

# Deployment Quarterly

Spring 2004 Vol. 3 Issue 4

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



# DIRECTOR'S message

Dear Readers:

As this issue of the *Deployment Quarterly* goes to press, our nation prepares for a number of events that recognize the contributions of our military service members. Armed Forces Day, first celebrated in 1950, was then — and is today — an opportunity to expand public understanding of the military experience. I hope you are able to participate in the special events on this day set aside to honor and acknowledge the people of the Armed Forces of the United States.



On Saturday, May 30, our nation will officially dedicate the World War II memorial and honor the selfless service of the men and women who served 60 years ago. The following Monday, Memorial Day, we will honor all who have died in our nation's service. You as members of the military family understand the solemnity of the day. To promote the spirit of unity, our nation will observe a national moment of remembrance at 3 p.m.

For many, Memorial Day also marks the beginning of outdoor activities. I am concerned about service members' health at all times, not just when they are deployed or on a mission. That's why, as summer approaches, I'm asking you to renew your focus on safety. Commanders must watch out for their troops, and service members must watch out for each other.

As many of our service members return home after long deployments this summer and will reintegrate into their units, families and communities, we need to be especially sensitive to their needs. Military leaders at every level must make sure that every soldier, sailor, airman and Marine is aware of, and follows, sound safety procedures, on and off duty.

Historically, the number of serious vehicle accidents increases as units redeploy after major military operations. Returning service members need time to readjust to U.S. traffic patterns, so we must pay extra attention to new arrivals and individuals returning from deployment. Further, they must also be vigilant about avoiding the risks of drinking alcohol and driving.

In the summer, we spend more time enjoying water sports. The combination of alcohol use and inexperience with boating equipment is often deadly. In fact, more than half of all fatalities in or on the water are alcohol-related. On or off shore, everyone must be aggressive in preventing alcohol and drug abuse, especially during the summer and after long deployments.

Encourage your fellow service members to use common sense precautions to avoid injury while enjoying favorite summer activities such as bicycling, camping, and hiking.

Finally, remember that redeployment can be as stressful for some service members and their families as deployment. Learn to recognize the warning signs of domestic violence, suicide and other behavioral problems, and know what to do to help others in need. The best way to avoid accidents this summer is to use common sense, be safety-minded, and make sure everyone knows where to go to get help for themselves or others.

Sincerely,

Ellen P. Embrey  
Director, Deployment Health  
Support Directorate

# Deployment Quarterly

The Deployment Health Support Directorate

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Issue 4

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# spring 2004

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U.S. Army Photo by Kaye Richey

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## On the Cover

Soldiers assigned to the 346th Psychological Operations Detachment and Company B, 1/505 Parachute Infantry Regiment, 82nd Airborne Division, conduct a dismounted patrol in Al Fallujah, Iraq.

Photo by Staff Sgt. Charles B. Johnson



## Preston Reassures Soldiers That The War Is Making A Difference

by spc. kamryn jaroszewski  
paraglide staff writer

The sergeant major of the Army explained to junior soldiers that as the Army transforms to be more lethal, it is also going to put policies in place to keep them more informed and their families stable.

"This is the biggest transformation of the Army in the last 50 years," said Sgt. Maj. of the Army Kenneth O. Preston during his first visit to Fort Bragg, N.C., on April 1.

"We're going to grow the Army from 33 brigade combat teams to 43. They will be smaller and more modular with the same capabilities, if not more lethal. By growing more units of action, we'll have more forces for rotational flow," Preston said.

He also talked about the Army's plan to give more predictability; for example, units will be notified up to one year before deployments.

"They'll go do their deployments — Korea or Bosnia — and come back to their home station," Preston said.

"Families stay in place. Kids stay in school."

Preston added that with the Army's transformation, deployments would be reduced to six months.

"From years of experience, we've learned what's the right amount of time for deployments. One year is too long," he said.

Being prepared for a

deployment is something

Pfc. David Middleton, parachute rigger with the 82nd Airborne Division, said would benefit him greatly.

"It allows us to be mentally ready, not just physically ready," he said. "If we know we're deploying, we can say our goodbyes and have more financial stability."

Pfc. Jessica Allemand, also a parachute rigger with the 82nd Airborne Division, said the Army transformation would allow her to maximize her family time.

"My husband is in Iraq right now. If we knew when deployments were, I would know how much time I had with my family. Also, it would help with my family care plan."

Another question Preston addressed was the actual need for troops in Iraq.

"I've had a lot of soldiers ask me, 'Sergeant major, do you really think we can make a difference [in Iraq]? Do

you really think that these people understand democracy?'"

"If you look at Europe in 1939, how many countries really were democracies?" Preston answered.

After World War II, Preston said, soldiers of the "Greatest Generation" set up a democratic government in Germany that is still working today. In the last 14 years, other European countries have converted to democracy and are now competing for enrollment into the National Atlantic Treaty Organization.

"Many of those countries have forces right now that are deployed to Iraq as part of that coalition," he said. "Who would have thought that possible 15 years ago?"

Preston said that changes are beginning to take place in Iraq, like the satellite dishes that populate many rooftops.

"Today, when you fly over Baghdad, and you look down at all of the houses in that city, every other house has a satellite dish on the top of it," he said. "There's apartment buildings over there with 12 and 14 satellite dishes on top of it. You wouldn't have seen that a year ago. That's how quickly that country has transformed, just in the last year."

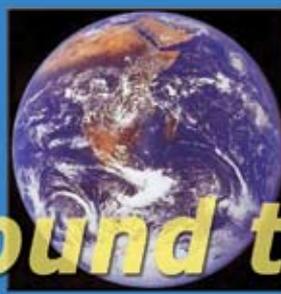
Above all, Preston said, he wanted soldiers to remember that they are part of a great organization and they should take pride in their service.

"You are the next 'Greatest Generation.' Be proud of your service to your nation," he said. "I am very proud of all of you. We are the greatest Army in the world. There's nobody that even comes close." ■



*Editor's Note:* Sgt. Maj. of the Army Kenneth O. Preston was sworn in as the 13th sergeant major of the Army on Jan. 15, 2004. He serves as the Army chief of staff's personal adviser on all enlisted-related matters, particularly in areas affecting soldier training and quality of life.

# News from Around the World



## Officials Introduce War On Terrorism Medals

Service members serving at home and abroad in the war on terrorism will now be recognized for that service. Individuals who have deployed for operations Enduring Freedom or Iraqi Freedom will be awarded the Global War on Terrorism Expeditionary Medal. The Global War on Terrorism Service Medal will be awarded to those who served in airport security operations in the United States following the Sept. 11, 2001, attacks or who supported operations Enduring Freedom, Noble Eagle or Iraqi Freedom. Individuals can receive both medals if they meet the individual criteria.

For more information about qualifying criteria or other details, go to the Department of Defense news story at [http://www.defenselink.mil/news/Feb2004/n02262004\\_200402264.html](http://www.defenselink.mil/news/Feb2004/n02262004_200402264.html).

### Savings Program Assists Deployed Service Members

Deployed service members have the chance to earn a guaranteed 10 percent interest on their savings annually. The Savings Deposit Program started in 1990 for service members who were serving in the Persian Gulf conflict. The program progressively changed and now includes Operation Iraqi Freedom service members assigned to a combat zone or in direct support of a combat zone.

Service members can contribute up to \$10,000. Interest of 10 percent will not accrue after that amount. To make a deposit into the fund, people should contact their financial office. Withdrawing the money before leaving the combat zone is not authorized, unless there is an emergency. The savings deposit bal-

ance will show up on leave and earnings statements.

To learn more about this program, go to <http://www.dfas.mil/news/releases/archive/04-14.htm>.

### Officials Extend Stateside Space-A Travel Test

The one-year test to expand space-available travel privileges to family members of active-duty and retired service members traveling within the continental United States is extended until further notice. The extension will allow the test to continue while defense officials complete their evaluation of the test.



U.S. Navy photo by Photographer's Mate 3rd Class Joshua Word

## Stennis To Deploy This Summer

Pacific Ocean — The nuclear powered aircraft carrier USS John C. Stennis (CVN 74) performs an underway replenishment with the fast combat support ship USS Sacramento (AOE 1). Stennis spent nearly 10 hours alongside Sacramento transferring more than 900 pallets of ordnance and supplies.

To register for space-A travel, active duty sponsors must be on leave or a pass and remain in the status while awaiting travel and through the entire travel period. Additional space-A travel and sign-up information is available through the passenger policy branch Web site at <http://public.amc.af.mil/SPACEA/spacea.htm>. A list of passenger terminals and phone numbers is available at <http://www.af.mil/SPACEA/terminal.htm>. **DOD Establishes Additional Sexual Assault Hot Line**

An additional toll-free telephone number has been established for people who want to contact or provide information to the Department of Defense Task Force on Care for

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Victims of Sexual Assault. The number, (800) 497-6261, is staffed 9 a.m. to 9 p.m. EST, Monday through Friday. The department's hot line will supplement those previously established by each of the services.

More information is available in the Department of Defense news release at <http://www.defenselink.mil/releases/2004/nr20040304-0409.html>. ■

## Annual Force Health Protection Conference Set for Albuquerque in August

WASHINGTON — The Seventh Annual Force Health Protection Conference 2004 will be held Aug. 6 through 12 at the Albuquerque Convention Center in Albuquerque, N.M. The U.S. Army Center for Health Promotion and Preventive Medicine will host the conference with the theme, "Force Health Protection — Supporting Military Transformation." The 2003 Sixth Annual Force Health Protection Conference was the largest ever.

The core conference will include both plenary and breakout sessions designed to provide an exchange of information that has a wide application within the DoD community in the following general areas: environmental science, health physics and radiological sciences, behavioral health, occupational and preventive medicine, Veterans Affairs veteran's health, analytical sciences, community and population health, occupational health sciences and deployment-related health care. Planned pre-conference sessions will be included in the Aug. 9 - 12 core conference period.

Conference participants are invited to prepare and display technical posters that will be judged for content and aesthetics by a panel of subject matter experts. The winners will be announced on the final day of the conference. Technical presentations are also being sought. Military and civilian vendors are encouraged to exhibit during the conference.

Registration and information for attendees, vendors, presenters and all participants is now posted on

the Web site at <http://chppm-www.apgea.army.mil/fltp/>.

For more information, contact Jane Gervasoni at (410) 436-5091 or DSN 584-5091. ■

## Changes Made to LES to Reduce Identity Theft

ARLINGTON, Va. — Leave and earning statements for all service members and Defense Department civilians and pay statements for military retirees will soon have more protection against identity theft.

Over the next several weeks, the Defense Finance and Accounting Service will drop the first five digits of a person's Social Security number from all hard copy pay statements and checks to guard against identity theft.

"The changes apply to everyone," said Patrick T. Shine, acting director, Defense Finance and Accounting Service. The proposal "originated internally and will be phased in over the next couple of pay periods."

This change is to be for all hard copy leave and earning statements. This does not apply to electronic copies of statements found on myPay, the online system for access and control of customers' personal pay information at <https://mypay.dfas.mil>.

Reports of identity theft have substantially increased in recent years, according to the Federal Trade Commission, which monitors the issue.

Five years ago, the number of complaints to the FTC was roughly 23,400. By 2001, the rate had more than tripled to about 86,200. Based on figures released in January 2004, the number of complaints of identity theft nearly topped 215,000 for 2003. The Social Security Administration also has taken the same step of eliminating the first five Social Security numbers on the millions of checks it issues.

For more information about the Defense Finance and Accounting Service, visit <http://www.dfas.mil>. ■

## Hugs, kisses for Daddy



Gunnery Sgt. Kory Marino, with Marine Light Attack Helicopter Squadron 773 Detachment A, embraces his children at Bellechasse Naval Air Station Base, Joint Reserves, New Orleans, La., on March 31. Marino returned home from deployment in Afghanistan in support of Operation Enduring Freedom.

U.S. Marine Corps photo by Lance Cpl Lydia L. Collison

**Q** *Why is the military always asking deploying troops to take those pills to prevent malaria? Do they really work?*

**A** History explains why our modern military uses pills to prevent malaria. Malaria has always affected military operations in the South Pacific, Southeast Asia, Africa, Latin America and the Middle East. A crucial, early planning step for any military deployment is to find out whether or not malaria — as well as other preventable diseases — represents a threat to our forces. If so, then the military should do all it can to prevent this disease.

Troops who get malaria are not able to carry out their duties while

they are sick. The typical symptoms begin with a vague sense of becoming ill and slowly rising fever, followed by shaking chills, high fever, headache, nausea, and then profuse sweating as the fever goes away. This cycle of symptoms repeats itself every one to three days for up to a month.

Treatment can cure the infection, break this cycle, and prevent relapses that can occur unpredictably for up to five years. Gradual recovery is the rule, even without treatment. This description of the illness applies to three of the four types of malaria that infect humans.



Dr. Francis L. O'Donnell

Unfortunately, the fourth type, called falciparum malaria, is very dangerous. Among people who do not have immunity, such as most Americans, falciparum malaria can cause death in up to 40 percent of cases. During 2001, 10 U.S. residents — among 693 infected with falciparum malaria — died of the disease, despite heroic efforts at treatment. In the late summer of 2003, at least 51 U.S. Marines carrying out peacekeeping operations in Liberia got falciparum malaria. Forty-three were urgently evacuated to the National Naval Medical Center in Maryland and five required life-saving, intensive care for potentially fatal damage to their brains and lungs. In 2001, seven Army soldiers acquired

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## MREs to contain Xylitol gum to fight tooth decay

by marcella birk  
u.s. army center for health  
promotion and preventive medicine

ASHINGTON — Meals, Ready-to-eat, also called MREs, will soon contain gum that helps reduce tooth decay. The new gum, made with the alternative sweetener xylitol, works by blocking the bacteria that cause cavities. The gum currently provided in MREs contains sugar and can cause tooth decay.

This change in the MREs, approved by the 2004 Joint Services Operational Rations Forum, is partially due to a recent study showing a significant increase in tooth decay for deployed soldiers. The 3rd Infantry Division, which deployed to Iraq for six months, returned home with more than two-and-a-half times the number of cavities they had before deployment, according to a study conducted in January 2004.

"The amount of tooth decay that occurred in just six months was overwhelming," said Army Maj. Georgia

dela Cruz, public health dental staff officer at the U.S. Army Center for Health Promotion and Preventive Medicine and lead for the 2004 study.

Army Col. Christine Inouye, Reserve Component force health protection integrator, and dela Cruz were the driving force behind the change in the gum supplied in MREs.

"We are convinced that this initiative will be one major solution to the dental readiness problem for the warfighters," said Inouye.

"Ultimately, the warfighters are at high risk for dental disease," Inouye said. "More importantly, the xylitol gum will potentially impact 2.68 million active component and Ready Reserve soldiers, marines, sailors and airmen while they are deployed in a field environment."

"Deployed [service members] are at greater risk for cavities because of starchy foods, sugary drinks and infrequent tooth brushing," said dela Cruz. MREs contain carbohydrate-

### For More Information

For more facts about fighting tooth decay and gum disease, visit the following Web sites:

U.S. Army Center for Health Promotion and Preventive Medicine's fact sheets on oral fitness  
<http://chppm-www.apgea.army.mil/dhwpw/OralFitnessMain.aspx>

U.S. Army Dental Corps  
<http://www.dencom.army.mil>

American Dental Association  
<http://www.ada.org/public/index.asp>

American Dental Hygienists' Association  
<http://www.adha.org>

rich foods that are essential for energy in a field environment. Unfortunately, oral bacteria use the starches and sugars in these foods to

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## Ask the Doc

— Continued from Page 5  
falciparum malaria in Nigeria, and two of them died.

You definitely don't want to get malaria if you can avoid it. The military uses several strategies to protect its troops, because no one step is 100 percent effective. Using several steps increases the odds of avoiding this potentially deadly disease.

However, most of these safeguards depend upon individuals protecting themselves. The first one is to keep away the mosquitoes that give malaria to humans. Wear of the uniform reduces the area of exposed skin. Use of repellants on the exposed skin and uniform, such as DEET or permethrin, will keep the mosquitoes from landing. Sleeping under bed nets raises a physical barrier preventing mosquito access at night. Use of permethrin on the bed net keeps

mosquitoes from even landing on the net. Minimizing outdoor activities between dusk and dawn avoids the period when mosquitoes are most active.

The last strategy is to take pills that will kill malaria parasites injected into the body by mosquitoes that manage to get past the above barriers. Although a drug called chloroquine was the mainstay of preventive pills for many years, falciparum malaria parasites around the world have developed resistance to chloroquine. Service members going to regions where chloroquine resistance occurs are given other medications, such as mefloquine or doxycycline to prevent falciparum malaria. It is crucial that the medications be taken strictly according to the recommended schedule. Although these medications work, they are not 100 percent effective by themselves, so the other

## For More Information

Malaria is a major international public health problem, causing 300 to 500 million infections worldwide and nearly one million deaths annually. Updated information may be found on the following Web sites.

The Navy's Environmental Health Center's pocket guide to malaria prevention and control  
<http://www-nehc.med.navy.mil/downloads/pre-vmed/Malaria2000.pdf>

The Air Force Institute for Operational Health Malaria fact sheet  
<http://starview.brooks.af.mil/afioh/Documents/Fact%20Sheet%20-%20Malaria.pdf>

CDC Health Topics – Malaria  
<http://www.cdc.gov/ncidod/dpd/parasites/malaria/default.htm>

CDC Travelers' Health Web site  
<http://www.cdc.gov/travel>

## A Rare Opportunity In Iraq

### *Mother and son see each other daily at Camp Victory*



Photo courtesy of the U.S. Army

Sgt. Matthew Lowell, 545th Military Police Company, 2nd Brigade, 1st Cavalry Division, and his mother, Sheila Lowell, a Department of the Army civilian, are serving together in Camp Victory in Iraq.

by pfc. alma h. barrus  
122nd mobile public affairs  
detachment

or most soldiers serving in Iraq, the only contact they have with their families is to write letters and e-mails or go to the phone center.

One lucky soldier in the 2nd Brigade, 1st Cavalry Division, has recently been getting to see his mother in person almost daily at Camp Victory, Baghdad in Iraq.

"I was told I would be working out of the Baghdad International Airport, and later I found out that I would be staying at Camp Victory," said Department of the Army civilian Sheila Lowell. She is working for the Army Materiel Command. "And, I said I think I know someone who's there."

Sheila is the mother of Sgt. Matthew Lowell, 2nd Platoon, 545th Military Police Company, who arrived in Iraq in January.

"AMC [Army Materiel Command] said they needed help with account-

ability for the contractors when I was at Fort Monmouth, N.J., and I volunteered to go and eventually got here," she said.

After arriving in Baghdad March 21, Sheila got to see her son that evening. Both mother and son are based at Camp Victory.

"I love the military life wherever I go ... and being able to see my son is a true blessing," said she.

Sheila was scheduled to remain in country for about four months, but that may change.

"We're still not sure if she is staying here with [Baghdad International Airport] closing down ... but the chances that we would even run into each other

over here is pretty slim, and we're thankful for it," Matthew said.

Military service is an integral part of the Lowell family. Sheila grew up as an "Army brat" and served in the Army 30 years ago. Her husband, Bill Lowell, retired in 1988, after serving 22 years in the Army. He worked in Kuwait as a Department of the Army civilian a year ago. ■

I love the military life ... and being able to see my son is a true blessing.

# DoD Expands Health Care Benefits Program for Reserve Component Members



U.S. Army photo by Staff Sgt. Robert R. Ramon

Chief Warrant Officer Claude Garner and Spc. Tanya Gilstrap review records during a briefing for newly arrived soldiers at Camp Phoenix in Afghanistan in March. The soldiers are assigned to the 45th Infantry Brigade, Oklahoma Army National Guard, deployed in support of Operation Enduring Freedom as part of the Coalition Joint Task Force Phoenix.

by austin camacho

It will soon be easier for Reserve Component military personnel and their families to stay healthy, particularly in the months immediately before and after deployments. Congress has authorized expanded health care benefits for National Guard members and Reservists, and the Department of Defense is working to quickly implement the new programs, which require multiple changes to systems already in place.

The Emergency Supplemental Appropriations Act and the National Defense Authorization Act funded the Temporary Reserve Health Benefit Program for Fiscal Year 2004. Its purpose is to enhance access to medical and dental care for many Reserve Component members and their family members. Most of these new TRICARE provisions are scheduled

to expire on Dec. 31, 2004, unless Congress extends them. The Defense Department expects to implement the new provisions starting this spring, according to Dian Lawhon, TRICARE director of communications and customer service.

"Our Guardsmen and Reservists will benefit from greater access to health care," Lawhon said. "The force will benefit because these provisions will contribute to improved readiness."

The new legislation targets Reserve Component families who most need health care. For example, one section of the law temporarily extends TRICARE coverage to drilling Reserve Component members and their families if the member is unemployed, or is employed but is not eligible for employer-provided health coverage. Another section extends pre-deployment TRICARE coverage

to National Guard and Reserve members who are activated for more than 30 days and, again, family members are included. Eligibility for this benefit begins when the service member receives his or her activation orders, or up to 90 days before the activation date.

For Guard and Reserve members who are demobilizing, the new rules temporarily extend TRICARE benefits to service members who separate from active status during the period Nov. 6, 2003 through Dec. 31, 2004, under the Transitional Assistance Management Program. Family members are also covered, but this benefit doesn't include TRICARE Prime Remote, TRICARE Prime Remote for Active Duty Family Member Program or the TRICARE dental program. The Transitional Assistance Management Program will remain in place after Dec. 31, 2004, but the transition coverage will be reduced to 60 or 120 days, depending on the length of active duty service.

Although the TRICARE Management Activity is still working to implement these new benefits, the law on which they are based went into effect Nov. 6, 2003. For that reason, Lawhon says, Reserve Component members should keep records of their medical expenses.

"Many Guardsmen or Reservists may be eligible for retroactive reimbursements under TRICARE once we have the 2004 Temporary Reserve Health Benefit Program fully in place," she said. "Until we do, we encourage Reserve Component sponsors to save all their health care receipts, claims and explanation of benefits paperwork."

Implementing these temporary benefits is more of a job than it might appear. First, TRICARE specialists must build on existing TRICARE mechanisms to determine eligibility, enrollment and necessary new procedures.

"Several defense agencies are working to evaluate the requirements

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## Safe Landing

Chief Aviation Boatswain's Mate Peggy McCallum, of Berring Springs, Mich., watches an AV-8B Harrier assigned to the "Bulldogs" of Marine Attack Squadron Two Two Three (VMA-223) land on the flight deck of the amphibious assault ship USS Saipan (LHA 2) during flight operations March 17. Saipan is currently underway in preparation for the ship's upcoming scheduled deployment.

U.S. Navy photo by Photographer's Mate Airman Apprentice Gary L. Johnson II



## Health Benefits

— Continued from Page 7 of the law, including the under secretary of defense for personnel and readiness, TRICARE Management Activity and the offices of the assistant secretaries of defense for health affairs and Reserve affairs," Lawhon said. "We need to make all the changes to programs and policies to make sure that all qualified Reserve Component families have access to the TRICARE benefit."

Eligibility will be recorded using the Defense Enrollment Eligibility Reporting System, also known as DEERS. The necessary changes to the automated information system are already underway. Meanwhile, guidance must be developed concerning premiums and cost shares for TRICARE medical and dental coverage. Congress has placed limitations on the cost of these new benefits,

Chief Warrant Officer (3) Kelly Nokes, a pilot from the Minnesota National Guard, cleans the snow off of his Blackhawk helicopter as he prepares for the day's mission on Jan. 16, 2004. He is attached to the Task Force Renegade unit out of Austin, Texas, and is in Bosnia supporting Operation Joint Forge.

U.S. Air Force photo by Senior Master Sgt. John Rohrer

so decisions on co-payments and premiums must be carefully considered. Lawhon said she is dedicated to making sure that once these policy decisions are made, affected service members are kept well informed.

"As the provisions of the 2004 Temporary Reserve Health Benefit Program are put into place, TRICARE personnel will promptly communicate the new guidance on start dates

and eligibility to Reserve Component units and families," Lawhon said.

Updated details will also be posted to both the TRICARE Web site at <http://www.tricare.osd.mil> and the Reserve Affairs Web site at <http://www.defenselink.mil/ra>. ■



## IRAQ REVISITED

### *Desert Storm Vets Return 13 Years Later*



U.S. Air Force photo by Tech. Sgt. Jeffrey Williams

Kirkuk Air Base, Iraq—From left, Tech. Sgt. Edward Timberman, Master Sgt. Elbert Bemby, Senior Master Sgt. Benjamin Hoover, Master Sgt. Darrell Wiedenbeck and Tech. Sgt. Steven Sepeda stand near an A-10 Thunderbolt II aircraft. The five A-10 maintainers served in both Operations Desert Storm and Iraqi Freedom during their careers.

by tech. sgt. jeffrey williams  
506th air expeditionary group  
public affairs

When Saddam Hussein ordered his forces to march south through Kuwait on Aug. 2, 1990, little did he know of the resolve of the young airmen who would rise to the occasion to repulse the attack.

From November 1990 to May 1991, Senior Airmen Darrell Wiedenbeck, Elbert Bemby and Edward Timberman, and Airman 1st Class Steven Sepeda were young A-10 Thunderbolt II crew chiefs. Staff Sgt. Benjamin Hoover was an A-10 weapons loader.

They worked together out of the King Fahd International Airport in Saudi Arabia, as members of the 23rd Combined Aircraft Maintenance Squadron.

Still working on A-10s 13 years later, this particular “band of brothers” is stationed together here to finish the job they so diligently started so long ago.

The then-young airmen have since gained in rank and responsibility, and are now charged with leading the future generation of aircraft maintainers.

Airmen Sepeda and Timberman are now technical sergeants, Airmen Wiedenbeck and Bemby are master sergeants, and Sergeant Hoover is

now a senior master sergeant. All are deployed with the 354th Expeditionary Fighter Squadron at Davis-Monthan Air Force Base, Ariz.

During a recent reunion of the five sergeants, they had a lot to remember.

Most of them had a laugh when they remembered then-Airman Sepeda polishing his boots on the C-141 Starlifter before landing in Saudi Arabia. Once on the ground, the boots got dirty and all the work went to waste.

All of them said they remember the fright they had when the scud missiles started flying.

“I saw the scud missile that hit the bunker in Dhahran,” said Sepeda, who was only a few miles away at the time.

“We started getting hit shortly after that because a [news] reporter tipped off our A-10 location,” Wiedenbeck said. “Before that, the scuds were just going overhead.”

They laugh about some of the antics that happened back then, but said they know the uncertainty of the situation gave them a greater seriousness, especially in bunker dives.

“During the first scud attack, the sirens scared me so bad that I just put on my gas mask,” Timberman said. “I just got out of bed, put my mask on and ran to the bunker in my underwear. I was later instructed to put my pants on.”

The experience did not come without certain highlights.

“Timberman and I were under an aircraft listening to [former] President Bush on the radio as the first wave of the attack was coming back,” Bemby said. “We were scared but not afraid. I

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# Medical Care At



U.S. Air Force photos by Tech. Sgt. Bob Oldham

Southwest Asia — Medical workers and aircrew members transfer a patient from one C-130 Hercules aircraft to another that was waiting to take off. The patient was transported to Baghdad on Jan. 28. A critical care air transport team from the 379th Aeromedical Squadron managed the patient's care from Afghanistan to Baghdad.

“Some people recover from these really well, others it takes a little more time.”

by tech. sgt. bob oldham  
332nd air expeditionary wing public affairs

On the ground and in the air, airmen in Southwest Asia can rest assured that medical care is always close by.

If a person is injured, medical people on the ground stabilize and treat the patient. But if that person needs to be transported by air for specialized care, a team of medical professionals from the 379th Aeromedical Squadron are just a short flight away.

On any given day, they might haul patients from any air-

field in the area to collection points, where they then might be airlifted to Europe or America, depending on the needs of the patient.

“It’s very rewarding work,” said Air Force 1st Lt. Matt Smith, a flight nurse and medical crew director. As the medical crew director, he oversees the patient treatment and acts as a liaison between the medical team on board and the aircrew flying the plane. The lieutenant is deployed to Southwest Asia area of operations from the Minnesota Air National Guard.

He said some days can be quiet when the crew sits on alert waiting for something to happen. On Jan. 28, though, something did happen. A Turkish national in Afghanistan needed transport to Baghdad to receive specialized care.

Smith and his crew jumped into action, preparing a C-130

# 15,000 ft

Hercules aircraft to airlift the patient to Baghdad. The Hercules is a versatile aircraft and can perform a variety of missions, including aeromedical evacuation.

The crew loaded equipment and supplies onto the plane, configured the litters and waited for a Minnesota Air National Guard C-130 Hercules aircraft carrying the patient to arrive from Afghanistan. As the Minnesota cargo plane taxied into position on the tarmac at an undisclosed location, the lieutenant's crew put the finishing touches on their C-130 deployed here from Pope Air Force Base, N.C.

Aircraft tail to aircraft tail, the patient transfer took place. The patient, who had a coma-producing concussion from a two-vehicle accident, was in guarded condition for his ride to Baghdad.

"From what I was told, I believe he was the only survivor in the vehicle he was riding in," the lieutenant said.

The patient's prognosis was unclear at this time, according to the nurse.

"Some people recover from these really well, others it takes a little more time," he said.

Watching over him every mile of the way on the second leg of his flight was Air Force Capt. (Dr.) Erik von Rosenvinge, a physician deployed to Afghanistan from Andrews Air Force Base, Md., as part of a critical care air transport team. On the team with Dr. von Rosenvinge was Air Force Capt. Lionel Lyde, a nurse, and

Southwest Asia — Air Force Capt. (Dr.) Erik von Rosenvinge conducts an initial assessment of his patient before a C-130 Hercules cargo aircraft leaves for Baghdad on Jan. 28. The doctor is a 379th Aeromedical Squadron critical care air transport physician.

Senior Airman Deanna Rodriguez, a respiratory therapist.

The doctor said his role was to monitor the patient and treat any symptoms. In this case, the patient's brain had stopped making a chemical that affects the kidneys, a condition known as diabetes insipidus. As such, the patient was voiding around two liters of urine an hour, bringing on dehydration and low potassium.

To combat that, the doctor prescribed fluids to rehydrate the patient and lower his sodium levels, and he prescribed extra potassium to replace what was being lost.

"Most people urinate less than 100 milliliters an hour, and this guy is losing 2 liters an hour. That's a lot," he said.

About

three hours later, the C-130 carrying the patient touched down in Baghdad. The medical crew, dressed in full battle gear, transferred the patient to a waiting Army helicopter, which immediately took off for a hospital in Baghdad where a neurosurgeon could have the patient's brain scanned and provide treatment. ■



## Gum

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produce acids that cause tooth decay. Xylitol blocks these bacteria, interfering with their ability to “stick” to the teeth to produce damaging acids. Xylitol also increases saliva flow, which helps neutralize any acids and provides calcium to repair any weakened areas of the teeth.

Col. Robert Lutka, commander, Fort Benning Dental Activity, and Navy Capt. N. Blaine Cook, spe-

cialty leader for operative dentistry to U.S. Navy Surgeon General and the chair of operative dentistry, Naval Post-graduate Dental School, are long-time advocates of xylitol.

“Xylitol has been used by diabetics for years as an alternative sweetener,” said Lutka. “It’s a safe and effective way to keep [service members] healthy while deployed.” Due to the number of MREs already in stock, xylitol gum will not reach service members’ MREs immediately but will be included within 18 to 24 months.

“Don’t wait to start using xylitol

gum,” said dela Cruz. “The gum can be purchased on the local economy and at commissaries, although the choice of flavors may be limited at smaller commissaries. Read the ingredients on the label and make sure that xylitol is the first ingredient. Chewing the gum at least five minutes is extremely important for maximum effectiveness.” ■

## Return to Iraq

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was a young dude then.”

Bembry also recalled his daily lunch routine then.

“I was known as ‘PBJ’ because I ate two peanut butter and jelly sandwiches for lunch each day for six months,” he said. “I haven’t eaten peanut butter since I left Desert Storm.”

None of them have forgotten the oil fires in Kuwait either.

“It was like an eclipse,” Sepeda said. “The sun was up but couldn’t come through.”

Despite the camaraderie, friendship, humorous experiences, uncertainty and the dedication to work, all the airmen said they still feel the loss

of their friend and colleague, 1st Lt. Patrick Olson.

Flying an A-10 reconnaissance mission over Kuwait on Feb. 27, 1991, the lieutenant faced some bad weather and was hit by a surface-to-air missile. He tried landing with only one engine and no hydraulics, when the aircraft landing gear collapsed upon landing and flipped. Olson, a 26-year-old native of Washington, N.C., was killed.

Hoover said he was affected by Lieutenant Olson’s loss more than the rest.

“[Lieutenant Olson] brought me mail and a pair of gloves that day,” Hoover said. “He always took care of us. He was a good friend. That day I watched him die. I watched him crash. I was told, ‘You’re his family.

Go pick him up.’ And I did.”

Timberman also reflected on his loss.

“I never knew what it was like to lose a friend or family member until that point,” he said. “It was the first time I lost someone I knew. It still [affects] me today.”

Looking to the future, Hoover said he believes the training of the previous generation affects the current one.

“We [were] gliding on the successes that Vietnam gave us,” he said.

“We wanted to make our predecessors proud. We had to work to be the best. Laser-guided bombs and other high-tech weaponry [were] born in Vietnam. We got to use them in Desert Storm. It made us look like heroes.

“What I learned from Desert Storm prepared me well for the rest of my career,” said Hoover. “I’ve got some great guys. These guys wanted to come to Iraq with me. There’s no limit to the talent that we brought over here.”

After 13 years of uncertainty over the future of Iraq since Operation Desert Shield began in 1990, the five 354th Expeditionary Fighter Squadron airmen said they are happy to be here.

“We thought it would have been the end of the Iraq situation during Desert Storm,” said Bembry. “We never thought we’d be back. Hopefully this time, this will be it.”

“I’m glad we are a part of Operation Iraqi Freedom, especially being here when Saddam Hussein was captured.”

“I think there is a sense of urgency for Iraq and this whole operation in the eyes of the American public and for many of us,” Sepeda said. “It has dragged on for 13 years. I think people are getting tired of this and want it to be over with.”

“We were all disappointed that we didn’t get to finish the job back then,” Wiedenbeck said. “We understood the politics of the situation.

“I’m glad we are a part of Operation Iraqi Freedom,” he said, “especially being here when Saddam Hussein was captured. On Dec. 13, 2003, our alert A-10s launched shortly after our scheduled aircraft sorties. For security reasons, we are not able to verify the exact reasons for their mission or their location, but in our hearts we firmly believe our A-10s were overhead protecting our Army brethren during the capture of the Ace of Spades, Saddam Hussein. It’s great to now be 150 miles north of Baghdad, since we couldn’t finish the job 13 years ago. We’re all glad we had a second opportunity to come and finish the job.

“This is one last hurrah for the five of us,” he said. “This situation is resolved here.”

Timberman summed up the feelings for the group.

“In three to four years, this will be the end of a generation, the end of an era,” said Timberman. “We just hope the airmen of tomorrow can carry the baton. We hope to be able to watch television and hear of the good things coming out of the troops we’re training now. That will be our biggest test.” ■

## Marines To Get Handheld Device Designed To Enhance Communication And Battle Planning In 2004

by gunnery sgt. matt hevezi  
mcb camp pendleton

Small-unit infantry leaders who must serve on the digital battlefield are poised to take what observers say will be a huge leap forward in battlefield communications and navigation technology when they begin receiving and using a personal organizer-like device called the Dismounted Data Automated Communications Terminal.

Built to withstand the most rugged of field conditions, the device — which could be deployed as early



**“Once they see what it can do, they want it in their pack.”**

as October 2004 — weighs just 31 ounces and is designed to perform key field communications functions

Marines say they want and need.

Moreover, it interfaces with a global positioning system to provide real-time reports on troop and threat locations to higher commands and other units.

Eighteen Camp Pendleton Marines from the 5th Marine Regiment worked with Marine Corps Systems Command and D-DACT engineers early in January on final testing to ensure the device performs as promised in the field, said Francis Stepanski, a D-DACT support engineer and former Marine who now works with Titan Corporation in Stafford, Va.

Stepanski said if D-DACT passes final tests and is approved for purchase, initial distribution of 561 devices to Marines at I Marine Expeditionary Force may begin as soon as October. Other combat units throughout the Corps also will receive distribution of D-DACT devices, Stepanski said.

The device is a handheld green pocket computer that will primarily be used by small-unit leaders such as platoon and company commanders to provide huge advances in battlefield communications functions, Marine and company sources said. Loaded with a GPS receiver and a tactical radio interface, the device will allow users to instantly send and share important tactical information between higher commands and other battlefield users connected to the device's communication network. Marines testing the device report they especially like its digital navigation capabilities and ability to function as a field text messaging “chat” machine, said Capt. Shawn Davis, the D-DACT project officer assigned to MarCorSysCom. Two or more platoon leaders moving through enemy territory can talk to one another by typing and sending information about their progress or generating reports on discovery of minefields, challenging terrain conditions or even enemy positions that endanger units on the move.

Cpl. Ryan Hamilton, one of the Marines selected to help test the device, says a key feature is sharing

of information between small-unit leaders and commanders at the battalion and regimental level.

“If you find a minefield, you can mark it on the D-DACT and send the information to everyone else. Everybody sees the report at the same time,” said Hamilton, who is assigned to 5th Marine Regiment. “It has all the combat reports stored, so if one of the leaders gets taken out, a PFC [private first class] or a lance corporal could pick it up and just fill in the blanks.”

Although the new tool is loaded with capabilities, Stepanski said many Marines are skeptical at first, fearing another force-fed piece of equipment that will weigh down the pack on their shoulders.

“By the end of the first day after seeing what this can do, there is a complete reversal,” Davis said of reactions from Marines who spent time with him field-testing the device near Camp Talega.

“Once they see what it can do, they want it in their pack,” said Steven Woods, a D-DACT project engineer and a former Marine who now works

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# DoD Intent On Capturing Occupational, Environmental Data To Protect Troops' Health

by austin camacho

In the Department of Defense's efforts to protect the health of service members, it is hard to overestimate the importance of capturing and reporting all deployment-related occupational and environmental health risks. Commanders have largely recorded this important data within their own units in the past. Now, this information can be made available to the entire military force, for now and in the future. In August 2003, the Army Center for Health Promotion and Preventive Medicine launched the first part of a Web-based document archival portal for Occupational and Environmental Health Surveillance Data.

As part of DoD's efforts to improve Force Health Protection, CHPPM was tasked to develop a system capable of providing commanders and other decision makers with the information they needed to detect, assess and counter environmental and occupational health threats. According to John Resta, director of health risk management at the Army Center for Health Promotion and Preventive Medicine, two critical events showed how great the need was for such a system. The first was the use of Agent Orange herbicide in Vietnam. At the start of that war, no one predicted that exposure to the herbicide could cause long-term health effects.

The second significant event, he said, was the lighting of oil well fires in Kuwait during the Gulf War.

"We had people who thought they would become ill due to the oil well fire smoke," Resta said.

A team from CHPPM collected 4,000 air, water and soil samples in 10 locations. Their risk assessment said they didn't expect people to become ill because of the oil well fire smoke, but details of a number of other potentially harmful exposures went unrecorded. Part of the result of that lack of data was \$212 million of research into the illnesses of Gulf War veterans, with \$91 million going into just research associated with exposures during Operation Desert Storm.

"Those events told us that we needed

to be more concerned about occupational and environmental health during deployments," said Resta.

Beginning in 1997, DoD policies have required commanders to be concerned about environmental and occupational health exposures that can cause both short and long-term health effects. While military leaders have used exposure data to minimize short-term health risks to troops, technology lagged behind the desire to compile that information in a central location for use by future commanders who may deploy to places that current troops have evaluated, or

to evaluate long-term health risks from past exposures.

The Occupational and Environmental Health Data Portal will become the central repository where deployed preventive medicine units will document and archive exposure data. Future systems such as the Defense Occupational and Environmental Health Readiness System and the Theater Medical Information Program will capture data from both civilian and military, garrison and deployment locations. Currently, the portal is focused

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## Marines

— Continued from Page 13 for Space and Naval Warfare Systems in Charleston, S.C.

"I'm pretty-old fashioned and was a little leery at first," said Cpl. Justin Reaves, another D-DACT tester from 5th Marine Regiment. "I learned to do everything over the radio. When they told me I would be able to do it all on a computer, I was a little skeptical. But it is pretty accurate."

Even though Reaves said he believes the Marine Corps should equip Marines with the device, he said one drawback is the time it takes to confirm transmitted information.

"Sometimes it takes five to 10 minutes to get confirmation that a message has been received," Reaves said. "If you need a medevac or call-for-fire, you are going to need something faster."

For battalion or regimental commanders who must orchestrate and manage the complex, ever-changing movement of troops, equipment and plans during the heat of battle, the device provides instant, GPS-accurate digital reports from subordinate units on positions and movement. Commanders refer to such feedback as "situational awareness."

Such timely information is considered crucial to commanders' battlefield decision-making process. Previous reporting methods

involved voice transmission via crowded tactical radio channels and a chain of relay points that sometimes costs precious time and accuracy.

"Accuracy of information is important to building situational awareness," said Maj. J.D. Harrill, a battalion operations officer assigned to 2nd Battalion, 4th Marine Regiment.

Units equipped with the device can continually update their positions and report on enemy positions, capabilities and numbers. D-DACT also functions as a digital mapping device. Users can load, store and display military maps in a variety of formats and sizes, including 1:1,000,000 through 1:25,000 scales.

Battlefield plans using arrows and symbols can be digitally sketched on the small screen that can zoom in and out over map terrain. The sketched plans, often referred to by infantry leaders as overlays, can be digitally transmitted to other users.

Designers say once fielded, the device will not replace the traditional hard copy map and compass used today. But it will be a tremendous high-tech addition to these tools and help Marines perform better on the modern battlefield, they say. ■

# Parasite In Sand Fly Bite Big Concern For Military And Medical Providers

by karen fleming-michael  
standard staff writer

little-known parasite that causes chronic, festering sores will be returning home with some of Operation Iraqi Freedom's warfighters.

Cutaneous leishmaniasis, which affects the skin, is caused by a sand fly bite that deposits the parasite that eventually causes weeping sores that don't heal as quickly as regular sores.

"The majority of these are lesions on the face or on the hands over joints. So in the short term, it's just not pleasant to have a lesion that won't heal potentially for up to a year — and some of these get quite large," said Army Lt. Col. Peter Weina, a "leish" expert at the Walter Reed Army Institute of Research. "In the long term, the problem is the scarring, which can be disfiguring if it's on the face and can limit movement of the hands if it's over a joint."

Iraq's sand flies are most active during warm nights from March to October, so troops on the move during Operation Iraqi Freedom were right in the middle of "Sand fly Central."

"In the march up to Baghdad, people would literally fall asleep on their HUMVEE or out in the middle of the desert, so we had enormous amounts of exposure in the evenings in areas where there were a lot of sand flies," said Army Col. Alan Magill, another of Walter Reed Army Institute of Research's experts on leishmaniasis.

Leish experts suspected the disease was going to be a problem for troops, but until Weina arrived in theater to serve with the 520th Theater Army Medical Laboratory, they didn't know just how big the problem was. Initially sent to look for weapons of mass destruction, Weina's team also looked for common diseases in the area, like leish, to see what risk they posed to warfighters.

By April 2003, fears were confirmed.

"We found sand flies in the area and

started testing them and found some extraordinary infection rates in the flies," he said. "We expected to find maybe one tenth of one percent of the sand flies to be infected with leishmaniasis, and we were finding two percent of the sand flies were infected in some locations."

Finding that many infected sand flies meant a huge increase in the potential number of cases, so Weina and his team went into full prevention mode.

"We went to units and talked to everyone from the commander on down to the private. They needed to know that the best thing to do with this disease was to prevent getting it in the first place," he said.

Though travel was hazardous, Weina's message to the audiences he reached was simple: Wear DEET insect repellent so sand flies don't bite; use permethrin, a pesticide, on uniforms to keep sand flies away; and sleep under mosquito nets that have been treated with permethrin.

He and his team also talked to the medical professionals in the area so they'd be on the lookout for leish. "The problem is that some [lesions] look like any other type of sore that you may have with a bacterial infection, but they just don't get better," Weina said. "We treated with antibiotics first. Then if the antibiotics failed, we considered leishmaniasis."

So far, more than 500 cases of leishmaniasis have been diagnosed.

Because the disease is difficult to diagnose without a lab and experts equipped to look for it, all leish smears are currently sent to the Walter Reed Army Institute of Research for confirmation. The institute, in fact,



has the only leishmaniasis lab in the country that is accredited by the College of American Pathologist and is operated in accordance with the Clinical Laboratory Improvement Act.

The ability to deliver a diagnosis lets the lab cross the boundary that typically exists between research and health care.

Many of the leish researchers, like Weina and Magill, are also caregivers at the only U.S. military hospital where the treatment for leish can be offered, the Walter Reed Army Medical Center. Because the drug of choice used to treat the most severe cases was never submitted to the Food and Drug Administration for its approval, the drug must be offered as an investigational new drug, which means following strict research protocols and keeping meticulous records when the drug is given.

Treatment typically consists of an outpatient regimen of receiving the drug intravenously daily for 20 days, though the type of leish acquired in Iraq, leishmaniasis major, responds in 10 days.

The volume of patients who need treatment has challenged both the institute and the hospital named after Walter Reed, Weina said.

To put the current leish outbreak into perspective, Magill said that for Operations Desert Shield and Storm, the official number of leish cases was 18

# OEH Portal

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primarily on deployed service members, because they are in the areas about which we know the least and are most likely to be exposed to unexpected environmental risks.

"However, there is a garrison element, predominantly for the occupational health piece, that is important to the deployed setting as well," Resta said. "We need to know what people's pre-deployment exposures and post-deployment exposures are, as well as their deployment exposures, in order to be able to assess their total exposure-related health risks"

That exposure data will be valuable to the surgeon's staff of every joint force commander, which will be vital due to natural military turnover. That means the next commanders of the joint task forces in Iraq, Afghanistan and Africa will be able to make use of information gathered by those currently in those positions, in addition to the future Coalition Forces Land Component Commander in Kuwait.

"The units that are living at Camp Doha in Kuwait or Bagram Air Base in Afghanistan today know what hazards they've identified already," Resta said. "When they rotate out a new unit will take their place, and they won't have any sense of history. This will give them the ability to maintain continuity with the historical hazard surveillance that has been done."

Information on the OEH Data Portal will allow future commanders to target their efforts on hazards of concern, without wasting energy investigating hazards that have already been investigated and documented as not being a problem. Several different types of environmental sampling reports will be archived, such as records of water sampling, preventive medicine base-camp surveys, and pesticide usage, because pesticides, while frequently used in deployed settings, could have potential long-term health effects if misused.

"We spray for insect control to prevent insect-caused disease," Resta said. "So we also collect and record data on what pesticide is used, how much, when it was

used and where it was applied."

The OEH Data Portal also contains pre-deployment site surveys, base camp assessments and preventive medicine unit reports, among others. There are also incident reports filed from special circumstances.

"A couple of months ago a sulfur mine caught fire in Northeastern Iraq," Resta said. "The preventive medicine unit there evaluated the ambient air quality and assessed the risks to those

U.S. forces nearby from the smoke. The reports from this incident are being archived."

All these reports will be grouped on the OEH Data Portal by location. Users will be able to simply click on a map and find information relevant to

a particular area. Some places will have more useful information linked with them than others, depending on what kind of

risks have been found in the past. "We're developing fact sheets based on exposures such as solvents or dust," Resta said. "We're also developing site specific fact sheets for places like Shuaibia port in Kuwait and the al Tuwaitha nuclear facility in Iraq, places where we expect higher levels of concern."

Currently, much of this information is on DoD's classified Internet, but military security experts will

eventually declassify the necessary information so that medical professionals, researchers and interested individuals will be able to access it. Resta adds that while this information will help commanders who are trying to protect their troops, it must be used with judgment. It is important to make sure that protecting service members from occupational or environmental health hazards doesn't expose people to even greater risks.

"A classic example would be putting people in personal protective equipment unnecessarily, and causing heat casualties," Resta said.

Of course, for this information to get into the OEH Data Portal, military commanders and preventive medicine professionals need to know what it does, why it's there and how to add their own information to it. To make sure they are fully briefed, Resta is leading a team travelling to every geographic combatant command to discuss what the medical archival system can do. They have already visited and briefed leaders at U.S. Southern Command and U.S. Pacific Command and intend to visit U.S. European Command, U.S. Central Command, U.S. Northern Command and the U.S. Special Operations Command before the end of the year.

As more reports and raw data are entered into the occupational and environmental health surveillance, service members become more likely to be able to deploy overseas and return home healthy. ■

You can find out more on the CHPPM Occupational and Environmental Health Data Portal at <https://doehrswww.apgea.army.mil/doehrsdr/>.

## VA Launches New Hepatitis C Web Site

new, comprehensive Web site on hepatitis C was launched in February through a collaboration between the Department of Veterans Affairs and the University of California at San Francisco's Center for HIV Information.

"Hepatitis C is another reminder that veterans rely on the VA to care for a wide variety of illnesses and battlefield injuries," said Secretary of Veterans Affairs Anthony J. Principi. "This Web site will help both veterans and medical practitioners to understand this complex, long-term illness."

Hepatitis C is the most common blood borne infection in the United

States, affecting two percent of the population. The VA cares for more hepatitis C patients than any other medical system, with more than 200,000 patients since 1996. The department has the largest screening, testing and care program for hepatitis C in the nation.

The new hepatitis C Web site at, <http://www.hepatitis.va.gov>, has a section for veterans and non-medical employees that includes general information and links to other Web sites. It also offers information for health care providers that is searchable by topic and includes best practices, guidelines and slides. ■



U.S. Air Force photo by 1st Lt. Mike Chillstrom

Lackland Air Force Base, Texas — Capt. John Childs, a Wilford Hall Medical Center physical therapist here, demonstrates a spinal manipulation technique on Capt. Benjamin Hando.

## Back Pain Becomes Childs' Play

by 1st Lt. Mike Chillstrom  
59th medical wing public affairs

apt. John Childs, a physical therapist, is literally taking on a pain in the backside. By studying how patients respond to certain treatments, Captain Childs is aiming to reduce lower back pain, a condition that afflicts millions of Americans.

Captain Childs, an Air Force Institute of Technology student at the University of Pittsburgh, has spent the past year at Wilford Hall Medical Center at Lackland Air Force Base, Texas, working on the first of two studies designed to reduce or eliminate lower back pain.

The first study, completed in April 2003, identified patients likely to experience a rapid improvement after spinal manipulation, a treatment in which the physical therapist applies a quick thrust to the patient's spine to increase mobility of the joints.

"A lot of studies have shown that manipulation is a beneficial treatment," Childs said. "But then other studies have shown it may not be helpful. This conflicting information suggests that there is probably a subgroup of patients for whom manipulation may be effective."

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## WEST NILE VIRUS: Are You At Risk?

by Erica Bamgbopa  
bureau of medicine and surgery  
public affairs

You are standing in the backyard, eating barbeque chicken, chatting with friends and family, having a good time. Meanwhile, a female *Culex pipiens* mosquito is looking for her next meal — blood. She needs the protein to produce several hundred eggs. She bites; you scratch your arm.

A few days later, you have a fever, headache and body-aches, typical symptoms of the flu. You visit your doctor and the diagnosis is a mild form of West

Nile Virus. Your doctor treats the symptoms, and a few days later, you feel as good as new.

Until preventive measures like vaccines are discovered, surveillance and common sense are the best course of action to avoid infective mosquito bites.



"We try to make everyone aware of the disease and where it exists," said U.S. Navy Lt. Cmdr. Gary Tetreault, medical entomologist at the Naval Environmental Health Center, Portsmouth, Va.

According to the Centers for Disease Control and Prevention, most people bitten by an infected mosquito never experience symptoms.

Twenty percent of those who do experience flu-like symptoms. In rare, severe cases, the disease can be life threatening with symptoms including high fever, stiff neck, disorientation, coma, tremors, convulsions, muscle weakness and paralysis. People over 50 and adults and children with weak immune systems are most at risk.

By following some general guidelines, you can reduce the risk of being infected. Consider staying indoors at dusk and dawn, when mosquitoes are most active. If that isn't possible, wear long sleeves and pants

when outdoors, and use bug repellent containing DEET. Also, drain standing water, such as birdbaths and wading pools, because this prevents mosquitoes from laying their eggs.

In 1999, when the virus first appeared in the United States, there were 62 cases and seven deaths, according to the CDC. In 2002, more than 4,100 people were infected and

### For More Information

To learn more about West Nile Virus and how to protect yourself, visit the following Internet sites:

The Centers for Disease Control and Prevention's Web site at <http://www.cdc.gov/ncidod/dvbid/westnile/index.htm>.

U.S. Army Center for Health Promotion and Preventive Medicine's West Nile Virus fact sheet at <http://chppm-www.apgea.army.mil/documents/FACT/18-003-0403.pdf>

“ The best thing to do with this disease was to prevent getting it in the first place. ”

## Leishmaniasis

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cases was 32.

Health care providers at Walter Reed Army Medical Center have treated almost 400 patients infected with leishmaniasis since the beginning of Operation Iraqi Freedom last year. Patients receiving, or who have received care at Walter Reed for leishmaniasis have been treated as outpatients, without having to spend one or more nights in the hospital, according to medical center officials.

“Most receive antibiotics for 10 days and are then able to return to duty or go on leave,” said Army Maj. Gen. Kevin C. Kiley, commander of WRAMC and the North Atlantic Regional Medical Command. “This treatment keeps our staff busy, but has in no way overwhelmed us. We hope the number of leishmaniasis patients goes down, but if it should increase we feel that we’re ready to care for them.”

## Back Pain

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Wilford Hall, one of eight centers nationwide where patient data was collected, contributed 32 of 131 patients for the study between February 2002 and April 2003. Seven of the eight centers were military treatment facilities.

Childs said this study aimed to validate a previously developed clinical prediction rule that identifies patients likely to experience a rapid improvement after manipulation.

“Among those people who have a really successful outcome from manipulation, what are the characteristics of those people?” he said.

For example, if a patient has symptoms A, B and C, then perhaps manipulation is the treatment of choice, he said. On the other hand, if the patient has symptoms X, Y and Z, another treatment may be more appropriate.

“Clinicians who use manipulation previously had to rely on the results of a largely inaccurate battery of tests to determine when spinal manipulation was appropriate,” Childs said.

He found that manipulation is best for

Weina and Magill are traveling to posts with large numbers of returning troops — like Fort Campbell, Ky.; Fort Hood, Texas; and Fort Carson, Colo. — to let the troops and the medical professionals there know what to look for.

“The only problem is, like with most of tropical medicine, the expertise to make the diagnosis is not well distributed. To physicians and lab technicians at Fort Campbell, this is not something many of them have seen in their entire careers,” Magill said.

The leish experts are also looking at other treatment options for patients, including freezing the lesions or using a device that uses heat to kill the parasite.

At the hospital, Magill has seen patients who have more than 30 lesions, patients with lesions up to three inches in diameter and patients with nodular lesions that look like tumors. The good news, he said, is the lesions do heal, even

without any treatment. The bad news is healing can take up to a year without effective treatment.

“In the natural history of these lesions, if you do nothing, even for the worst lesions, they will get better, he said. “But cosmetically this is very damaging. If you’re walking around with some of these big lesions on your face, psychologically there’s a big impact there. This is an operationally acquired disease, and it’s our job to address that.”

Treating the lesions is important to the troops and their families, Weina said. ■

*Editor’s note: Some information in this article was provided by Joan Malloy of the Walter Reed Army Medical Center Public Affairs Office and the U.S. Army Medical Command.*

patients with low back pain when they have a relatively new onset of pain, pain centered in the back and buttocks that does not extend below the knee, stiffness in the lumbar spine, adequate hip rotation range of motion and individuals who are anxious to resume normal physical activity.

Patients who meet four of these five criteria have a 95 percent chance of experiencing a successful outcome from manipulation after only a week or two.

“The results of this study are immediately relevant for clinical practice because healthcare professionals who use manipulation can accurately identify those patients likely to receive a dramatic benefit in only a few days,” he said.

In October 2003, Childs received the 2003 Excellence in Research Award from the American Academy of Orthopaedic Manual Physical Therapists.

“It was a team effort; there were 15 to 20 people involved in managing this project,” Childs said. “Our team was honored to receive this prestigious award.”

His success does not end with the research award. In November 2003, he started a second study to evaluate the effectiveness of backward bending exer-

cises in treating low back pain.

These backward bending exercises, called extension exercises, are traditionally used for patients whose back pain may be coming from a herniated disk. Sometimes a herniated disk can cause pain to extend down the legs. For a variety of reasons that are not well understood, backward bending helps to relieve pressure from the nerve, thus alleviating pain.

“We’re now trying to figure out who will benefit from this specific form of exercise,” Childs said.

The second study will run throughout 2004 and collect data from roughly 120 patients, including some from Wilford Hall and a number of other military treatment facilities. An investigator will travel to each study site to train people and help set up the sites.

“The key is to recognize that not everyone with back pain is the same,” said Childs. “I’m excited for this study so we can learn more about low back pain and improve the quality of life for the multitude of individuals who experience back pain.” ■

“ Improve the quality of life for the multitude of individuals who experience back pain. ”

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 Sup-  
port 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>

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 Hotline for Servicemembers, 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  
Accounting 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>

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

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

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