

# Deployment Quarterly

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Deployment Health  
Support Directorate



# A SPECIAL message

Dear Readers:

As the assistant secretary of defense for health affairs, I'm responsible for every aspect of protecting the health of servicemembers and their families. The increase in operational tempos and the war on terrorism have brought a focus to force health protection. Servicemembers deserve the best medical support before, during and after deployments.



I'm promoting a number of key initiatives designed to keep the force healthy and fit. These include pre- and post-deployment health assessments, fielding a computer-based patient record and the testing of soil, water and air for contaminants. I am also dedicated to maintaining advanced field surgical capability that can be set up and ready in 15 minutes; fielding armored medical treatment vehicle for evacuation and treatment of casualties; and maximizing the use of telemedicine as a means of providing specialized care to patients anywhere and at any time.

Another cornerstone of force health protection is to incorporate lessons from previous deployments into today's planning in order to enhance the well-being of current and future deployed forces. The Deployment Health Support Directorate, which produces this magazine, has spent years investigating the events of the Gulf War and has worked to apply what we've learned from that conflict to present day deployments. With that in mind, I established the Deployment Health Support Directorate as a permanent organization within the Department of Defense and appointed Ellen P. Embrey, the deputy assistant secretary of defense (force health protection and readiness), as its new director.

A critical factor in protecting military members' health is the Department of Defense's responsibility to provide them the information they need to make informed judgements about their health. This magazine and the Web site, *DeploymentLINK*, are two ways we do that. Servicemembers need that information in order to be their own best health advocate. They can have a great impact on their own health by maintaining a healthy lifestyle, and by mastering the military skills that will keep them healthy and safe during deployments. It is also important that they make sure their family members know where and how to get health care and family support while they are deployed.

I'm always interested in your input. The men and women out there in the field have the best perspective on how to make things better. Please feel free to share your ideas and suggestions with me, by sending an e-mail to [special.assistant@deploymenthealth.osd.mil](mailto:special.assistant@deploymenthealth.osd.mil), or call a member of my staff at (800) 497-6261.

Sincerely,

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

# Deployment Quarterly

The Deployment Health Support Directorate

Volume 2

Issue 1

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

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# summer 2002



Photo by retired Col. Bob Hunter

Airmen pass in review with the colors May 31 during a basic military training graduation parade at Lackland Air Force Base, Texas.

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MOUNTAIN WARFARE TRAINING CENTER, Pohang, Korea - Cpl. Brandon Fabian, a reconnaissance Marine, rappels Australian style down a cliff at the training facility. While in Korea, Marines of the 31st Marine Expeditionary Unit trained with the Republic of Korea Marine Corps during Foal Eagle '02, an annual combined arms exercise between U.S. and Korean forces.

Official Marine Corps photo



## *Good communication can improve patient care*

by U.S. Air Force Maj. Gen. Leonard M. Randolph Jr., M.D.

One of the greatest barriers to communications between physicians and patients is time. No one seems to have enough of it these days. However, there are things you can do to enhance communications and make the most of the time you spend in your doctor's office.

Listen to your body. Take time to make a self-assessment. Before your appointment, consider writing a diary of the symptoms. Focus on descriptive terms for your symptoms, such as intense, dull or pulsating.

Try to relate the symptoms to your activities, time of day, and how they compare to other past experiences. Many clinicians find it helpful when a patient can relate a "pattern of experiences."

Try not to feel embarrassed. Clinicians are highly-trained professionals and must keep patient information confidential. Since there is usually a pattern of symptoms relating to an illness, the clinician often has an insight into how the illness occurred. He or she may even expect to hear the patient state a potentially embarrassing phrase in order to make a diagnosis. Failure to tell all of your concerns (embarrassing or not) to your clinician can result in a missed diagnosis with poor outcomes.

In the military community, fear of reprisals for having a mental or sexual health problem may be a concern for the patient. A patient's illness can affect the unit's military readiness and possibly the patient's career. Fortunately, military clinicians have the same sacred patient relationship as civilian providers and keep patient confidentiality as their first priority. Not receiving proper treatment may cause more harm to a unit's medical readiness, and negatively affect the

patient's long-term health.

The clinic staff may ask (multiple times) why you are here to see the doctor. This question helps make sure that all the proper equipment is available in the exam room. If you only wish to speak to the clinician, just answer that you have several symptoms and are not sure of the problem.

Bring a list. Always keep a card in your wallet with a list of your allergies and current medications in case of an emergency. Double-checking your prescription list with your clinician is always important. A list of questions or concerns is usually helpful during your visit. As a patient, you may feel rushed or your train-of-thought may be interrupted. Relying only on memory for symptoms or concerns from the past weeks or months may not be as accurate as a list. It can help to check with family members about your family history. The use of a list can also be helpful when talking to a different physician.

Communicating consistent information will keep everyone current on your health care. Tell the clinician all the medications and supplements that you are taking. There are many supplements on the market that claim to improve health. Vitamins, herbs, over-the-counter medications, diet pills, etc., can interact with your prescription and may even be the cause of your symptoms. For example, simple nose spray can raise the blood pressure, while a high dose of vitamin K can affect blood-thinning medication. Checking with your pharmacist is also very important when taking supplements.

Don't believe everything you read. The Internet is a fascinating tool for information (good and bad). Anyone can write articles for the Internet, and they



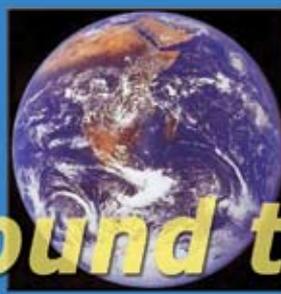
do not require any proof for their claims. Bringing in articles from any source to the physician's office can help aid in discussion. However, if the clinician seems cautious, please understand that he or she may not trust the source of information or may have more insight into your particular case.

Give yourself time to heal and stay healthy. The best physician plan in the world will not work if the patient is too busy to comply. Taking time off for the rest prescribed can be difficult for "indispensable people." Ask for additional assistance whenever you can. Timers for medications are not only for the elderly. They can help anyone taking medications. Scheduling time for lifestyle changes is just as important. Any change takes time, especially if it involves exercise. An exercise prescription may be the best treatment the patient ever takes.

Keep the plan simple. The physician may discuss or provide a lot of information. Ask questions of the physician in order to clarify the instructions. Request a telephone consult or schedule a follow-up appointment sooner, if you have questions or concerns.

Good communication is critical to a good relationship with your clinician, and helps make you a true partner in determining which treatments you might need, and how to maintain your good health. ■

*U.S. Air Force Maj. Gen. Leonard M. Randolph Jr., M.D., is the executive deputy director in the TRICARE Management Activity.*



# News from Around the World

## Troop Protection Is New DoD Health Official's Top Job

**W**ASHINGTON — As the war against global terrorism continues, the Defense Department is putting added emphasis on servicemembers' health and medical needs before, during and after deployments.

DoD's force health protection program "focuses on the full continuum of care for our servicemembers from the time they are brought into the service until the time they retire or leave the service," said Ellen P. Embrey, chief of the recently established Deployment Health Support Directorate.

Embrey, also the deputy assistant secretary of defense for force health protection and readiness, noted the importance of keying on troops' health protection needs as they serve worldwide in the anti-terrorism war.

"That's the core of our mission. We need to make sure they are protected before they go, when they're there, and when they return," she emphasized.

Embrey said the services use many systems to track troops' health needs in the field. Setting up and maintaining proper medical records can be hard, however, when there are no permanent hospital computer databases and records offices "just down the hall," she said.

Leveraging available technology, hand-held computers are being tested for field medical record-keeping, "but we still have a lot of work to do there," Embrey said.

Meanwhile, she noted, "we're [telling] the services to do the best they possibly can to ensure that we maintain good records on the forces that are deployed."

Embrey noted servicemembers should understand that deployment is inherently stressful. That means it's essential they complete pre-deployment health assessments truthfully. The assessments ask servicemembers whether they are fit and ready to deploy, and whether they have known health or medical vulnerabilities, she said.

When troops arrive in the field "we will be monitoring their health as closely as we possibly can to be sure that they are able to complete their mission," Embrey said.

DoD also evaluates medical intelligence data being gathered around the world to assess the environmental and infectious disease risks to deployed troops, she said. That information helps to better prepare deployable forces for the areas where they are going, such as preventive medicine education for their specific deployment locales, she said.

Troops undergo a post-deployment health assessment upon return to the garrison, she noted.

"We are going to be focusing very strongly on those assessments to ensure that we do the necessary follow-up if they believe they have a health-related problem associated with that deployment," she explained,

## Mail Call



U.S. Air Force photo by Master Sgt. Jerry A. King

Senior Airman April Heller, 376th Air Expeditionary Wing Communications Squadron Postal Specialist, completes the paperwork for newly-received mail on May 25, 2002, at a forward-deployed location in Kyrgyzstan. Airman Heller is deployed from Yakota Air Base, Japan, in support of Operation Enduring Freedom.

to include deployments of years past.

For example, Embrey said, her organization and the Department of Veterans Affairs work together to continue focusing on the concerns of servicemembers who've experienced health issues since their Gulf War service.

DoD is scientifically evaluating and correlating the illnesses that surface, she said, while trying to match them to servicemembers' Gulf War experiences.

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Deployments pose “many unknown factors,” Embrey noted, adding to the difficulty of obtaining accurate information needed to help Gulf War veterans find the cause of their illnesses.

“It’s important that everyone understand that, regardless of the cause, if a person is having a problem, we want to take care of them,” Embrey emphasized. “We are truly committed to focusing on the health and well-being of our deployable forces.” ■

## DoD Authorizes National Defense Service Medal for War on Terrorism

WASHINGTON — All servicemembers, including Coast Guard members, who were on active duty on or after Sept. 11, 2001, are eligible to wear the National Defense Service Medal, defense officials announced May 1.

“The sacrifices and contributions made by the armed forces in direct response to the terrorism attacks on the United States and to the long-term resolution of terrorism merit special recognition,” said Deputy Secretary of Defense Paul Wolfowitz.

Members of the National Guard and Reserve may also be awarded the medal if they were on federal active duty on or after Sept. 11. Exceptions are if they were on active duty for training, on short tours of active duty to serve on boards, courts, commissions and the like, or on active duty solely to get a physical exam.

Servicemembers previously have worn the National Defense Service Medal for duty in three distinct periods, starting with the Korean War era, defined as June 27, 1950, to July 27, 1954.

Executive Order 11265 authorized the secretary of defense to establish periods of eligibility after Dec. 31, 1960. The second period of eligibility was a loosely termed “Vietnam War era” of Jan. 1, 1961, to Aug. 14, 1974.

The medal was again authorized by

a memorandum from the secretary of defense dated Feb. 20, 1991, for active service on or after Aug. 2, 1990 — the beginning of Operation Desert Shield. The termination date was later set as Nov. 30, 1995.

No closing date has been established for this newest period. Eligible servicemembers can receive and wear the award immediately. Those already awarded the medal for an earlier period will receive a bronze service star device to attach to the ribbon.

Images, a description and history of the National Defense Service Medal are on the Web at <http://www-perscom.army.mil/tagd/tioh/medals/ndsm.htm>. ■

## Rumsfeld Says Iraq Lying About Not Having WMD

MANAMA, Bahrain — Defense Secretary Donald Rumsfeld summarily dismissed Iraq’s June 9 statement that it doesn’t have weapons of mass destruction and isn’t developing them.

“They’re lying. It’s just false, not true, inaccurate and typical,” Rumsfeld said of the Iraqi statement in response to a reporter’s question shortly before leaving Kuwait. He said Iraq has weapons of mass destruction and continues to “weaponize” chemical weapons and to work to develop biological and nuclear weapons.

“I don’t know what other kinds of weapons would fall in the group of weapons of mass destruction,” he said. “But if there are more, I suspect [the Iraqis are] working on them as well.”

The secretary said it’s up to Kuwait

to decide how seriously to take Iraq’s recent pledges on non-aggression and recognition of Kuwaiti sovereignty. He offered his own opinion on that issue.

“It’d be like a lion inviting a chicken into an embrace. What good, in the past, have the Iraqi representations of good will [been] to their neighbors?” he said. “Should hope spring eternal? Maybe not. I think it depends on the risks. How much does one want to bet on that?”

Rumsfeld said he hopes to see Hussein ousted during his tenure as defense secretary. “I would think most of the people in the region and in the world recognize that the world would be a better place without that regime,” he said.

The Bush administration has repeatedly said it favors a change of regime in Iraq. Toward that end, Rumsfeld said, the United States and other coalition nations are working to enforce sanctions and no-fly zones in the north and south of the country.

He wouldn’t, however, discuss military action against Iraq. “What might take place prospectively is not ... for me to be talking about,” Rumsfeld said. “But clearly, ... the policy of our country is that the regime of Saddam Hussein is a destabilizing factor.” ■





**Q** *What can I do to keep from getting diarrhea or dysentery during my deployment?*

**A** The short answer is to be careful about what you eat and drink. Military deployments may involve not only strenuous travel but also a prolonged stay in an unfamiliar setting. Travelers often experience changes in their health or how they feel. Causes include physical exertion, jet lag, loss of sleep and a different diet. Perhaps the commonest adverse health effect of travel is a bout of diarrhea. Although the ordinary stresses of travel may cause a change in how our intestines function, diarrhea is usually provoked by an infection. Both bacteria — such as *Salmonella*, *Shigella*, *Campylobacter*, and *E. coli* — and viruses, such as various enteroviruses, and Norwalk virus, can cause gastroenteritis — inflammation of the stomach and intestines — resulting in diarrhea often accompanied by cramping, vomiting and fever. The key to preventing such infections is

to prevent the bacteria and viruses from entering our system. The usual sources of such organisms are food, water and contact with persons who are already infected.

Throughout U.S. military history, bacterial and viral causes of diarrhea and dysentery have been a constant threat to the health of deployed U.S. forces. Military history is full of well-documented episodes in which outbreaks of diarrheal disease and other food and water-borne diseases have weakened forces during wartime. The rather strict U.S. military regulations, doctrine, and training on food and water sanitation are designed to counter this historical problem. During the Gulf War, vigorous measures to supply wholesome food and water to



Col. Francis O'Donnell, M.D.

our troops were very effective in minimizing the occurrence of diarrheal disease. Nevertheless, many U.S. service-members in the Gulf experienced at least one episode of diarrhea. There were several instances of large outbreaks in troop populations.

While deployed, you should drink only water that you are confident is free of contaminating germs. You must assume that raw water from a surface source, such as a lake or a stream, is heavily contaminated with bacteria from the waste of animals and other humans. If there is no other available source of water, then such water should be filtered, if possible, but it absolutely must be disinfected with chlorine or iodine or by boiling in accordance with standard military doctrine. You should also disinfect water from a deep well or from a pipe in a community unless you have solid evidence that the water has already been treated and is safe. Ice made from

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## drugs & HERBS

**Q** *My buddies and I are in an Army field unit, and we have heard from some of the medics that an updated version of the Mark-I (nerve agent antidote auto-injector kit) is in development. I won't lie to you, but I have only been in the Army two years, and I'm just a little skeptical about anything new that comes down the pipeline. What can you tell my buddies and me about this? Are we going to be human guinea pigs?*

First of all, you are not the subjects to

**A** ucts. However, I appreciate the question because you, as a servicemember, are the one person most responsible for your health. The fundamental tenets of force health protection are that the Defense Department will ensure a healthy and fit force, will do everything possible to prevent casualties, and, in the unfortunate event a casu-

ality occurs, will provide a healthcare system that can care for and manage any medical event. But the foundation remains the preparation and actions of the individual servicemember. Therefore, any information that helps you do your job better and results in a more prepared fighting force is worth asking for. Having said that, let me provide a little background for the benefit of our readers who may not be familiar with the topic of the nerve agent antidote kit, referred to as the Mark-I.



Cmdr. Gene DeLara, MSC, USN

The currently fielded, FDA-approved, Mark-I kit consists of two separate injection units linked together in a common carrier or clip. One unit contains atropine and the other pralidoxine. These antidotes are both needed to counter the effects of nerve agent poisoning and must be given sequentially, one after the other. Under battlefield conditions, administration of two auto-injections in a timely manner is difficult at best. As you could imagine,

the stress of combat, the uncertainty of operating in a lethal chemical warfare environment and the confinement of MOPP suits all combines to reduce your combat efficiency. Given this, some servicemembers may fail to

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## Ask the Doc

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local water sources is no safer than the source water. Putting contaminated ice in an alcoholic drink does not disinfect it. Bottled water obtained from U.S. military supply channels should be safe to drink when it is opened, although it could become contaminated afterwards.

During deployments, the safest food to eat comes from sources approved by U.S. medical personnel. U.S. military rations such as Meals-Ready-to-Eat, or MRE, meet that standard. Hot meals prepared by U.S. military personnel should normally be safe to consume, although military medical technicians periodically inspect mess operations to ensure that safe food handling practices remain in effect. If you must procure food from a local, non-U.S. source, you should avoid foods that have not been freshly cooked. Raw foods, such as salads, vegetables and fruits may be heavily contaminated and should be avoided unless you have a way to decontaminate them. You may eat fruits that can be peeled if you thoroughly wash the outside, carefully peel away the skin and discard it.

## Drugs & Herbs

— Continued from Page 5  
properly administer the life-saving antidotes properly. Therefore, an improved delivery system was proposed and has been in development for almost ten years. This development process is finally reaching the final stages.

This improved system is called the Antidote Treatment Nerve Agent Autoinjector. This product is being developed by the pharmaceutical and medical products company, Meridian Medical Technology in conjunction with DoD's researchers and combat developers. The Antidote Treatment Nerve Agent Autoinjector contains the same active drugs found in the Mark-I, atropine and pralidoxine, but has the two drugs in a multi-chambered auto-injector, which delivers the antidote drugs through a single needle. This improved autoinjector

has the same antidotes, but it still must go through the FDA's rigorous process that ensures this product has the same clinical effects and delivers the same or higher maximum blood levels as the Mark-I. Essentially the FDA must ensure that the Antidote Treatment Nerve Agent Autoinjector is safe, effective, and performs as well as, or better than, the older Mark-I.

What you may have heard from the medics, or seen in press reports, was that the FDA has approved Meridian Medical Technology's manual filling process of the Antidote Treatment Nerve Agent Autoinjector. The next phase will be full rate production process when the FDA gives final approval. I can not say when this will happen. However, since the Mark-I is still in the stock system, and the plan is to transition to the Antidote Treatment Nerve Agent Auto-injector in a phased approach (use up the old

type and buy the new), I would not expect you folks in the field to see the new product for some time. I am certain when that time approaches there will be training information disseminated and notifications at all levels.

Thanks for the question. ■

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

## Catch A Wave



U.S. Navy photo by Photographer's Mate Airman Andrew Betting

U.S. Marines from Fox Company, 2nd Battalion, 4th Marines, prepare to land on a simulated enemy controlled beach during exercises in San Diego Bay. The Marines are stationed at Camp Pendleton, Calif., and practice this simulation annually.

The above precautions are effective in preventing not only diarrheal disease, but also other food and waterborne infections such as Hepatitis A, Hepatitis E and several parasites. ■

*Editor's Note: After serving 30 years in the U.S. Army, Col. Francis L.*

*O'Donnell, M.D., retired on May 31. He was the deputy director of medical readiness in the Deployment Health Support Directorate.*

# Vicksburg Families Stay Connected Using New Video Reading Program

by uss vicksburg public affairs

There's no sadder scene than Navy families bidding each other a fond farewell as a ship leaves for deployment. It's enough to make even a veteran of many deployments shed a tear or two.

The weather was overcast and cold the morning the cruiser USS Vicksburg (CG 69) prepared to get underway for a six-month deployment in support of Operation Enduring Freedom.

On the pier, sailors mingled with family and friends, cherishing those final moments prior to their parting. Couples hugged tearfully as children clung close to their parent's legs and looked anxiously into the eyes of their departing sailors.

Soon the call went out for the crew to come aboard as Vicksburg made final preparations for getting underway. The long-awaited hour had come at last. As tugs pulled Vicksburg away from her berth, nearly every sailor had someone watching, waving, and waiting on the pier, waiting for the day when they would gather again to welcome home their loved ones.

In the meantime, the Vicksburg crew stays in touch with their families back home through

an innovative program called Uniting Through Reading.

The Uniting Through Reading program keeps deployed sailors connected to their children by giving them opportunities to read to their kids on videotape. These tapes are then sent home to waiting children for viewing.

Parents at home are encouraged to photograph their children's reactions while watching their favorite sailor on TV then mail the photos back to Vicksburg; completing a full circle of communication.

The benefits for morale both at home and at sea are immense. Children are delighted to see their deployed parents on tape, and sailors love nothing more than getting photos from home while serving their country on some lonely sea.

Planning for the Uniting Through Reading

program began recently when representatives from the Family Literacy Foundation hosted training for the ships of the John F. Kennedy Battle Group.

Vicksburg's Commanding Officer U.S. Navy Capt. David Britt immediately recognized the positive impact of this program and strongly supported its establishment on board by appointing the ship's chaplain, U.S. Navy Lt. Cmdr. Michael Gore, to administer the program with the aid of Religious Programs Specialist 1st Class (SW) Robert Gorman.

A great deal of support was needed in order to get the program off the ground. Fortunately, many people saw its value and were eager to assist. For example, the ship's Morale, Welfare, and Recreation Fund provided money for videotapes and books.

The Navy Federal Credit Union led a book drive in the ship's homeport of Mayport, Fla., and donated additional books to the ship's library. When the children of St. Joseph's School in Herndon, Va., learned of the program through Britt's sister-in-law, they quickly organized a book drive of their own and sent several boxes of books to be used by members of the crew.

Within a few short weeks the program was up and running and excitement for it began to grow. No one knew how popular the program would be when the first sign-up sheets were posted in the chaplain's office, but within hours the sheets were full, and a waiting list was established.

Halfway through Vicksburg's deployment the Uniting Through Reading program has proved itself a huge success.

Not only have fathers participated in the program but numerous other sailors have also participated in making videos for wives, girlfriends, friends and various family members back home. With only three months of the deployment complete, 180 sailors out of a crew of 400 have participated and more than 150 children have benefited.

Although there's no empirical data to show the value of the program, there has been quite a bit of anecdotal feedback. Perhaps an excerpt from a letter written by Barbara Halliburton, a teacher at Mayport Elementary School, says it best.

One of Halliburton's students, Victoria Jack, is the daughter of Vicksburg Gunner's Mate 1st Class Raymond Jack. Soon after the ship got underway, Petty Officer Jack made a video for his two daughters — Victoria and Cassandra. When Victoria got the video, she took it to school to share with her

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UNITED WE READ!

# Center for Unit Records Research

## Providing Valuable Information and Services to Veterans

by austin camacho

What servicemembers experience during their military career, depend to an extent on their location on any particular day. That is what might determine what dangerous situation a person gets exposed to, and also what kind of benefits a military member might qualify for later in life. When that kind of information really matters, veterans of all the services turn to the Army's Center for Unit Records Research.

"We're part of the Department of Defense, but we really work for the veteran," says Don Hakenson, director of the Center for Unit Records Research. "It's our job to document every unit's location. We also document the activities of units."

That has been Hakenson's mission since 1980 when the organization began, as the Army Agent Orange Task Force. The herbicide, commonly called Agent Orange, was one of the plant-killing chemicals used by the U.S. military in Vietnam. The chemical compound included a toxic substance called dioxin. Herbicides were dispensed from airplanes, helicopters, trucks and backpack sprayers. When the Department of Veterans Affairs began paying benefits for illnesses related to Agent Orange exposure, it became important to be able to verify the extent of a veteran's exposure. The task force developed that ability and still does so today.

"If you want to know how many spray missions took place near you, we can tell you, if you know your unit and the dates," Hakenson says.

The work of the Agent Orange Task

Force proved valuable. In 1982, the VA asked if they could also help with Post Traumatic Stress Disorder claims. Post Traumatic Stress Disorder is a psychiatric disorder that can occur after experiencing or witnessing of life-threatening events such as military combat. Those suffering from PTSD may relieve the experience through nightmares. In the early 1980s, the VA was seeing a large number of patients who might suffer from this disorder because of their military experience.

However, in order to process benefit claims, the VA needed to verify who had been exposed to such an event. Hakenson's team developed the skills and systems to research unit records and verify who was present at battles and other events that could give rise to PTSD. The organization was soon given a new name to reflect that ability.

Today, researching PTSD claims represents about 85 percent of CURR's work. They receive between 4,500 and 5,000 PTSD cases every year, and not just because of combat. PTSD is a problem that can arise on every deployment, and even when there is no combat experience. Natural disasters, terrorist incidents, serious accidents or violent personal assaults like rape can result in PTSD. Any veteran who experienced such an event while on active duty might qualify for benefits.

The center gained another mission in the mid-1990s. The VA established a Gulf War Registry to track the servicemembers deployed to Operations Desert Shield and Storm. Then DoD learned that U.S. forces destroyed a cache of rockets containing the nerve agents sarin and cyclosarin in an Iraq

weapons storage facility at Khamisiyah. It was imperative that DoD learn which servicemembers were in the potential hazard area and may have been exposed to low levels of those nerve agents. The Center for Unit Records Research and the Defense Manpower Data Center provided the databases used to determine unit locations during the Gulf War, and who was in each unit in the possible exposure hazard areas. Hakenson says their requirement was to track the location of every unit, down to the company level, for every day of the war.

"It was a massive project," he says. "First we had to go through all the records that had been retired. Then we gathered the S-3's and G-3's [battalion level and higher unit operations officers] to fill in the gaps."

The S-3/G-3 conferences came after a lot of work had already been done. The Center for Unit Records Research started reviewing records in mid-1994, deriving unit locations from a large number of Gulf War unit records. They gathered unit location information from a wide range of sources, including unit history data archives, operational logs, situation reports, after action reports and historical reports. The initial effort to record unit location data received a big boost in 1995 when the deputy secretary of defense established the Gulf War Declassification Project. The services' declassification offices joined the effort to review Gulf War operational records, declassify them, and routinely make these documents available to the center.

The center declared its database operational late in 1995. Since then it has continually updated the database as additional unit locations are obtained. Today, it has more than 900,000 unit locations in its database of daily unit locations during the war.

Today, Hakenson's staff of 16 researchers continue to provide both location and event data for servicemembers of past conflicts. In addition to Gulf War and Vietnam veterans, they receive about 500 cases each year concerning World War II and Korea veterans, as well as the occasional World War I case. ■

## United

— Continued from Page 7  
classmates.

After seeing the video, Halliburton wrote to Britt saying, "All the kids in class said 'Hi!' to Mr. Jack and we listened intently. I was so touched; it was so sweet. Even my assistant, an old Navy wife, had tears in her eyes. This is such a wonderful program!"

The Navy demands much from its sailors and just as much from its families. But programs like Uniting Through

Reading temper those hardships attempting to support families during deployments.

To learn more about how your ship can participate in the Uniting Through Reading program, visit the Family Literacy Foundation's Web site at <http://www.read2kids.org> or contact George Gruber via telephone at (757) 850-7001 or via e-mail at [george@read2kids.org](mailto:george@read2kids.org). ■



## More Participants Needed in Study of Chronic Fatigue in Gulf War Veterans

by joan kennedy

Johns Hopkins University is still looking for participants to complete its enrollment in an ongoing study of chronic fatigue in Gulf War veterans. The study, under way since 2000, is being conducted by researchers at the Johns Hopkins University Hospital in Baltimore, Md. Researchers are investigating whether some Gulf War veterans who suffer from chronic fatigue might have a treatable medical condition that the study team can diagnose.

Researchers need participants who are no older than 50, and who served in the Gulf War between August 1990 and July 1991. To qualify for the study, participants must have persistent tiredness which is not explained by another illness, and which began during or after deployment to the Gulf War theater. They must also have other symptoms which began during or after that deployment, and which are not explained by another illness.

Healthy Gulf War veterans are also participating as a control element of the study, as are veterans who did not serve in Operations Desert Shield and Desert Storm.

The investigators are testing for two medical conditions in Gulf War veterans: neurally mediated hypotension and postural tachycardia syndrome. In layman's terms, these conditions describe low blood pressure or an excessive decrease in blood pressure when a person stands up, resulting in a reduced blood flow to the brain. Both conditions occur after periods of sitting or standing upright.

Normally, in an upright or standing position, gravity causes blood to pool in the blood vessels of the abdomen, arms and legs. To allow a person to remain sitting or standing, the nervous system makes internal adjustments that keep a proper amount of blood flowing to the brain. When these adjustments are not effective, the result can be neurally mediated hypotension or postural tachycardia

syndrome. Symptoms of these two conditions include fatigue, lightheadedness, headaches, nervousness, sleep disturbance, muscle pain, trouble thinking, concentrating or remembering, and a fast heart rate. If there is a further reduction in blood and oxygen flow to the brain, some people may faint or come close to fainting. Several of these symptoms are similar to those experienced by Gulf War veterans.

Study leader Peter C. Rowe, M.D., a professor at the Johns Hopkins University School of Medicine, says the study "will help us understand whether abnormal control of heart rate and blood pressure contribute to fatigue and other symptoms in those with Gulf War illnesses."

Study participants complete a series of questionnaires. They then undergo a physical examination and a tilt-table test where participants lie on a table that is gradually tilted to 70 degrees, almost the angle of standing. Participants are then tested for either

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## DoD Releases Khamisiyah Demolition Ops Reports

The Department of Defense released two reports in May relating to the events at Khamisiyah during the Gulf War in April. The first report is a final version of its case narrative "U.S. Demolition Operations at Khamisiyah." The second, "Modeling and Risk Characterization of U.S. Demolition Operations at the Khamisiyah Pit," is a technical report detailing the modeling and risk characterization of possible chemical warfare agent exposure in the Gulf War.

After publishing the first interim report in 1997, investigators working for DoD's special assistant for Gulf War Illnesses, Medical Readiness and Military Deployments intensified their efforts to address unanswered questions and to fully understand the effect of

demolition operations on U.S. servicemembers. In addition, investigators began detailed computer modeling of events in the spring and summer of 1997 to determine the size and path of the potential hazard area created by demolition activities. The modeling resulted in the Defense Department sending notification letters to approximately 99,000 veterans in 1997.

Further refinement of computer modeling of the Khamisiyah pit demolition was completed in January 2000. This information combined with an updated CIA estimate of how much chemical warfare agent was released, addition of deposition and decay to the models and consideration of toxicity of both sarin and cyclosa-

rin in the models resulted in a second interim report published in December 2000. The improved modeling allowed investigators to redefine the potential hazard area, resulting in slight changes to the estimated numbers — 101,000 vs. 99,000 — of U.S. servicemembers possibly exposed to low-levels of nerve agent by the Khamisiyah demolitions. More than 66,000 service-members were shown to be in the potential hazard area by both the 1997 and 2000 modeling. In December 2000, the Defense Department notified more than 140,000 servicemembers of their status based on their unit location inside or outside of the 2000 potential hazard area.

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AdoptaPlatoon Board Director and Platoon Mom Joyce Lisiewski of Ohio and U.S. Army spouse and Platoon Mom Lesley Stephens, of Pennsylvania.

# Moms Adopt Soldiers Deployed Overseas

by diana berardocco

*"You have renewed a belief in an old soldier and a great deal of young ones that we are not forgotten. Every soldier looks forward to mail call as it's a rather sacred tradition in the military. But it's a tradition that can bring happiness as well as sadness. You have continued to bring happiness into the lives of my soldiers. For that I am eternally grateful."*

entiments such as this one from a first sergeant serving with the 529th Military Police Company in Kosovo give Ida Hägg and her dedicated army of volunteers the energy to sustain AdoptaPlatoon. AdoptaPlatoon is a soldier-support grassroots effort that provides morale-lifting mail and care package support to more than 10,000 servicemembers deployed overseas.

"I never tire of reminding people that our soldiers do not deserve to be forgotten and that they need us," said Hägg,



an 11th-grade English teacher from Rio Hondo, Texas, whose son recently completed a four-year enlistment in the U.S. Army. It was her son's deployment with the 4th Battalion, 5th Air Defense Artillery Regiment to Camp Dobol, Bosnia, in 1998 that stirred her patriotic duty and motherly compassion.

"My son would write or make quick calls and tell me about the nine soldiers in his platoon who stood for mail call every day, and every day nothing came," Hägg recalled. "These soldiers were 18-, 19- and 20-year-olds, like my son. He asked if I would send some cards and goodies to them, and not forget them during the holidays that were coming."

Hägg responded to her son's request. And then she decided to try to find nine other mothers who would each adopt one of the soldiers. Within a week, each soldier had a mom who pledged her support. Several weeks later, the platoon leader sent Hägg an e-mail message stating that morale for those nine had so significantly changed that perhaps she could perform the same miracle for the entire platoon, an organizational unit that generally consists of 10 to 40 soldiers. Using the resources in her community, including local schools, churches and businesses, 4-H Clubs, Boy Scouts and Girl Scouts, she quickly linked her son's entire platoon and additional Camp Dobol soldiers with a community eager to express support.

When interest soon outpaced her source of soldiers, Hägg wrote to then-U.S. Army Maj. Gen. Kevin Byrnes, a former commander of U.S. Forces in

Left: Ida Hägg poses with her son, then U.S. Army Pvt. Chauncey Hägg shortly after basic training at Fort Sill, Okla., in 1997



Bosnia, and described the outpouring of community support for the young men and women. Impressed with her success, Byrnes approved the linkage of soldiers from the 82nd Field Artillery stationed at Eagle Base Camp in Bosnia with supporters — just in time for Christmas 1998. Less than two years later, the program had grown from the initial nine to 10,000 soldiers.

"I kept linking support and it grew from there. I never dreamed it would be what we have today," said Hägg, who marked the program's third anniversary last year.

While most AdoptaPlatoon support requests come from Kosovo and Bosnia, the program also links soldiers in Macedonia, Kuwait and Saudi Arabia, and has sent support to soldiers via the American Red Cross on special projects in the Balkans and at Camp Stanley, Korea.

"We've helped every branch of the services who have requested our as-

sistance," said Hägg, noting that an Air Force staff sergeant serves on the five-member board of directors.

During the last three years, approximately 20,000 supporters have adopted or corresponded with a soldier.

Named AdoptaPlatoon by the soldiers themselves, the program is managed primarily through e-mail communication between Hägg, her board of directors and 20 volunteer mothers who assist with database and web site content and link other mothers, grandmothers, families, pen-pals,



churches, schools, civic organizations and companies to deployed soldiers.

The program encourages families to support soldiers in the form of an "adoption" and offers single people the opportunity to support single soldiers through a pen-pal arrangement. Support consists of sending a weekly, cheerful card or letter, acknowledging a soldier's birthday, and sending at least one care-package per month. Care packages usually contain hard candies, gum and cookies that a soldier can share with the entire platoon.

More than a year ago the organization created a special type of support person — the "Platoon Mom" — who embraces an entire platoon of deployed soldiers and rallies support for her adopted platoon within her local community. Currently, there are almost 100 volunteer mothers in approximately 20 states who support entire platoons.

"The Platoon Mom is a very special person. She meets a rigorous interview and screening process," said Hägg, noting that a "Mom" may be single or divorced and must be at least 30 years of age. "They support a platoon soldier or soldiers during one rotation, which usually lasts four to six months. They also communicate with the platoon leader to determine the needs of the platoon as a whole."

Hägg emphasized the care she and Fran Dobson, known as the Platoon Mom Commander, take in admitting a potential Platoon Mom into the program.

"We are very overprotective of our soldiers," she said, explaining that since the recent anthrax scare, volunteers are working harder to verify information and perform follow-up phone calls. Hägg stresses that the program wants sincere and committed supporters who consider their efforts a "gift we give ourselves."

AdoptaPlatoon Moms effusively share what the program means to them.

"I will tell you something, without ever seeing one of them in person, or ever even knowing what most of them look or sound like, I love each of my adopted soldiers as if they were my own," said New Jersey Platoon Mom Rose Podolsky.

Platoon Mom Elaine Harmon, another New Jersey resident and retired first grade teacher, became involved with the program two years ago after a friend forwarded an e-mail about AdoptaPlatoon. Starting first with a small platoon, Harmon's support has extended to several hundred soldiers, including 150 servicemembers from Alpha Company, 201st Forward Support Battalion serving in Kosovo. Her ongoing dedication to the soldiers led to an invitation to attend the change-of-command ceremony in Vilseck, Germany, for the commander of the 201st Logistics Task Force. While in Germany, she had the emotionally gratifying experience of visiting with many of her adopted soldiers.

"You know you are making a difference in the lives of these soldiers, especially the lonely ones," Harmon said. "You send them things, anything



that will brighten their day and make them smile."

The AdoptaPlatoon program makes a difference in the lives of students who participate as well. Harmon regularly visits the classroom of a friend and teacher to assist the children with preparing the letters, cards, holiday greetings and gifts they send overseas to Harmon's adopted platoon. She said she believes in teaching kids to be patriotic; and the kids enjoy the program immensely.

The program has also helped Nancy Parra's sixth grade Lowell Elementary class to see beyond the boundaries of Mesa, Ariz. When the class adopted a staff sergeant attached to the 101st Airborne in Kosovo two years ago, Parra developed a world studies curriculum to solidify the educational experience.

"We studied the region of Kosovo and Bosnia, wrote a class book for the district writing contest that described what the soldiers are doing there, and tackled issues like religious tolerance and how it related to our civil rights movement," she explained.

To develop her class's writing skills, she taught the elements of the writing process as her children drafted letters to their adopted soldier. The staff sergeant reciprocated by sending pictures and writing personal letters to every child in the class.

"We sent a care package every month with candy or a pair of new socks and things that would help to make his deployment easier," she said. "The children were very motivated that they were taking care of somebody else. For them, that's a first, and they really liked that role."

Sometimes the interaction becomes even more personal. The sixth grad-

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## AdoptaPlatoon

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ers' most recent adopted soldier often exchanges e-mail with the students from Kosovo, answering questions such as "Who does your laundry?" and "What kind of food do you eat there?"

While on leave to visit his family in New Mexico this past summer, he made a special journey — driving from New Mexico to Arizona — to visit the class.

The kids were absolutely thrilled, Parra recalled.

From the exchange of correspondence,

*"We have so many dedicated people reaching out to make a difference in the lives of our soldiers ..."*

the Lowell elementary schoolchildren learned about the needs and hardships of the children in Kosovo.

"Our teachers organized a drive and the school sent packages of pens, pencils and other school supplies to Kosovo, and the children felt good about doing that," Parra said.

"We've developed many projects from soldiers requests or needs," said Hägg.

Two years ago, when a military police battalion deployed to Bosnia needed crayons for coloring books that the Army wanted to give the Bosnian schools, they contacted AdoptaPlatoon. The organization created "Operation Crayon," and in 30 days volunteers delivered enough crayons to fill an Army supply truck.

Today, "Operation Crayon" assists the

soldiers' efforts to help children in the war-torn region by supplying Bosnian and Kosovo schools and orphanages with items such as winter clothing, socks, undergarments, school supplies and other necessities.

"When we support our soldiers' humanitarian efforts, it helps raise their morale," said Hägg. "They love to provide aid to the children who are the real victims of the war."

Corporate America has also embraced the program. Southwest Airlines recently approved a company-wide, AdoptaPlatoon effort which links 250 soldiers with thousands of employees and employee groups in their 59 airport stations and other departments nationwide.

"Supporting the troops is of utmost importance to us," said

Lacey Waldrep, a Southwest Airlines customer relations representative. She said employees are placing boxes in their work areas to fill with magazines, snacks and candies to send to the troops. The ripple effect has been enormous and employees' families, friends and church groups have expressed interest in sending mail and care packages.

As a non-profit organization, the primary challenge for AdoptaPlatoon is raising the necessary funding to maintain the growing support flowing to the soldiers, said Hägg.

Buster Dobson, a "Platoon Dad," oversees fundraising responsibilities to meet the immediate requirement for administrative, grant-writing and computer-based resources.

"We all work out of our homes. We don't have a big copier and my e-

mails smoke-out a printer every three months," Hägg continued. "We have grown so big so fast our greatest need is a paid staff."

In June 2001, the organization was awarded a \$2,500 grant by the jointly sponsored Fisher House Foundation, the Military Times Media Group and Newman's Own, an organization headed by actor Paul Newman, for its innovative program to improve military quality of life. The Veterans of the Vietnam War, Inc., has recently offered to provide assistance with software and databases. The organization also receives many small donations in the mail.

Transcending present concerns and leaning towards the spiritual for a moment, Hägg said she feels the project is blessed.

"We have so many dedicated people reaching out to make a difference in the lives of our soldiers who are as passionate as I am about AdoptaPlatoon. The reward we receive is beyond words," said Hägg.

For information on how to become a Platoon Mom or Dad or how you or your organization can adopt a soldier or military unit, visit the AdoptaPlatoon Web site at <http://www.adoptaplatoon.org> or send an e-mail message to [info@adoptaplatoon.org](mailto:info@adoptaplatoon.org). ■



## Fast Food

A CH-46 of HC-6 lifts cargo from the fast combat support ship USS Seattle AOE 3 during an underway replenishment with the U.S. Navy aircraft carrier USS John F. Kennedy (CV 67) in May. The Kennedy and her embarked Carrier Air Wing Seven (CVW 7) are conducting combat missions in support of Operation Enduring Freedom.

U.S. Navy photo by Photographer's Mate 1st Class Spencer Layne

## Researchers Hope New Studies May Show Health Trends Among Guard and Reserve Members

by austin camacho

In its report "Protecting Those Who Serve: Strategies to Protect the Health of Deployed U.S. Forces," the Institute of Medicine said that there was a need to focus research efforts on National Guard and Reserve forces in order to learn more about their specific issues and concerns in the current military climate. If doctors need baseline health information to understand the effects of deployments on servicemember health, then two studies being conducted right now could hold the key to any deployment-related health concerns that may present themselves in the future.

One study, conducted through surveys, will describe the current health status of a group of Army National Guard members. The other is a field study that will focus on individual Guard members looking for possible deployment-related health changes.

The principal investigator on both studies is Susan P. Proctor, D.Sc., an epidemiological researcher at the Boston University School of Public Health and the Veterans Affairs Boston Healthcare System. Proctor has been interested in deployment health issues since the Gulf War. She says the two new studies on Army National Guard members were both prompted by her ongoing work, with the Devens Cohort Study, because its subjects were soldiers who deployed to and returned from the Gulf War through the now-closed Fort Devens in Mas-

sachusetts.

"In New England, most of the people who deployed to the Gulf War were Reserve forces," Proctor said. "The Devens Cohort [Study], which we have been following since 1991, is about 70 percent Army National Guard and Reserve forces."

Currently, the Massachusetts Army National Guard includes approximately 8,000 soldiers. Proctor's cross-sectional epidemiology study involves mailing surveys to all of them, plus about 4,000 people who have left the Guard within the past four years. Working with the Guard will allow Proctor to examine both military health issues and another interest of hers, occupational health.

"National Guard members are unique in that most of them have a civilian job as well as the National Guard job," Proctor said. "Sometimes they're almost exactly the same kind of job, but in other cases they may be very different from each other."

The responses soldiers provide in the survey will do more than just describe the health status of Massachusetts Army National Guard members. The survey study will provide a way to look at different aspects of people's National Guard jobs and their civilian jobs, to see how they might impact their health, job performance and quality of life. This data will also provide baseline health information for future use. Proctor's Gulf War veteran study showed her how important that can be.

"One of the major issues with trying to understand the Gulf War and how it affected people's health is that there was very little pre-deployment information on people," Proctor said. Her current work will create a starting point, sort of a snapshot of the current health status of a new cohort of Army National Guard members that researchers can compare with their health status in the future, whether they are activated for future deployments or not.

The information collected may also suggest possible measures to improve their health and quality of life. It could help define new health care-related programs and drive future force health protection policies. Plus, including those who left the Guard in recent years will give researchers an opportunity to determine whether there is a correlation between retention in the Army National Guard and health status.

Proctor expects broad participation in the study, although she knows that Army National Guard members are very busy these days. Her studies were conceived and designed before Sept. 11, 2001. But she says the very fact that the National Guard is such an integral force in the ongoing mission to fight terrorism and protect our own country makes her studies all the more important.

"We know the survey takes time and these people are busy," Proctor said, "but we hope they will consider

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U.S. Air Force photo by Staff Sgt. Michael Gaddis

Tech. Sgt. Ivan Herrera, 150th Fighter Wing of the New Mexico Air National Guard, stands watch over two KC-10 refueling aircraft while deployed in support of Operation Enduring Freedom.

*"One of the major issues with trying to understand the Gulf War and how it affected people's health is that there was very little pre-deployment information on people."*

# Doggone Thirsty

K-9 handler Cpl. James Wasmer from Marine Corps Air Station Cherry Point, N.C., gives his dog Rex a drink of water while on break during Exercise Phoenix Readiness held in April at Fort Dix, N.J. Phoenix Readiness is an Air Mobility Command 12-day exercise that prepares Expeditionary Combat Support packages for deployment environments.

U.S. Air Force photo by Staff Sgt. Shane A. Cuomo



## VA Reevaluates Gulf War Death Rates

**W**ASHINGTON – A mortality study by scientists at the Department of Veterans Affairs concerning veterans who served near the Iraqi munitions dump at Khamisiyah during the Gulf War demonstrated no substantial increase in deaths nor any unusual causes of death.

The study began after another VA report in February suggested a dramatic increase in deaths among a group of about 35,000 veterans serving in the Gulf area during the war.

“I regret if that earlier report caused alarm,” said Secretary of Veterans Affairs Anthony J. Principi. “We’re in the business of providing information to veterans as soon as we can. In this instance, some information was released before being properly scrutinized and scientifically validated.”

On Feb. 21, 2002, VA employees held

a briefing for veterans service organizations in Washington, D.C. The briefing included information that suggested a ten-fold increase in the death rate among one group of veterans who were identified as being near the Khamisiyah munitions depot, which contained chemical weapons, when U.S. forces destroyed it on March 10, 1991.

However, the most recent in-depth VA study, based upon more current data, matched death records with the Social Security numbers of 134,379 veterans whom the Department of Defense said may have been exposed to chemical weapons at Khamisiyah.

The latest study found 368 deaths that weren’t included in the February report, plus 650 deaths that were attributed earlier to the wrong group of veterans. When the two errors were

combined, they dramatically distorted the mortality pattern among Khamisiyah veterans.

“The bottom line is that Khamisiyah veterans have death rates similar to their non-exposed counterparts and less than half the rate of their civilian counterparts,” Principi said.

The latest study was based upon current information and a larger, more comprehensive pool of data from the National Death Index, compiled by the National Center for Health Statistics. The February report involved matching VA records and DoD rosters of service members notified that they were exposed to two different models of the possible chemical hazard areas from Khamisiyah. ■

## Khamisiyah

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Since publication of the second interim report, investigators received new information from veterans inquiring about their inclusion or exclusion from the possible hazard area. After reviewing each request, investigators notified the veteran (and any others affected) of the results of the review, including any change in their possible exposure status. Examples of some of the reasons for change include:

- Personnel identified on a unit manning list who did not actually deploy with the unit.

- Air Force personnel attached or on exchange to Army units who were not on Army personnel lists; and
- Army reserve civil affairs units attached to military police brigades.

As a result of the updates since the previous publication, the number of possibly exposed personnel now stands at 101,752.

The technical report, “Modeling and Risk Characterization of U.S. Demolition Operations at the Khamisiyah Pit,” describes the details of the modeling and risk characterization of possible chemical warfare agent exposure

in the Gulf War. It also details efforts to reconstruct the demolition of chemical-warfare-agent-filled munitions at Khamisiyah, Iraq, on March 10, 1991; to identify the servicemembers who possibly may have been exposed; and to evaluate the possible effects of that exposure.

This final case narrative and technical report are available on GulfLINK at [http://www.gulflink.osd.mil/khamisiyah\\_iii/](http://www.gulflink.osd.mil/khamisiyah_iii/) and [http://www.gulflink.osd.mil/khamisiyah\\_tech/](http://www.gulflink.osd.mil/khamisiyah_tech/). ■

# Why Should You Update Your DEERS Info?

by lisa gates

Here's just one more important thing that Defense Department officials are asking Guard and Reserve members to do before being activated or deployed. That is, register their eligible family members in the Defense Enrollment Eligibility Reporting System. Or, if their family is already registered, update the information. Registration in DEERS is key to making sure that family members' health, health care and other benefits are covered.

"We are trying to reinforce to all Guard and Reserve Component personnel the importance of keeping their records and beneficiaries' records current, so that they may receive the benefits and privileges accorded by law and regulation," said U.S. Army Col. James Scott, director of individual and family support policy in the Office of the Assistant Secretary of Defense for Reserve Affairs.

While most Guard and Reserve members are automatically registered in DEERS, their family members are not.

"The only way to be absolutely sure that a family member is registered in

*"We are trying to reinforce the importance of keeping their records and beneficiaries' records current."*

DEERS is for the member to complete a DD Form 1172 [Application for Uniformed Services Identification Card DEERS Enrollment Form] and provide the necessary documentation to verify the information," said Scott.

The Defense Enrollment Eligibility Reporting System is a centralized automated system that captures, edits and maintains sponsor and family member data upon which eligibility for military health care and other benefits is determined. TRICARE is the military's regionally managed health care program for active duty and retired members of the uniformed services, their families or survivors. Each TRICARE region is composed

of military and civilian health care providers. Failure to keep DEERS records up-to-date and accurate may result in denial of health care for family members when it is needed the most.

Any changes in family member structure must be reported within 30 days of the change, said Scott. This includes the reporting of a marriage, a divorce, birth of a child or addition of a ward or dependent parent.

Additionally, information from the DEERS database is also used to determine eligibility for the TRICARE dental program and the Servicemembers' Group Life Insurance Family Coverage program.

Long-time members of the Guard and Reserve usually update the information as changes occur, Scott said, and that is the ideal situation. However, problems exist when new Guard or Reserve members have not registered their eligible family members in DEERS or updated their information.

"If you define readiness as the ability to perform your mission, then if someone is pulled off the line to return home to get medical support assistance for a family member, that person is taken away from their ability to perform the mission, and mission readiness is affected," said Scott.

Under normal circumstances, families of Guard and Reserve members would become eligible to receive TRICARE health care benefits after their military sponsor receives orders for more than 30 consecutive days. For those Guard and Reserve members with orders which call them to duty for 30 days or less, their families would be ineligible for DoD medical benefits. Guard and Reserve members activated under orders for 179 days or more have the option to enroll in TRICARE Prime.

Although Guard and Reserve members who are activated receive the same health care as their active duty counterparts, coverage for families



can be very different. Which is why defense officials are encouraging families of Guard and Reserve members to compare the features and costs of each TRICARE option as well as their own civilian employer-sponsored health plan.

Prior to mobilization, most Guard and Reserve members are given the opportunity to review or make changes to their individual and families' DEERS registrations, explained Scott.

When supporting documentation — such as a birth certificate, marriage certificate or divorce decree — is required, the servicemember must travel to a DEERS Real-Time Automated Personnel Identification System — RAPIDS — site to present verification. This system was instituted not only to ensure that those who are eligible receive their benefits, but also to prevent fraud, waste and abuse.

"With the events of Sept. 11 and the ensuing missions, this could present a significant challenge," said Scott. "First, to find the time. Second, to find the required documentation, and third, to find the DEERS/RAPIDS site closest to your geographic area."

However, Scott noted, a DEERS/RAPIDS portable workstation has been developed and fielded that can be transported to any location in an effort to eliminate the barriers to registration experienced by Guard and Reserve units. A verifying officer can then dial into the DEERS database, update the records and issue the necessary identification cards.

Besides visiting the nearest DEERS/RAPIDS location, Guard and Reserve members can call the Defense Manpower Data Center Support Office Telephone Center toll-free Monday

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## DEERS

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through Friday from 9 a.m. to 6:30 p.m. Eastern Standard Time at (800) 538-9552 (in California call (800) 334-6152) or visit <http://www.tricare.osd.mil/deersaddress> to update information or to register.

Defense officials also want Guard and Reserve members to know that under the Uniformed Service Employment and Reemployment Rights Act of 1994, they may retain their civilian employer-sponsored health care plan up to 18 months when called to active duty for more than 30 days. However, if the decision is made to continue this coverage, the employer can require some or all of the plan's premium to be paid by the employee. The maximum that could be charged is 102 percent of the full premium, which includes the employer's share, the employee share and a two-percent administrative charge. If activated 30 days or less, the employer may not charge more than the employee's share for the coverage.

Guard and Reserve members are encouraged to talk with their employers and families to make health care coverage decisions before they deploy or are activated. For additional guidance and information, contact the National Employer Support of the Guard at <http://www.esgr.org>.

"Although the intent of having family members registered in DEERS is to support the management of the various benefits programs, the information is also used extensively to support legislation of new benefit programs," said Scott. "Accurate information in DEERS is critical for the future benefits for Guard and Reserve members and those of his family."

To assist Guard and Reserve family members find more information about benefits, the Office of the Assistant Secretary of Defense for Reserve Affairs created the "Guide to Reserve Family Member Benefits" book. The book, available online at <http://www.defenselink.mil/ra/documents/family/benefits.pdf>, provides a wealth of information.

For information about TRICARE and its available options, call (888) 363-2273 or visit its Web site at <http://www.tricare.osd.mil>. Additionally, there is a separate section on the TRICARE Web site addressing the needs of Guard and Reserve members and their families. The Web site can be accessed

at <http://www.tricare.osd.mil/reserve/default.htm>. ■

## Chronic Fatigue

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an abnormally increased heart rate or an abnormal drop in blood pressure. The changes in heart rate and/or blood pressure which lead to these symptoms cannot usually be found in a routine medical office visit. The symptoms are usually diagnosed by the tilt-table test.

"Participants in the study will learn whether these problems affect them personally," says Rowe. "If these circulatory abnormalities prove to be more common in the sick than in the healthy veterans, the study might suggest ways to treat some symptoms in a more focused and more effective manner."

Researchers are also looking for possible links between the symptoms of interest and exposure history such as pesticides, vaccinations or infections. Re-

searchers are asking study participants about any family history of problems with regulating blood pressure to learn whether environmental factors or family history could be associated with having neurally mediated hypotension or postural tachycardia syndrome. For patients with either diagnosis, lifestyle adjustments and medications can help regulate blood pressure or heart rate. The study results are provided to the participant's primary care physicians for follow-up treatment.

Study participants are asked to provide the names, addresses and phone numbers of their first-degree relatives — biological parents, brothers, sisters and children 18 or older — for the family history portion of the study. Family members, who will be compensated for their time, will be interviewed by telephone about their medical history.

Travel expenses and stipends are paid to participants, as well as expenses for a travel companion if needed by the veteran.

For more information and an application, call toll-free (877) 800-9516 or visit the study's Web site at <http://www.med.jhu.edu/gws>. ■

## Summer DHS Outreach Schedule

Aug. 9-14	DAV Annual Convention Dallas, Texas	Aug. 19-24	Military Order of the Purple Heart South Portland, Maine
Aug. 9-16	Force Health Protection Conference Baltimore, Md.	Aug. 23-29	American Legion National Convention Charlotte, N.C.
Aug. 10-13	Air Force Sergeants Assoc. Jacksonville, FL	Aug. 24-30	VFW National Convention Nashville, Tenn.
Aug. 10-17	AMVETS Convention Louisville, KY	Sept. 7-9	NGAUS National Convention Long Beach, Calif.
Aug. 18-22	EANGUS Annual Convention Niagra Falls, NY	Sept. 8-11	First Annual Deployment Health Conference Alexandria, VA

# Arm Yourself Against Skin Cancer

by janice billingsley  
health scout news reporter

**S**kin cancer is the most common cancer in the United States. It's also one of the most preventable. But left unchecked, it can be among the deadliest.

Melanoma, the most serious of the three types of skin cancer, is the fastest-rising form of cancer in the United States. It causes 75 percent of

the deaths from skin cancer, and there will be approximately 53,600 new cases of melanoma diagnosed this year. That's a 4 percent increase over 2001, according to the American Cancer Society.

There will also be nearly 1 million new cases this year of the highly curable but potentially disfiguring basal cell and squamous cell carcinomas, the ACS states in its 2002 "Facts and Figures" report.

To combat this alarming rise in cancer cases and to better educate Americans about the hazards of too much sun, May was declared "Skin Cancer Awareness Month."

While it may seem obvious, protecting yourself from the sun is the best way to reduce your risk of skin cancer, dermatologists say.

"If you are fair-skinned, work outdoors, play golf or tennis [or other outdoor sports] or have a history of skin cancer, you should always protect yourself from the sun," says Dr. Jeffrey Goldstein, a New York City dermatologist.

Hats, preferably with a two-inch brim, UV-treated sunglasses, protective clothing and waterproof sun block are all invaluable, adds Dr.

Debra Jaliman, clinical instructor at New York City's Mount Sinai School of Medicine and a spokeswoman for the American Academy of Dermatology.

Look for a sun block that protects against both ultraviolet-B rays (UVB) and ultraviolet-A (UVA) rays. UVBs are short-wave solar rays that are considered the primary cause of skin cancers. UVAs are long-wave rays

that cause wrinkling and aging of the skin, and are thought to interact with UVBs to increase cancer risk.

"You want to block all rays," says Jaliman, who recommends buying sun block with a minimum sun protection factor [SPF] of 15.

However, not all sun blocks are created equal, she adds.

Many sun blocks are advertised as

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## Men's Medical Maladies Not To Be Ignored

by brian badura  
bureau of medicine  
and surgery public affairs

**W**hen it comes to their general health, men act tough. If a problem arises, many often believe it will go away over time if they just work through it on their own. But is this the best strategy to follow?

Medical studies are quickly proving that approach to medical maladies takes its toll on the male population — which is precisely why June 10-16 was designated as National Men's Health Week.

According to the Men's Health Network, the goal of Men's Health Week is to raise society's awareness of the importance of preventive health in the early detection and treatment of problems affecting men.

"Men need to treat their health like they treat their car, which means preventive maintenance and care at regular intervals," said U.S. Navy Lt. Cmdr. Mae Pouget, specialty leader for general medicine.

Pouget noted that as a general rule, women are more concerned about their health than men. They tend to follow recommendations for regular visits to the doctor and self-examinations to detect potential problems. Men should be doing the same.

Need proof that men's health is a serious issue? Consider data from the Men's Health Network that shows twice as many men as women die of heart disease. In fact, men lead

women in mortality rates in each of the top 10 leading causes of death.

Cause for concern? Yes. Irreversible? No. What should men focus on to ensure they live longer and healthier lives?

One key area is exercise. Experts agree exercise at least three times a week for 25 minutes or more with a routine that combines strength training and cardiovascular activity can provide great benefits in overall health.

Other tips from the Men's Health Network include quitting smoking, avoiding overexposure to the sun and limiting alcohol consumption to no more than two drinks per day. A proper diet that is low in fat and rich with fiber, fruits and vegetables is also recommended.

Be sure to follow the recommendations for regular physicals for your age group. These exams are important, as they often provide early detection of health-related issues.

"Depending on their age, men should also be aware of the requirements for screenings for testicular and prostate cancer," said Pouget.

Men need regular check-ups, just like women and children. They should be encouraged to lead healthy lives and get regular medical "tune ups" to avoid experiencing major problems.

For more information on men's health, visit the Men's Health Network on the Web at <http://www.menshealthnetwork.org>. ■



## Skin Cancer

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“broad spectrum,” meaning they claim to offer protection from both UVB and UVA rays, Jaliman says. “But the labels can be very misleading,” so make sure one of the main ingredients is a strong

*“If you are fair-skinned, work outdoors, play golf or tennis or have a history of skin cancer, you should always protect yourself from the sun.”*

blocking agent, like zinc oxide or titanium dioxide, she says.

It’s also important to wear protective clothing, she says. There are companies that even manufacture clothing with an SPF of 4 or more. You don’t have to buy a whole new wardrobe, Jaliman says, “but you could have one piece of clothing to wear at the beach all day.”

Goldstein emphasizes the importance of reapplying waterproof sun block if you’re outdoors for a long period of time.

“SPF 15 works for about two hours,” he says. “So if you’re at the pool or beach, or playing golf all day, you should reapply. I tell golfers to reapply sun block after the first nine holes.”

And dermatologists warn the sun is most dangerous between 10 a.m. and 4 p.m.

Children, with their sensitive skin, are particularly vulnerable to the sun. While skin cancer is uncommon in children, the damage that leads to it is accumulated in childhood. So, it’s crucial that kids wear plenty of sun block, as well as protective clothing, according to the Skin Cancer Foundation.

“In the summer, kids should wear hats and shirts when they’re out of the pool, playing in the sand,” Goldstein says. “I lather my own kids up with SPF 30 at the pool.”

And if you think tanning salons, which are popular with teens and

young adults, offer a preemptive strike against skin cancer, think again. A recent Brown University Medical School study found people who used tanning salons when they were younger were nearly three times more likely to get squamous cell carcinoma and 1.5 times more likely to develop basal cell carcinoma than those who didn’t use tanning salons.

Dermatologists also recommend annual exams to check for unusual moles or pre-cancerous lesions. And these check-ups should be done by a dermatologist.

“If a gynecologist or general practitioner looks at a skin lesion, you have a 50/50 chance of the correct diagnosis. But the accuracy level of a dermatologist’s diagnosis is 97 percent,” Jaliman says.

You should also examine yourself regularly for moles that change shape or color, or for new moles or marks that appear and don’t go away.

“I spend some time with my patients teaching them how to look at moles, and they become better participants in their own care,” Jaliman



September 9-11, 2002  
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Alexandria, VA

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Presented by the Deployment Health Clinical Center  
at Walter Reed Army Medical Center.

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# National Guard

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this important. The Massachusetts Army National Guard leadership has been very supportive of both these research projects."

While every person counts, participation in the study is completely voluntary. Participants will simply fill out the written informed consent form, complete the survey and mail both items back in their postage paid envelope. Guard members can track the progress of the study at Proctor's National Guard Study Web site.

Proctor's concurrent project is a deployment health field study, following a group of Massachusetts Army National Guard soldiers who deployed to Bosnia and a comparison group who did not deploy. Its purpose is to see how people's health and cognitive functioning might change during and after a deployment. A secondary aim of the study is to conduct a field validation study involving several different neurobehavioral test batteries. The deployment study focuses on a smaller number of soldiers — 170 in all, including 95 who deployed, and a control group of 75 who did not deploy. But this study requires personal attention. Proctor, two other full-time researchers, and a handful of part-time assistants will work with each of the study subjects to gather the information needed.

"We're doing that through personal interviews, surveys and tests of attention and concentration presented on a several different computer-based formats," said Proctor.

Participants also have the option of giving researchers permission to access their military medical records so they can review pre-deployment medical data and examine the results of their Armed Forces Qualification Test. The AFQT data represents a baseline for cognitive testing.

In order to monitor health changes, Proctor's small group has collected health information at three different time points with the deployed group. Pre-deployment information was gathered in August 2001, before the soldiers left for Bosnia. Proctor and her assistants traveled to armories around the state in order to gather questionnaires, perform interviews and do the computer-assisted neuropsychological testing during Guard drilling time. All the same information was gathered

from the comparison group.

Proctor went to Bosnia for a week in January, gathering health information from soldiers during their deployment phase. That, she says, could not have happened without military support and assistance. All the logistics and coordination for her visit was handled by

*"The National Guard have a more visible presence now to the general U.S. population than they did before."*

the U.S. Army Medical Research Unit - Europe in Heidelberg, Germany, with members of their staff assisting in the Bosnia data collection. She says their collaboration made it possible for a civilian to get her work done in a military deployment environment.

"I never had to wear BDU's or kevlar or ride in a C-130 [aircraft] before," Proctor says. It was snowy and cold, but as a New Englander, Proctor did not find the weather to be a challenge.

Proctor was also at Fort Dix in New Jersey to meet those soldiers when they returned from Europe. They finished the post-deployment assessments on the deployed group this April. She plans to reevaluate them again in a year. The comparison group will also receive follow-up evaluations this summer and again next spring.

Proctor expects her studies to be completed in the fall of 2003, with her results submitted for publication soon afterwards. People in and outside the military await those results with interest. Proctor says interest in her research, and in the Guard, has increased since she began the project.

"The studies were started before Sept. 11," she said. "The National Guard have a more visible presence now to the general U.S. population than they did before."

She hopes that her work will provide valuable information that will benefit future research. She believes the results could be generalized to all peacekeeping deployments, even for active duty servicemembers.

Proctor says she wishes there had been pre-deployment data available when she began her work with Gulf War veterans. The servicemembers of the Devens Cohort Study filled out surveys when they returned from the Gulf,

without regard for their health status at that time. Proctor continues to follow their condition.

"Within the Devens Cohort group there are people who are sick and people who are not," she said. "People had different experiences and different exposures, some of which are associated with some of their health complaints. We haven't seen high percentages of Post-Traumatic Stress Disorder or psychiatric problems in this group."

She knows there are sick Gulf War veterans, but based on her work with the Devens Cohort Study members, she believes subgroups of Gulf War veterans are sick in different ways. Therefore she doesn't believe there is a specific unique Gulf War illness, but rather Gulf War-related illnesses.

"Gulf War veterans experienced a number of different deployment exposures and situations. So, while their illnesses may be deployment-related, their symptoms are most likely related to different events that happened in the Gulf," Proctor said.

She hopes that her work will set a precedent so that researchers will have more and more pre-deployment health information. And exposure information should also be available, thanks to the U.S. Army Center for Health Promotion and Preventive Medicine.

"CHPPM [U.S. Army Center for Health Promotion and Preventive Medicine] is actually in Bosnia doing air sampling, and they've been there since 1995," Proctor said. "So they do have measures of air quality and water quality."

Proctor will actually be able to look at those exposures in relationship to the group she is studying in her newest project. Interested soldiers and others can learn more about both new research projects and about participation in them at the Web site Proctor has set up, <http://www.national-guardstudy.org>. No one knows if future deployments will generate health concerns, but if they do, Proctor's work could be the basis for finding the needed answers. ■

# RESOURCE **guide**

**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 Avenue  
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 Street  
Quantico, VA 22134  
Phone: (800) 336-0291  
<http://www.mca-marines.org>

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

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

**National Committee for Employer  
Support of the Guard and Reserve**  
1555 Wilson Boulevard, Suite 200  
Arlington, VA 22209-2405  
Phone: (800) 336 - 4590  
<http://www.esgr.org>

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

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

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

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

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

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

**Veterans of Foreign Wars**  
200 Maryland Ave., NE  
Washington, DC 20002  
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

**Department of Veterans Affairs**  
(800) 827 - 1000

**VA Persian Gulf War Registry**  
(800) 749 - 8387

**VA Benefits and Services**  
(877) 222 - VETS

**Deployment Health Clinical Center**  
(800) 796 - 9699

### ON THE WEB

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

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

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

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

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