

# Deployment Quarterly

Summer 2005 Vol. 5 Issue 1

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U.S. DEPARTMENT OF DEFENSE  
Deployment Health  
Support Directorate



# message

# Deployment Quarterly

The Deployment Health Support Directorate

Volume 5 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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Dear Readers:

As we finalized this issue of the *Deployment Quarterly*, events in London reminded us that our war on terror is global. How does a nation – any nation – prepare? It's clear that ensuring the security of our homeland is just as essential as taking the fight to the enemy overseas. In DoD, we use force health protection to safeguard the men and women who serve our country. We extend those principles to help safeguard the health of Americans through the National Disaster Medical System.



The National Disaster Medical System is an asset-sharing partnership among the Departments of Defense, Homeland Security, Veterans Affairs and Health and Human Services working with state and local governments, and the private sector. The system is designed to provide supplemental health and medical assistance in domestic disasters at the request of state and local authorities, evacuate patients who can't be cared for in the disaster area to designated locations elsewhere in the nation, and provide a nationwide network of voluntary, pre-identified, non-Federal acute care hospitals capable of providing definitive care for the victims of domestic disaster or military contingency that exceeds the medical care capabilities of the affected local, state, or Federal medical system.

These services may include triage, medical treatment, mental health support, and the use of medical facilities within or near the incident site. The Department of Defense may also provide available medical and blood product supplies for distribution to mass care locations, provide available medical personnel to assist in the protection of public health such as food, water, vector control, hygiene and other environmental.

Today, DoD and the VA operate 67 Federal Coordinating Centers, most of them located in major cities. These medical facilities are responsible for day-to-day coordination of emergency medical planning and operations in a geographic NDMS Patient Reception Areas site. The system will be activated only if the VA-DoD Contingency Hospital System is overwhelmed by an overseas military conflict or if local or state resources are overwhelmed in a catastrophic disaster.

How does your nation prepare? We work hard to ensure that all understand their roles and responsibilities. And then, we practice. Through exercises we are able to identify what we accomplish well and areas for improvement. The National Disaster Medical System is your nation's medical "safety net." We are proud to be part of the team.

Sincerely,

Ellen P. Embrey  
Director, Deployment Health Support Directorate

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U.S. Air Force Photo by Tech. Sgt. Christopher Gish  
U.S. Air Force Staff Sgt. Matt Patnaude passes a 120 mm rocket round to a U.S. Army soldier with the 1st Infantry Division outside of Kirkuk Air Base, Iraq, on June 30. Members of the Air Force Explosive Ordnance Disposal flight and the Army Quick Response Force removed more than 680 rounds.

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U.S. Air Force Photo by: SrA Jason Robertson

Two Army UH-60 Blackhawk helicopters land to unload patients at the Air Force Theater Hospital on June 13. The theater hospital at the Balad Air Base, Iraq treats wounded Americans and Iraqis supporting Operation Iraqi Freedom.

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# VA Sec Sees Opportunity to Ensure Care for All

by samantha l. quigley  
american forces press service

**T**he secretary of veterans affairs said that where some might see challenges for the department, he sees opportunities.

“One of the big opportunities we have — and it’s a priority of ours — is to make sure that our service members coming out of the combat theater are well taken care of,” said Secretary of Veterans Affairs R. James Nicholson. “That is one of our biggest opportunities.”

With more than 200,000 Guardsmen and Reservists deployed in support of Operations Iraqi Freedom and Enduring Freedom, the VA has expanded some of the benefits offered to this group of service members, he said.

“VA has a very extensive, new program for our Reserve Components,” Nicholson said. “The Reserve Component person who comes back, is

*“More than 200,000 Guardsmen and Reservists are deployed, the VA has expanded some benefits offered to this group of service members.”*

redeployed back, is entitled to two years of full medical and dental care at any nearby VA facility. Then of course, if they have any other service-connected disablement, either physical or mental, as a result of their service, that care will continue on beyond the two years.”

Education benefits also have been expanded for Guardsmen and Reservists so they may participate in the G.I. Bill. The amount of the benefit,

however, depends on the time spent in an active duty capacity, Nicholson said. The life insurance and home loan programs also have improved for Guardsmen and Reservists, he said.

Eligibility requirements can be found on the Veterans Affairs Web site at <http://www.va.gov>.

Changes within the VA affect active duty service members who come back from the combat theater and choose to leave the service, too, Nicholson said.

The Seamless Transition Program, he said, makes 158 medical centers and more than 850 clinics available for service members who separate from the military.

Benefits also include vocational and rehabilitation training for those injured physically or mentally. The VA also is working to help disabled veterans adapt to their environment, including the adaptation of a home or a vehicle if needed.

Readjustment counseling services are important as well, Nicholson said. The program is crucial to heading off any latent mental health problems.

“It’s important to [veterans] now, and it’s important to them for the rest of their lives,” Nicholson said.

The program was extended to families of veterans who also make a sacrifice. Injuries cause change for every family member and every family member needs to adjust to that change, he said.

“We’re responsible for veterans’ affairs,” Nicholson said. “And certainly part of a veteran’s welfare is his family, his family life and his quality of life. [Family members] have to endure a great deal of sacrifice at home when a service member is deployed, especially to a combat zone, and especially if they’re injured.



Secretary of Veterans Affairs R. James Nicholson

“We need to educate the whole family about what’s going on there so that they can accommodate to that and accept that, and go on as a, hopefully, happy, productive family unit,” Nicholson said.

A new catastrophic insurance program covers the service member up to \$100,000 above the other programs in the event of a catastrophic injury like the loss of eyesight or hearing, Nicholson said. The premium for that coverage is about \$1 a month, he added.

It all boils down to veterans having the right benefits available to them, and service members need to know what their benefits are and how to access them, Nicholson said. The recent changes to veterans’ benefits are moves to make sure that the VA’s goal of taking care of service members is met, he said.

“It’s an expression of the appreciation of the American people, the president and the Congress,” the secretary said, “for the important work and the sacrifices that the Reserve Components are making in our Operations Enduring Freedom and Iraqi Freedom and for freedom for our country.” ■

# News from Around the World



## New Law To Affect SGLI Payments, Premiums

**D**efense and Veterans Affairs officials are ironing out details of programs that will expand benefits provided through Servicemembers' Group Life Insurance.

The \$82 billion supplemental legislation signed into law by President Bush May 11 increases maximum SGLI coverage to \$400,000 and provides payouts of up to \$100,000 for service members with traumatic injuries, explained Stephen Wurtz, the VA's

deputy assistant director for insurance.

The increased SGLI coverage will take effect Sept. 1, and the so-called "traumatic SGLI" benefit, Dec. 1. Wurtz said the legislation directs that both benefits will be retroactive to Oct. 7, 2001.

Traumatic SGLI benefits will be retroactive for troops who have lost limbs, eyesight or speech or received other traumatic injuries as a direct result of injuries received during Operations Enduring Freedom or Iraqi

Freedom. The benefit does not apply to service members suffering from disease.

The retroactive coverage increase is payable as a result of deaths in either operation, or under other conditions prescribed by the secretary of defense, Wurtz said.

Troops opting for maximum SGLI coverage — \$400,000 vs. the current \$250,000 — will see their monthly premiums increase from \$16.25 to \$26, Wurtz said. This is based on the rate of 6.5 cents per \$1,000 of insurance coverage.

SGLI coverage is currently available in \$10,000 increments, but as of Sept. 1, the increments will increase to \$50,000.

Because the rates have not changed, service members who retain \$250,000 or less coverage will see no increase in their premiums, Wurtz said, except for the \$1 "traumatic SGLI" premium.

While these expanded benefits will be provided retroactively, affected service members won't be charged retroactive payments, he said. DoD will absorb that cost.

In a new twist introduced through the supplemental legislation, troops with dependents must get their spouse's approval to purchase less than the full amount of SGLI coverage. In the case of members who are not married, notice will be provided to the designated beneficiary when the member purchases less than the maximum coverage.

While VA staff members consult with DoD to write regulations that will put

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## Surrounded by Hornets



U.S. Navy photo by Photographer's Mate Airman Dylan Butler

Aviation Ordnancemen stage ordnance amid parked F/A-18 Hornet and Super Hornet aircraft on the flight deck aboard the conventionally powered aircraft carrier USS Kitty Hawk (CV 63) currently underway in the Pacific Ocean on June 11.

Continued from Page 3  
the new SGLI benefits into effect, there are several details that have to be worked out.

Among the outstanding issues is the fact that the expanded SGLI coverage is part of the supplemental legislation package that funds operations only through Sept. 30. That's 30 days after the new SGLI limit takes effect, and two months before the traumatic SGLI benefit begins.

Wurtz said the VA is confident Congress will resolve this issue before there's any lapse in coverage.

For more information about the Servicemembers' Group Life Insurance, visit its Web site at <http://www.insurance.va.gov/sgliSite/SGLI/SGLI.htm>. ■

## New Campaign Medals Recognize Iraq, Afghanistan Service

**T**wo new campaign medals recognize service members for their contributions in Iraq and Afghanistan.

The Defense Department announced the Afghanistan Campaign Medal and Iraq Campaign Medal for military members who directly support Operation Enduring Freedom between Oct. 24, 2001, and a date to be determined in the future or Operation Iraqi Freedom between March 19, 2003, and some future date.

The new campaign medals were established by presidential order for service members who have been assigned, attached or mobilized to units operating in these areas, officials said.

Until now, service members deployed to Afghanistan and Iraq during the designated timeframes were awarded the Global War on Terrorism Expeditionary Medal.

Service members with the Global War on Terrorism Expeditionary

## Quick Reaction



U.S. Army photo by Sgt. Christopher Kaufmann  
U.S. Army soldiers from Alpha Company, 3rd Battalion, 141st Infantry Regiment, Texas Army National Guard, prepare to evacuate a simulated casualty during a quick reaction force exercise at the East River Range outside Bagram Airfield, Afghanistan, June 11.

Medal remain qualified for it, but officials said they may apply for the appropriate new campaign medal as well.

No service member is entitled to wear all three medals for the same act, achievement or period of service.

The area of eligibility for the Afghanistan Campaign Medal includes all the country's land and air spaces. The Iraq Campaign Medal applies for service in Iraq, its waters out to 12 nautical miles, and the airspace over Iraq and its 12-mile water area.

To qualify for the awards, service members must have served in the appropriate region for 30 consecutive days or 60 non-consecutive days, officials said.

Each military department will serve as the awarding authority for the new campaign medals and issue regulations for processing, awarding and wearing them, officials said.

For more information about the new medals, go to [http://www.defenselink.mil/news/Apr2005/20050407\\_517.html](http://www.defenselink.mil/news/Apr2005/20050407_517.html). ■



Each military department will serve as the awarding authority for the new Afghanistan Campaign Medal, top, and Iraq Campaign Medal.

# HEAT Injuries

## It's Getting Hot Out There!

**Q** *When I was deployed in Southwest Asia, my first sergeant spent a lot of time getting on our case about drinking enough water and avoiding heat injuries. Now that I'm back home in the U.S., do I still need to worry about this? After all, this isn't the desert.*

**A** You absolutely need to be concerned about preventing heat injuries, even though you are home. Each year in the United States, more people die from extreme heat than from hurricanes, lightning

tornadoes, floods and earthquakes combined. On average 300 people die each year in the U.S. from heat-related injuries. In the military, we routinely have to battle the heat during training exercises and even during daily physical fitness training. Protecting yourself against heat injury is not just for deployment, it's a full time responsibility during the hot months here at home as well.

The best defense against heat injury is prevention. Here are some prevention tips:

Drink more fluids regardless of your activity level. Don't wait until you are thirsty.

Don't drink liquids that contain caffeine, alcohol, or large amounts of sugar—these can actually cause you to lose more body fluids. Also, avoid very cold drinks when you are exercising as these may cause stomach cramps.

Try to stay indoors, preferably in an air-conditioned environment during the hottest hours of the day. If you must be out of doors, try to limit strenuous physical activity to the morning and evening hours when it is

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## vaccines, herbs & drugs

# Consumer Drug Alert: Be Cautious When Buying Medicines Over The Web

**Q** *While overseas, I found that I can obtain many medications without a prescription. These are legal medications for blood pressure, diabetes, and cholesterol, which in the United States would require a doctor's prescription. I am on active duty, so I know that I can't take these medications. However, my mother uses many of these, and I could save her a lot of money if I purchase them there. What's your opinion on this?*

**A** Plain and simple, "buyer beware." There is a big debate going on at the highest

levels of government regarding this exact issue. The U.S. Food and Drug Administration indicates that more than 10 million people a year bring in foreign drugs from Canada, Mexico and Europe, and an estimated two million more use mailings and online pharmacies from overseas.

Some experts say the numbers are more staggering than these stated figures.

So, I can't say people aren't doing this and they are saving money. However, less publicized, is the frequency of reports of adulterated drugs, meaning other stuff found in it, or sub-potent active ingredients, and occasionally no active ingredients

at all.

Let's face it, there are unscrupulous people and companies that aren't interested in your health — only making money. There are so many counterfeit drugs worldwide that it is as easy to obtain as counterfeit DVD movies and music CDs.

In Germany, I know you can go to many local pharmacies and obtain some medications for high blood pressure or high cholesterol

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# Military Medical Records Go Paperless

by ellen maurer  
national naval medical center  
public affairs

**A** Defense Department initiative to transition patient records from paper to a new digital health care database is scheduled to begin at the National Naval Medical Center in Bethesda, Md., Sept. 18.

The new system, known as the Composite Health Care System II, or CHCSII, is an upgraded version of the original Composite Health Care System program used by military health care providers for more than a decade. CHCSII will allow medical personnel to enter patient information directly into an electronic medical record without needing to first handwrite the record of the visit.

CHCSII will maintain the digital information in a centralized database, creating a comprehensive, life-long, computer-based patient record for each and every military health beneficiary. Furthermore, since the program acts as a database, hospital functions like laboratory, radiology and pathology test results will be faster. CHCSII will also improve patient safety through automatic

alerts of potential allergic reactions and drug-to-drug interactions.

"CHCSII implementation at our medical center is an exciting endeavor that will keep our staff functioning on the cutting edge of technology," said Navy Capt. Mark Olesen, National Naval Medical Center's deputy commander. "This is a great change for our staff and patients, because it propels us into the future of medicine, which is a world of immediate digital access, virtually unlimited and everlasting information storage capacity, and worldwide connectivity."

Although CHCSII will not immediately eliminate the use of paper records, as hospital officials point out, it is the first step toward a more efficient and integrated Navy medicine.

"The Navy currently maintains more than 500 military treatment facilities throughout the fleet; each with their own paper records keeping department. CHCSII will connect us all to each other with the click of a keypad," said Navy Capt. Kenneth Senn, CHCSII project officer at the hospital. "Eventually, after CHCSII is implemented worldwide, a sick or injured sailor treated on a ship halfway around the world can be

transferred to Bethesda and all of his medical information is accessible -- even if he didn't have time to grab his paper record."

While the new system will benefit Navy medicine, CHCSII is not a sea service specific initiative and is, in fact, designed to improve joint military medical operations.

Proponents of the program have said CHCSII will improve interoperability between the branch services' health care systems through the use of one centralized system instead of the current separate medical structures for each branch.

Bethesda is not the first site to transition to CHCSII. Several other military medical facilities have already undergone implantation, including Naval Medical Center Portsmouth, Va. Naval Medical Center San Diego, Calif., is currently in its CHCSII implementation process.

Bethesda's phase-in of CHCSII, which starts this fall, will involve installation of new computer systems and software in all of the hospital's outpatient clinics. The new program will also require hands-on and lecture training for all clinicians who currently work with patients or paper records. ■

## Heat Injuries

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relatively cooler.

Drink more fluids (non-alcoholic), regardless of your activity level. Don't wait until you are thirsty to drink. Don't drink liquids that contain caffeine, alcohol or large amounts of sugar as these actually cause you to lose more body fluid. Also, avoid very cold drinks, because they can cause stomach cramps.

Try to rest often in shady areas.

Wear lightweight, light colored, loose fitting clothes.

Be aware of the warning signs of heat injury. Heat stroke is the most serious kind of heat injury. Heat injury is marked by an extremely high

body temperature (above 103 degrees Fahrenheit orally), red, hot, dry skin, rapid pulse, throbbing headache, dizziness, confusion or unconsciousness. If someone is displaying any of these symptoms, you should move that person to a cool place, and seek medical help immediately. This is an emergency.

A lesser kind of heat injury, which is still dangerous, is heat exhaustion. Heat exhaustion is identified by heavy sweating, paleness, muscle cramps, weakness, dizziness, headache, nausea or vomiting. In this situation, you should move the victim to a cool place and stop all physical activity and move to a cool place. Cool, non-alcoholic beverages should

be given — water is best. A cool shower or sponge bath may help to cool the person off as well.

Remember, it is better to prevent heat injuries than to have to try to recognize and treat them after they have occurred. ■

**Editor's note:** *This is the last column written by Army Col. (Dr.) Stephen C. Phillips as he is transferring to be the commander of the medical clinic at Fort Detrick in Maryland. Phillips was the director of deployment medicine and surveillance in the Office of the Deputy Assistant Secretary of Defense for Force Health Protection and Readiness. He was promoted to colonel on June 22.*

# Army Reserve Goes High Tech To Reach Families

## New Web Portal Connects Families, Provides One-Stop Source for Support Services

by the army reserve  
family programs office

soldiers and  
their families.”

The Army Reserve's Family Programs Web Portal provides information and services to:

Army Reserve soldiers, both deployed and stateside, the latest Army Reserve news and information, links to family services and updates on family programs, as well as interactive online resources.

Families – information on the various programs and services available to help family members adjust to change, deal with challenges related to mobilization, deployment and every day living.

Employers – information to help civilian employers support their citizen-soldier employees.

Family Programs staff – a readily accessible resource for effectively delivering, tracking and reporting the status of Family Programs services provided to soldiers and their families. ■



The Army Reserve Family Programs Portal, at <http://www.arfp.org>, is a “one-stop shop” that provides Army Reserve families with information and services.

**T**he Army Reserve unveiled a new Web portal in June to support deployed soldiers and their families. The Army Reserve Family Programs Portal, at <http://www.arfp.org>, is a “one-stop shop” that provides Army Reserve families with information and services and enhances communications between soldiers, their families and the Army Reserve staff.

There are more than one million Army Reserve soldiers ready to support active duty soldiers and serve the nation when called upon by the president. The Army Reserve has nearly 62,000 soldiers deployed worldwide.

The Army Reserve Family Programs staff currently provides vital information and services to Army Reserve service members and their families. The Army Reserve Family Programs Portal replicates this physical family support system in a readily accessible virtual environment.

“Army Reserve soldiers, unlike active duty troops, are not centrally located on a military installation,” said Michael Evans, family programs manager for the Army Reserves. “Since [Army Reserve] soldiers are widely dispersed across cities, towns and villages in virtually every state, communicating with them can be more of a challenge. This new Web portal allows Army Reserve staff to quickly and effectively communicate with soldiers and their families. The portal provides soldiers and their families with easy access to information and services to support their well being. Ultimately this improves troop readiness by supporting the



U.S. Air Force photo by Senior Airman Desiree N. Palacios

## Up And Over

A member from the 86th Airlift Wing, Ramstein Air Base, Germany, competes in the Aerial Port Squadron obstacle course at McChord Air Force Base, Wash., during the Air Mobility Expeditionary Rodeo 2005 on June 22. Rodeo 2005, hosted by Air Mobility Command, is the Mobility Air Force's readiness competition focusing on improving worldwide Air Mobility Forces professional core abilities.

# HPC Ensures Readiness of Deploying Seabees

by hugh c. laughlin  
human performance center public affairs

**T**he Human Performance Center has undertaken a special project with the First Naval Construction Division at Naval Amphibious Base, Little Creek, Va., to ensure the readiness of Navy Seabees deploying to help fight the war on terror.

The First Naval Construction Division sought the services of Human Performance Center in an effort to help measure team and unit performance, a necessary and required skill essential to stand ready in the war on terrorism.

*“This is a hot topic project that is war-related.”*

“The first project on our plate is the team readiness assessment,” said Dr. Aaron U. Bolin, Human Performance Center Surface Warfare Officer School Command, human performance detachment lead psychologist and First Naval Construction Division project lead. “This is a hot topic project that is war-related.”



U.S. Navy file photo

U.S. Navy Seabees assigned to Naval Mobile Construction Battalion Two Four (NMCB-24) lift a 80-foot wall section for a hospital triage wing currently under construction in Iraq. NMCB-24 is deployed to central and western Iraq in support Operation Iraqi Freedom.

With a unique, important mission and different force structure, the Seabees have long been believed to be a different breed of sailor. As one example, their force structure has more than half of their billets in the Naval Reserve. Another example is how they train. The Navy aviation, surface and submarine communities train to deploy, while the Seabees deploy to train.

Rather than training for a deployment, the Atlantic Fleet mobile construction battalions deploy their forces to Rota, Spain, or Guam to train and build their team cohesiveness by working construction projects. This gives that sailor who may be an equipment operator a chance to work side-by-side with the electricians, steelworkers or builders on a construc-

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## Drugs Online

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recommended by the pharmacists, without a prescription, and be totally safe. But unless you are absolutely certain of the pharmacy, the pharmacist, and the source of the drugs, I think you are assuming tremendous risk. If it were my family member, there is no way I would take the risk.

Currently, rules and laws regarding this issue could best be described as “fuzzy.” My recommendation, have your mother use a reputable stateside pharmacy. They are regulated in every manner and the FDA ensures the safety and efficacy of the drugs.

For more information on buying

medicines and medical products over the Internet, go to <http://www.fda.gov> and click on “Buying Medicines Online,” or go directly to <http://www.fda.gov/buyonline>.

To read more about importing drugs from foreign countries, go to <http://www.fda.gov/importeddrugs>. For more related information on counterfeit medicine and generic drugs, go to <http://www.fda.gov/counterfeit> or <http://www.fda.gov/cder/ogd>. ■

**Editor’s note:** Navy Cmdr. Eugene de Lara is the assistant department head in the pharmacy department at the National Naval Medical Center in Bethesda, Md. Prior to this assignment, he was deployed to Iraq for six months.

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# Marine Shares Combat Skills With Members of Other Services

by air force staff sgt. victoria meyer  
office of military cooperation afghanistan

**B**eing thrown around in the dirt after working a 12- to 15-hour shift in a combat zone may not be an ideal ending to the day. But 14 soldiers, sailors and airmen at Camp Eggers, Afghanistan, volunteered for it.

They were students in the Marine Corps Martial Arts tan belt course that teaches basic close-combat techniques. The two-week class ran five days a week from 6 to 9 p.m. and was taught by U.S. Marine Corps Gunnery Sgt. Douglas Yagel, senior non-commissioned officer of the Office of Military Cooperation Afghanistan's Air Plans section, with the help of former graduates of the class.

Yagel decided to teach the martial arts program here for a couple of reasons. Since he is a certified instructor, it is part of his job to teach martial arts. So it keeps his skills

*“We are in a combat zone. It is easier to relate it to everyday, real-world situations.”*

sharp. He has instructed more than 50 people since his arrival in Kabul.

“Once you are an instructor, at least for me, you feel the need to teach,” Yagel said.

He also thought training a small group of people would allow the combat mentality to trickle down to others in the students' units.

The Marine Corps Martial Arts

Program has evolved with the ever-changing styles and concepts of combat. It incorporates techniques from various established martial arts. The program consists of a belt-ranking system with five basic levels: tan, gray, green, brown and black belt.

Black belts can attain one of six degrees of black belt skill.

Each student learned and was tested on techniques they could need in various situations. The techniques included how to restrain people who grab them from behind, how to get out of headlocks and choke holds, and how to stop a person from taking a weapon from them.

The tan belt class is made up of three parts that work together to “produce a warrior:” physical, mental and character training.

“It can't be all physical training. You can teach anybody how to kill, but if they don't have the character side and the mental side, they won't use [the training] in the proper context,” Yagel said. “It is about knowing when and where to use the techniques.”



Photo by Air Force Staff Sgt. Victoria Meyer

U.S. Army Capt. Thomas Ficarra uses a leg sweep to take down Army Lt. Col. Rick Noriega. The students of the Marine Corps Martial Arts Program tan belt course were required to properly execute 47 techniques to receive their tan belt qualification.

Yagel and the other instructors had to be creative when planning the physical conditioning because the space and training aids are limited here. He said the altitude was a concern also, since Kabul is 5,900 feet above sea level.

The purpose of the mental training was to get the students thinking more about their surroundings and to be ready for anything. He believes everyone here should be in a combat mindset, assessing the intent of everyone around and always thinking like the enemy.

Yagel gave classes on what to look for when outside Camp Eggers in the city of Kabul and on the process of thinking through each situation. He taught the students how to be aware of the possibility that

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## Combat Skills

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something could go wrong.

The techniques taught were the same Marines learn in boot camp. But, Yagel said, the class is a little different here.

“We are in a combat zone. It is

easier to relate it to everyday, real-world situations. So the mentality is different,” he said. “After the class, you could go out the gate to go home and be confronted with a situation that you just learned about.”

The class was challenging for every student.

“I wanted to learn some basic combat martial arts skills. But I really wanted to prove to myself, and others, that I could do it. I knew it was going to be physically tough, and I did not want to quit once I started it,” said Air Force Lt. Col.

Timothy Doty. “I received valuable skills, and many bruises, out of the

class.”

“It is all a state of mind,” said Army Maj. Miguel Gonzalez as beads of sweat dripped from his forehead. Gonzalez had just passed the test for his tan belt.

For some students, this was more than a chance to learn martial arts techniques.

“As a staff officer you don’t get the opportunity to break a sweat and get in the dirt with the soldiers as often as you used to,” said Army Lt. Col. Rick Noriega. “I am 47 years old. I will never again have the opportunity to get this training — and it is free!”

Everyone who started the class graduated — which is above average. Yagel said the average is 10 graduates in a class of 12.

“I knew everyone would graduate,” Yagel said. “They proved themselves every time they came to ‘the pit.’ The true test is making it through the day-to-day training and the combat-conditioning drills.”

The day before they tested for their belt, Yagel told his class, “This class will not teach you everything you need to know, but it will get you into the right frame of mind. It will build a warrior mentality.” ■



Photo by Air Force Staff Sgt. Victoria Meyer

Students of the Marine Corps Martial Arts Program tan belt course execute various “takedown” techniques in a sand pit. Everyone who started the class graduated. Marine Corps Gunnery Sgt. Douglas Yagel who taught the two-week course said the average is 10 graduates in a class of 12.

## Seabees

— Continued from Page 8  
tion project to build their team and unit, thus deploying to train.

To build their teams, the Seabees’ version of this assessment is much like the bill of goods, albeit one of human capital, where they have a very detailed list of personnel with certain skills, according to Bolin.

“They have a very detailed list of skills, but does it translate into readiness at the team level?” Bolin said. “They know what all the pieces are, but assimilating all the pieces together to form a combat-ready contingency construction force to be deployed to the field to build in a hostile environment is what we’ll be helping them to do.”

The Human Performance Center currently has more than 25 human performance detachments throughout the Navy’s operational, training and acquisition communities. The center completed more than 20 pilot projects this past year, with teams focusing on improving weapons handling, flight deck safety and air intercept controller performance, as well as reducing training costs and oil spill occurrences. Human Performance



U.S. Navy photo by Journalist 1st Class Mark Overstreet

Seabees assigned to Naval Mobile Construction Battalion Two Four (NMCB-24) use bulldozers to prepare for construction of facilities for Iraqi Security Forces.

Center personnel have also been completing multiple job task analyses in support of the revolution in training and sea warrior. ■



Senior Airman Aubrey Pabon checks a water sample for contamination using a black-light. She is a bioenvironmental engineering technician with the 332nd Aerospace Medical Squadron.

U.S. Air Force photo by Senior Airman Tim Beckham

## Bio-environmental Engineers Eliminating Base Hazards

by staff sgt. lindsey maurice  
332nd air expeditionary wing  
public affairs

**C**lean air, water and soil – without these key resources Balad Air Base could not function.

With that in mind the Airmen of the 332nd Expeditionary Medical Support Squadron bio-environmental engineering flight work around the clock making sure these resources are safe for the entire base populace.



“We identify and eliminate environmental and occupational hazards so that Air Force members deployed here can spend time with their grandchildren 30 years from now,” said 1st Lt. Kevin Tloczynski, 332nd EMEDS bioenvironmental engineering flight chief.

The flight, which includes the lieutenant, one staff sergeant and a senior airman all deployed from Lackland Air Force Base, Texas, has conducted 25 drinking water samples, four air samples, three radiation swipe samples and two depleted uranium samples.

“The water surveillance is especially important here,” said Staff Sgt. Brian Lohr, 332nd EMEDS bioenvironmental engineering flight non-commissioned officer-in-charge. “We have to monitor the drinking water often to ensure its potable for Air Force personnel.”

In addition to testing key resources, the flight also conducts shop visits to make sure Airmen working with hazardous materials are doing so safely.

Staff Sgt. Brian Lohr and Senior Airman Jennifer Heath of the 332nd Expeditionary Medical Support Squadron bioenvironmental flight use a HAZCAT kit to identify a test sample.

Air Force photo by Senior Airman Adam Bradford

“We identify, characterize and recommend ways to mitigate environmental and occupational hazards,” said Tloczynski. “These hazards could be anything from heat stress and noise to radiation.”

Since their arrival, Tloczynski’s flight has inspected 25 shops. Some of the aspects they inspect include chemical exposure; thermal stress; ergonomics; blood borne pathogens; hazardous waste management; radiation; welding, cutting and brazing operations; personal protective equipment and respiratory equipment.

“We are here to protect the worker,” said Lohr.

Tloczynski added that in addition to their everyday jobs, the bioenvironmental engineering team must also be ready to respond to hazardous threats or incidents at a moment’s notice.

“We use our technical expertise to characterize radiological, chemical and biological hazards and make recommendations to the incident commander,” said the lieutenant. “We are on call 24/7 just in case.”

With their deployment half over, the team continues to remain focused on their tasks at hand.

“We’re here to protect the health of the airmen here and will continue to do so until we’re gone,” said the lieutenant. ■

# DoD Provides Severely Injured Troops With A New Resource

*“At the end of the day, it’s always all about the service members and their families.”*

by Harry Sarles  
deployment health support

**S**everely injured service members and their families have a new resource to help them put their lives back together after the service member’s injury. Service members and their families can call the toll-free number at (888) 774-1361 for information and referrals.

That phone number is the 24/7 helpline for the Military Severely Injured Joint Support Operations Center.

“The center is the Defense Department’s program to help severely injured service members and their families,” said Navy Cmdr. Dave Julian, the center’s director of operations. Military services will continue to help severely injured service members through existing programs such as the Army’s “Disabled Soldier Support System” and Marine’s “Marine For Life” programs. The new program will augment those services with special emphasis on supporting families.

Julian explained that the center’s definition of “severely injured” is any injury that affects an individual’s quality of life. He also said the center will try to help anyone that contacts them.

When a service member or family member calls the center for the first time he or she is assigned a care manager. That care manager follows the case for as long as they need assistance offering help as needed with case management, hospitalization, financial support, education and employment assistance, information on Department of Veterans Affairs

benefits, family counseling, local community resources and child care support. The

care managers are all registered nurses who have experience working with disability patients.

Early successes for the center include helping a Marine lance corporal who was injured in a motor vehicle accident. Julian said, case managers were able to help get the corporal an early appointment and made sure the paperwork was taken care of.

The center also helped an Army sergeant get promoted. The sergeant, then a corporal, was hospitalized for long enough to require reassignment to the military hospital. Under current policies, his promotion would have been delayed until he joined a new unit. The care manager helped the medical facility staff coordinate with the Army’s Human Resources Command to get the soldier promoted while he was assigned to the hospital, said Julian.

A National Guard member contacted the center because he was having trouble getting a determination of disability from Veterans Affairs. According to Julian, a center care manager helped the member contact the VA. The VA awarded the National Guard soldier an interim disability rating and expedited the processing of his claim.

## A Regional Advocacy Program

A regional counselor/advocates program will augment the helpline. The ombudsmen will act as extensions of the care managers. They will identify needs and connect resources to families. Julian said the counselor/advocate will be located at

military treatment facilities and VA hospitals throughout the country. Counselor/advocates can meet with service members and their families and offer them face-to-face assistance.

The center’s staff also includes representatives from all the military services, DoD’s Health Affairs, Reserve Affairs, the VA and the Transportation Security Agency. The center has chartered working groups to address particular areas of need. Working groups coordinate issues, identify resources and ensure an integrated approach to problems facing severely injured service members and their families. Areas that working groups are concentrating on included financial support, information technology, VA benefits, family center support, Federal government hiring policies, non-government employment opportunities, service injured support programs, policies, and private organizations.

Through the center, the Transportation Security Agency offers severely injured service members assistance clearing airport security when traveling. It can be difficult for severely injured service members to pass through normal screening procedures. The TSA representative can arrange for individual screening at passenger control points so the injured service member can move efficiently through screening without slowing other passengers.

Julian said the center provides seamless support as long as it may take to assure that injured service members and families achieve the highest level of functioning and quality of life.

“At the end of the day, it’s always all about the service members and their families,” Julian said. ■

# Army Testing New Types Of Eye Protection

by melissa house  
fort benning, ga.

**A**bout 400 Infantry trainees and cadre are testing several different types of combat eye protection that might eventually be issued to all soldiers.

Army Col. Chuck Adams, the senior optometry consultant for the Army's Office of the Surgeon General, said the goal is to achieve a "culture change" from vision correction for some soldiers, to eye protection for all.

"We're talking about putting eyewear on half a million soldiers," Adams said. "And, it's not so much about which product we choose, but the training. Combat eye protection is embraced for deployed soldiers. We need to embrace it for all soldiers."

*"We want to protect soldiers' vision, and one of the ways to do that is by issuing CEP to every soldier."*

Eye injuries represent almost 16 percent of all injuries in Iraq and Afghanistan since March 2003, according to statistics from the office of the surgeon general.

As part of the Military Combat Eye Protection Program, the office of the surgeon general and the team from the Program Executive Office Soldier at Fort Belvoir, Va., are hoping the soldiers in B Company, 1st Battalion, 50th Infantry Regiment, and D

Company, 1st Battalion, 329th Infantry Regiment, will have some good feedback

on three sets of spectacles.

"Eye injuries hit the radar post-1972 and the Arab-Israeli Wars," said Lt. Col. Emery Fehl, chief of optometry at Martin Army Community Hospital and Fort Benning's Military Combat Eye Protection Program liaison.

In subsequent years, the Army researched and developed spectacles and goggles designed to combat a laser threat by blocking certain wavelengths. That, he said, is where the Army's current offerings, with their multiple lenses, came in. But the eyewear adopted in 1994, and issued in 1998, didn't pass muster with the soldiers.

Sarah Morgan-Clyborne, who has been working the eyewear issues with PEO Soldier for about 12 years said the second generation items, intended to provide spectacles and goggles that would share lenses, provide ballistic protection and support prescription lenses, was unsuccessful.

"We did not design a frame that was acceptable to soldiers," Morgan-Clyborne said. "Protection was important, but not a motivating factor."

The missing factor?

"It was a great product," Adams



Photo by Melissa House

Pfcs. Matthew Brugeman, left, and Michael Brock move off the range at Fort Benning, Ga., wearing the clear lenses in their new combat eye protection, and Brock has prescription inserts.

said. "But it doesn't look like an Oakley and doesn't look cool."

So, the Army entered the formal contracting process with several commercial vendors, Morgan-Clyborne said, and also receives unsolicited proposals.

"We evaluate [the eyewear] for industry safety standards and ballistic fragmentation protection, then rank the products and place them on an authorized protective eyewear list," she said.

Individual commanders can select eyewear for their unit from that list.

Right now, the ballistic protection piece is more important than the laser threat, Fehl said. Of the 345 eye injuries evacuated from Iraq and Afghanistan after March 2003, three soldiers are totally blind and 44 have total loss of vision in one eye.

But eye injuries aren't limited to combat operations.

Adams said one of his first patients — as a young doctor in Germany — was a sergeant with a prosthetic eye because of an accident on a range.

"We want to protect soldiers' vision," Adams said. "One of the ways to do that is by issuing [combat eye protection] to every soldier."

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# Germ Warfare



Capt. Gabrielle Childs (left) and Staff Sgt. Becky Patterson sort sand flies and mosquitoes that will be tested for insect-borne diseases that threaten U.S. forces deployed to Iraq. They are assigned to the 447th Expeditionary Medical Squadron's public health flight. Childs is deployed from Luke Air Force Base, Ariz., and Patterson is deployed from Maxwell Air Force Base, Ala.

U.S. Air Force photo by  
Tech. Sgt. Brian Davidson

## Eyewear Test

— Continued from Page 13

Fort Benning is the only installation conducting the combat eye protection test, and Fehl said the end number of around 400 makes this test more valid.

"This is the right place to do this testing," Fehl said.

On April 8 and 9, the two companies received a mass issue of the first set of combat eye protection, the UVEX XC. Soldiers wore them during field training for two weeks, and then critiqued them.

In May, soldiers from B Company, 1st Battalion, 50th Infantry Regiment, put the second set — ESS ICE 2 spectacles — through the paces on the range. The soldiers have yet to see the revision sawfly, the third set they'll test.

Based on the data, the company will wear the preferred combat eye protection during their seven-day capstone field exercise.

Pvt. Duncan Kiruthi, a B Company soldier, doesn't normally wear eye protection. During the first day on the range, Kiruthi had reservations.

"I'm not feeling confident," he said.

But Kiruthi thought since it was his

first time firing a weapon it would get better and didn't expect the eyewear to be a factor. One of the company's drill sergeants, Staff Sgt. Jefferson Negus, said the soldiers, and some of the cadre, have been putting the combat eye protection on every time they don their Kevlar and equipment.

"The glasses are getting a full set of abuse," Negus said. "We've had breakage, but we haven't seen a pattern. They seem to be fitting the durability standard."

He said he felt much more protected, and the two glasses he's tried are light enough not to bother him. Negus, a combat veteran who served with the 101st Airborne Division (Air Assault) in Mosul, said his unit had eye protection, but it was a personal choice whether or not to wear it.

"That's what we're trying to change," Adams said. "We want to instill the feeling that something's missing when they walk outside [without eyewear]. Soldiers are willing to walk around garrison with a little bit of blur, but out in the desert, they want the best possible vision. They must train as they fight."

Training as they fight means

soldiers would be issued combat eye protection, frame of choice and protective mask inserts for those soldiers needing corrective lenses, and combat eye protection for those without a need. The Army currently only issues S-9 glasses to initial entry soldiers who need vision correction.

Issuing the combat eye protection to all soldiers is a move Negus thinks is long overdue.

"I don't think the soldiers see the value in them yet," Negus said. But another of B Company's soldiers likes the idea and said the glasses are working well for him.

"They have saved me a couple of times already from getting an eye injury," said Pvt. Joseph DeLair, "especially during land nav walking through the woods and bushes."

While the combat eye protection will cost an average of \$16 to \$40 per soldier, Adams said it will be partially offset by no longer issuing the S-9 glasses soldiers don't like.

"It's tough to talk numbers," Adams said. "But the important point is — if you lose one eye, the Army pays a soldier upwards of \$1 million for disability." ■

# MARINE FOR LIFE: Injured Support

## *New Marine Corps Program Helps the Seriously Injured And Their Families*

by major carolyn dysart  
marine for life public affairs

**F**or a seriously injured Marine, getting to medical treatment is just the first step in a long and difficult journey back to duty or a medical retirement. Along the way, the Marine and his family will have to deal with myriad issues from medical, financial and administrative to understanding benefits, evaluation boards and much more. Fortunately, they don't have to face these challenges alone.

The Marine Corps has a long history of caring for its own and now there's a formal program to ensure the unique needs of seriously injured Marines (including sailors injured while serving with Marines) and their

*“Our job is to minimize the difficulties and worries families face as they navigate the stressful and confusing process.”*

families are met. The new Marine For Life-Injured Support program will provide information, advocacy and assistance from the time of injury through return to full duty or transition to the Department of Veterans Affairs, up to one year after separation.

“Our job is to minimize the difficulties and worries families face as they navigate the stressful and confusing process,” said Col. Bill Lake, Marine For Life Program Manager. “Our goal is to ensure that no Marine is ‘left behind’ as they transition from military care to the Veterans Affairs.”

After talking with many injured

Marines, their families, doctors and commanders, and in conjunction with extensive research by Headquarters Marine Corps, the Commandant of the Marine Corps established the program at the end of 2004 and operations began in early 2005.

Planned features of the program include:

- Advocacy for Marines, sailors and their families within the Marine Corps and with external agencies;
- Pre- and post-service separation assistance and follow up;
- Assistance in working with physical evaluation boards;
- Educational and interactive web pages on the M4L website for disability/benefit information that can be accessed by injured Marines or sailors, their family members as well as commands needing to learn more about injury support mechanisms and organizations available;
- Enhanced Military “One Source” capability for 24/7, 365 days disability information;
- Facilitation/assistance with organizations and businesses willing to hire injured;
- Coordination with veterans, public, and private organizations providing support to our seriously injured;
- Improved cooperation with the Department of Veterans Affairs in the handling of Marine cases; and
- Development of any required proposals for legislative changes to better support our Marines and sailors.

“We’re going to change the systems and paradigms and overcome the obstacles that have plagued injured Marines and their families as they try



to obtain the care and benefits they need to live as normal a life as possible,” said Lake, who conducted much of the research and designed the program.

“A key element is improving the Marine Corps communication with and understanding of the VA,” added Lake.

A Marine officer has been assigned to the Seamless Transition office at VA headquarters to facilitate Marine cases.

According to Lake, adding the mission of taking care of injured Marines and their families is a natural fit for the Marine For Life program which has an established nationwide network of Marine-friendly businesses and support organizations.

The Marine For Life Web site — <http://www.M4L.usmc.mil> — will become a clearinghouse of information for injured Marines, their families and others involved in supporting them. Already the Web site includes news and information on the recovery process, benefits, benevolent organizations, and injury types, as well as links to helpful Web sites.

Most of the seriously injured Marines will eventually transition

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# Military OneSource Offers One-Stop Information, Counseling

by lisa gates  
deployment health support

**T**he Department of Defense recognizes that service members and their family members have many questions about life issues, but that it can often be challenging to find the answers. In response to this concern, the DoD established Military OneSource, a free, 24-hour, seven days a week information center and Web site where active duty, National Guard and Reservists and their families can find information on parenting and child care, tips on military life and relocation, work and education programs, and much more.

Military OneSource also provides monthly email newsletters filled with a variety of topics as well as weekly online polls.

Military OneSource was created in an effort to reshape and modernize many of the military family support programs already established within DoD. Many of the family support programs were designed during World War II, when fewer troops

were married and had families. Today, more than half of the active duty, Guard and Reserve force are married and have different needs from their counterparts some 40 years ago.

By creating new programs and using improved technology, DoD is able to make the programs more effective and more efficient for the service members and their families.

Military OneSource contains a wealth of information and advice as well as pointers to services ranging from counseling either by phone or in person by masters-level consultants, to information on family support, emotional support, debt management, and legal issues, among other topics, all at no cost to the service member.

Once on the Web site, to protect confidentiality, users will be asked only for their branch of service and installation.

"Formerly, Military OneSource was service-specific," said John Molino, deputy undersecretary of defense for military community and family policy. "Now the information is all on one Web site, available at one common phone number and



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Military OS MG 12-04

part of one great family service."

Military OneSource can be accessed via the Internet at <http://www.militaryonesource.com>. People who use this site will need a user ID and a password.

For those who prefer talking to a person, military members and family members can call toll-free in the United States by dialing (800) 342-9647.

If stationed outside of the United States, call the international toll-free number at (800) 3-429-6477 or international collect at (484) 530-5947. ■

## Marine For Life

— Continued from Page 16  
home so the Marine For Life transition assistance program is adjusting its network to identify community resources and mentors for disabled Marines as well as disability-friendly employers and job opportunities. A survey of registered Marine For Life employers conducted in January 2005 revealed that 40 percent had positions for disabled Marines.

"The Marine Corps is committed to taking care of injured Marines and their families. We're trying to

engineer solutions and develop a program that will make a difference – not just look good," said Lake.

The program is currently being introduced by Marine For Life staffers to Marines, sailors and their families at Bethesda Naval Hospital and Walter Reed Army Hospital in the Washington, D.C., area with a plan to expand to all major Naval hospitals as soon as possible. Marines who have already been medically discharged are being contacted by telephone. ■

## For More Information

Injured Marines, sailors or family members needing assistance can call toll-free (866) 645 - 8762 or email at [injuredsupport@M4L.usmc.mil](mailto:injuredsupport@M4L.usmc.mil).

For immediate, 24-hour response, the Military Severely Injured Joint Support Operations Center can be reached by calling toll-free (888) 774-1361.

# Airman Helps People Get Back On Their Feet

by master sgt. val gempis  
air force print news

**A**t Yokota Air Base in Japan, there's an airman who constructs, assembles, repairs and adjusts orthopedic appliances to help injured people in the Pacific Region get back on their feet.

"[I] help people with disabling conditions improve their degree of function to a healthy level," said Master Sgt. Nathan Simonson, an orthotic laboratory technician with the 374th Medical Group.

The lab here, more commonly known as the "brace shop," is the only one within Pacific Air Forces. Simonson, the only orthotic technician here, said about 1,000 people from bases across the Pacific region visit his clinic annually. His patients' ailments result from traumatic injury, congenital problems, fractures, arthritis, muscular dystrophy, multiple sclerosis and muscle, tendon



U.S. Air Force photo by Master Sgt. Val Gempis

and cartilage tears. The technician said his goal is to help patients restore their mobility and prevent or limit disability. Working under the supervision of

orthopedic physicians, Simonson carefully follows prescriptions. He evaluates each patient and takes measurements or casts of their

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## RABIES: A Threat To Deployed Missions

by 2nd Lt. Jason Mckernan  
air combat command public affairs

**T**he Air Force spent countless dollars and numerous lost man-hours in the treatment of 56 civilian contractors at a deployed location whose unit "mascot" exposed them to rabies.

The situation was entirely preventable and caused a massive drain on mission resources, Air Combat Command officials said.

"Not only did this failure to follow the rules put lives at risk, it placed a

tremendous burden on the local medical treatment facility, encumbered the theater logistics system, and diverted mission focus," said Air Force Col. Ken Hall, ACC Deputy Command Surgeon.

The contractors had adopted a stray dog that later became infected with rabies. It bit a number of people over four days and was eventually quarantined. It died the next day and tested positive for rabies.

General Order 1A is designed to prevent this type of situation from occurring among service members. It prohibits service members from

"adopting, as pets or mascots, caring for or feeding any type of domestic or wild animals."

While some units in the area of operations may have adopted wild and stray animals as unit mascots, this seemingly harmless activity is a potential recipe for disaster, Hall said.

"The human-animal bond is strongest in times of stress, like when you're far from home and potentially in harm's way. Ironically, these animals can be far more dangerous than comforting — to the point of

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## Orthotics

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extremities to make, fit and repair the appropriate orthopedic device. Using drills, saws, shears, punches, sanders, grinders and sewing machines, he makes a wide variety of orthoses to treat almost every part of the body.

“It’s a detailed-oriented and laborious job that requires good hand-to-eye coordination,” he said. “You need a basic knowledge of anatomy, physiology and kinesiology [as well as] learn how to work with metals and plastics here.”

He has made hundreds of items ranging from intricate back braces to custom foot orthotics. Although the brace shop specializes in custom bracing, the lab also carries a wide variety of prefabricated, over-the-counter devices for treating a lot of different and more common diagnoses. But Simonson said the

most important part of his job is a good evaluation.

“Not all treatments are the same,” he said. “Everyone has different needs. There are a lot of joints and bones in the body.”

Simonson said knowing his patient’s work environment helps him do his job better. Mechanics and flightline airmen work outside for hours. Custom insoles for their boots help ease pressure on their feet, he said. Having a properly made orthotic device absorbs shocks, provides support and relieves pressure on uncomfortable sore spots.

“It’s a very rewarding job,” Simonson said. “People are very appreciative of what I do for them. It’s great to see the smiles



U.S. Air Force photo by Master Sgt. Val Gempis

Master Sgt. Nathan Simonson makes a shoulder orthosis. The orthotic lab technician makes, assembles and repairs orthopedic appliances for patients who require protective support or correction because of bone or muscle injury, impairment disease or deformity.

on their faces after regaining their health.” ■

## Rabies

— Continued from Page 17  
loss of life — and that’s why GO-1A exists,” Hall explained.

According to information published by the World Health Organization, most of the 55,000 rabies deaths reported annually occur in Asia and Africa. Exposure to rabid dogs accounts for 99 percent of rabies deaths worldwide, according to the Centers for Disease Control and Prevention.

While there are aggressive ownership and immunization programs in the United States, similar programs are virtually nonexistent in the AOR, Hall said.

Anyone who is scratched or bitten by any animal should thoroughly clean the wound with soap and water and seek medical attention as rapidly as possible, the colonel explained.

“We can effectively prevent rabies after exposure, but you have to get the treatment,” Hall said.

The treatment for rabies is completed by receiving a series of shots over a 28-day period, but people who fail to seek treatment are at a very high risk.

Once the rabies symptoms develop, death is the typical outcome.

Airmen who are deploying to the Southwest Asia AOR must understand the practices prohibited by General Order 1A, Hall said.

“It’s really everyone’s responsibility to know and follow the rules, but leadership is the key,” said Hall. “Commanders have to communicate and enforce the general order — the risk is too great.” ■

## USNS Mercy: Mission Accomplished



Families and friends wait as the Military Sealift Command hospital ship USNS Mercy (T-AH 19) prepares to moor at Naval Station San Diego. Mercy is returning from a five-month deployment in support of tsunami relief efforts and humanitarian aid missions to various Southeast Asia nations. Naval Medical Center San Diego and Naval Hospital Camp Pendleton, Calif., hosted a welcoming arms festival June 11 to celebrate the return home of their deployed members on behalf of the hospital staffs, families and friends that supported them during their deployment.

## **Air Force Association**

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

## **Air Force Sergeants Association**

5211 Auth Road  
Suitland, Md 20746  
Phone: (800) 638 - 0594  
or (301) 899 - 3500  
<http://www.afsahq.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  
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## **AMVETS**

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## **Army Retirement Services**

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## **Association of the U.S. Army**

2425 Wilson Blvd.  
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Phone: (202) 273 - 4300  
<http://www.va.gov>

## **Disabled American Veterans**

807 Maine St., SW  
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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  
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## **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>

## **Non-Commissioned Officers Association**

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

## **Paralyzed Veterans of America**

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>

## Reserve Enlisted Association

1 Constitution Ave., NE  
Washington, DC 20002  
Phone: (202) 646 - 7758  
<http://www.reaus.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>

## Phone Resources

### Direct Helpline for Service Members, Veterans and Families

(800) 497 - 6261

### Deployment Health Clinical Care Center

(800) 769 - 9699 or from Europe  
00 - 800 - 8666 - 8666

### Marine For Life **\*\*NEW\*\***

(866) 645-8762

### Military OneSource **\*\*NEW\*\***

(800) 342-9647

### Military Severely Injured **\*\*NEW\*\*** Joint Support Operations Center

(888) 774-1361

### 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

### Department of Veterans Affairs

(800) 827 - 1000

### VA Benefits and Services

(877) 222 - VETS  
or (877) 222 - 8387

## Internet Resources

### 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/>

### KIDSLINK

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

### PDhealth

<http://www.pdhealth.mil>

### Hooah4Health

<http://www.hooah4health.com/>

### TRICARE

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

### Department of Veterans Affairs

<http://www.va.gov>