

# Deployment Quarterly

Fall 2004 Vol. 4 Issue 2

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



# message

Dear Readers:

Autumn, unlike the month of January, is not usually seen as being full of new starts. And yet, there are so many new beginnings that happen during the fall months of September, October and November that it is hard not to ignore it as a new year. For parents, it's a new school year with new opportunities for learning and personal growth. For us in the military, this time of year means the start of a new fiscal year as budgets have been passed and funding secured. The new fiscal year provides us with the opportunity to look back and evaluate both our successes and failures and the opportunity to look ahead to improvements as well as a renewed sense of duty and commitment to supporting our men and women in uniform.

My office remains committed to do everything we can to protect the health of our troops who are defending the nation in the Global War on Terrorism both at home and overseas. We continue to work hard at getting the right programs and policies in place to keep our forces fit for duty and help them stay that way.

The most valuable assets the U.S. military fields are its soldiers, sailors, airmen and Marines. People require support and maintenance just as other, less complex systems do. The Force Health Protection strategy is the life-cycle health maintenance program for our personnel. To succeed, commanders, service members, planners, and even the public must be involved.

To meet the challenge of Force Health Protection, the military health system is reshaping itself to provide health services that

- emphasize fitness, preparedness and preventive measures;
- improve monitoring and surveillance of forces engaged in military operations;
- enhance members' and commanders' awareness of health threats before they can affect the force; and
- support the health needs of the fighting forces and their families across the continuum of medical services.

For the past three years, the Defense Department has collected more than 500,000 face-to-face health assessments conducted by military medical providers from re-deploying service members. These assessments have greatly improved the medical care and follow-up of all service members. A positive finding from this ongoing effort is that 92 percent of service members have reported their health as good or excellent upon return from Iraq and Afghanistan. Nearly 85 percent who needed a specialty referral were documented as to having seen that specialist in follow-up visit. While we have improved our ability to care for personnel in theaters of operations, we still have more work to do.

As we work to meet the challenge of Force Health Protection, we are discovering the importance of leveraging new science and technologies. Investments in research and infrastructure today translate into enhanced capabilities tomorrow. Physiological sensor fusion, image analyses, and diagnostic and prognostic algorithms offer exciting challenges. Improved medical situational awareness, improvements in patient tracking, enhanced access to real time health and medical data are critical to continued future success.

We are making real progress in applying the principles of force health care, and have laid the groundwork for even greater progress in the near future. If you or your family members need information relating to a deployment or have questions, please don't hesitate to call a member of my staff by using our toll-free number (800) 697-6262. Our contact managers are available to respond to your questions Monday through Friday from 9 a.m. to 9 p.m. Eastern Time. We are committed to serving you.

Sincerely,

Ellen P. Embrey  
Director, Deployment Health



# Deployment Quarterly

The Deployment Health Support Directorate

Volume 4

Issue 2

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fall

2004



Pacific Ocean (Sept. 4, 2004) — Ship and squadron personnel assigned to the aircraft carrier USS Kitty Hawk (CV 63) and Carrier Air Wing Five (CVW 5) use wooden brushes during a "Scrub Ex," a top-to-bottom cleaning of the aircraft carrier's flight deck.

U.S. Navy photo by Photographer's Mate Airman Bo J. Flannigan

## Features

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## On the Cover

Persian Gulf — Electrician's Mate 3rd Class Tayo Gbadebo from Lagos, Nigeria, rewires the motor from an Aqueous Film Forming Foam Sprinkler System's pump during a routine maintenance in the machine shop aboard the aircraft carrier USS John F. Kennedy (CV 67).



U.S. Navy photo by Photographer's Mate 2nd Class Jason Jacobowitz

## Secretary Of Defense Message: Why We Fight In Iraq

**M**ore than 15 months ago, a global coalition ended the brutal regime of Saddam Hussein and liberated the people of Iraq.

As in all conflicts, this has come at a cost in lives. Some of your comrades made the ultimate sacrifice. For your sacrifices, our country and the president are deeply grateful.

In a free, democratic country we have vigorous debates over important public policy issues — none more heated than a decision to go to war. But this should not distract us from the mission at hand or lessen the magnitude of your accomplishments.

The threat we face must be confronted. And you are doing so exceedingly well. Indeed it has been an historic demonstration of skill and military power.

On Sept. 11, 2001, 3,000 citizens were killed by extremists determined to frighten and intimidate our people and civilized societies. The future danger is that, if the extremists gain the potential, the number of casualties would be far higher. Terrorists are continuing to plot attacks against the American people and against other civilized societies. This is a different kind of enemy and a different kind of world. And we must think and act differently in this new century.

These extremists think nothing of cutting off innocent people's heads to try to intimidate great nations. They have murdered citizens from many countries — South Korea, Japan, Spain, the United Kingdom and others — hoping to strike fear in the hearts of free people.

Theirs is an ideology of oppression and subjugation of women. They seek to create radical systems that impose their views on others. And they will accept no armistice with those who choose free systems.

They see the governments of the Middle East, the United States and our stalwart allies all as targets.

Consider the background. In the span of 20 years, Hussein's Iraq invaded two neighbors, Iran and Kuwait, and launched ballistic missiles at two more. He employed poison gas against soldiers in Iran and against Kurdish villagers in his own country.

The United Nations and the U.S. Congress shared the view that Saddam's regime was a threat to the region and the world. Indeed, in 1998, our Congress passed a resolution calling for the removal of the regime. And over the years the U.N. passed 17 resolutions condemning Saddam's regime and calling on him to tell the U.N. about his weapons programs. He ignored every one.

Information gathered since the defeat of Saddam's regime last year confirms that his last declaration to the United Na-



tions about his weapons programs was falsified. The U.N. resolutions had called for "serious consequences" should Saddam not comply. He did not.

The president issued a final ultimatum to Saddam to relinquish power to avoid war. Saddam chose war instead.

By your skill and courage, you have put a brutal dictator in the dock to be tried by the Iraqi people and restored freedom to 25 million people. By helping to repair infrastructure, rebuild schools, encourage democratic institutions and deliver educational and medical supplies, you have shown America's true character and given Iraq a chance at a new start.

But most importantly, your fight — and ultimate victory — against the forces of terror and extremism in Iraq and the Middle East will have made America safer and more secure.

You are accomplishing something noble and historic — and future generations of Americans will remember and thank you for it.

Donald H. Rumsfeld



# News from Around the World

## Reserve, Guard Can Seek Reimbursement Of Medical, Dental Claims

**W**ASHINGTON — National Guard and Reserve members who paid their medical and dental bills and saved their receipts may now seek reimbursement from TRICARE, said officials of the military health care system in late July.

TRICARE officials said the system will begin processing medical and dental claims for Guard and Reserve members who meet certain eligibility requirements.

Only Guardsmen and Reservists issued “delayed effective date active duty orders” for more than 30 days in support of a contingency operation, and their families, may be eligible to have medical claims reimbursed.

And, according to TRICARE, only those medical expenses incurred during the military member’s “early eligibility” period — up to 60 days prior to reporting to active duty — from Nov. 6, 2003, to the present are eligible for reimbursement.

This temporary entitlement is part of the Defense Department’s 2004 Temporary Reserve Health Benefit Program, which sought to enhance benefits for Guard and Reserve members called to active duty.

Normally, under TRICARE guidelines, Reserve and Guard members cannot be enrolled into TRICARE until they reach their final duty location. The temporary entitlement gives them access upon receipt of activation orders, up to 60 days in advance.

Last year, President Bush signed legislation authorizing three new temporary provisions for Guardsmen and Reservists and their families that provided enhanced access for a limited

time during contingency activation. The provisions were made retroactive to Nov. 6, 2003.

A second provision temporarily extended eligibility for TRICARE benefits to 180 days for those Guardsmen and Reservists who separated from active duty status during the period Nov. 6, 2003, through Dec. 31, 2004.

The third provision extends TRICARE medical benefits to Reserve Component sponsors and family members who are either unemployed or employed, but not eligible for employer-provided health coverage.

All temporary provisions will end on Dec. 31, 2004.

For more information, contact

your local TRICARE service center or visit its Web site at <http://www.tricare.osd.mil/>. ■

## 22nd MEU Begins Homeward Voyage

**C**ENTRAL COMMAND AREA OF OPERATIONS — Less than a week after being told to stand by for a potential 30-day extension in the Central Command theater of operations to conduct further operations in support of the war against terrorism, the 22nd Marine Expeditionary Unit (Special Operations Capable) is headed home.

— Continued on Page 4

## Rescue Me!



U.S. Air Force photo by: Airman First Class Christina D. Kinsey

Pararescue men from the 48th Rescue Squadron climb up a rope ladder attached to a HH-60 Pave Hawk helicopter as part of their Alternate Insertion Extraction training at Davis-Monthan Air Force Base, Ariz., in late August.

— Continued from Page 3

Embarked aboard the amphibious assault ships USS WASP (LHD 1), USS Whidbey Island (LSD 41) and USS Shreveport (LPD 12), the 22nd MEU (SOC) has been deployed since mid-February for what was scheduled to be a six-month deployment.

In mid-June, while in Afghanistan conducting combat and civil military operations as Task Force Linebacker, the MEU received a 30-day extension to continue prosecuting its highly effective offensive against Taliban and anti-coalition factions in south central Afghanistan, and word of this second possible extension came shortly after the unit returned to its ships.

The MEU, which consists of its Command Element, Battalion Landing Team 1st Battalion, 6th Marines, Marine Medium Helicopter Squadron 266 (Reinforced), and MEU Service Support Group 22, is scheduled to return to Camp Lejeune, N.C., in mid-September.

For more information on the 22nd MEU (SOC) and its status, visit the unit's Web site at <http://www.22meu.usmc.mil>. ■

## New Booklet Helps Guard, Reserve Kids During Deployment

**W**ASHINGTON — Separations can be tough on any child whose parent is deployed overseas the estimated 500,000 spouses and daughters of deployed National Guard and Reserve troops, according to an expert on issues involving military families.

Many Guard and Reserve families lack the tight-knit support network that helps active-component families during deployments, said Mary Keller, executive director of the Military Child Education Coalition. This can lead to difficulty adjusting to what Keller calls their "suddenly military" status. As a result, she said, they can feel isolated and unsure of where to turn for help.

A new Military Child Education Coalition booklet is chock-full of ideas to help communities reach out

to Reserve and Guard families during their family member's deployment. Keller said the coalition produced the booklet after repeated requests from military-family representatives, educators and community groups.

The 12-page brochure, "How Communities Can Support the Children and Families of Those Serving in the National Guard and Reserves," explains the dynamics of the deployment process in easy-to-understand language. It offers tips for educators and lists military and community resources for families of deployed troops.

Keller said the brochure serves as a companion guide to another popular coalition publication, "How to Prepare Our Children and Stay Involved

in Their Education During Deployment." That guide is a favorite of first lady Laura Bush, whom Keller said has read from it during visits to military bases.

Both booklets reflect the courageous spirit Keller said children of deployed troops demonstrate every day. "Our goal is to help them through this transition in their lives and this period of separation," she said.

The publications and more information about the Military Child Education Coalition are posted on the coalition's Web site at <http://www.militarychild.org>. ■

## Iranian Mariners Plucked From Sea



U.S. Navy photos by Photographer's Mate 3rd Class Chris Weibull

**PERSIAN GULF** — Flight deck crew from the aircraft carrier USS John F. Kennedy (CV 67) carry one of six Iranian mariners by stretcher from an SH-60F Seahawk belonging to the Red Lions of Helicopter Anti-submarine Squadron Fifteen (HS-15). HS-15 launched two Seahawk helicopters from Kennedy rescuing all crew members aboard the ill-fated Iranian-flagged ship on Aug. 14. Once on board, Kennedy's medical staff treated the international mariners. The mariners were returned safely to Iran.



Q

*When I was getting ready to come home from Iraq, everybody in my unit had to fill out a long health form with lots of questions. Why did we have to do that?*

A

All military personnel about to go home from a deployment are supposed to fill out a DD Form 2796, called the Post-Deployment

Assessment. ~~Health~~ This four-page form is the one you completed. After answering all of the questions, you should have had a face-to-face meeting with a licensed health care provider, such as a doctor, physician's assistant, nurse practitioner, independent duty corpsman or independent duty medical technician to review your answers.

The main reason for doing this is to see if redeploying personnel need any help with current health problems, or if they have questions or worries about their future health. The form has 18 questions that address several common areas of concern.

Some questions ask about symptoms and medical treatments at anytime during the deployment. They ask about both physical symptoms and how you feel about your mental health. Other items ask about your experiences during the deployment, such as involvement in combat or other dangerous situations and exposures to potential hazards like chemicals, noise, radiation, dust, smoke, and so on. After you've marked your answers, the medical officer goes over your responses. He or she may ask you some more questions, based upon how you filled out the form.

Lastly, the medic should ask you six standard questions that summarize your health status and determine whether you have any remaining questions or concerns. Then, he or she must decide whether or not you should be referred for more detailed medical follow-up, either right away or when you arrive home. That deci-



Dr. Francis L. O'Donnell

sion is recorded on the form and the medic signs it. The original copy of the form is supposed to go into your permanent medical record and a copy goes to a central archive, from where it can be retrieved if the original gets lost.

This process is designed to make sure that every redeploying service member who might need medical follow-up gets it. The best time to take care of any deployment-related health problems or concerns is right away. For both minor and major illnesses, early diagnosis and treatment are very important. In addition, for personnel who plan to leave active duty shortly after redeployment, it is best for them to get any necessary health care while they still qualify for their military medical benefits.

Finally, even if you feel OK when you fill out the form, if you later develop health problems that might be due to your deployment experience,

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## vaccines DRUGS & HERBS

### *AF pharmacies implement new formulary guidelines*

by Lt. col. david w. bobbs  
air force medical service

**A**ir Force pharmacies will no longer distribute some high-use, but expensive, medications. This was outlined in a memorandum recently sent out to all Air Force pharmacies by Maj. Gen. [Dr.] Joseph E. Kelley, assistant surgeon general for health-care operations.

"It's no secret that [fiscal 2004] has been an extremely challenging budget year for the Air Force Medical Service," said Kelley in the memo. "In addition to being faced with more expensive drugs coming

to market this year, there has been an eight percent price increase in the approximately 150 high-use medications contained on the [Department of Defense and Veterans Affairs] contract list."

To assist in meeting the medical service fiscal parameters, changes will be made in dispensing non-sedating antihistamines, some arthritis medications and insulin.

Kelley said he believes the implementation of these formulary guidelines presents sound clinical options with a very minimal impact on patient care.

For patients requesting refills on the medications being deleted, a 30-day

supply will be provided to allow them enough time to obtain a new prescription for another medication.

"At times, it can be a somewhat bewildering process to track what medications your military treatment facility pharmacy keeps in stock," said Air Force Col. Phil L. Samples, pharmacy consultant to the surgeon general.

"Not only can this be confusing at the local level, but as families [move] from base to base, situations arise where one pharmacy may carry a certain medication that another does not, based on the scope of practice at any given facility," Samples said.

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## Ask The Doc

— Continued from Page 5  
your DD Form 2796 will contain a permanent record of what that deployment was like for you. That information might be valuable in understanding any future health problems. Moreover, it may help show the Department of Veterans Affairs that your problems are service-connected.

In summary, the military requires the DD Form 2796 process to make sure that every redeploying service member's possible health problems are taken care of the way they should be. The military health care system exists to provide the best possible care to the men and women in uniform who make the sacrifices that are part of deployments.

You can view a copy of the DD Form 2796 at a number of Web sites, including <http://www.dior.whs.mil/forms/DD2796.pdf> ■

## Olympic Dreams

Capt. Anita Allen, a World Class Athlete, and her horse jump an obstacle in the riding event of the women's modern pentathlon in the 2004 Summer Olympic Games at Goudi Sports Complex in Athens, Greece. Allen finished 18th in the competition.



U.S. Air Force photos by Master Sgt. Lono Kollars

U.S. Army Capt. Matt Smith, World Class Athlete Program, cools-down after finals competition in lightweight four rowing in the 2004 Summer Olympics at Schinias Rowing Complex near Athens, Greece. Smith's team placed ninth in the event.

## Drug Changes

— Continued from Page 5  
"One of the functions of the DoD Pharmacy and Therapeutics Committee and this policy letter is to minimize these variations," he said.

To demystify the processes involved in determining which medications are available at a base pharmacy, Samples said one must look at the total selection process. Currently, there are essentially three systems in place that influence the drug-selection process.

"First, DoD has a [committee comprising] physicians and pharmacists from all services that reviews classes of drugs and makes recommendations regarding individual medications that must be carried at every military pharmacy," Samples said. "These medications, called basic core formulary drugs, provide the foundation for all other formulary decisions and represent the minimum number of drugs a pharmacy will carry.

"The intent of this body is to ensure certain maintenance medications for things like blood pressure or diabetes are available throughout the DoD system," he said.

"Next, every [medical facility] has its own pharmacy and therapeutics committee, consisting of local physicians and pharmacists, that evaluates medications for addition to the formulary based upon the scope of practice at that particular facility," Samples said. "These medications are then available to augment those on the basic core formulary."

The third is the Air Force medical operations function itself. This is a relatively new process where officials can direct changes across all Air Force pharmacies.

"The two advantages of this new process are that a medication can now be mandated for inclusion at all Air Force pharmacies, thus standardizing the benefit, and [Air Force-wide] savings and cost containment can be realized throughout the system," Samples said.

For patients seeking medications not contained on the pharmacy formulary, two options exist, he said.

"First, the TRICARE mail-order pharmacy will mail up to a three-month supply of medication directly to the patient's home for a small co-pay — \$3 or \$9 depending on generic or brand-name medication. Second, the [retail] managed care support contract pharmacies provide up to a 30-day supply of medication for a \$3 or \$9 co-pay," Samples said.

"Both of these options provide a broader range of medications than normally found at the MTF pharmacy," he said. "When you consider the combination of the MTF pharmacy, TRICARE mail-order pharmacy and retail network pharmacies, patients are ensured they can receive a wide variety of medications."

Patients who have questions regarding their pharmacy benefit can contact their local pharmacy. ■

# Samoan Reservists Answer The Call To Duty



U.S. Army Reserve photo by Paul Adams

Women from the Pago Pago Department of Public Safety, American Samoa, hold up a sign expressing their feelings for the soldiers of the 100th Battalion, 442nd Infantry to return home safely from their deployment in support of Operation Iraqi Freedom. Fifteen soldiers, all policemen or fire fighters in the department, were honored in a public ceremony. The Army Reserve soldiers are dressed in white t-shirts and blue traditional lavalavas.

by paul adams  
army reserve command

**W**ith the rugged mountainous terrain and coastline dotted with numerous inlets and bays as a backdrop, approximately 250 soldiers of America's only Army Reserve ground combat unit answered the call to duty with a solemn three-and-one-half hour prayer service marking their mobilization Aug. 16 on the Asian-Pacific tropical island of Pago Pago, American Samoa.

In a display of whole island community support, nearly 3,000 citizens from local villages, along with friends and family members gathered in the maintenance bay of the soon-to-be completed new Army Reserve Center to honor the Army Reserve soldiers of Company's B and C, 100th Battalion, 442nd Infantry Regiment.

The newly activated Army Reserve soldiers will join other soldiers within the battalion from Saipan and Guam at Schofield Barracks in Hawaii for additional training. The

battalion will deploy about 575 soldiers for mobilization training on the mainland and be eventually shipped overseas to support Operation Iraqi Freedom.

The 100th Battalion, 442nd Infantry Regiment will support Hawaii's Army National Guard's 29th Separate Infantry Brigade while deployed.

In addition to hymns sung by five island high school choirs, the soldiers heard remarks from a host of military and civilian leaders to include the American Samoa Governor Togiola T. Tulafono. Tulafono told the soldiers he was going to introduce bills into the legislature to protect the soldiers' civilian jobs when they return from duty and to improve pay benefits.

Other speakers mentioned the famed "Go For Broke" regiment of World War II, the 100th Battalion, 442nd Regimental Combat Team, that became the most decorated unit of its size in the war. It is the only battalion-sized unit in the U.S. Army authorized its own shoulder patch.

Sgt. Lang Lagafuaina, a team leader

with first squad, 3rd Platoon, B Company, has been in the unit for eight years and has a cousin in C Company.

"It is an honor to be in the unit and carry on the 'Go For Broke' tradition," Lagafuaina said. "There is no spirit like the 100th spirit, it has brotherhood spirit."

"The Samoan people are extremely patriotic and strive on service to country," said Capt. Calvin Fish, commander of B Company. "They take pride in knowing they are part of the 100th Battalion, 442nd Infantry."

"They want to be a part of this [mobilization] because they know how significant this is," Fish said. "You can see their sense of urgency."

Staff Sgt. Malo Faumoina's response illustrated Fish's point.

"No more monthly drill, this is the real thing," said Faumoina, who hails from the village of Alofau. "I am proud to wear this last name as a Samoan warrior. To become chief, you have to fight for it, so that's like what I'm doing now, go and fight to maintain Faumoina chief." His father is the former village chief and his uncle is the current village chief.

The passion for being a member of the 100th runs deep in family and historical roots.

Sgt. Jancey Shimasaki wanted to be in the unit because of his Japanese ancestry. He is half Japanese and half Samoan.

"I think my ancestors were fighting on the Japanese side. I had a cousin who was an officer in the Japanese navy," Shimasaki said. "It's a calling. We

are answering the call as the unit did in World War II," he said.

Sgt. 1st Class Faaagi Taufetee summed up the pride the unit members have in the "Go for Broke" tradition.

"'Go For Broke' means you give all you got, when you ready to go attack, or whatever you do, you give all you got. The pride of the Army Reserve and the pride of your unit, it's you," Taufetee said. ■

*'Go For Broke'  
means you give  
all you got.*

# Feeding The Troops

## Experts Develop Future Food For Future Warriors

by phil copeland  
american forces press service

**T**he Defense Department's Combat Feeding program at the U.S. Army Soldier System Center in Natick, Mass., is a "one-stop shop for all combat-rations development, field food-service equipment and total combat feeding systems," according to the Defense Department's combat-feeding director.

Gerald Darsch said the joint service program is an effort to provide not only the appropriate types and distribution of food needed by the military services, but also to supply food products to astronauts at the International Space Station.

Combat rations and their distribution have improved considerably over the last five to seven years, Darsch said. The Combat Feeding program elicits "what soldiers like to eat, and what they don't like to eat. All of the rations are soldier requested, soldier tested, soldier approved."

When service members ask for a certain food item, such as Spanish rice or Thai chicken, food specialists develop recipes that will meet the request.

Test panels are randomly selected to evaluate recipes during development. Once a recipe is finished, it is field tested with soldiers to ensure the goal is met.

One type of ration, the Meal-Ready-to-Eat, or MRE, is currently used by the military to sustain individuals in the field until an organized food facility is established. At present, mobile troops, who may not have much time to eat, take out only certain food components from the MRE rations.

"They leave up to 50 percent of the unused portion behind, only to be thrown away," Darsch noted.

The prototype "First Strike" ration program provides highly mobile ground troops with total

eat-on-the-move capability. He said the idea is to provide a single ration per day containing only food items that are easy to use and consume.

Recently, both the Marines and Army soldiers have requested First Strike rations developed by the Combat Feeding

program. "The Marines have asked for these rations to use in Afghanistan and Iraq," Darsch said. "[The Army's] 1st Cavalry Division in Iraq has also requested to try these rations for their soldiers." Both services said it would provide a capability they really don't have, he added.

Darsch said this ration package includes a pocket sandwich with a three-year shelf life at room temperature, developed by the Army Soldier Center. This sandwich is a good idea for those who can't take a microwave or refrigerator out in the field, he added.

"We put three zip-lock bags in with the rations, so the person can break it up into three separate meals and easily store unused portions in the uniform

pockets, wherever is most comfortable and fits the best," he explained. "The beverage mix included with the rations is in a flexible package so you can reconstitute it right in the package and consume it directly from the package."

Tube food, another type of ration, has been provided for the Air Force's U-2 long-range surveillance aircraft pilots during their reconnaissance flights.

According to Air Force officials, the U-2 is the most difficult aircraft to fly because of its unusually challenging takeoff and landing characteristics. Due to its high-altitude mission, pilots must wear full pressure suits.

The Combat Feeding program, in a joint effort with the Air Force Research Lab, developed two foods that actually enhance the pilots' cognitive performance.

After the pilots have been flying their aircraft for a long period of time, they can become lethargic and sluggish when they try to land.

— Continued on Page 12

**“All of the rations are soldier requested, soldier tested, soldier approved.”**



Photos by Phil Copeland

The "Hooah" Nutritious Booster Bar and the "Jolt" caffeine energy gum are two new food items for U.S. warriors in the battlefield to help sustain high energy levels. Two pieces of the gum are equal to a cup of coffee. These items are included as part of the prototype "First Strike" rations that provide highly mobile ground troops with total eat-on-the-move capability.





## DoD Aids Electronic Health Records System Initiative

*Editor's Note: During the 1991 Gulf War, health care record-keeping was problematic. In the years since, the Defense Department has taken great steps to locate lost medical records of Gulf War veterans. Now, with the assistance of health information technology, DoD is committed to keeping better track of service members' health care records.*

by gerry j. gilmore  
american forces press service

**T**he Defense Department will share its expertise using electronic health care records as part of a government initiative that aims to establish and link such a system nationwide by the end of the decade.

Making electronic record-keeping part of the public health care system would improve medical care and save money, Health and Human Services Secretary Tommy G. Thompson noted in late July at the HHS-sponsored Secretarial Summit on Health Information Technology.

Across-the-board implementation of health information technology could save the nation about \$130 billion a year in health costs, Thompson said. And, he added, use of electronic medical records likely would improve the nation's correct medical treatment rate, currently at 55 percent.

"Don't you think, in America, we deserve [medical] treatment that's better than 55 percent correct?" Thompson asked his audience.

In April, President Bush directed DoD, the Department of Veterans Affairs and the Office of Personnel Management to examine how they'd advance health information

technology for public use nationwide in 10 years.

Bush also created an Office of the National Coordinator for Health Information Technology. Dr. David J. Brailer, who also attended the summit, was appointed in May to lead that office.

Implementing health information technology across America, Brailer declared, "is about transformation of [U.S.] health care."

Thompson said he'd soon appoint a leadership panel to estimate the costs and benefits of implementing health information technology nationwide. That panel, he noted, would report back to him in October.

DoD will join with the Department of Veterans Affairs and HHS, explained Dr. William Winkenwerder Jr., assistant

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## New Joint Service Gas Mask Tested Aboard Bonhomme Richard

by journalist seaman ryan valverde  
uss bonhomme richard public affairs

**T**he joint military Development Test Command tested a newly developed gas mask aboard the USS Bonhomme Richard (LHD 6) in August during its transit to Seattle, Wash., and back.

All branches of the military are currently testing the Joint Service General Purpose Mask to determine its effectiveness in the field, said John Strang, a Development Test Command staff member. The mask is planned to replace the MCU-2P,

**“We wanted to test the mask in the sailor's working environment.”**

the Navy's current gas mask.

"This is the only ship in the Navy we are testing the masks on," said Strang. "Bonhomme Richard is very versatile. It deals with many different aspects of the battlefield, from the flight deck to the well deck," he added.

The test team had 29 Bonhomme

Richard sailors from different departments around the ship carry the mask for eight hours and don it for two days during the 13-day test. The sailors kept a daily log noting the durability, comfort and their ability to perform duties while wearing the mask, said Strang.

"We wanted to test the mask in the sailor's working environment," he said. "We wanted to ensure the warfighter could still accomplish the mission with the new mask."

"Along with the Navy, damage control [gear] is constantly changing," said Damage Controlman 1st Class (SW/AW) Christopher Preston, one of a Continuation Page 14

# Dieticians Essential To The Warfighting Effort



“When you’re over there you see immediately how you’re helping people get better, so your job is very meaningful.”

eration Iraqi Freedom with the 28th Combat Support Hospital. Her unit moved to Logistics Support Area Dogwood, on the edge of the Euphrates River southwest of Baghdad, as part of the 1st Armored Division Support Command.

It was her first overseas tour. When asked what it was like, Boyett thought for a moment before replying, “Hot.”

Boyett said that LSA Dogwood presented very austere conditions, and there were innumerable challenges in protecting and sustaining its forces while performing its support mission. The unconventional enemy threat — combined with severe and unpredictable weather — makes surviving in that harsh environment a challenge. Boyett’s team was an important part of that survival effort, because they kept everyone in their 70-bed hospital fed.

“We prepared the food for the staff,” Boyett said. “We were doing two hot meals a day, and MRE’s [Meals-



U.S. Army Capt. Julie Boyett, previously assigned to the 28th Combat Support Hospital, stands next to a mosaic of Iraq’s former president Saddam Hussein. She is now assigned to the Womack Army Medical Center at Fort Bragg, N.C.

Courtesy photos  
U.S. Army Capt. Julie Boyett, previously assigned to the 28th Combat Support Hospital, teaches the importance of nutrition to members of the Iraqi Nurse’s Association during a week-long training session at a hospital in Baghdad, Iraq, in 2003. Capt. Boyett is now assigned to the Womack Army Medical Center at Fort Bragg, N.C.

by austin camacho

**C**ombat troops win wars, but without service members in dozens of other different specialties they could not succeed. U.S. Army Capt. Julie Boyett proved the importance of dieticians to the war effort

Today, Boyett is assigned to the Womack Army Medical Center at Fort Bragg, N.C., in a job that is more like what she expected when she joined the Army right out of East Tennessee State. Always interested in staying healthy and eating right, she majored in dietetics. As an Army dietician, much of her peacetime work consists of counseling in support of the active duty overweight program.

“We get a lot of people before they deploy, and after they return, with weight problems,” Boyett said. “Some people have lost a lot. Some people have gained too much.”

That was Boyett’s greatest contact with deployments until August 2003, when she left for Op-

Ready-to-Eat] once a day. But we fed the patients three hot meals a day, doing all the patient feeding as well."

At times her team got down to half its usual staffing levels. The challenge increased when a portion of them were sent to Tikrit to work at a field facility there.

Boyett never forgot that she was working in a war zone. The LSA was subject to enemy attack. More than 60 enemy rounds landed within the base, and two soldiers were killed during logistical operations. Dogwood survived several attacks before receiving a platoon of Paladin

Howitzers. Soldiers were then able to return fire, and the LSA operated a firebase while performing its logistical mission.

LSA Dogwood's mission ended in December 2003. After eight months, division leaders decided to move the division support command, including the 123rd Main Support Battalion, to the airport during the summer. For Boyett, that meant a difficult transaction. As they worked to break down their facility, the patient load continued.

"We were supposed to quit accepting patients the afternoon before the first group left," Boyett said. "That afternoon, the U.N. got the first bombing. We couldn't turn patients away. So, we had a full load of patients when we moved to Baghdad."

Boyett was still the only dietician in her section. With half her patients in Dogwood and half in Baghdad, she struggled to keep patients fed, and to keep herself alive. Iraqi guards with AK-47 assault rifles stood by watching the 1st Armored Division Support Command soldiers as they mounted their vehicles for the combat convoy along the supply routes that led from Logistics Support Area Dogwood to the Baghdad International Airport. The unit's military police detachment discovered 155mm artillery rounds attached to remote detonation devices along the way. Convoys were ambushed during daylight and darkness.

Boyett arrived safely and found that Baghdad presented far better conditions, for both living and for



Courtesy photo

U.S. Army Capt. Julie Boyett and U.S. Army Capt. Matt Dolan hold the U.S. flag in front of the hospital's sign in Baghdad, Iraq. Both Army captains were assigned to the 28th Combat Support Hospital in support of Operation Iraqi Freedom. Capt. Boyett is now assigned to the Womack Army Medical Center at Fort Bragg, N.C.

patient care.

"We were in a fixed facility. Out of the desert, and out of the sand," she said. "We took over a [former] Baathist hospital."

Once settled in, they could go into the Green Zone. That eased the pressure on Boyett, at least regarding feeding her fellow troops, because a variety of food was available to them.

"We had a restaurant open the whole time we were there," she said. "The contract dining facility came in while we were there, and if you had connections you could get into the palace and eat there."

She added that, with so many choices, nutritious eating was not a priority for most service members. A small post exchange was soon added. What started as a little trailer was replaced by a full size post exchange just before she left the region. Plus, local Iraqis were on the sidewalk, selling various local foods and driving by with ice cream. Interpreters also brought food in. Whatever was available, Americans troops would sample it. And once they were in a well-established place, care packages began arriving from home.

"Food is comfort," Boyett said. "The mail system works fairly well, so there's all kinds of junk food over there."

Not all of the local food available was approved, but Boyett says it was safe. And those who wanted to stick to the contract dining facility could still get triple cheeseburgers, corn dogs or French fries four times a day, if they chose.

When asked about the most exciting

thing that happened while she was in Iraq, Boyett pointed out that Sadaam Hussein was captured while she was there. But even the ensuing festivities carried an element of danger, thanks to the Iraqi style of partying which includes firing weapons into the air.

"We had celebratory fire going on all around us," she said. "One of the rounds landed in our compound. We had to wear our body armor and Kevlar when we went outside."

Boyett returned to the U.S. at the end of January 2004, after spending six months in Baghdad. While she says that she has a good assignment at Womack, she is surprised to find that there are things a person misses after leaving a combat zone. She says life was less of a hassle there.

"I didn't have to drive half an hour to work every day," she said. "Didn't drive 15 minutes to the gym every day. Didn't have to go grocery shopping. Didn't have to fill my car up with gas. I didn't cook. Life was very simple."

More importantly, in the field she was the only dietician so she had more responsibility, overseeing both staff and patient feeding. And, she said, seeing patients was very rewarding.

"When you're over there you see immediately how you're helping people get better, so your job is very meaningful." ■

# Health Impacts Work Productivity: *Exploring 'Presenteeism'*

by carla jones and marcie birk  
and kate neufeld  
u.s. army center for health promotion  
and preventive medicine

The impact of poor health on workplace productivity is often only measured in terms of days absent from work or missed training time. Improving health is seen as valuable because good health increases the amount of time a soldier is able to be on duty. However, this is only one side of the issue. The other point to consider is: how does health impact productivity while on duty?

Absenteeism is a well-recognized consequence of less-than-optimal health. However, decreased health also causes "presenteeism." Presenteeism is being on duty but not performing at full capacity. Presenteeism is of special concern to the military because military missions are dependent upon optimal levels of performance while on duty.

Military duties require soldiers to operate at peak levels of physical and mental capacity, and without injury. This level of performance must especially be sustained during times

## For More Information

To learn more about Health and Productivity Management, go to <http://www.ihpm.org>

of deployment. World events have accelerated the rate of deployments for active duty, National Guard and Reserve personnel. While force readiness is always critical, the current high level of military operations makes readiness more important now than perhaps ever before. Optimal force readiness relies upon healthy human resources.

There are many health factors that can influence force readiness including tobacco use, high levels of stress, and work-related injuries that reduce the effectiveness of soldiers while on duty. These risk factors, however, take on additional significance when considered in light of the unique demands of military missions. For example, tobacco use impairs night vision and coordination. The effects of poorly managed stress such as insomnia, fatigue, and anxiety have obvious consequences for safety.

Body composition impacts stamina. Ultimately, all these factors affect mission accomplishment.

A new approach to examining the connection between health and on-duty performance is called Health and Productivity Management. It integrates wellness and prevention; chronic disease management; occupational health and safety; disability management; and organizational health. This integrated approach addresses presenteeism by considering healthy soldiers as a force asset.

The goal of Health and Productivity Management is to increase performance while on duty by reducing health concerns, to decrease unnecessary time away from duty overall, and minimize total health-related costs, including medical expenses. Health and Productivity Management can be used to identify and deliver services that enhance the performance of soldiers. Health is a primary factor in efficient and effective performance.

A healthy force is a ready force.

In order for the U.S. military to maintain force readiness, healthy service members and civilians must continue to be considered a force asset for the 21st century. Health and Productivity Management can be adapted for use in a military environment in order to maximize force readiness and on-duty productivity. It is a valuable link between force readiness, force health, and mission accomplishment. ■

## Future Food

— Continued from Page 8  
Darsch explained that adding a certain naturally occurring food ingredient to the tube foods ensures a safe landing.

The Natick research center also has launched a robust program to upgrade food distribution systems for the Navy fleet. Darsch described how they recently used a new modular process to install a piece of food distribution equipment on two Los Angeles-class submarines.

In the past, crewmembers would have had to cut up the equipment deckside and lower in the pieces one at a time through a 30-inch hatch and reassemble all of those pieces down in the galley, he said. This old process required up to 500 man-hours. And once everything was put back together, it didn't always work or didn't work as well as intended.

The Combat Feeding program worked with a commercial company to come up with equipment designed and built in modules.

"The new idea is to lower the mod-

ules down through the hatch and then put the pieces together again, like LEGOs, in the galley," Darsch said. "This now reduces the 500 man-hours down to a possible less than 75 man-hours to complete this task. And now, everything works the way it is supposed to work."

The bottom line, he concluded, is that the Combat Feeding program covers the gamut of everything required for feeding the armed forces "from deep sea to deep space." ■

## Marines Test New Kevlar Shorts In Iraq



by cpl. paula m. fitzgerald  
1st marine division

**M**arines from 3rd Battalion, 11th Marine Regiment deployed to Iraq were given the opportunity to test lower body armor this summer. The latest equipment is designed to reduce the number of injuries to the lower body.

The Kevlar shorts, developed by the Marine Corps Warfighting Laboratory in Quantico, Va., are designed to repel razor-sharp shrapnel from improvised explosive devices detonated by anti-Iraqi fighters along transportation routes throughout the country.

According to U.S. Marine Corps Lt. Col. Lance A. McDaniel, battalion executive officer, the artillery unit received 10 pairs of the shorts from the Warfighting Lab. The shorts arrived in July and were distributed amongst the battalion's batteries.

"The gunners in our vehicles seem to be the most exposed to shrapnel," McDaniel said. "We've had a lot of Marines receive injuries to their buttocks and upper thighs."

He said these shorts make the gun-

ners, who man crew-served weapons on top of the vehicles, less vulnerable to serious injury during improvised explosive devices attacks.

"The Marines wear flak jackets which protect their backs and chests," McDaniel said. "It only makes sense to have protection for the legs."

The one-size-fits-all shorts

are worn over a Marine's uniform and are held up with built in suspenders. Each pair of shorts weighs close to five pounds.

Lance Cpl. Mike C. Suchevecich and Pvt. Luis R. Mejia have both tried the shorts a few times.

"The other Marines made fun of me the first time I put them on," Mejia said. "I guess they thought it was a joke. They are really funny looking."

The shorts have already acquired a few nicknames from the battalion. One Marine referred to them as "lederhosen," and others call them "fishing shorts."

Still, the two Marines said they were grateful to have the new gear.

"They're not very comfortable and they're hard to move in," Suchevecich explained. "But I do feel a lot more protected than before and that's definitely more important than comfort."

So far, the shorts have not been put to the test during any attacks, but the Marines believe it's just a matter of time.

"I think all gunners should have a pair," Mejia added. "I feel safer wearing them. They can't stop bullets, but they can stop shrapnel."

Several of Mejia's fellow gunners have been injured during improvised

explosive devices attacks, and he wants to avoid earning a Purple Heart while in Iraq.

According to Mejia, the shorts take about a minute-and-a-half to put on and the same to take off. He said if he could, he would make a few modifications.

"They're not too bad to wear," he said. "But if I could change anything, I would have quick release straps for the suspenders."

He also said the pants fit comfortably around his waist, but they are too loose near his knees.

McDaniel said the Warfighting Lab will solicit input from the Marines for an undetermined amount of time.

"If the idea proves to be a success," McDaniel explained, "I suspect they will be mass produced and sent out throughout the Marine Corps." ■



Lance Cpl. Mike C. Suchevecich, a gunner with Battery L, 3rd Battalion, 11th Marine Regiment, shows off his new lower body armor.

# Navy, Air Force Team Tests Dental Desert Gear

by ellen maurer  
bureau of medicine and surgery

**A** team from the Naval Institute for Dental and Biomedical Research, located in Great Lakes, Ill., returned from a 30-day deployment to Kuwait in June, where experts field-tested dental equipment for resiliency in the harsh desert environment.

The mission was part of a joint research project between the Navy and the Air Force Dental Investigation Service, which is collocated with Naval Institute for Dental and Biomedical Research. Mission members included three Navy officers, two Navy dental technicians, one Navy corpsman and an Air Force officer.

Since January 2003, the Navy and Air Force have worked together to test, evaluate and validate new and existing components of the field dental operating and treatment rooms.

The team will compile a list of the dental equipment that best meets the needs of today's deployable force, which requires lightweight, mobile and environment-resistant equipment and supplies. Their recommendations will enable development of a list of standardized equipment to be used by all deployable dental units during future missions.

"After Operation Iraqi Freedom, we realized that we had an issue

with dental equipment failure due to the environment —mostly sand," said Capt. James Ragain, commanding officer Naval Institute for Dental and Biomedical Research, and one of the members who deployed to Kuwait. "We have an environmental chamber at Great Lakes, which could not simulate the actual desert sand environment. We needed to actually go there to be sure that all the elements of that environment were considered in our testing, from the lack of humidity to the actual minerals in the sand."

The team took almost two tons of equipment and supplies with them, including dental units, dental lights, sterilizers and digital radiography units. Throughout the month of June, they visited deployed dental units in the region and coordinated user evaluations. According to Ragain, they left about one half of the gear behind for extended user evaluation.

"I would say the mission was very successful," said Ragain. "We



identified some equipment we think will function well in the area, and we identified some equipment we definitely would not recommend."

"Also, what made the mission a success is that we were out there with the warfighters, which gave us a better perspective on their needs," he added. "Now, when we look at future authorized dental allowance lists, we'll better understand the challenges of operational field dentistry." ■

## Mask

— Continued from Page 9

Service General Purpose Mask instructors Navy-wide. "This test-run of the new mask will allow the actual deckplate runners a chance to give their input on equipment they will be using," said Preston.

Yeoman 3rd Class Jenny Hernandez, a test participant, said the mask would be a welcome change.

"With the old mask, every time I would take it off, my hair would get tangled in it," she said. "The design on the skullcap on the new

mask makes it easier to take off and makes it much more comfortable to wear."

"It is great to be involved with something that could potentially change how the Navy battles a CBR attack," said Hospitalman Philip Keehn. "I have been wearing the mask during sick call and around the ship," he said.

"I volunteered to do this testing," Storekeeper 2nd Class (AW) Kenneth King said. "I thought it would be gratifying to know that this ship was the first to wear these masks and that we made a difference."

Strang said Bonhomme Richard's

sailors were very motivated and interested through the whole test period.

"We know wearing these masks and the accompanying gear can become inconvenient at times, but the participants stayed motivated," said Strang. "It made our jobs easier, and it says a lot about them and the ship as a whole."

The Development Test Command team said the masks were going to be tested at Fort Campbell, Ky., next. ■

# 'Courage to Care' Launches Help for Returning Combatants, Families

by rudi williams  
american forces press service

**A** team of experts in military medicine and health communication at the Uniformed Services University of the Health Sciences located in Bethesda, Md., launched a new health education campaign called "Courage to Care."

In particular, Courage to Care is aimed at helping combatants reintegrate back into their families after surviving the battlefields of Iraq and Afghanistan. In general, the campaign is geared toward the entire Defense Department community — active duty service members and members of the National Guard and Reserve and their families, as well as the health and community providers who serve them.

Courage to Care consists of ready-to-use fact sheets written for physician providers, as well as service men and women, on topics about military life and health. The fact sheets are in

*These are issues that won't go away overnight.* ”

the public domain, intended for distribution to provider networks, and can be customized with a site's local contact information and resources.

The first of two fact sheets is titled "Reintegration Roadmap — Shared Sense of Purpose," and is for the health and social service provider. Its companion sheet, "Becoming a Couple Again, Creating a Shared Sense of Purpose," is for military couples experiencing the transition.

The content derives from interviews conducted by the university's health professionals with affected service members and families who have experienced combat stress and family separation. The fact sheets de-

scribe the reintegration challenges and offer a step-by-step process to help affected individuals re-establish their relationship as a couple and as a family.

Nancy Vineburgh, assistant professor of psychiatry, coined the campaign's name to convey the courage to care from military doctors, psychiatrists and counselors. It also conveys the courage to care that military families and communities must assume in caring for their own health.

Vineburgh, who has worked on national public education, health education and health promotion campaigns, designed the fact sheets to be concise, contemporary and attractive. That in turn should facilitate and sustain the health dialogue between provider and the military service men and women on the receiving end.

She said Army Col. Charles Serio, the university's brigade commander, sent a copy of the fact sheet to a relative just returned from the battlefield who commented that it made so much sense.

"His wife said it was attractive enough to put on their refrigerator to remind them in the months ahead of the 'relationship makers and relationship breakers' outlined in the fact sheet," Vineburgh said.

"People tend to read and hold onto information that is attractive," Vineburgh noted. "These are issues that won't go away overnight. Our team wanted to address not just the issues, but the process of healing and recovery."

The university-based Courage to Care program is the brainchild of retired Air Force Col. (Dr.) Robert J. Ursano, professor and chairman of the Department of Psychiatry and director of the university's

Center for the Study of Traumatic Stress.

Ursano was prompted to establish the program after receiving an e-mail message from a young woman whose brother, a member of the 101st Airborne Division at Fort Campbell, Ky., was returning home for two weeks of rest and recuperation in November 2003, according to Air Force Col. (Dr.) Molly Hall, an associate professor of psychiatry.

The woman wanted to know how the family should prepare to welcome her brother home from

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# Flight Ops

Sailors in the carrier air traffic control center aboard the aircraft carrier USS John F. Kennedy (CV 67) keep a close watch on their respective terminal screens during flight operations on Aug. 26. Kennedy and Carrier Air Wing Seventeen (CVW 17) are operating in the Fifth Fleet area of responsibility, conducting missions in support of Operation Iraqi Freedom.

U.S. Navy photo by Photographer's Mate 3rd Class William Hiembuch

## Courage to Care

— Continued from Page 15  
the battlefields of Iraq. She also wanted to know what issues the family should understand before he arrived to diffuse any combat trauma he might have suffered.

"That e-mail wound its way to us," Hall noted. "Out of that request came the first health fact sheet on coming home for service members and their families on reunion."

Hall said that first fact sheet on re-integration was posted on the center's Web site in advance of Courage to Care becoming a

university-wide campaign.

Ursano said that Courage to Care speaks to the family's need and recognizes their energy, effort and caring.

"Whether it's taking care of a [service member] who's lost his legs or whether it's taking care of a child with chronic diabetes, we forget what it means and how much of a family's energy goes to those activities," said the retired Air Force colonel. "It requires their courage to face it every day in order to manage those types of health problems." ■

## For More Information

Courage to Care fact sheets can be downloaded from the Uniformed Services University's Web site at <http://www.usuhs.mil/psy/courage.html>.

For more information about the Courage to Care program, call (301) 295-2470.

## Electronic Records

— Continued from Page 9  
secretary of defense for health affairs, in developing "usable standards" for public-sector application of electronic storage and movement of medical information. Winkenwerder attended the summit with Thompson, Brailer and other health care officials.

Winkenwerder said DoD first used electronic medical record keeping about 12 years ago and is now

introducing an updated system.

DoD, through its vast health care system that includes contracted civilian-sourced providers as part of the Tricare system, also would "encourage the use of health information technology and health information exchange" across the private sector, Winkenwerder noted.

And today, Winkenwerder pointed out, DoD is contributing its knowledge to develop a national electronic bio-surveillance system. President Bush signed legislation establishing Project BioShield,

a program that encourages U.S. drug companies to develop antidotes for bio-terrorism agents.

It's logical, Winkenwerder noted, for DoD to share its computer expertise in developing a national electronic health records system. "After all, the Internet did, in fact, start at the Department of Defense," he said. ■

## Coping With The After Effects Of Combat

by michele koloff llufrio  
navy lifelines network

**E**veryone exposed to combat is affected by the experience and its consequences. The demands and stressors of war can be traumatizing. Whether zone service members or in a supportive role, they witness death, destruction, and suffering.

According to Navy's LIFELines' "Combat Stress Reactions: Normal Responses to Abnormal Conditions" video, exposure to traumatic events can cause severe stress.

Combat stress is not new. It was

called "shell shock" in World War I, "battle fatigue" in World War II, and "traumatic stress" in the Vietnam War. Combat stress should not cause shame or embarrassment. Today's term, "combat stress," encompasses the typical and normal responses to working in a war zone. Combat stress can be managed, but special steps must be taken.

### Step One: Recognizing Combat Stress

It is very common, normal, and expected for service members exposed to traumatic events to display combat stress reactions. These reactions are not signs of weakness, lack of discipline, or insanity. They are normal reactions to abnormally stressful situations. They can appear "a few hours, days, or even months after the traumatic event."

According to the "Combat Stress Reactions: Normal Responses to Abnormal Conditions" video, symptoms may include but are not limited to:

- physical reactions, including rapid heart rate, trembling hands, headaches, chest pain and cognitive reactions, including nightmares, heightened alertness, intrusive images, and difficulty concentrating
- behavioral reactions, including withdrawal, isolation, appetite change, and increased alcohol consumption
- emotional reactions, including anxiety, fear, guilt, grief, denial, anger, outbursts, irritability, and depression

### Step Two: Coping With Combat Stress

Service members should not try to block stress reactions — especially recurring thoughts, dreams, or flashbacks — or numb the pain with alcohol. These are normal responses and will decrease over

### For More Information

To view the Navy's Combat Stress Training Video on LIFELines, go to <http://www.lifelines.navy.mil/dav/lisnmedia/LSN/CombatStress/>

time.

Talking is recommended, according to Leslie H. Sloosky, the treatment and intervention unit program manager at Marine Corps Air Station New River, N.C.

"One of the proven mediation factors for combat stress is the ability to process the experience with others who have been through the same experiences," she explains.

Other recommendations include reading about trauma, engaging in physical activity, and practicing relaxation methods. Often these methods will reduce the severity of the stress reactions, which will fade over time. Sometimes, though, these normal stress reactions persist and require professional assistance.

### Step Three: Finding Professional Help

Professional help is needed when combat stress reactions interfere with service members' personal relationships, everyday lives, or job performance.

According to Sloosky, "The sooner the service member seeks assistance, the easier it can be to resolve the issues, and the less likely he or she is to experience disciplinary problems."

Help is available through area chaplains and licensed counselors at Navy Fleet and Family Support Centers and Marine Corps Community Services.

Traumatic memories cannot be erased, but with knowledge, patience, and professional assistance, the stress they cause can be managed. ■



# Treatment Available to Troops Suffering From Combat Stress

by Sgt. 1st Class Doug Sample, USA  
American Forces Press Service

**T**he military member who goes to combat and the one who comes back are never the same person, the Defense Department's director of mental health policy said. "No one has the policy," said Army Col. (Dr.) Tom Burke.

Burke and other DoD health officials try to reach out to those returning home from Iraq and Afghanistan who may be suffering from combat-related mental health problems or post-traumatic stress disorder, he said.

This summer, the Army released a first-of-its-kind medical report that showed front-line action had adversely affected the mental health of some service members. Burke, who advises DoD leaders on mental health issues, said combat veterans and their families should watch for changes in behavior that can range from mild depressive and anxiety symptoms to trouble sleeping and nightmares.

"In the majority of the cases, these symptoms are transient; they are common and diminish with time," he said. The service member may have the occasional sleepless night or memories that come back out of nowhere for years, "and that's normal," he added.

Other symptoms to look for, he said, are sad and withdrawn moods, tearfulness, problems sleeping — too much or too little — and problems with appetite, memory loss and concentration. Drug and alcohol abuse also are symptoms of a

***In the majority of the cases, these symptoms are transient; they are common and diminish with time.*** ”

problem, he added.

But the problems aren't always mild, and the symptoms are not always subtle. "If a person starts talking about hurting themselves, killing themselves, it's important to not panic but to take that kind of talk very seriously and get them to help," Burke said, "even if it involves calling 911."

Burke said that mental problems can go on for years if not treated, and that symptoms of combat-related mental illness don't always happen right away. "They develop over time," he said.

An Army study published in the July edition of the *New England Journal of Medicine* stated that only six percent of soldiers and Marines returning from combat duty experienced mental health problems. Burke said the low number didn't amaze him, based on what the Army has learned from studying prisoners of war suffering from post-traumatic stress disorder.

"The number of six to 12 percent is not surprising," he said. "The experience in the past among POWs," he said, "is [that] about 50 percent have PTSD; among Vietnam veterans, over the years, about 30 percent; Gulf War I, 10-15 percent," he said.

He said that declining percentage of combat-related mental health concerns might be attributed to the military's approach to getting better mental health services to soldiers before, during and after deployment.

"I would like to believe that part of that is because of the proactive care on the battlefield and the full range of services by the military healthcare system," he said, "and the proactive preventive services that are provided by the combat stress control units that are assigned with the combat units."

Also, he said, screening now takes place before deployment, preventive service is provided during deployment, followed

by more screening during redeployment and follow-up care at treatment facilities.

Burke said the low percentage also indicates that the majority of service members surveyed are faring well under combat conditions.

That may be due to realistic training and having the "best equipment in the world," he said.

He said that tougher training and better equipment, along with a more stable rotation schedule, "has contributed to the resilience of the service member and their ability to handle the stresses of combat."

## Signs of Stress

Common physical symptoms of stress include:

- Rapid heartbeat, headache, stiff neck and/or tight shoulders, backache, rapid breathing, sweating and sweaty palms, upset stomach, nausea or diarrhea.

You also may notice signs of stress in your thinking, behavior, or mood. You may:

- Become irritable and intolerant of even minor disturbances.
- Feel irritated or frustrated, lose your temper more often, and yell at others for no reason.
- Feel jumpy or exhausted all the time.
- Find it hard to concentrate or focus on tasks.
- Worry too much about insignificant things.

Burke said that Defense Department doesn't "want to see the soldiers of today live through years of suffering when there's help available now. The military has a number of resources to help those seeking help, he noted, starting with the service member's chain of command. He also encourages service members to talk with comrades or their chaplains.

He added that DoD "really cares" very much about its service members and their families, and he encouraged them to take advantage of the various programs that are available.

"The help doesn't work if you don't come in to use it," he said. "Mental health problems are problems that have solutions."

Service members can get confidential counseling service through the military services' "One Source" program. The 24-hour-a-day service is for service members and their families, and provides quick, professional assistance with problems. ■

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.ausa.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.dav.org>

Enlisted Association of  
the National Guard  
3133 Mount Vernon Ave.  
Alexandria, VA 22305  
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, Suite 201  
Merrifield, VA 22031  
Phone: (800) 625 - 1775  
<http://www.mcleague.org>

Military Officers Association  
201 N. Washington St.  
Alexandria, VA 22314  
Phone: (800) 234 - 6622  
<http://www.moaa.org>

Military Order of the Purple Heart  
5413-B Backlick Road  
Springfield, VA 22151-3960  
Phone: (703) 642-5360  
<http://www.purpleheart.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 Blvd., 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>

National Military Family Association  
2500 North Van Dorn St., Suite 102  
Alexandria, VA 22302  
Phone: (800) 260 - 0218  
<http://www.nmfa.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>

The nation's newest and most advanced nuclear-powered attack submarine PCU Virginia (SSN 774) travels along the morning sunrise skyline on its way from Norfolk Naval Shipyard in Portsmouth, Va., in late August to complete sea trials.

U.S. Navy photo by Journalist 2nd Class Christina M. Shaw

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

Paralyzed Veterans Association  
801 Eighteenth St., NW  
Washington, DC 20006-3517  
Phone: (800) 424 - 8200  
<http://www.pva.org>

Reserve Officers Association  
1 Constitution Ave., NE  
Washington, DC 20002  
Phone: (800) 809 - 9448  
<http://www.roa.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 Helpline for Service  
Members, Veterans and Families  
(800) 497 - 6261

Deployment Health  
Clinical Care Center  
(800) 769 - 9699  
or from Europe  
00 - 800 - 8666 - 8666

TRICARE Active Duty Programs  
(active duty and family members)  
(888) DOD - CARE  
or (888) 363 - 2273

TRICARE Mail Order  
Pharmacy - Express Scripts  
(866) 363 - 8667

TRICARE Dental Program  
(TDP) - United Concordia  
(800) 866 - 8499

TRICARE Pharmacy Program  
(877) DOD - MEDS  
or (877) 363 - 6337

TRICARE For Life  
(888) DOD - LIFE  
or (888) 363 - 5433

TRICARE Retiree Dental  
Plan - Delta Dental  
(888) 838 - 8737

Defense Enrollment Eligibility Reporting  
Systems (DEERS)  
(800) 538 - 9552

TRICARE Online  
(866) DOD - EWEB  
or (866) 363 - 3932

Health Insurance Portability  
and Accountability Act (HIPAA)  
(888) DOD - HIPA  
or (888) 363 - 4472

Department of Veterans Affairs  
(800) 827 - 1000

VA Gulf War Registry  
(800) 749 - 8387

VA Benefits and Services  
(877) 222 - VETS  
or (877) 222 - 8387

### Web Links

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

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

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

MedSearch  
<http://www.gulflink.osd.mil/medsearch>

DeployMed  
<http://deploymentlink.osd.mil/deploymed/>

PDhealth  
<http://www.pdhealth.mil>

Hooah 4 Health  
<http://www.hooah4health.com/>

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

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