

Deployment Quarterly

Summer 2004 Vol. 4 Issue 1

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



DIRECTOR'S message

Dear Readers:

From now through Labor Day weekend, military installations across the United States and overseas are observing the annual "101 Critical Days of Summer" campaign. There are usually more off-duty accidents involving military personnel during this 101-day period than at any other time during the year.

As a result of the warmer weather, people are more involved in outdoor activities and tend to do more traveling. This results in increased chances for recreational accidents and motor vehicle accidents. That's why I'm asking everyone to be more careful as you go about your summer activities.

In addition to the every day situations that lead to accidents, this summer we have troops reintegrating into their units and families as they return home after long deployments. 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. Our goal is to have zero serious accidents and an overall reduction of injuries and accidents.

Speaking of injuries, the high numbers of injured deployed personnel being reported by the media can be misleading. Medical care for wounded military members is often available within minutes after injury. More than 98 percent of those wounded have survived and at least one-third of them return to their units for duty within 72 hours. For Operation Iraqi Freedom, the rate of non-combat disease or injury is lower than in any previous U.S. conflict. Irrespective of a military member's component, our focus is to provide the care needed, and whenever possible, to return that person to duty.

While many of the injuries that are being reported are to the extremities — eye and limbs — the improvements in body armor covering the chest and abdomen has increased the survival rate of wounded personnel. Research continues to develop better protection for the head, eyes and limbs.

Physical trauma isn't the only kind of injury that deployed service members face. There are environmental and biological hazards as well. In areas where malaria is an endemic hazard, we constantly remind troops to keep up their guard against the biting insects that transmit disease. Preventive measures include the use of skin repellent, repellent-impregnated uniforms, bed nets and preventive medications. Due to better deployment health surveillance programs in theater and individual disease-prevention efforts, many of our service members are returning home in better health than before.

Earlier this year, DoD implemented new TRICARE benefits for separating Reserve Component members and their families in order to assist the transition to civilian life. Reserve Component members are now eligible for TRICARE following deactivation for up to six months. At the time of demobilization, all Reserve Component members are offered a separation physical examination. Prior to separation, members with disabilities are required to file or refuse to file a claim with the VA for compensation, pension or hospitalization. All others deactivated receive pre-separation counseling through the Transition Assistance Management Program. Separating members must fill out a pre-separation counseling checklist, and receive both a briefing and a booklet on VA benefits. The VA offers medical care for two years to those who served in a combat theater.

Finally, please remember that my office is here to assist you with any deployment-related questions you may have. You can call the toll-free phone number (800) 497-6261 Monday through Friday from 9 a.m. to 9 p.m. Eastern Daylight Savings Time.

Sincerely,

Ellen P. Embrey
Director, Deployment Health
Support Directorate



Deployment Quarterly

The Deployment Health Support Directorate

Volume 4

Issue 1

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The editor reserves the right to edit all manuscripts for readability and good taste.

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 2004



U.S. Navy photo by Photographer's Mate 2nd Class Mark A. Leonasio
The attack submarine USS San Francisco (SSN 711) returns to Apra Harbor, Guam, after a five-month deployment.

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On the Cover

LISBON, PORTUGAL — Senior Airman Ryan Conti rotates propeller blades on a C-130 Hercules after the aircraft landed here. It is the first of eight aircraft based at Ramstein Air Base in Germany to arrive here for refurbishment by a local contractor. Conti is a crew chief assigned to the 37th Airlift Squadron.

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



Prevention, Screening Allow Airmen To Come Home Healthy

by staff sgt. c. todd lopez
air force print news

Surgeons general from the Army, Navy and Air Force testified before Congress on April 28 on the status of health care in the services.

Air Force Surgeon General Lt. Gen. (Dr.) George Peach Taylor Jr., spoke to members of the Senate Appropriations Committee defense subcommittee. He said the Air Force's pre-deployment efforts at disease prevention and in-the-field disease identification systems are allowing Airmen to return from deployments healthier than ever.

"Our people are coming back in better health because of individual disease-prevention efforts, but also because of the incredible deployment health surveillance program that we have fielded," Taylor said. "From our preventive aerospace medicine teams to our biological augmentation teams, we are helping to protect the area of responsibility from biological and environmental threats."

Taylor told senators the Air Force is using equipment that can identify disease-causing pathogens in about two hours. In coming years, he said, Air Force officials hope to use even better equipment to identify disease before it can cause serious illness.

"We hope to reduce the time even further, through new, more advanced — indeed, break through — genome-based technologies," he said.

The senate panel asked about shortages of doctors, nurses and dentists within the Reserve Components of the services. Taylor said the shortage may be due in part to the difficulty of running a medical practice coupled with

the potential of being deployed more than a quarter of a year at a time.

"It is difficult in today's medical practice," Taylor said. "Many of the providers operate close to the margin. Taking them out for long

periods of time can often destroy a practice. We are trying to work ways where we can bring them on deck for short periods of time through a volunteer system so they can work perhaps 30 days every couple of years. Certainly pay and environment of care is an aspect."

Senators also asked about the increase in eye and limb injuries seen coming off the battlefield. The increase is, in part, because of the improvement of protective gear — body armor — for the chest and abdomen, said Army Surgeon General Lt. Gen. (Dr.) James B. Peake.

While the gear goes a long way to improve the chance a wounded service member will survive what in the past might have been a fatal injury, it does not protect the limbs and eyes. A person who, in the past may not have lived through an injury, can live today — but finds he or she is without sight or limbs, he said.

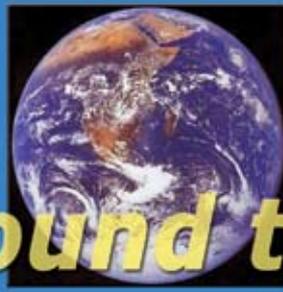
All three Service surgeons general said that developing better protection for the head, eyes and limbs is critical, and they are actively working with body armor-designers to address the physical requirements. ■



A Nation Bids A Fond Farewell To President Reagan

Captains of the Ceremonial Honor Guard salute the former Commander-In-Chief in the rotunda of the Ronald Reagan Presidential Library in Simi Valley, Calif., June 7. A state funeral was held June 11 at the Washington National Cathedral where President Bush gave the eulogy. At least 20 foreign heads of state attended the service. President Reagan was laid to rest on a hill behind his presidential library in California.

U.S. Navy photo by Photographer's Mate 1st Class Jon D. Gesch



News from Around the World

World War II Memorial Opens in Washington, DC



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

WASHINGTON — The largest gathering of World War II veterans since 1945 assembled on the National Mall to witness the dedication of their long-awaited memorial May 29. More than 100,000 people were on hand as President Bush officially accepted the National World War II Memorial on behalf of a grateful nation. The 7.4-acre granite and bronze tribute took 17 years to complete.

VA Reaches Out To Newest Combat Veterans

The Department of Veterans Affairs is expanding its efforts to reach veterans of combat operations in Iraq and Afghanistan to ensure they are aware of benefits they have earned. In May, the VA secretary sent a letter to more than 150,000 veterans of Operation Iraqi Freedom and Operation Enduring Freedom who have recently separated from the military to thank them for their service and remind them of their eligibility for VA health care and other benefits.

The letter includes brochures and links to the department's Web pages that contain more details about VA benefits, including an opportunity to apply for benefits online. As veterans continue to leave active duty, VA officials expect to mail about 10,000 letters each month.

For more information, read the VA's press release at <http://www1.va.gov/opa/pressrel/docs/Iraqvetoutreach.doc>

Troops Will Test For HIV Every Two Years

Starting in June, military members will now be tested for HIV every two years. The Armed Forces Epidemiological Board recommended the change to standardize the HIV testing interval across the services. Previously, HIV testing intervals varied among the armed services. The two-year interval enables DoD to consolidate HIV testing for deployments. The military began testing service members for HIV in

the mid-1980s.

For more information, read the Armed Forces Press Service article at http://www.defenselink.mil/news/May2004/n05212004_200405211.html.

Stars And Stripes Offers Free Electronic Newspapers

Service members who do not have access to the *Stars and Stripes* newspaper, but do have access to a computer can now go online to read or download an exact replica of the paper at no charge. Free online versions of the newspaper's European, Pacific and Middle East editions

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became available in April.

The electronic newspaper is a cost-effective way to get the Stars and Stripes to service members at bases in isolated places overseas, such as Iceland or Crete, where delivery is expensive.

For more information, visit the electronic Stars and Stripes Web site at <http://estripes.osd.mil/> or read the Air Force Print News story at <http://www.af.mil/news/story.asp?storyID=123007608>. ■

Military Phone Card Donation Program

Goes Public

The Defense Department has authorized the Armed Services Exchanges to sell prepaid calling cards to any individual or organization that wishes to purchase cards for troops who are deployed. The "Help Our Troops Call Home" program is designed to help service members call home from Operations Iraqi Freedom and Operation Enduring Freedom.

Those wishing to donate a prepaid calling card to a military member may log on to any of the three Armed Services Exchange Web sites: the Army and Air Force Exchange Service at <http://www.aafes.com/>, the

Navy Exchange Service Command at <http://www.navy-nex.com/>, and the Marine Corps Exchange at <http://www.usmc-mccs.org/>. Click the "Help Our Troops Call Home" link. From there, a prepaid calling card may be purchased for an individual at his or her deployed address or to "any service member" deployed or hospitalized.

The Armed Services Exchanges will distribute cards donated to "any service member" through the American Red Cross, Air Force Aid Society and the Fisher House Foundation.

To learn more about this program or how to make a donation, go <http://www.defenselink.mil/releases/2004/nr20040423-0646.html>. ■

With increased Marine deployments to Iraq and Afghanistan, the Marine Foundation Awards Scholarships To Children Of Fallen Marines

Corps Scholarship Foundation is stepping up fund-raising so it can honor its pledge to award scholarships to all children of Marines killed in combat during the war on terror.

The foundation also has pledged to award scholarships to all children

of Navy corpsmen killed in combat while serving with the Marines, and to any children of Marines and former Marines killed on Sept. 11, 2001.

Scholarships run up to \$10,000 each. All scholarships are funded through private donations. To read more about the program, go to <http://www.marine-scholars.org/pressreleases/011102/pressrelease011102.html>.

For more information about the scholarship program or to make a donation, visit the organization's Web site or call (800) 292-7777 for more information. ■

Operation Purple Offers Free Summer Camp To Military Kids

military kids to camp this summer.

The National Military Family Association and Sears, Roebuck and Co. are working together to make Operation Purple possible.

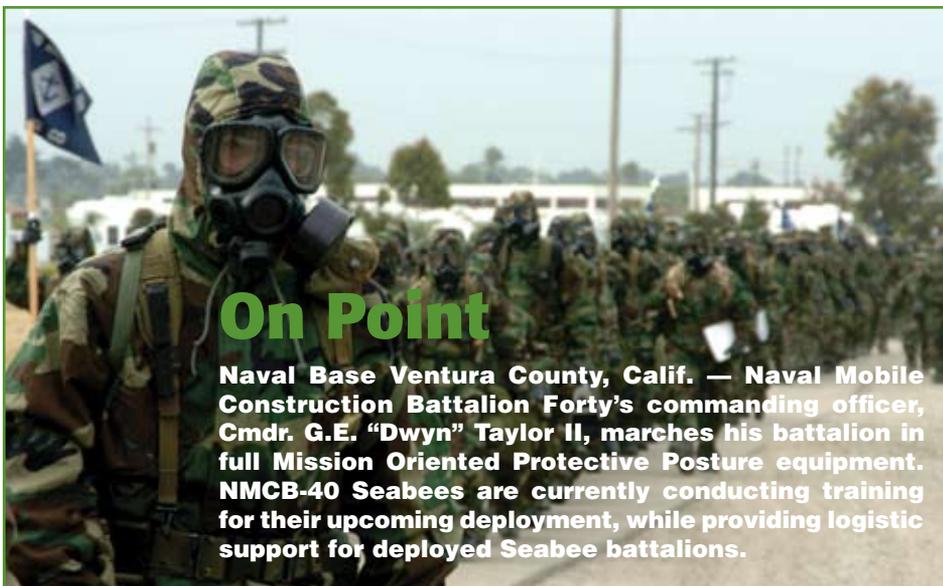
Operation Purple gives military children in 11 states and the U.S. territory of Guam a chance to attend summer camp. In most cases, preference is given to those children with a deployed or recently redeployed parent.

The program "allows children from all branches to interact with and learn from each other in an effort to help deal with deployment-related stress," according to the National Military Family Association Web site.

Operation Purple camps are in Florida, Georgia, Hawaii, Montana, North Carolina, Ohio, Oklahoma, Pennsylvania, Texas, Utah and Washington state, as well as Guam.

Many of the camps are further sponsored or held on military bases. Age requirements, number of openings and dates of the camps vary by location.

For more specific information on the camps and for application instructions, go to <http://www.nmfa.org/> ■



On Point

Naval Base Ventura County, Calif. — Naval Mobile Construction Battalion Forty's commanding officer, Cmdr. G.E. "Dwyn" Taylor II, marches his battalion in full Mission Oriented Protective Posture equipment. NMCB-40 Seabees are currently conducting training for their upcoming deployment, while providing logistic support for deployed Seabee battalions.

U.S. Navy photo by Photographer's Mate Airman John P. Curtis

Q *It's really hot in Southwest Asia (Iraq, Afghanistan, Kuwait, Qatar) in the summer. What's the best way to deal with the heat?*

A Your primary goal should be to keep the heat from hurting you. Several soldiers have died from the effects of heat in Iraq, hospitalized for heat-related illnesses. If you're in a hot place, you've got to do several things to reduce the risks of your becoming a heat casualty.

Your body is producing heat all the time. That's how it keeps your temperature at about 98 degrees, even when it's cold outside. Your body maintains a steady temperature by increasing or decreasing the amount of heat it loses to the outside environment, which is usually the air around the body. If the air is cooler than the body, then it can give off some heat to that air. If the air is warmer than the body, such as in a hot climate, then it can actually get warmer by contact with that hot air. Under those circumstances, the only way your body can lose heat is through sweating. The evaporation of sweat cools your body, even when the air temperature is over 98 degrees.

"Sweating bullets" may be an uncomfortable feeling, but that sweat and its evaporation are the body's air conditioner. In a hot climate, that air conditioner may be working all the time. Exercise causes additional warm-

ing of the body, so the air conditioner may switch to "high" to compensate.

However, the water in sweat comes from the body, and you have to replace all that evaporating water. If you don't keep up with the water loss and, if you get dehydrated, your blood volume shrinks, which may make you feel faint or be unable to work. Even worse, you may stop sweating. In that case, your body temperature may soar to a fatal level.

Keep an eye out for symptoms of heat illness in both yourself and others. Things like mental confusion, feeling faint, blackouts, nausea, lack of sweating and high skin temperature may be signs of a heat injury and deserve prompt medical attention. If the body temperature is too high, immediate cooling with water and ice on the body may be crucial.

Heat injury is preventable. The first and most important way to deal with the heat is to keep up with your water losses. When it's hot, you should assume that you're sweating all the time, because the sweat may be evaporating so fast that you don't feel sweaty, especially if it's windy. Although there are formulas for knowing how much to drink, there are two rules of thumb. First,



Dr. Francis L. O'Donnell

if you're thirsty, that means you're starting to get dehydrated and you need to catch up. Secondly, your urine will be dark yellow if you're dehydrated. The lighter shade of yellow your urine is, the better hydrated you are.

Eat all of your meals and add salt for flavor if you wish. You lose salt, also known as sodium chloride, in your sweat

and after a while the total amount of salt in your body may get too low. That may cause you to get painful muscle cramps. Eating standard military rations will replace salt losses.

Do what you can to avoid excessive heating of the body. When operational conditions permit, avoid direct sunlight by seeking shade and minimize unnecessary exertion during the heat of the day. When possible, remove unnecessary clothing. If feasible, take a shower daily to prevent skin diseases that can interfere with sweating.

In summary, if it's hot where you are, then you should:

- Always have water to drink on hand,
- Eat regularly,
- Avoid unnecessary heat loads on your body, and
- Be alert for the symptoms of heat illness. ■

Deployed Troops Step Up Anti-Malarial Protections

by donna miles
american forces press service

t's peak mosquito season in Iraq, and U.S. troops deployed in support of Operation Iraqi Freedom are taking steps to protect themselves against malaria.

The high-risk season for malaria in Iraq runs from April 1 through Nov. 1, according to Army Col. Fredric Plotkin, preventive medicine and force health protection officer for U.S. Central Command headquarters at

MacDill Air Force Base, Fla. The highest-risk areas are in the northern, eastern and southeastern provinces, Plotkin said. Baghdad and much of western Iraq are malaria-free.

The high-risk period for malaria in Afghanistan runs from March through November, and malaria is a high risk year-round in the Horn of Africa.

Service members in high-risk areas are required to take anti-malarial medication. The type of drug

prescribed varies depending on the region, based on the malarial strain present, Plotkin said.

Chloroquine, the drug most commonly prescribed to service members in Iraq, requires only a weekly 500-milligram tablet and has fewer side effects than other anti-malarial drugs, Plotkin said.

Other anti-malarial drugs frequently used by deployed U.S. service members are mefloquine and doxycycline. The settings don't vary

Naval Medicine Expands Malaria Vaccine Development Efforts

by doris m. ryan
bureau of medicine and surgery
public affairs

A team of Navy and civilian researchers recently formed a partnership to expand the Navy's malaria vaccine development program.

The Naval Medical Research Center and GenVec, a biopharmaceutical company, signed a two-year cooperative research agreement March 31 to develop and evaluate potential new vaccines. The Malaria Vaccine Initiative, part of the Bill and Melinda Gates Foundation, is providing major funding.

"This is a natural follow-on to our molecular vaccine development program," said Dr. Denise Doolan, head of the NMRC Malaria program's pre-clinical research and development efforts. "This agreement represents a unique partnership of government, industry and the public sector."

The effort brings together GenVec's unique vaccine delivery system and

“ NMRC's expertise in malaria and *This is a natural follow-on to our molecular vaccine development program.* ”

vaccine development. Using a laboratory model, Navy researchers will test several vaccines that include a combination of specific proteins expressed in different stages of the malaria parasite's complex life cycle.

The parasite's genome contains over 5,300 proteins," said Doolan. "We are looking at five of those proteins in this study. Three are expressed in the liver stage of the parasite, and two others are expressed in the blood stage."

The goal of these multi-stage vaccines is to prevent infection or decrease the clinical symptoms of the disease. Success in this effort is expected to lead to future clinical studies in humans.

"Malaria is a serious threat to

troops stationed in endemic areas," said Doolan. "In all conflicts during the past century conducted in malaria-endemic areas, malaria has been the leading cause of casualties, exceeding enemy-inflicted casualties in its impact on person-days lost from duty."

"This was highlighted by the deployment of the 26th Marine Expeditionary Unit to Liberia last year where there were casualty rates of 28 to 44 percent for troops with as little as 10 days of exposure to the malaria parasite," she added.

According to the World Health Organization, more than one million deaths from malaria occur worldwide each year, with 90 percent in Africa, south of the Sahara. An effective vaccine will be an essential element in the fight against malaria, since the parasite continues to develop resistance to anti-malarial drugs, and the mosquitoes develop resistance to insecticides. ■

Malaria

— Continued from Page 5
are used in areas where malaria is resistant to chloroquine or for service members who can't take chloroquine.

Although U.S. Central Command issues general guidelines about how anti-malarial drugs are prescribed, Plotkin said, unit surgeons on the ground are authorized to tailor these guidelines based on local conditions.

Use of anti-malarial drugs continues for four extra weeks after the exposure to malaria, Plotkin said, to ensure that malaria parasites are cleared from the blood. In addition, service members take primaquine for two weeks to kill any malaria parasites in the liver, he said, adding that a blood test is required before primaquine is prescribed.

Anti-malarial drugs serve as a second line of defense in the event that

other protective measures fail, Plotkin said. These measures include using an insect repellent containing DEET on exposed skin, blousing pants into boots, wearing sleeves down, treating uniforms with permethrin and sleeping under a permethrin-treated bed net, he said.

These measures also protect service members against other insect-borne diseases, such as leishmaniasis, for which anti-malarial drugs are not effective, Plotkin said.

According to an Army message issued to the field in November, no cases of malaria have been reported among coalition troops in Iraq, and encountering a strain of malaria that is resistant to chloroquine is considered to be unlikely in Iraq.

Malaria is a major health problem in tropical climates, with an estimated 500 million new cases causing at least one million deaths every year. Malaria usually is fatal in only the very old, very

young and those with weakened immune systems, officials said.

Symptoms of malaria include a slow-rising fever that lasts several days, followed by shaking chills and rapidly increased temperature. Victims often feel malaise and suffer headache, nausea and profuse sweating. Plotkin said the cycle of chills, fever and sweating typically repeats itself every one to three days.

Plotkin said malarial symptoms may appear long after a service member has redeployed from the affected region. For this reason, he said, service members are counseled to advise their doctors that they served in an area where malaria was present if they develop a flu-like illness within a year or so after redeploying. ■

Brothers Reunite In Iraqi Desert

by cpl. macario p. mora jr
1st marine division

marine Sgt. Phillip T. Southern has a habit of following his older brother, Marine Gunnery Sgt. David E. Lee, even to a combat zone.

First, there was high school, then he joined the Marine Corps and, now, the two find themselves assigned together at Regimental Combat Team 7 in western Iraq.

"I was just walking through the chow hall and there he was," Southern explained.

"I just flipped out," Lee added. "I was so happy to see him."

Southern's habit of following Lee started in high school. Lee, 29, and four years older than 25-year-old Southern, sort of paved the way for him. Lee was a star athlete in high school in Lodi, Calif., and his



popularity rubbed off on his younger brother.

"I never went to high school with him because he's four years older than me," Southern said. "But because of his reputation, he sure made my life in school a whole lot easier. I was able to hang out with the older kids."

Even after school, the brothers continued to shape and influence each other's lives.

"It's kind of funny," Lee said.

"I was his recruiter and also picked his [military operational specialty] for him."

The two felt obligated to each other and to their country with this deployment. Both were unable to deploy during the invasion of Iraq last year.

"I think we both felt a little left out," Lee said.

Southern almost missed out on this deployment. He was serving at Camp Pendleton's School of Infantry in California, an inactive Reserve Marine on active duty.

"We were talking one night," said Lee, an information operations chief for RCT-7. "He told me he was going to come out here with me. I didn't believe him, because most inactive Reservists don't deploy, but somehow he was able to get orders."

In fact, Southern convinced his command to swing him orders to 1st Light Armored Reconnaissance Battalion, which is now serving alongside RCT-7.

Even more, Southern extended his contract to deploy, a fact he didn't share with everyone.

"He never told his wife about the extension," Lee said. "She didn't want him to come out here, but I guess she'll know now."

Still, Iraq is a pretty big place and

Gunnery Sgt. David E. Lee, an information operations chief for Regimental Combat Team 7, trims his brother's hair at Camp Al Asad, Iraq. Lee and his brother, Sgt. Phillip T. Southern from 1st Light Armored Reconnaissance Battalion, both are deployed to Iraq and often spend time together.

the chance of running into each other was slim. That was until they saw each other at the chow hall.

Since reuniting, the two brothers have spent every minute available with each other, helping ease the

"I can't lie. I'm lucky to have him here."

hardships and loneliness often experienced during deployments.

"Whenever I'm not working, I'm with him," Southern said. "It doesn't matter if he's at work or not."

Being together in a combat zone also makes things easier with their family.

"When we're at the phone center we sit there and exchange the phone back and forth to talk to family members," Lee explained. "I've always felt responsible for looking out for him. So now that we're together, I think it has eased some of those back home."

Lee's family tied a yellow ribbon for everyone in his shop. He said they worry a lot for him and his brother and all the military over here.

The two do everything together, from physical training to shopping at the exchange. They also share most of what they have received including packages and letters.

"Being together makes being deployed a lot easier," Lee said. "He isn't just my brother, he's my best friend. Having him here makes me a lot less homesick."

Southern will be returning home in the next few months to pursue a career in the Los Angeles County Sheriff's Office. Leaving his brother behind, though for only a few months, will be difficult for him.

"The major reason I came here was for my brother," Southern said.

The inseparable brothers don't take their unique opportunity lightly. They know it was part careful planning and a bit of intervention that helped them to enjoy their deployment.

"I can't lie," Lee said.

"I'm lucky to have him here." ■

U.S. Marine Corps photo by Sgt. Jose L. Garcia

Post-Deployment Physicals Offered To Army Reserve Component Soldiers

by spc. lorie jewell
army news service

Army Reserve Component soldiers going through the process of being released from active duty following deployments are given the option of a physical, a senior Army medical official said.

The physical is in addition to required demobilization-related health assessments required, said Army Col. James Gilman, Chief of Health Policy and services in the Office of the Army Surgeon General.

A January memorandum from the office of the surgeon general set out to standardize the exit examination Army-wide, but may have caused some confusion for those not familiar with the other medical requirements of demobilization, Gilman said.

Army policy requires all soldiers, Reserve and active duty, to complete a DD Form 2796 (Post-Deployment Health Assessment) that assesses deployment-specific issues and have a face-to-face interview with a health care provider upon redeployment. Health care providers arrange additional consultations, examinations, counseling, and testing, as appropriate. In addition, Reserve Component soldiers being released from active duty complete a second health assessment, Report of Medical Assessment or DD Form 2697, that is more general in nature. Reservists who do not deploy outside the U.S. still go through these same steps, Gilman said.

“The surgeon general

Our number one job is to take good care of soldiers.

went beyond that and said that for Operation Enduring Freedom and Operation Iraqi Freedom, we will provide every Reserve Component soldier a physical before they are off active duty if they want one,” Gilman said. That option has been in place for



U.S. Air Force photo by Staff Sgt. Jeffrey Trumble

Master Sgt. Randy Hinton, Capt. Mark Keels and Senior Airman Katie Anderson fill out paperwork during pre-deployment outprocessing at the 125th Fighter Wing, Jacksonville Air National Guard Base, Fla. for their upcoming deployment to Southwest Asia.

some time, he added.

In addition to the screenings, health care providers take a blood test from each soldier that is held in storage in case testing needs to be done at a later time, Gilman said. If they have been out of the country, they also get a TB skin test, he added.

The physical includes taking a soldier’s height, weight, blood pressure, pulse and temperature and a ‘hands-on’ evaluation of their head, face, scalp, nose, sinuses, mouth, throat, ears (drums), eyes, heart, lungs, vascular system, abdomen, feet, spine, skin, breast and neurological exam, the memorandum explained.

However, the physical is not quite the same as the periodic physical examination, Gilman said.

“After soldiers leave active duty, they have 180 days of additional TRICARE benefits available once they get home,” Gilman said.

Reserve Component soldiers are also medically screened before being deployed. Medical records are re-

viewed and a pre-deployment health assessment is completed. Health care providers will refer soldiers for additional evaluations or testing if necessary, Gilman said.

“The vast majority of the soldiers who mobilized with significant chronic medical problems were prevented from deploying appropriately,” Gilman said.

Of the Reserve Component soldiers who have been medically evacuated from Iraq and Kuwait, about seven percent were because of chronic medical conditions, Gilman said.

“That’s what our analysis shows thus far,” Gilman said. “That could be because the conditions may not have been disclosed, or they did not show up during the screening but surfaced later over there.”

There is no way of knowing how many soldiers with similar chronic conditions successfully completed their deployments, he added.

No screening assessment or examination is infallible, regardless of how elaborate it is, Gilman noted. Still, he believes the Army health care system does its best.

“Our number one job is to take good care of soldiers,” he said. ■



Clearing Up Confusion About Combat Related Special Compensation

by austin camacho

Since last spring, some disabled military veterans have been eligible for special tax-free compensation. Combat-Related Special Compensation was created to provide benefits to certain retirees of the uniformed services with combat-related disabilities, and this year eligibility for the program has expanded.

Combat-Related Special Compensation benefits are paid in addition to standard military retirement pay and disability payments from the Department of Veterans Affairs. Congress enacted Combat-Related Special Compensation on Dec. 2, 2002, with an initial benefit period beginning June 1, 2003. Therefore CRSC payments are retroactive to June 1, 2003, assuming the veteran was eligible at that time.

"CRSC payments are equal to the amount the Department of Veterans Affairs pays for Purple Heart-related disabilities or combat-related disabilities, plus any additional compensation received for dependents effective January 2004," said Col. John Sackett of the U.S. Army Human Resources Command.

Sackett said that as of Jan. 1, 2004, eligibility for the program was both expanded and simplified. The original CRSC programs required a retiree to have at least 20 years of active duty or a combination of active duty and Reserve points equaling 20 years of full-time active duty, or 7,200 points. The retiree also needed either a disability rating of 10 percent or higher associated with award of a Purple Heart; or a disability rating of 60 percent or higher for other illnesses or injuries attributed to combat, combat-oriented training, hazardous duty,

or an instrument of war.

With the start of CRSC II the 20-year requirement stands, and the retiree must still be disabled due to combat, training, or hazardous duty. However, there is no longer a minimum disability rating or Purple Heart requirement. Instead of a point total, Reserve Component members need only present a 20-year letter. Sackett said that the Department of Defense doesn't want retirees who qualify under the original standards to lose anything because of the change.

"Applicants will be evaluated

against both programs to determine their earliest eligibility," Sackett said. "CRSC I eligible applicants will receive payments retroactive to June 1, 2003. Those eligible under CRSC II will receive payments retroactive to Jan. 1, 2004."

He said retirees, because CRSC is not granted automatically, who believe they are eligible must apply for the benefit.

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Retirees Must Choose Between Different Disability Benefits Plans

The beginning of 2004 brought bigger checks to some disabled military veterans, thanks to a change in the laws governing concurrent receipt. Experts say more change is coming to benefit those veterans.

Until this year, veterans receiving disability payments from the Department of Veterans Affairs saw their military disability payments reduced by the amount they received from the VA. With concurrent receipt, qualified military retirees will get paid both their full military retirement pay and their VA disability compensation. The recently passed law phases out the VA disability offset, which means that military retirees with 20 or more years of service and a 50 percent or higher VA-rated disability will no longer have their military retirement pay reduced by the amount of their VA disability compensation.

To qualify for concurrent receipt payments, a military retiree must have 20 or more years of service. This includes medical retirees with 20 years or more, and National Guard and Reserve members with 20 or more good years of service. The retiree must also have a service-related disability rated 50 percent or higher by the VA.

"Concurrent receipt will increase retirement income for those who qualify, but the increase will happen gradually," said Army Col. John Sackett of the U.S. Army Human Resources Command.

Although concurrent receipt will eventually replace the entire reduction in military retired pay, that amount will be phased in over 10 years. Qualified retirees will see their retirement pay increase by approximately ten percent each year until 2014. Qualified retirees with a 50 percent rated disability

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Army Docs, Nurses Offer Health Care To Soldiers, Afghan Citizens

by rebecca gattoni

In pre-deployment briefings, Afghanistan is often compared to Texas. But geographic size is about the only characteristic that the country and the Lone-Star state share, an Operation Enduring Freedom veteran told staff at the Deployment Health Support Directorate in a post-deployment briefing.

U.S. Army Maj. (Dr.) Mary V. Krueger, former deputy surgeon Civil Affairs – Afghanistan, described a nation with numer-



ous health challenges. The mountainous, land-locked country lacks modern infrastructure. There are few roads and then, only 13 percent are paved. Telephone capabilities are extremely limited — about one telephone for every 1,000 people. If available at all, electricity is primarily provided by generators. Health care is extremely limited and life expectancy is estimated at 40 years.

Elements of the 48th Combat Support Hospital deployed to this austere environment in November 2002 and returned home June 7, 2003. In that six-month period, the staff treated approximately 9,200 patients at sick call and responded to Coalition mass casual-



ties about once a month. From the outset of the operation, the medical staff began recording lessons learned to improve future deployments.

“One of the biggest lessons I learned with serving in Afghanistan was the importance of pre-deployment screening, not just with military personnel, but also with contractors,” Krueger said. “We do not want to put people in an environment where we will be unable to care for them.”

The more common non-trauma diagnoses in soldiers deployed to Afghanistan were diarrheal illness, respiratory illness, fevers, heat injury, kidney stones and dental problems. Many could have been prevented with proper education and better pre-deployment screening, she said.

Diarrheal illnesses among deployed troops were the number one problem seen. Soldiers were advised to drink bottled water and to avoid eating food on the economy, but Krueger learned that is easier said than done. In Afghanistan, communication first begins with drinking tea. While working within the local communities and discussing business with the village leaders — the Shuras and Mullahs — she learned that in order to gain respect and get information, sharing Chai tea was essential.

“I learned to watch the water and make sure the tea was steaming hot before I would drink,” said Krueger.

Afghanistan’s climate is arid and semi-arid and for the past 10 years has suffered a severe drought. Add to that the springtime “120 days of wind,” and you have a very dusty environment, Krueger said. These conditions led to many respiratory health problems.

“I estimate that about half of the respiratory cases we saw in one day were due to irritants such as the sand,” said Krueger.

Some preventive measures involved issued equipment, while others were homegrown.

“As long as you wrapped a scarf around your face and wore your goggles, you were good to go,”

she said.

Krueger said that this was one more instance where pre-deployment screening is very important. Prior to deployment to areas like Afghanistan, the severity of allergies and asthma need to be determined. Moreover, while environmental conditions can cause an increased risk for soldiers with previously diagnosed respiratory problems, proper medication can provide some relief.

The dry, dusty environment also contributed to numerous preventable eye injuries. Soldiers were advised to not wear contact lenses while in theater, but the rule was not widely enforced, she said. Many soldiers continued to wear contact lens in theater despite the conditions.

"Imagine trying to put a contact lens in with wind and dust blowing all around you, and you probably have not washed your hands real recently either," said Krueger.

Health consequences resulting from the dry dusty conditions were expected, but the unexpected occurred as well. In particular, Krueger said kidney stones turned out to be an unexpected problem. The combination of dehydration, high altitude, and a high protein diet typical of the MREs caused kidney stones to be a significant burden for medical evacuations. She estimated that during her time in the emergency department,

one person a week had to be evacuated out of theater.

This is another area where pre-deployment screening and education can make a difference, she said. In particular, pre-deployment health assessments should screen for previous kidney stones to help educate those service members about precautions they should take.

Poor dental health was another area of concern. Soldiers were sometimes kept from going into the field because they needed treatment of routine cavities, which should have been identified and treated before deployment. Krueger said that many of the dentists who worked with her unit were frustrated that so many of the problems they saw should have been addressed prior to arriving in theater. Dental problems proved to be a significant challenge for Reservists and Coalition forces that had not had previous dental work in a long time. The deployed dentists were kept busy providing routine dental care.

Common traumatic diagnoses seen at the 48th Combat Support Hospital included injuries from landmines, sprains and strains, limb crushes and venomous bites. She and her team used an active education effort to inform deployed soldiers about potential environmental problems



and the need for work-safety standards to minimize the number of traumatic events.

Afghanistan is the most heavily mined country in the world and landmine injuries were the prime cause of traumatic amputation. Soldiers involved in a landmine or improvised explosive device attack were also at risk for a ruptured eardrum or loss of sight. The briefings helped educate the soldier as to what to be on the look out for and to take the necessary steps to avoid stepping on a landmine.

Sprains and strains in the lower extremities accounted for approximately 50 percent of the musculoskeletal injuries seen by 48th CSH personnel, Krueger said. In Bagram, the paths are lined with rocks to help prevent flooding, which made it very challenging for walking. Treatment for sprains or strains often consists of crutches and aircasts, but due to the danger of navigating rocky paths with crutches, aircasts were often used alone. These orthopedic devices use pre-inflated air cells which wrap around the injured area providing support and stability. Ensuring the hospital had the right size wasn't always possible. When the supply of air casts was depleted, Krueger said the CSH providers became very creative with the resources that were available to them.

Emphasis on the use of safe practices was a constant effort. The majority of crush injuries occurred with heavy equip-

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U.S. Army photo by Sgt. 1st Class Larry E. Johns

U.S. Army Maj. (Dr.) Mary V. Krueger, former deputy surgeon civil affairs – Afghanistan, watches as an interpreter explains to a Kuchi tribes woman the medication dosage prescribed for her during an ambulatory clinic held near Gardez, Afghanistan.

Maj. Krueger

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ment operators, Krueger said. Some solutions were relatively simple, such as ensuring that soldiers worked together when moving heavy equipment. Others involved changing bad habits. For example, some soldiers would put their foot outside of their HMMWV to stop it from hitting another vehicle, not fully realizing the potential catastrophic consequences of such an action.

“We tried to reiterate to soldiers the importance of teamwork and the normal safety procedures to prevent these injuries from happening,” she said.

And there were other hazards. Rodents were a problem at camp, not so much for disease but for the predators they attracted — snakes. Afghanistan has 270 varieties of snakes and 52 are poisonous, including the aggressive Saw-Scaled Viper. A bite from this snake could prove fatal. Soldiers received strong and consistent guidance regarding the storage of food in their tent that could attract rodents and, subsequently snakes.

Bites from spiders and scorpions added yet one more concern. These bites tend to produce a painful bee-like sting, but are not fatal in a non-allergic patient. The risk comes from getting a subsequent infection. Again, Krueger stressed the importance her team placed on educating the soldiers about



Courtesy photo

U.S. Army Maj. (Dr.) Mary V. Krueger, former deputy surgeon civil affairs — Afghanistan, examines the ear of a baby while his mother attempts to keep him still during an ambulatory clinic.

checking their boots before putting them on in the morning and their bedding before going to sleep to make sure that there were no spiders hiding in them.

While assigned in Afghanistan, Krueger said some of the most rewarding work for her was working with the local physicians.

“Some of the diseases we saw in the local populace have pretty much been eliminated from the United States, but not in Afghanistan. Local physicians were able to determine right away by looking at a patient if they had typhoid or malaria. American physicians rely heavily on laboratory and radiological tests. It was very educational to see these physicians make diagnoses with only the physical exam and patient

history as guides,” said Krueger. “I developed great respect for my Afghan colleagues.”

Krueger said the actions that take place prior to deployment are crucial to a successful deployment. The medical and environmental briefings ensure soldiers are aware of and prepared for the risks in the theater. The prevention efforts in country then build on that knowledge. And finally, she said, there is no substitute for ensuring that those who deploy are physically ready for the challenges of deployment.

“You really do not realize the importance of pre-deployment screening until you are there.” ■



On Target

Army Capt. John Serafini, a ranger from the Joint Security Area Korea, attempts to land in the drop zone during the Spot Jump competition of the 2004 Best Ranger Competition held in April at Fort Benning, Ga.

U.S. Air Force photo by Staff Sgt. Derrick C. Goode

Lighter Load

Deployable Telemedicine Team Handed Intuitive, Light Equipment

by karen fleming-michael
fort detrick, md., standard staff writer

When Army medical teams prepare for humanitarian deployments, they typically worry if they've got enough bandages and drugs or the right medical devices, not whether they'll have communications when they hit the ground.

"Medical units don't always know what communications assets will be waiting for them when they arrive in theater," said Tommy Morris of the Telemedicine and Advance Technology Research Center. "They don't ask for it ahead of time, historically. Or they think it will be provided to them, which is a bad assumption."

To avoid communications disappointments during deployments, the Army Surgeon General created the Medical Command, Control, Communications Telemedicine SMART team in 1998 to let medical professionals provide short-term

“Medical units don't always know what communications assets will be waiting for them when they arrive in theater.”

communications support for emergencies within 12 hours.

SMART teams—which stands for Special Medical Augmentation Response Team—were created so highly skilled medical specialists can assist with disaster relief or respond to a terror act. Teams that focus on treating burns, trauma patients and chemical or biological casualties needn't con-

cern themselves with packing commo gear.

The six MC3T SMART teams have it covered with their sets stocked with a laptop, voice communications, video conferencing capability, satellite, Internet access, e-mail, digital camera, self-contained power supply, solar panel, printer, scanner and cell phones.

Located in the District of Columbia, Washington, Hawaii, Texas, Germany and Georgia and staffed with doctors, nurses and medics, the teams received a much-needed equipment upgrade last year. The old equipment set, which hadn't been updated since the team's inception, was heavy and difficult to assemble, said Staff Sgt. Harold Pharis who works at Madi-gan Army Medical Center in Tacoma, Wash.

"It was a good concept, but there were so many pieces and it weighed so much, it was too much to deploy with," he said. "It would have cost a fortune to travel with every piece of it."

None of the MC3T SMART members are required to be particularly communications savvy, said Renee Clerici, the project officer who's charged with coordinating the equipment and making sure the teams are trained.

"We're finding that the hospitals don't always have a computer technician to assign to the team," she said. "We've got medics and doctors who aren't required to keep up on all the communications or computer technologies. It [the equipment] has to be



intuitive because I don't want them to have to wonder 'Where does this go?' or 'What was this used for?'"

Though the \$68,000 sets fielded in 1998 were state of the art for the time and have been used in deployments in El Salvador, Honduras and Africa, they weren't as easy to set up as the new \$35,000 sets are.

"I had to make a diagram to figure out what wires went where," Pharis said. He also ended up color coding the wires in his case to simplify the process.

On the other hand, when he was given the new set for the first time, it took him just 11 minutes to set it up. He said today he's confident that if they dropped him off in the middle of nowhere with the set, he
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Medics Treat More Than 620 In Cambodia

by master Sgt. Adam Johnston
18th Wing Public Affairs

U.S. military medics have treated more than 620 patients and have scheduled 100 surgeries in a small hospital complex in Cambodia since May 17.

"Ten hours after the mission started, the surgery schedule was fully booked with 100 cases," said Air Force Lt. Col. Diep Duong, team



leader for a 20-member blast resuscitation and victim assistance mission that has been in Cambodia for a week.

"We're seeing about 150 patients a day, and we're doing about nine surgeries a day," Duong said.

The colonel said the majority of the patients the team has seen are people with burn injuries, thyroid problems and hernias.

"The majority of surgeries happening here are procedures to restore functions in limbs or to relieve pain," she said. Surgeons are also fixing cleft palates and lips to help children eat and swallow normally.

One woman the team is treating suffers from burns to more than 40 percent of her body. She received the burns in a propane gas explosion about a month ago.

"If we weren't here she would've died," said Air Force Lt. Col. (Dr.) Jim Walter, an emergency medicine physician with the Virginia Air National Guard's 149th Fighter Squadron in Sandston, Va. "There was nothing available for her. She has no money and she can't travel. If we [had] arrived a week later she wouldn't be here."

Air Force Capt. (Dr.) Jason Rosenberg, a reconstructive plastic surgeon, said the burned

woman will have scarring and some loss of function with her hand but he is sure she will live through it.

"If she had the therapy we have in the states she certainly would do a lot better," Rosenberg said.

Working in Cambodia is refreshing for both doctors.

"I feel really fortunate to be able to have the opportunity to help folks because it makes me appreciate where we are and where we live," Rosenberg said.

Walter said the work he is doing is why he became a doctor.

"This is true medicine," he said.

"Although you stay here for 16 hours a day, the work is tiring, but it makes you realize why you became a doctor. That's something you sometimes forget in the states."

In Cambodia, Walter is also pulling double-duty.

Not only is he treating patients in a small corner office in the compound, he is also responsible for ensuring the team stays healthy. One team member has a foot infection but the rest of the team has remained healthy, he said.

"That's huge," Walter said. "It's not uncommon for a significant number of the medical team members to get sick from diarrhea type illnesses, but everybody is taking their medicines and watching what they eat. So, we've been very lucky."

Lighter Load

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could have a satellite signal within 15 minutes.

The satellites in the sets are a key capability because they let deployed medical professionals consult on cases and let replacements know just what equipment they should bring. However, getting a signal with the old satellite was tricky for Pharis's team, especially in the Pacific Northwest, where cloudy days and rain are the norm. The new satellite blew him away.

"The first time I took it out and hooked it up, I had a satellite reading in 30 seconds — and it was facing

the wrong way in the pouring down rain," he said.

The new sets are more like today's "plug-and-play" personal computers, Clerici said, so spotting glitches is fairly simple. In fact, when she trains users at Fort Detrick or their medical centers, she admits, she throws in a "minor bug" so the team members have to use their troubleshooting skills.

"It gives them a realistic feel of what it's going to be like in the field ... and helps them realize they can do this by themselves," she said. The upgrade also reduced the sets' weight from 112 pounds to 86 pounds and shrunk its size to allow the core of the set to fit in an

airplane's overhead bin.

Having the new user-friendly equipment has been a boon to Pharis because he's been charged with reforming and training the MC3T team at Madigan after most of its members deployed to support Operation Iraqi Freedom with the 47th Combat Support Hospital.

The new equipment set is the equivalent of going from a "Geo Metro to a Cadillac," Pharis said. "If we were deploying a long distance, my only concern would be how we're getting there and what we're supposed to wear. Not once would I worry about the equipment. That would never cross my mind." ■

PROJECT DE-STRESS:

Providing Troops With Ways To Overcome Traumatic Stress Symptoms

by austin camacho

One unavoidable fact about military action is that service members will have to deal with traumatic stress. The Department of Defense is working to find the best way to help troops deal with the harmful effects of the stress they face in combat. One part of that effort is a treatment trial called Project DE-STRESS.

Project DE-STRESS — Delivery of Self Training and Education for Stressful Situations — is an attempt to improve early care for victims of traumatic stress, according to Army Lt. Col. (Dr.) Charles Engel, director of the Deployment Health Clinical Center in Washington, D.C., where the treatment trial is taking place.

“We were interested in something that ultimately could be implemented in a primary care environment, where people could be screened and diagnosed early and some care could be provided for them without having to visit the specialist,” Engel said.

Doctors at the Deployment Health Clinical Center at Walter Reed Army Medical Center, in conjunction with the Boston University School of Medicine and the National Center for PTSD Research, developed this innovative approach to trauma-related stress. The research study is a randomized clinical trial investigating two different computer assisted approaches to treat post traumatic stress symptoms. It is designed to compare two different kinds of treatment: stress inoculation training and supportive counseling.

Victoria Bruner, coordinator for

Project DE-STRESS, said that supportive counseling is the intervention most often used by both military doctors and by the Department of Veterans Affairs to help veterans.

“Standard care, sometimes called supportive counseling, involves allowing the person to vent, to identify feelings, to focus on the here and now, and to have their experiences validated,” Bruner said.

She said that the alternative approach, stress inoculation training, has also been around for a long time.

“This training is widely used in the military,” Bruner said. “If you know a person is going to be exposed to something harmful, like extreme stress, you teach them the skills to deal with that exposure. It’s just like getting an inoculation against a disease.”

The study is comparing these two well-documented interventions to find out which is best for reducing the long-term consequences that people may experience after their exposure to military trauma and whether these treatments can be delivered over the Internet.

What makes this treatment trial innovative is that it makes use of cutting edge technology. By using Web-based training, the researchers introduce a degree of portability and ease of access that would otherwise be impossible.

“Computer-based interventions give the person the opportunity to



work on their own, with guidance, in the privacy of their own home,” Bruner said. “And our project is set up so that each participant is monitored every day by a trained therapist.”

Engel added that computerizing the process helps service members to avoid the stigma associated with going to a psychologist or psychiatrist for help.

“It provides the service member with a chance to make their own gains in their own way before having to seek specialty care,” Engel said. “Many people are reluctant to seek specialty care. In the military setting, there’s a lot of concern if they visit specialists with these sorts of problems that it will affect their careers.”

The study is open to beneficiaries of the Department of Defense health care system who are experiencing mild to moderate symptoms as a result of military-related trauma. Patients who are bothered by memories or dreams of trauma or are experiencing anxiety, depression or trouble sleeping may also be accepted into the program. Bruner says everyone in the program starts with

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For More Information

For more information or to learn about how to participate in Project DE-STRESS, you can visit its Web site at <http://www.projectdestress.com> or you may call its toll-free telephone number at (866) 729-5030.

“Behaviors become habits, habits become lifestyles and lifestyles determine the quality of life we have.”

Project De-Stress

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a confidential introductory meeting with a trainer.

“If eligible, each participant gets an in-depth two-hour assessment, and a two-hour training session on stress management, traumatic stress and the instructions on the Web site,” Bruner said. “Afterward they work on the web site, but are closely monitored.”

The secure and confidential Web site offers each patient eight weeks of independent study exercises. Participants are randomly assigned to one of two treatment groups. People in both groups monitor their symptoms every day based on eight measurement scales on which they rate their stress level and general mood. Professionals, including Bruner herself, monitor these self-evaluations.

“Not only do they have a daily awareness, but I look at it every day, and if their stress scores are high I call them to discuss what’s happening. This way they can have someone to vent to or to apply the skills that they are learning.”

Bruner is well qualified for monitor duty, and to coordinate the treatment trial. A registered nurse and licensed clinical social worker, she’s a board-certified expert in traumatic stress with a couple of decades worth of experience in her field. On Sept. 11, 2001, she was helping survivors of the attack on the Pentagon, and weeks later became involved with a project assisting survivors of the attack. That project eventually led to Project DE-STRESS. Today, she thinks that Americans in general have a better understanding of stress injuries than they did before the events of 9-11.

“All of us in this country suffered exposure and it deepened our awareness of the terrible hardships that our military has been coping with since the beginning of this country.”

Engel, the principal investigator for the project, thinks traumatic stress could be worse for those currently

deployed to Iraq than it was for those who went in 1991.

“There are indications that the level of distress related to trauma will be higher this time than it was after the Gulf War, because this is a longer war involving more extended and intense combat. There is also the uncertainty associated with the peacekeeping role that comes into play.”

That’s a strong motivation for experts to find the best way to help those who suffer from traumatic stress. But, Bruner says, patients in both groups will receive help. In the supportive counseling group people have access to educational material. They are provided with non-directive stress management tips and trauma education, and they can e-mail or call their trainer at any time for reflective listening, supportive counsel and validation. Historically, this supportive counseling approach has helped a lot of people, but Bruner says some people need more, such as the active ingredients in stress inoculation training.

“These people are taught skills in deep diaphragmatic breathing, progressive muscle relaxation and how to change their self talk to address the errors in their thinking,” Bruner says. “They can apply these skills to situations that cause them trouble.”

For example, driving in convoys has turned out to be one of the most hazardous activities during Operation Iraqi Freedom. Weeks or months after such an experience, a soldier’s brain might not shut down the defensive reactions that helped to protect the person in that situation. Therefore, the soldier might become extremely agitated or feel a sense of panic driving on a highway in the United States. At that point, Bruner says they might apply deep breathing, and remind themselves that the danger is over and that driving on American highways is relatively safe. While this example is oversimplified, it indicates how stress inoculation training can help combat veterans to control their behavior.

“Behaviors become habits, habits become lifestyles and lifestyles determine the quality of life we have,” Bruner said.

Bruner said the training could increase an individual’s stress hardiness, and likened it to other military training.

“Sort of like doing push-ups, except this can build up your stress defensive muscles,” she said.

Project DE-STRESS is scheduled to continue until August of 2005. Aside from the introductory session, patients will receive private evaluations at the end of the program, three months after it ends, and again six months afterward. Enrolling in the treatment trial is a way for patients to help others while they help themselves.

“If someone participates, not only is it good for them but they will be contributing to a knowledge base that will help many other people who come after them,” Bruner said.

Bruner feels that Project DE-STRESS could be a working model for the future. If it is made widely available throughout the military system it could help to increase resilience, force health protection and soldier readiness.

And she says our service members deserve the best health protection possible, be it physical or behavioral.

“We have an obligation to people who choose to raise their hand and swear to defend their country so that all of us can live in peace. To me, the least we can do is provide them with the opportunity to learn how to assist themselves with the kinds of techniques that will help them have a high quality of life after those experiences.” ■

“Sort of like doing push-ups, except this can build up your stress defensive muscles.”

HOOAH FOR HEALTH:

Providing Health Tips, Information Via The Web

by ann stark
program consultant

ooah 4 Health, or H4H, is a Web-based health promotion and prevention program that addresses the personal health and fitness needs of the U.S. Army's Reserve Component.

Body, mind, spirit, environment, prevention, and family and life-style are the primary wellness areas included in a user-friendly format. The users of the site, <http://www.hooah4health.com>, are not only Reserve Component members and active duty Army personnel, but also their co-workers, families, and many elementary school children.

Research to develop this site has been ongoing since 1998, and the site was officially launched in June 2000. Since then, there have been more than 63 million visits to the site.

Requests to link to this innovative U.S. Army Web site originate from around the world. The vision and implementation of the Army Well-Being Strategic Plan is captured throughout the modules on the site.

Because of increased Reserve Component deployments, Hooah 4



Health has built an expanded section devoted to deployment-related issues including resources and links to support organizations and services. This section has information on immunizations, medical readiness fact sheets, and family support resources. An interactive deployment globe contains background information on a variety of countries to which soldiers are deployed. TRICARE benefits and other issues concerning activation are extensively covered.

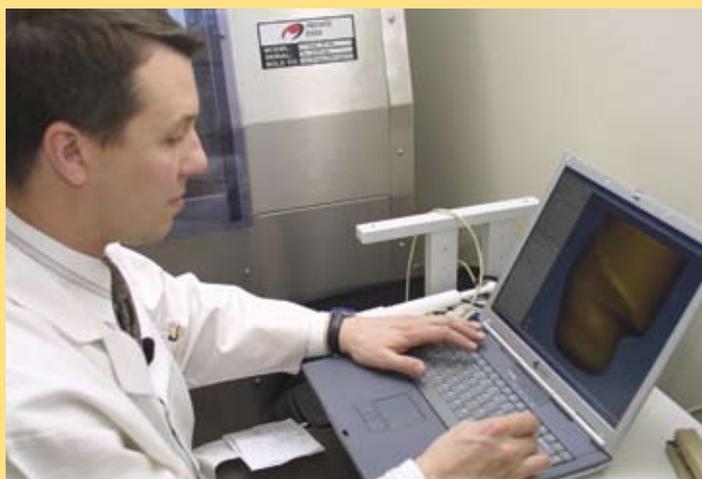
Military personnel from all services can earn retirement or promotion points by completing Hooah 4

Health's online correspondence course, the "HOO-AH Challenge."

The Challenge is one of the Army's first entirely digital correspondence courses and is managed jointly by the Hooah 4 Health support team and the Army Training Support Center. After registering with ATSC, the student is guided through the course material and preliminary quizzes on the H4H site, and then returns to the Army's distance learning site to take the comprehensive exam. Complete instructions can be found at <http://www.h4hchallenge.com/>.

New Hooah 4 Health features in 2004 will include a comprehensive fitness and nutrition diary system, a section focused on dental readiness, and an automated system for completing the Reserve Components' Annual Certification of Medical Condition.

Hooah 4 Health is sponsored jointly by the U.S. Army Office of the Surgeon General, the U.S. Army Center for Health Promotion and Preventive Medicine, the Army National Guard, and the Office of the Chief, Army Reserve. ■



Researchers Use New Technology To Design Prosthetics

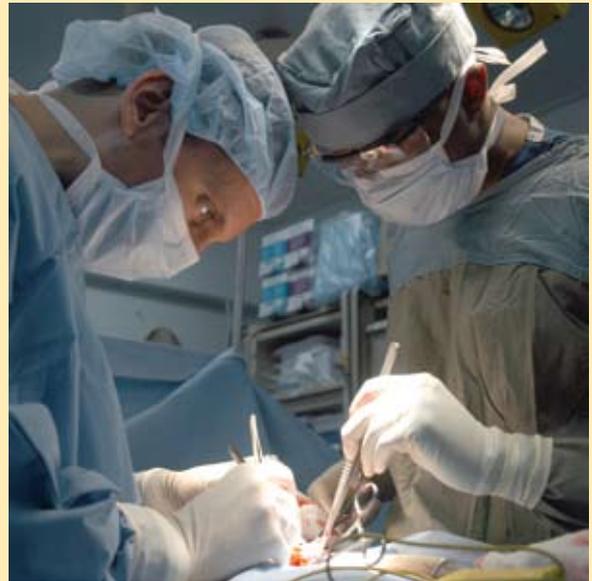
Joe Miller, a research prosthetist at Walter Reed Army Medical Center in Washington, D.C., demonstrates how a socket for a prosthetic leg is made using computer technology. Measurements of the residual limb are typed in, followed by a three-dimensional graphic of what the socket will look like. The computer then sends the image data to a machine that carves a mold for the socket from a large foam cylinder.

U.S. Army photo by Spc. Lorie Jewell

Two Heads, Are Better Than One

ON BOARD THE USS CARL VINSON (CVN 70)—Cmdr. Joseph Sherrill, a visiting neurosurgeon, and Lt. Cmdr. Hassan Tetteh, the ship's surgeon, perform a hernia repair operation aboard the aircraft carrier USS Carl Vinson (CVN 70). Carl Vinson's surgeons perform various operations while at sea with up to six procedures a week on average.

U.S. Navy photo by Photographer's Mate Airman Nicole Carter



CRSC Confusion

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When an Army retiree applies for the benefit, an Army team will review the application and documentation submitted to determine which disabilities, if any, are combat-related, personnel officials said.

Retirees will be informed of the outcome of the Army's review, officials said. If denied, the retiree may reapply later if additional, clarifying

or new documentation becomes available or the decision can be appealed. Those eligible must apply using DD Form 2860.

The Army has launched a Web site designed to assist disabled military retirees in applying for Combat-Related Special Compensation. The Army's CSRC Web site at <http://www.crsc.army.mil>, provides information a disabled military retiree needs to apply for this special compensation, and lists the guidelines used to determine eligibility

for combat-related disability benefits and application procedures for the program.

"In addition to the application form [which can be downloaded from the Army's Web site], the Web site gives detailed instructions to the application process and explains the supporting documentation needed to substantiate a claim," Sackett said. ■

Choices

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can expect \$125 more per month in their checks. A 100 percent disability rating will add \$750 to retired pay the first year with concurrent receipt.

Concurrent receipt payments are automatic, so no application process is necessary. The VA disability compensation will automatically be added to each retiree's regular retirement pay. However, to qualify, their disability must be rated by the VA at 50 percent or higher.

Some disabled retirees will qualify for both concurrent receipt and Combat-Related Special Compensation. CRSC also provides benefits to certain retirees of the uniformed services with combat-related disabilities, but retirees cannot receive both.

VA Rating	2004	2005	2006	2007	2014
100%	\$750	\$894	\$1,154	\$1,466	\$2,193
90%	\$500	\$582	\$729	\$905	\$1,317
80%	\$350	\$432	\$580	\$757	\$1,171
70%	\$250	\$326	\$462	\$626	\$1,008
60%	\$125	\$193	\$314	\$460	\$801
50%	\$100	\$153	\$249	\$364	\$633

"Those who qualify for both these programs must choose one or the other," Sackett said. "This should be carefully considered, because concurrent receipt payments are taxable while CRSC is not. And, because concurrent receipt will increase each year, we will allow an annual opportunity to switch from one to the other."

Some retirees who qualified for concurrent receipt saw their monthly retirement checks increase in January. This table is a sampling of how much extra they may get each month over the next four years and the final full concurrent pay for 2014, based on VA disability ratings. ■

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

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

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

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

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

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

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

**Enlisted Association of
the National Guard**
3133 Mount Vernon Ave.
Alexandria, VA 22305
Phone: (800) 234 - 3264
<http://www.eangus.org>

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

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

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

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

5413-B Backlick Road
Springfield, VA 22151-3960
Phone: (703) 642-5360
<http://www.purpleheart.org>

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

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

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

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

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

Navy League
2300 Wilson Blvd.
Arlington, VA 22201
Phone: (800) 356 - 5760
<http://www.navyleague.org>

A U.S. Army soldier from the 1st Infantry Division, Logistics Support Area
Anaconda, Iraq, scans the area while conducting a patrol.

U.S. Army photo by Staff Sgt Aaron Allmon II

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.va.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
and Accountability Act (HIPAA)
(888) DOD - HIPA
or (888) 363 - 4472

Department of Veterans Affairs
(800) 827 - 1000

VA Gulf War Registry
(800) 749 - 8387

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

Web Links

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

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

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

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

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

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

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

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

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