Col. Dean L. Messelheiser, BSC, the Air Force Substance Abuse Prevention and Treatment Program Manager with the Air Force Medical Operations Agency in the Office of the Air Force Surgeon General.

"That's the good news," said U.S. Navy Capt. (Dr.) Larry N. Williams,

Dental Corps, a clinical champion of the DoD and Department of Veterans Affairs' Tobacco Cessation Program. "The bad news is that while many current military members quit, just as many will either resume or begin to use tobacco products for the first time after basic training."

According to a recent DoD survey of health-related behaviors among military personnel, the prevalence of smoking among active duty personnel is approximately 34 percent with another 12 percent using smokeless tobacco. The same survey also showed that some 11.9 percent of active duty are former smokers and approximately 54.8 percent of active duty members have never smoked. Smoking rates among Reserve Component personnel, family members and retired personnel are not known.

Nicotine, the addictive drug in cigarettes, has been proven to be both physically and psychologically addictive. The cycle of addiction is very simple. Smoking cigarettes may give the smoker an immediate charge, but is followed by depression and fatigue, which leads the user to seek more nicotine.

— Continued on Page 16

Smoking

— Continued from Page 15
inattention, irritability, anger, frustration, anxiety and depression?” continued Williams. “And, at the same time, how do you make the choice whether to carry bullets or more cigarettes and dip to the battlefield so that you don’t go through withdrawal?”

While the DoD study shows that overall rates of cigarette use among military personnel are similar to the civilian population, the largest group in the military to use cigarettes and other tobacco products continues to be 18- to 24-year-old males.

“Most of those entering the military for the first time fall within this age group,” said Williams.

Both Messelheiser and Williams agree that basic recruit training is one of the best times to get the military’s newest and most vulnerable members to quit using tobacco products. All four services prohibit the use of any tobacco products during this period. Aside from the restrictions on tobacco use in basic training, there may also be restrictions on tobacco use at other levels of training throughout each of the services.

“While this is not a complete ban on tobacco use,” said Messelheiser. “Airmen are prohibited from using tobacco products during the early phases of technical training.”

One program designed to take advantage of the tobacco-free recruit environment is the Navy’s Reinforcing Education to ACHieve Health, or REACH, Program. This program introduces the Navy’s newest sailors to military readiness, health and financial benefits that will result from a tobacco-free lifestyle.

“Recruit training is the perfect time to talk about the benefits of being tobacco free,” said Williams. “Just prior to graduation [from recruit training], we

Vaccine

— Continued from Page 5
applied in small amounts. Apparently, smoking products contaminated with polytetra fluorosthylene, or PTFE, a component of SERPACWA generates harmful fumes. A flu-like syndrome called polymer fume fever has been reported in individuals exposed to these fumes. Long term effects of this fume-fever have not been determined.

show them that being tobacco-free is not only about being healthier, but also how they can benefit financially from being tobacco-free. We remind them how much money they saved by not using tobacco products during basic training.”

Williams said that the financial aspects of how much money was saved and how that money can be spent differently hits home for the tobacco-free recruits. The REACH program has resulted in a 50 percent reduction in tobacco use resumption within 30 days of recruit graduation and a 67 percent reduction of tobacco-use among first-time users.

“For most of recruits, the financial aspects of remaining tobacco-free after basic training encourages them to maintain a tobacco-free lifestyle,” said Williams.

There are a number of options people can choose to stop smoking, from developing a “buddy system” with a friend who smokes and also wants to quit, to working with a health care provider on getting involved in a program with smoking cessation techniques and products.

“Sometimes, the ‘one-size fits all’

approach doesn’t always work,” said Williams. “Sometimes tobacco users are too busy to attend quit classes. Providers at military medical and dental clinics may be able to help patients quit by offering medications and cessation help during clinical visits. This combination of medication and [behavior modification] therapy during a clinical visit is an additional way to help kick the habit, especially for those members who state they want to quit during their office visit.”

Cessation classes for smoked and smokeless tobacco are available on most military installations at health and wellness centers, clinics, family support centers, and hospitals.

“The bottom line is, we want our military members to be healthy, and we are dedicated to helping people stop smoking or using other tobacco products,” said Embrey. ■

For More Information

To learn more about how you can quit, here is a list of resources you can visit or call for more information.

The National Cancer Institute

<http://www.smokefree.gov/>
Quit line: (877) 44U-QUIT
or (877) 448-7848

The Office of the U.S. Surgeon General

<http://www.surgeongeneral.gov/tobacco/>

The Centers for Disease Control and Prevention

<http://www.cdc.gov/tobacco/how2quit.htm>

The American Cancer Society

<http://www.cancer.org>
Quit line Service: (877) 937-7848

The American Heart Association

<http://www.americanheart.org>
Phone: 800-AHA-USA1 or (800) 242-8721

The American Lung Association

http://www.lungusa.org/tobacco/quitting_smoke.html
Quit line Service: (800) 548-8252

So follow the product instructions to the letter.

If exposure to CWA is ever confirmed or suspected, you must follow the appropriate protocol for decontamination. As usual, you must follow all guidance issued by your commanders.

This is an excellent example of a pharmaceutical product developed to increase force health protection and the capability of our fighting forces. ■

Cmdr. Gene de Lara, Medical Service Corps, U.S. Navy, serves as the medical planner in the Deployment Health Support Directorate. He has a Doctorate of Pharmacy and a Masters of Business Administration. DeLara is both a pharmacist and medical planner, holding the 1805 Plans, Operations, and Medical Intelligence specialty code.

Make Flu Prevention Your Top Priority

by melissa burslie

The military services are beginning their annual influenza vaccination programs. Influenza, commonly referred to as the flu, is a highly contagious viral infection of the respiratory tract. It often comes on suddenly and causes more severe symptoms than the common cold. These symptoms may include fever, cough, sore throat, runny or stuffy nose, headache, muscle aches and extreme fatigue. Most people recover in one to two weeks, but some people will develop life-threatening complications as a result of the flu. The most effective protection against the influenza virus is the flu vaccine.

The best time to be vaccinated is in October or November, although people can still be vaccinated in December and beyond. The Army program officially began Oct. 15. The Navy and Air Force programs are already under way. Department of Defense policy requires influenza vaccination for all active duty personnel and Reserve personnel on active duty in excess of 30 days.

"Vaccines are important tools in the force health protection strategy," said U.S. Navy Cmdr. Eugene de Lara, deputy program manager, health readiness, Deployment Health Support Directorate. "Influenza vaccination is especially important to the military because high sick call rates can undermine readiness. Many may not know about the influenza pandemic of 1918-1919, cited as the most devastating epidemic in recorded world history. It caused a four-month delay in U.S. troop deployments to the European theater during WWI. Also, military members and their families are stationed where new strains are likely to appear, and due to their mobile lifestyles that can easily spread the flu, immunizations are especially important."

According to the Centers for Disease Control and Prevention, about 36,000



U.S. Air Force photo by Staff Sgt. William Greer

Staff Sgt. Charles Halcome, from the 438th Expeditionary Medical Squadron, administers a flu shot to Col. Cynthia Snyder, commander of the 438th Expeditionary Mission Support Squadron, at a forward-deployed location supporting Operation Enduring Freedom.

people die each year from the flu and there are about 114,000 hospitalizations. Earlier this year, the CDC announced there are sufficient supplies of the flu vaccine. During the previous two years there was a vaccine shortage. The Food and Drug Administration has recently approved the use of a nasal spray using live vaccine. This spray is not part of the DoD core formulary in part because of its prohibitive cost and stringent storage requirements.

If servicemembers need to receive their flu shots from civilian providers because of unusual assignment locations where they do not have ready access to a military treatment facility, they should ensure the information gets recorded in their military medical records. U.S. Navy Capt. Edward Kilbane, director of preventive medicine and occupational health, fleet operation support at the U.S. Navy's Bureau of Medicine and Surgery, explained.

"All sailors should make sure their flu shot is recorded in three places; their medical record, their International Certificate of Vaccination, also known as the yellow shot card, and in

the Navy's SNAP Automated Medical System, even if they receive their shot from a civilian provider."

The Army and Air Force had similar concerns.

"We do not encourage people to go outside the military health care system to receive the influenza vaccine," said U.S. Army Col. Paula Underwood, a preventive medicine staff officer in the office of the Army's Surgeon General. "Part of implementing a quality vaccination program is being able to ensure compliance. The Army tracks compliance through MEDPROS, its Medical Protection System."

U.S. Air Force Maj. Mylene Huynh, a preventive medicine officer with the Air Force Medical Support Agency, added, "all Air Force vaccinations will be documented in the Air Force Complete Immunization Tracking Application, AFCITA. Any workplace vaccination campaigns or mass immunizations within the Air Force need to plan for this requirement."

The flu virus is constantly changing so the flu vaccine changes each year

— Continue on Page 18

Toys For Iraqi Tots



U.S. Navy photo by Photographer's Mate 2nd Class (NAO/SW) Michael Sandberg

Chief Warrant Officer Paul Holton of the Utah Army National Guard, 141st Military Intelligence Battalion, speaks with an Iraqi mother whose child is being treated at a Baghdad children's hospital. Holton put his story on his Web site, <http://chiefwiggles.blog-city.com>, about Iraqi children needing toys. Donations came from more than 2,000 friends, family and other individuals from across the United States. Toys that were distributed included soccer balls, dolls, puzzles and other items. The Web site details what type of toys to send, the mailing address and photos of the actual distribution process.

Medical Board

— Continued from Page 7

he said.

For others facing a medical board, officials said there are some things people can do to help ensure the board has the most accurate information so the best decision is made.

"It's difficult going through the diagnosis of a chronic, degenerative disease."

It is important to keep a dialogue going with both the physician and the physical evaluation board liaison officer. The liaison officer provides counseling and monitors specific cases. They know the process and can provide advice.

Ignoring or delaying doctor's appointments and paperwork deadlines only drags things out and could result in administrative problems. ■

Flu Season

— Continued from Page 17

as well. For that reason, it is important for servicemembers to get the flu shot annually. There are some minor side effects associated with the shot. Recipients may have some soreness at the injection site or a headache or low-grade fever for about a day after vaccination. These side effects are usually mild and do not affect a person's ability to perform their normal daily activities. More often they occur in people who have not been exposed to the flu virus in the past. Contrary to popular belief, the injectable flu vaccine, which is offered by DoD, is incapable of causing actual influenza disease because it is made from killed flu viruses.

The CDC's Advisory Committee on Immunization Practices recommends that all persons who meet the following criteria be vaccinated against influenza: Age 50 years and older, age six months to 49 years old with high-risk medical conditions (asthma, chronic obstructive pulmonary disease

— often referred to as COPD — cardiovascular disease, diabetes, other conditions affecting the immune system), pregnant women who will be in the second or third trimester of pregnancy during influenza season, children or teenagers on chronic long-term aspirin therapy or residents of nursing home or other chronic-care facilities, those likely to transmit influenza to persons at high risk such as health care workers, caregivers or household members in contact with persons having high-risk conditions, household contacts or out-of-home caretakers of infants and toddlers up to 23 months of age. The advisory committee also recommends influenza vaccination for children six to 23 months of age because of their higher risk of hospitalization from influenza. Any other person six months of age or older wishing to reduce the likelihood of becoming ill with influenza may consider getting vaccinated.

Some people should not get vaccinated against influenza, says the CDC. These include people who are allergic to eggs, those who have had a severe

reaction to the flu shot in the past, and pregnant women in their first trimester unless they have high risk medical conditions. If someone does get the flu, a doctor may recommend bed rest, at least six cups of clear fluids a day, and over-the-counter pain relievers and nasal decongestants to ease symptoms. Because influenza is a viral infection, antibiotics are not effective.

The flu vaccine prevents flu-related deaths, prevents severe illness, and protects other people. The DoD vaccination program is one way the Defense Department is safeguarding the health of its servicemembers and their families while maintaining mission readiness and accomplishment. If a servicemember or family member has a question or concern about the vaccination, they can get more information from their local health care provider at their military treatment facility or on the Internet at <http://www.cdc.gov/nip/flu>. ■

Training Down Under



Queensland Australia — U.S. Marines from 2nd Battalion, 3rd Marines, Kaneohe Bay, Hawaii, tend to a mock casualty inside the Shoalwater Bay Training Area, Queensland, Australia, for a Quick Reaction Force exercise during Exercise Crocodile held in September 2003. The goal of the Exercise Crocodile is to improve bilateral combat readiness and interoperability between American and Australian Armed Forces through combined training operations.

U.S. Marine Corps photo by Lance Cpl. James P Douglas

Ask The Doc

— Continued from Page 5 from donors whose symptoms had not yet begun.

In addition, any servicemember who actually comes down with either cutaneous leishmaniasis or visceral leishmaniasis disease will be permanently deferred from blood donations. This precaution is similar to the usual lifetime deferrals for people who have ever had viral hepatitis.

In recent years, the Armed Services Blood Program had to defer donors due to malaria risks around the world, and also had to defer people who might have been exposed to a variant of Creutzfeldt-Jakob disease — better known as “Mad Cow” disease — or who lived in certain parts of Europe for specified time periods between 1980 and 1996.

Both the Armed Services Blood Program, <http://www.tricare.osd.mil/asbpo/index.htm>, and the American Red Cross, <http://www.givelife.org>, offer information about donating blood and donor eligibility guidelines. To learn more, call 1-800-GIVE-LIFE or

C-9 Retirement

— Continued from Page 11 is very low, Loftus said he realizes the retirement of the C-9 will affect some people who have relied on that system for a variety of reasons, including specialized medical care and space-available travel.

“This is all about taking care of patients,” said the general. “And that’s what we’re all about.”

Col. George Tirabassi, deputy chief of AMC’s Operations Management Division, AE, said the

people who have been involved in AE operations for more than a few years know that the AE system has always been bigger than the C-9.

“The C-9 was undoubtedly the flagship of aerovac,” Colonel Tirabassi said. “But we know there is an awful lot of aerovac that goes

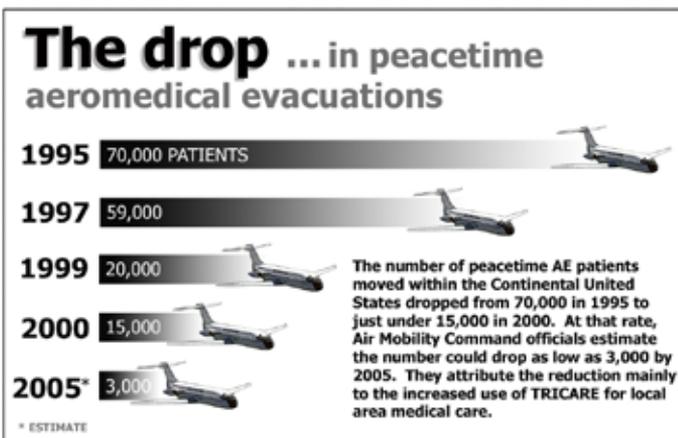
on in the world that doesn’t involve the C-9. [During wartime operations], the

Army medevacs patients using helicopters within the theater, and the Air Force moves patients using any available AE capable mobility aircraft. The wartime AE system has

worked very well without C-9s.”

AMC officials are confident a CONUS aeromedical evacuation system without C-9s will work equally as well. ■

“This is all about taking care of patients.”



SOURCE: 2001 Aeromedical Evacuation Tiger Team Report

Information graphic by Tech. Sgt. Mark Diamond

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>

American Veterans
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.ousa.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 Ave., SW
Washington, DC 20024
Phone: (202) 554 - 3501
<http://www.dav.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 St.
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
Arlington, VA 22209-2405
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>

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

Veterans of Foreign Wars
200 Maryland Ave., NE
Washington, DC 20002
Phone: (202) 543 - 2239
<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

Deployment Health Clinical Center
(866) 559 - 1627

Department of Veterans Affairs
(800) 827 - 1000

VA Gulf War Registry
(800) 749 - 8387

VA Benefits and Services
(877) 222 - 8387

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>

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