

# D Deployment Q Quarterly

Winter 2006 Vol. 5 Issue 2

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# DIRECTOR'S **message**

Dear Readers:

By the time you receive this issue of *Deployment Quarterly*, you will have already celebrated the beginning of 2006 and made your New Year's resolutions. Similarly, our Force Health Protection and Readiness staff has been reflecting on the past year's efforts and making plans for the year to come.

I would like to highlight some important initiatives we plan to undertake in 2006.

We will remain focused on developing Defense-wide policies and programs to better protect and promote the health of those individuals being deployed and to assure that any health concerns our service members may have after deployment are completely addressed. That same concern for health extends to those who have served our nation in the past.

We also will continue to provide oversight, planning, analysis and quality assurance of Defense Department force health protection and readiness programs necessary to support the full range of military operations and the health readiness needs of our service members, healthcare providers, service leaders and beneficiaries.

In response to the President's National Strategy for Pandemic Influenza, our office will continue to work with the rest of the Department of Defense and other federal agencies to develop, plan and enhance our readiness to prevent, detect, and respond to pandemic influenza. This plan includes specific control measures to prevent, treat and contain any human outbreaks we may face in our areas of military responsibility and operation. Our overseas surveillance network and laboratories are well positioned to assist in stopping, slowing or otherwise limiting the spread of a pandemic to the United States.

We also will support expanded implementation of the new post-deployment health reassessment process to ensure that deployment-related health concerns that may arise during the three- to six-month time period after service members return from deployment are identified and referred for treatment and/or assistance/support.

The Department of Defense's Joint Theater-Trauma Registry, established at the outset of OIF/OEF, will continue to enable medical professionals within the Department to gain significant insight on ways to best manage and treat combat trauma injuries. Additionally, since the early days of OIF, expanded theater electronic medical recordkeeping is improving our ability to track patient status and movement and perform health surveillance. These systems will continue to provide the information we need to routinely analyze disease and non-battle injury trends in theaters around the globe, and to respond quickly to prevent or protect against these threats to our forces.

To make timely and useful information on deployment-related health issues available to our service members, service leaders and military families, we will continue to manage and update the Deployment Health and Family Readiness Library—available exclusively on the web. This award-winning site, located at <http://deploymenthealthlibrary.flhp.osd.mil>, includes the Defense Department's most current, accurate information on infectious diseases, health and safety, and preventive medicine.

The many achievements in force health protection last year are due primarily to the dedication and outstanding efforts of thousands of health professionals in the Military Health System. If you have a chance this month, take a moment to thank a military health system professional for what they are doing for our forces each and every day. We will need their continued support in the coming year. May they and you be blessed with good health and success in all endeavors.

Sincerely,

Ellen P. Embrey  
Deputy Assistant Secretary of Defense  
Force Health Protection and Readiness



# Deployment Quarterly

The Deployment Health  
Support Directorate  
Volume 5 Issue 2

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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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## Features

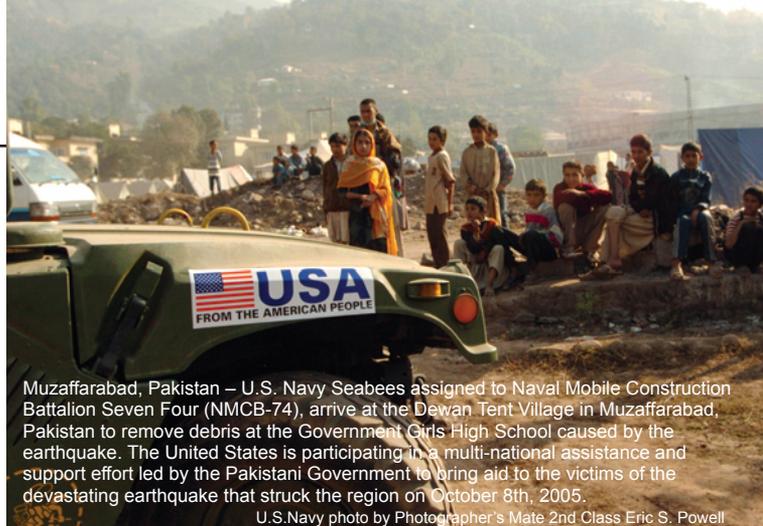
- 2** Commentary. DoD coordination and planning helps reassure cohesive response to a possible flu pandemic
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## On the Cover

YOKOTA AIR BASE, Japan – Airmen tighten the straps of cargo pallets destined for Pakistan earthquake relief. The 730th Air Mobility Squadron Airmen here received 71,710 pounds of tents, blankets, beds and pillows. Seventeen pallets are scheduled to go to Islamabad, Pakistan.



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



Muzaffarabad, Pakistan – U.S. Navy Seabees assigned to Naval Mobile Construction Battalion Seven Four (NMCB-74), arrive at the Dewan Tent Village in Muzaffarabad, Pakistan to remove debris at the Government Girls High School caused by the earthquake. The United States is participating in a multi-national assistance and support effort led by the Pakistani Government to bring aid to the victims of the devastating earthquake that struck the region on October 8th, 2005.

U.S.Navy photo by Photographer's Mate 2nd Class Eric S. Powell

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## DoD Coordination on National Strategy for Pandemic Influenza

### Message from the Assistant Secretary of Defense for Health Affairs

**T**he Department of Defense will continue its partnership with other federal agencies to meet the objectives outlined in the President's National Strategy for Pandemic Influenza.

Through our surveillance network and laboratories overseas we are well positioned to assist in stopping, slowing or otherwise limiting the spread of a pandemic to the United States. Current DoD activities have proven to be an integral component in our nation's ability to monitor the progression of this disease. DoD is working with our Pacific partners to track and combat the spread of avian flu in areas where it is currently found.

Intensive interagency and internal DoD coordination will lead to a cohesive pandemic plan which incorporates all of our robust activities to limit the domestic spread of a pandemic, and mitigate disease, suffering and death. Our acquisition of vaccine and antiviral medications helps ensure that our service

members will remain healthy and that our ability to protect the nation is preserved. Planning at multiple levels assures a well-coordinated response to protect the nation's population.

Our DoD plan for responding to avian flu includes efforts to preserve military mission capabilities and readiness, save lives, and reduce human suffering for all service members and their families in the face of a pandemic of influenza. In addition, DoD is currently engaged with other U.S. Government agencies – including the Department of Health and Human Services, the Centers for Disease Control and Prevention, the Department of Agriculture, USAID and the Department of State – to ensure an effective and coordinated approach to this potential public health and economic threat both domestically and abroad.

The DoD has a variety of unique capabilities that lend themselves well to sustaining this nation's infrastructure. DoD



William J. Winkenwerder Jr., M.D.

assistance to civil authorities during recent natural disasters has demonstrated that, when directed, we are able to respond with a wide array of capabilities to support the nation during times of need. Our current and ongoing efforts in the weeks and months ahead are directed at ensuring that we are fully prepared to protect military service members and their families everywhere in the world, and that we are ready to assist civil authorities of the United States, or foreign governments, if called upon by the leadership of the United States government. ■

To learn more about the coordination, please visit [http://deploymentlink.osd.mil/medical/medical\\_issues/immun/avian\\_flu.shtml](http://deploymentlink.osd.mil/medical/medical_issues/immun/avian_flu.shtml)

*William J. Winkenwerder Jr., M.D., is the assistant secretary of defense for health affairs. He serves as the principal staff assistant and advisor to the secretary of defense for all DoD health policies, programs and activities, and exercises oversight of all DoD health resources.*

#### Other Resources

Office of Deployment Health

[http://deploymentlink.osd.mil/medical/medical\\_issues/immun/avian\\_flu.shtml](http://deploymentlink.osd.mil/medical/medical_issues/immun/avian_flu.shtml)

Department of Health and Human Services

<http://www.dhhs.gov/nvpo/pandemics/index.html>

Centers for Disease Control and Prevention

<http://www.cdc.gov/flu/avian/index.htm>

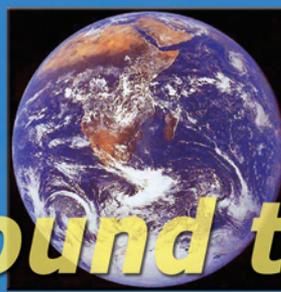
World Health Organization

[http://www.who.int/csr/disease/avian\\_influenza/en/](http://www.who.int/csr/disease/avian_influenza/en/)

U.S. Department of Veterans Affairs

<http://www.publichealth.va.gov/flu/pandemicflu.htm>

# News from Around the World



## New Cooling System Defies Intense Iraq Heat

By Ashley John  
U.S. Tank Automotive Research,  
Development and Engineering Center

**H**eat has shown to be a silent killer to the Soldier. Excessive heat can cause premature fatigue, a cause directly leading to a Soldier's breakdown of mental processes. Overheating is especially prevalent inside an armored vehicle, increasing the need to cool a Soldier's core body temperature whenever feasible.

Cooling the hot Humvee became a high priority for the Army's Tank Automotive Research, Development and Engineering Center because heat issues have become as serious as enemy fire for Soldiers in theater.

Providing a solution to the intense heat stress felt by the Soldier is a rapid Tank Automotive Command Life-Cycle Management Command initiative that the research and development center in collaboration with Natick Soldier Center, Natick, Mass., the U.S. Army Research Institute of Environmental Medicine and the Program Executive Office for Combat Support and Combat Service Support have transitioned to "Cool the Force."

"This program has demonstrated mission capability enhancements that Micro Climatic Cooling can provide to the Soldier," said Arthur H.

Adlam, Jr., Tank Automotive Research, Development and Engineering Center associate director. "The MCC enhances Soldier survivability and performance while operating in elevated temperature conditions for extended time periods."

During the summer of 2004 with the surge of armored vehicles — mainly Humvees, Soldiers were exposed to relentless temperatures in excess of 130 degrees. The research and development center, working with Natick and Foster-Miller, Inc., developed a rapid solution to a question posed by the program executive office — how can the Army enable Soldiers in add-on armor Humvees to perform longer missions, while alleviating the heat stress brought on by the armored tactical vehicle? The existing Red Dot air conditioning units did not provide sufficient cooling, especially during times when the

Passenger side coolant vests - The shipments of liquid cooling vest kits for armored HMMWVs were sent to theater during the summer of 2005. The cooling kits can be expanded to fit other military and commercial vehicles, and are also being applied to ambulances to treat Soldiers needing medical emergency treatment for heat stress/stroke.

turret ring was open. Research indicated a Soldier cannot properly operate and complete a mission safely with extreme heat conditions, therefore a solution that would cool a Soldier's body temperature for extended duration missions was needed.

Through existing Army systems, the team provided a rapid solution to the Warfighter. A cooling garment was already being used by the Air Warrior program, which could cool a Soldier's body temperature without interfering with daily operations. This garment would serve as a supplemental device to the industry mounted Red Dot air conditioning units that have become standard in add-on armor military vehicles.

Each Humvee cooling kit consists of four Foster-Natick developed water-filled vests. The vests fit under a Soldier's normal body armor and are connected via hoses



Photo courtesy TARDEC

to the vehicles' microclimatic cooling sub-system, which was developed by Foster-Miller Inc. The fungicide-treated water is chilled and circulated through the garment. A hands-free release system allows the Soldiers to quickly detach from hoses for emergency egress. Soldiers can continue to wear the vest outside the vehicle. Two soldiers can install the system in approximately one hour with a standard mechanics tool set.

Soldier feedback from the initial shipment of cooling vests showed that the liquid cooling vests did in fact provide the Soldier with sufficient cooling to increase mission duration, and reduce the risks of heat related medical problems. "Since we have had the vests, they have become increasingly popular with the platoon...they argue over who gets to wear them," said 1st Lt. David J. Dixon, Jr., XVIII Airborne Corps. "They wanted me to ask for more."

"As a ground vehicle systems integration leader, TARDEC has leveraged existing Army technologies and has incorporated them onto vehicle platforms that are currently being operated in desert conditions," said Dr. Richard McClelland, director of the center. "This is a direct response to feedback from Soldiers in the field."

The Humvee Cooling kits can be expanded to fit other military and commercial vehicles, and are also being applied to ambulances to treat Soldiers needing medical emergency treatment for heat stress/stroke. Further operational assessments of the cooling kits are being made to gather Soldier performance evaluations on military vehicles.

The continual positive reception of the liquid cooling vests has been extremely

motivational and rewarding for all project engineers. "First of all, thank you for all of your support...the cooling vests worked very well for us, and I believe they will serve the soldiers well in the future," said Maj. Brit S. Britton, commander 644th Transportation Company.

Addressing harsh environmental threats to the Soldier was brought to the forefront of Army research due to the joint efforts initiated by the center and Natick. At the onset of the Project Executive Office request, the center had been tasked to find out whether there was an actual Soldier identified need for supplemental cooling systems for armored vehicles, with the first focus on the Humvee.

Using data from tests on Humvee's performed at Aberdeen Proving Ground, Md., and the center, independent analyses were performed by the U.S. Army Research Laboratory-Human Research and Engineer Directorate Tank-Automotive and Armaments Command and the U.S. Army Research Institute of Environmental Medicine.

The analysis assessed the effects of heat on crew and vehicle functionalities. Both of these organizations concluded that there is a definite supplemental cooling requirement needed for Soldiers who perform missions longer than 90 minutes in hot-dry climatic zones, and for missions lasting no more than 60 minutes for hot-humid climatic zones.

Enhancing the mission and safety of the Soldier has been the end result of the collaborative effort of all involved. The usage of the cooling vests has helped to increase mission duration and improved mental activity for the Warfighter. The cooling system

alleviates Soldiers hydration needs and serves as a heat stress treatment, minimizing the patient treatments for heat stress and heat stroke.

This collaborative solution to a Soldier's need, benefits both the current and future forces. Together, the Army and industry quickly resolved a need that will foster long term requirements that are expandable to other tactical and commercial vehicles. These systems are Soldier friendly and easy to install, leading to good health, greater safety and increased survivability. A Soldier will now have the ability to beat the heat in Iraq by wearing one of the liquid-filled cooling vests.

Operation "Cool the Force" is on its way, and the hot Humvee is finally cooling off.

## VA Program Promotes Employment Among New Vets

New Department of Veterans Affairs program <http://www.va.gov/jobs/> is working to promote job opportunities for those leaving military service, the Veterans Affairs secretary said. "Fulfilling the Commitment – Coming Home to Work" is a new VA initiative focused on veterans of Operation Iraqi Freedom and Operation Enduring Freedom, said James R. Nicholson, Secretary of Veterans Affairs. The initiative, announced in mid-October, taps into existing federal, state and private-sector resources to help the 200,000 servicemembers who separate from active military service each

year. Nicholson said he's hopeful the Coming Home to Work effort will help improve veterans' job prospects by educating employers about veterans' job needs as well as the attributes veterans bring to the workplace.

## DoD Implements Reimbursement Policy

**A** new DoD policy allows for reimbursement to eligible service members who personally purchased certain equipment after September 10, 2001 and before August 1, 2004.

Eligible service members have until October 3, 2006 to apply for reimbursement for certain designated protective, safety, or health protective equipment that was purchased by either the service member or by another person on behalf of the service member for the personal use in anticipation of, or during, the member's deployment for Operation Noble Eagle,

Operation Enduring Freedom, or Operation Iraqi Freedom. There are certain requirements for this reimbursement:

- The service member must not have been issued equivalent government-issued protective, safety, or health equipment before the member became engaged in imminent danger or hostile fire operations.
- The protective, safety, or health equipment must have been purchased after September 10, 2001 and before August 1, 2004.
- Reimbursement for any one item shall not exceed \$1,100 and is limited to the actual purchase price, including shipping cost if applicable. If supporting receipts are unavailable, and proof of ownership and eligibility are established, reimbursement will be based on an established cost allowance table.

- The equipment must be on the approved list which currently includes the complete "Vest, Outer Tactical" or equivalent and components of Vest Outer Tactical if purchased separately as well as helmet, combat ballistic eye protection and hydration system.

### Claim process:

The member completes claim form, DD 2902, titled, "Claim for Reimbursement and Payment Voucher for Privately Purchased Protective, Safety and Health Equipment used in Combat" and submits the form to the first field-grade commander in the chain of command. Those who have separated from the military service should submit their claim to the office designated in block 12.a. on DD 2902 not later than October 3, 2006.

The service member's first field-grade commander or approved authorizing official is the approval authority for the claim. ■



### Where's Waldo?

Soldiers with Bravo Company, 3rd Battalion, 116th Infantry Division, Virginia National Guard climb toward a cave during a search for illegal weapons in support of Operation Rubble, June 4, 2005. 3-116 Infantry, Virginia National Guard is in Afghanistan in support of Operation Enduring Freedom.

U.S. Army photo by SSG Joseph P. Collins, Jr.

# Colonel's Bone Marrow Helps Save Baby Girl's Life

by Capt. Ryan Norman  
572nd Global Mobility Squadron

TRAVIS AIR FORCE BASE, CA

**M**ore than a decade ago, then Capt. Marilyn Kott spent a few extra minutes at the end of a mobility processing line to learn about a program that matches Air Force volunteers with persons who need bone marrow transplants.

Three assignments went by and her life went on as usual. Then one day this summer she received a phone call informing her that she was a possible match for 4-month-old baby that needed a bone marrow transplant.

"I almost forgot I had even signed up for the program," said Lt. Col. Marilyn Kott, the 572nd Global Mobility Readiness Squadron commander.

A representative from the C.W. Bill Young Donor Center in Kensington, Md., guided Colonel Kott through the long process to determine if she was an ideal match.

The Department of Defense donor center supports active-duty military members and their families, department civilians, reservists, Guard and Coast Guard members eligible to donate.

Participation in the program, which is voluntary, does not obligate a person to donate. Volunteers can back out at any time.

Colonel Kott did not back out. She began the next process of the donor program – undergoing a telephone interview regarding her health and physical well being. She also provided updated blood samples, drawn at the David Grant U.S. Air Force Medical

Center here and forwarded to the Georgetown University Hospital in Washington, D.C.

"I provided the blood sample, but I still did not really think that I would be a match for someone," the colonel said.

She was wrong. A month later she found she was the best match for a 4-month old baby with leukemia. This is a disease of the bone marrow in which unrestrained proliferation of white blood cells occurs, usually accompanied by anemia, impaired blood clotting and enlargement of the lymph nodes, liver and spleen.

"When they told me I was the best match, there was no doubt that I would donate," Colonel Kott said. "The fact the recipient was a baby made it more poignant."

In the weeks before the procedure, the baby received chemotherapy treatments to stop the progress of the cancer. The treatments destroy bone marrow, which produces red blood cells.

Colonel Kott entered Georgetown University Hospital on the morning of Sept. 29 to take the final step. The procedure is relatively simple, only taking about an hour. The donor receives a general anesthesia and the marrow is drawn from the lower back.

After the procedure, Colonel Kott spent time in the recovery room while the anesthesia wore off and then rested overnight in the hospital.

"The people at the hospital at Georgetown treat you so well that it's easy to think the procedure is about you and not the recipient," Colonel Kott said. "While there was some discomfort, the procedure and recovery were really more of an

inconvenience than anything else."

But the opportunity to meet the recipient will have to wait. According to donor program policy, Colonel Kott and the recipient cannot request to know who was on the other side of the procedure until one year passes.

"I'm glad to have been able to participate and would absolutely do it again," the colonel said. "Bone marrow is one of the body's organs with amazing life-saving properties, and yet it's very easy to donate. Really, it's just a little bone marrow to the donor, but it may be life altering for the patient."

The baby received the marrow within a few days of Colonel Kott's procedure. It's been five weeks and so far the news is good – the baby's health is progressing well.

For more information on the bone marrow program, call toll free 800-627-7693 or visit [www.dodmarrow.org](http://www.dodmarrow.org). ■

The Department of Defense established the C.W. Bill Young donor center in Kensington, Md., to support DoD volunteer marrow donors, ages 18 through 60. The donor center coordinates all the medical and logistic support for DoD personnel who volunteer for the possibility of donating marrow.

Eligible volunteers under the DoD program include active duty military members and their dependents, DoD civilians, Reservists and National Guard and members of the Coast Guard.

For more information call 1-800-MARROW-3 or (800) 627-7693 or e-mail to [publicaffairs@dodmarrow.com](mailto:publicaffairs@dodmarrow.com).

## Protecting Against the Flu: Advice for Flu Season

by Lt. Col Wayne Hachey, D.O.

**W**inter brings us cooler temperatures, the Super Bowl, and the flu season. In the United States, on average, 5 percent to 20 percent of people get the flu each year. More than 200,000 of these people will require hospitalization and 36,000 will die.

### What is the flu? Should I get vaccinated?

Influenza or “the flu” is a disease caused by an influenza virus with no two flu seasons exactly alike. The best way to prevent getting the flu is by getting a flu vaccination each year during the fall or flu season.

Everyone should receive the flu vaccine. The best time to get vaccinated is during October or November. However, because the flu season can last up until May, getting vaccinated in January or even later will help protect you from getting the flu.

It takes about two weeks to get protection from the flu after getting the flu vaccine. There are two types of flu vaccinations. One is a flu shot and the other is a nasal spray. The shot has been approved for children older than 6 months and includes individuals who are healthy and those with chronic medical conditions. The nasal spray is made from a weakened flu virus that does not cause the flu but will protect your from getting the flu. It is approved for healthy people who are not pregnant and are between

the ages of 5 and 49. People who have asthma or similar diseases should also not receive this type of vaccine. Both vaccinations are safe and effective. Your doctor can determine if the nasal spray flu vaccination is right for you and your family.

### How do I get the flu?

People get the flu by inhaling tiny droplets shed when people with the flu cough or sneeze. You can also get the flu from touching something that has these droplets on it and then touching your eyes, nose or mouth. Most people who catch the flu will develop a respiratory illness. Some may also have gastrointestinal complaints but this is most common in children.

### What are some signs or symptoms of the flu?

Flu symptoms include fever, headache, fatigue, muscle aches, dry cough, sore throat, runny or stuffy nose, nausea, vomiting and diarrhea. The very young, the elderly and those with some preexisting medical conditions are at a higher risk of severe complications from the flu or dying. Complications include bacterial pneumonia, dehydration, ear and sinus infections in children and worsening of chronic medical conditions in all people.

### What can I do to prevent the flu?

The best way to prevent the flu is to get vaccinated before every flu season. Other



Lt. Col. Wayne Hachey, D.O.

ways include avoiding close contact with people who are ill, covering your nose and mouth when coughing or sneezing, and washing your hands often. Be sure to avoid touching your eyes, nose and mouth.

If you have the flu, be sure to stay home and get the rest you need. This will not only help you recover faster but will also keep you from infecting others.

As this flu season continues, be sure to arm yourself with the knowledge you need to stay healthy. For more information about the flu contact your doctor, clinic or the Centers for Disease Control and Prevention website at

<http://www.cdc.gov/flu>. ■

Lt. Col. Wayne E. Hachey, D.O., is the director of deployment medicine and surveillance in the Office of the Secretary of Defense for Force Health Protection and Readiness. Prior to this assignment he served as the Chief of Newborn Medicine and Program Director of the Neonatal and Perinatal Fellowship Program, Tripler Army Medical Center, University of Hawaii, Hawaii.

## Flu Season

The CDC or Centers for Disease Control and Prevention recommends that the following groups be the first to receive the flu shot:

- People who are 65 years of age or older
- Residents of long-term care facilities
- People with chronic health conditions regardless of age
- Children who are between 6 and 23 months of age
- Pregnant women
- Health care personnel who have direct contact with patients
- Household contacts and out-of-home caregivers of children who are less than 6 months of age.



U.S. Air Force photo by 2nd Lt. Kristy Rochon

WRIGHT-PATTERSON AIR FORCE BASE, Ohio – Staff Sgt. Lamar K. Bacon demonstrates rifle fighting maneuvers to 44 Airmen attending the air expeditionary combat skills training here. The new program prepares people for deployment. A total of 302 Wright-Patterson Airmen have attended the classroom training that began in October and ends later this month. Sergeant Bacon is a security forces troop with the 88th Security Forces Squadron.

# Airmen Start Deployment Training Early

by 2nd Lt. Kristy Rochon  
88th Air Base Wing

**M**embers of air expeditionary forces nine and 10 at Wright Patterson Air Force Base began preparing for their deployment by learning essential combat skills.

The 88th Air Base Wing readiness section started the expeditionary combat skills training course in October to cover the 19 hours of training troops need before deploying.

"This is the third generation of training," said Lt. Col. Ronald Deak, wing readiness chief. "The Air Force chief of staff has mandated that all Air Force [members] deploying must have basic combat skills."

Some of the skills include training on convoy operations, rifle fighting and improvised explosive devises. The program's goal is to equip airmen with

the skills needed to support the global war on terrorism and to contribute more effectively in the joint environment.

Maj. Armin Sayson, the base AEF readiness development chief, said the program should not be taken lightly.

"Folks need to take this serious," he said. "We wear the uniform, and the lives of people we work with depend on us – even though it's not within our every day job to carry weapons."

It's also a family affair for Sayson. His son, Senior Airman Chris Sayson, an avionics, instrument and controls specialist at Rickenbacker Air National Guard Base, Ohio, attended all classroom training sessions to help facilitate the training.

"To successfully conduct the training, I rely heavily on total force volunteer instructors to teach the various topics and to facilitate the course," the major said.

Sayson coordinated with Capt. James Henderson to develop the briefings and to coordinate with base units to provide the trainers and materials needed to expose the airmen to their specialties. The major Wright-Patterson contributors have been 88th Security Forces Squadron, 88th Medical Group and 88th Communications Group.

The training is now mandatory for all deploying wing members. The wing also provides training to all tenant units. The training begins in the classroom, but is then taken into the field to evaluate the student's proficiencies.

"These skills are conducted over two days of classroom training, one day of deployment operations, a day and a half of training in the field and a half day of combat exercises with base attacks," Colonel Deak said. ■

# The DoD Deployment Health and Family Readiness Library Launches!

*New DoD website provides access to hundreds of fact sheets, guides and other deployment health and family readiness products and information.*

By Suzanne Albisu

Should I send my husband a flea collar to wear in the desert? What is that itchy rash? How can I avoid heat-related illness? The answers to these and many more deployment health related questions are now available all in one convenient place!

The DoD Deployment Health Risk Communication Working Group and the Joint Task Force for Family Readiness Education on Deployments joined together in early August to create the Deployment Health and Family Readiness Library, DoD's new one-stop source for deployment-health related information.

Found on-line at <http://deploymenthealthlibrary.fhp.osd.mil>, the new on-line library is intended to provide service members, families and healthcare providers a quick and easy way to find the deployment health and family readiness information they value. The site is a continuation of the Department of Defense's ongoing commitment to the health and well-being of those who serve our country.

"Information is a powerful tool. We must remain proactive in providing deployment-related health information to better safeguard our service members,"



said Ellen P. Embrey, deputy assistant secretary of defense for Force Health Protection and Readiness. "Most people fear the unknown. Through accurate, timely information we are able to ensure that our service members are better equipped to prepare for, cope with, and recover from the myriad health risks faced during deployments."

The library includes fact sheets, guides and other products on a wide variety of deployment health topics. New fact sheets are created by the two working groups while existing high quality fact sheets and products are made available from the Services and other DOD agencies and offices. The site also includes

numerous additional resources including websites, phone numbers, self-help materials and contact information for outside organizations devoted to the health and well-being of service members.

"We are absolutely committed to providing the best information found in sound science and based on medical evidence," Embrey said. "We want this site to be the authoritative source for deployment health and family readiness information. This is another step we are taking to ensure that those who protect our country and our freedoms are also protected." ■

## The site includes information for:

### **Servicemembers and Families**

Information products specifically designed for service members and their family.

### **Leaders**

Resources to assist in communicating to their personnel.

### **Clinicians**

Products that include further medical information and additional materials to assist healthcare providers who treat deployed and redeploying personnel.

Launched in August, the site has already received numerous accolades, including best practice awards from *Webcontent.gov* in the areas of Web content and Web governance and management.

## Summit Helps Young Children, Families Cope

American Forces Press Service

**A** recent Defense Department summit addressed how trauma and stress impact children's well-being and what interventions work to support their healthy development and family competence.

The summit, titled "When Duty Calls – Supporting Military Families Through Challenging Times" – ended Nov. 5. More than 500 attendees took part in the Defense Department summit.

John M. Molino, the Defense Department's presiding official, said attendees came to "learn more about strategies to help our children and their families effectively cope with a high-stress environment, the impact of national disasters and the consequences of war."

Molino is the deputy undersecretary of defense for military community and family policy and deputy undersecretary for equal opportunity.

"There are 332,000 children under 3 years of age in our active-duty families, and there are 109,000 infants and toddlers in the families of our Guard and Reserve forces," Molino said. "Can there be any doubt your dedicated work is absolutely critical to help children develop the emotional and coping mechanisms needed during stressful circumstances?"

Attendees included experts in early child care and education, social work, family advocacy, new parent support programs, and pediatric and behavioral health. Attendees came from more than 170 military installations across the United

States and as far away as Korea, Japan and Europe.

Molino hopes the attendees presence will "result in new, collaborative initiatives, greater understanding, and proactive, preventative interventions to make a positive difference in the lives of our youngest children."

"Military families cope with many challenges that generate stress, anxiety and uncertainty," he said. "The Department of Defense has long recognized that service to our nation places a heavy demand on families. Among the hardships continuously faced by those in uniform are frequent deployments encompassing both long- and short-term separations.

"Beyond the normal impact of experiencing distance from your loved one, the level of danger involved during current deployments exacerbates the trauma," Mr. Molino said. "It's typical for family members to experience fear regarding their loved one's safety, which can lead to anger, sadness, feelings of loneliness and isolation, and loss of emotional support."

The Defense Department has implemented a program of face-to-face, non-medical counseling for military families experiencing the stress of deployments and reunions.

"This counseling, which is outside the areas covered by TRICARE, includes issues such as parent and child communications, single parenting, deployment stress,



Photo courtesy of U.S. Army

Shawn Lowery, a Family Child Care provider, and her son, "Q" entertain children with a train table. Lowery is among 32 Fort Sam Houston FCC providers available through Army FCC.Com's Web-based referral program.

financial pressures and career and education counseling, Molino said.

Such services involve early intervention in troubling situations to prevent escalating problems, he said.

"Access to this kind of counseling is especially important for family members of those who are serving tours in Iraq and the mobilized Guard and Reserve units who may live a great distance from the programs offered on our installations," Molino said.

The stress currently impacting military families – from anxieties caused by the nature of the mission in hostile environments to the significant increases in frequency and length of family separations -- has not been felt on this magnitude since the inception of the all-volunteer force, he said.

"The focus of this conference is the spectrum of trauma from lengthy, repeated, dangerous wartime deployments to re-encountering a loved one who has sustained a severe, life-altering injury to the ultimate sacrifice -- the death of a family member," he said.

The Defense Department has worked in close partnership with the Zero to Three organization since the Sept. 11, 2001, terrorist attack on the Pentagon, Molino said.

Zero to Three is a national organization for infants, toddlers and families dedicated to promoting the healthy development of America's babies and young children. Its charter believes a child's first three years are crucial for developing intellectual, emotional and social skills and that if they aren't developed early on, the child's lifelong potential may be hampered. ■



SHINKIARI, Pakistan — Navy Cmdr. Joseph Taddeo de-bridges the arm of a three-year-old Pakistani boy. The boy suffered second-degree burns on most of his left arm and was brought to the field hospital for treatment. His sister (right) held him during the entire process.

## Okinawa Marines Help Pakistanis

**N**early 200 Okinawa-based Marines and sailors set up camp Nov. 15 in the northern city of Shinkiri, Pakistan, to provide medical treatment and humanitarian aid to those affected by the massive Oct. 8 earthquake.

The service members with Combined Medical Relief Team-3 have treated more than 2,000 patients and are seeing about 200 patients a day, according to Capt. Danny Chung, public affairs officer for CMRT-3.

"We're treating patients from sun up to sun down," Chung said. "The medical and support staff are well trained and experienced, as many took part in the humanitarian aid provided to Indonesia and Sri Lanka after the (Dec. 26, 2004) tsunami late."

The field hospital has a triage area staffed by family practitioners and medical officers, according to Navy Cmdr. Tom Davis, chief of professional services and trauma surgeon. Other capabilities include

emergency care, acute care, intensive care, a laboratory, a pharmacy, x-ray capabilities, dental care, a pre-operation and post-operation unit and a 60-bed ward.

"We've been treating many injuries including chronic wounds, fractures and skin tumors," said Navy Cmdr. Joseph Taddeo, a general surgeon with 3rd Medical Battalion, III MEF. "Spirits are high and people are psyched to be here helping."

"Personally, it's very challenging to be away from the luxuries we take advantage of daily and seeing the hardship that people (in Pakistan) endure," said Pfc. Christian J. Elomina, a data clerk with 3rd Med. Bn. and native of Guam. "It's important to be here doing what we need to do ... we are people also and we want to help."

"It's not very often that you get a chance to travel to a far off country and truly help the people," Granger said. "I truly love what I do." ■



## DoD Sends Khamisiyah Letter to 1991 Gulf War Veterans

By Austin Camacho and Suzanne Albisu

In support of the Department of Defense's ongoing commitment to keeping Gulf War veterans informed about health issues related to their deployment, DoD is reaching out to nearly 100,000 Gulf War veterans whose units may have been exposed to very low levels of chemical agents resulting from the demolition of munitions at Khamisiyah, Iraq, in March 1991.

Beginning in late September, the DoD sent letters to these veterans in response to an Institute of Medicine's mortality study. The study, released July 25, 2005, compares those veterans who may have been exposed to these chemical agents at Khamisiyah to Gulf War veterans who were deployed during the same time and were not exposed.

DoD has sent letters to veterans who may have been exposed twice in the past to inform them of this possible exposure and provide them with the latest research and information on this subject.

The latest round of letters is intended to provide the new information contained in the IOM report to all veterans whose units may have been exposed at the Khamisiyah site.

"The health and wellness of our service members – before, during and after deployment – is our number one priority. The notification letters sent in 1997 and 2000 represented our commitment to keeping veterans

informed about potential health impacts related to their service to our country," said Michael E. Kilpatrick, M.D., DoD's deputy director for Deployment Health Support. "This latest notification is a continuation of that commitment."

***“This latest notification is a continuation of that commitment.”***

Kilpatrick said that it's important for DoD to help veterans understand the findings of this study.

The results of the study indicate that the overall rate of death was similar for veterans

whose units may have been exposed to very low levels of chemical agent as they were for veterans who were not. The only cause of death with a dissimilar rate was brain cancer, although overall cancer deaths were similar for both groups. The rate of death from brain cancer was higher in the veterans possibly in the hazard area.

The rate in those within the hazard area (25 deaths/100,487) was twice that of those not in the hazard area (27 deaths/224,980). Although there was a higher rate of brain cancer deaths, the total rate of death from all cancers (including brain cancer) was the same for both groups. There is no causal relationship between nerve agent exposure and brain cancer, but this new information

***The results of this study, while notable, are considered to be preliminary. The reasons for this cautious approach are:***

- Sarin and cyclosarin, the chemical agents found at Khamisiyah, have never been shown to cause cancer, even in laboratory animals.
- The levels of sarin and cyclosarin to which soldiers may have been exposed were extremely low.
- The short latency period of much less than 10 years in this study runs contrary to the usual time period for the development of solid tumors, which tend to be 15 to 20 years.
- The only definite cause of brain cancer that has been previously identified is ionizing radiation at a very high level of exposure. No chemical has ever been linked to brain cancer in people.

is statistically significant.

The IOM study found no differences when looking at deaths due to disease (natural causes) and deaths due to external causes, such as accidents and suicides.

This study, requested and funded by the Department of Defense and conducted by the Institute of Medicine, examined the causes of death among Gulf War Veterans from 1991 through 2000. The Department of Veterans Affairs is continuing to conduct death rate studies of all Gulf War veterans. These results should help to clarify the long-term health outcomes of Gulf War veterans, including those linked to the Khamisiyah demolition.

"The most important conclusion of this report is that overall mortality rates for the two groups were similar," Kilpatrick said.

"The new letters don't

recommend that veterans take any specific action," Kilpatrick said. "If they feel fine, they don't need to do anything. The letters will remind them of the DoD and Veterans Affairs health services available to them if they have any unresolved health problems or concerns."

Gulf War veterans still on active duty, active in the National Guard or the Reserves, or who have retired from the military who have health concerns should contact their primary care provider, or call toll free, 1-800-796-9699. Those who are no longer affiliated with the military are still eligible for a thorough physical exam through the Department of Veterans Affairs. Veterans with health issues can call 1-800-749-8387.

For general information about Khamisiyah or related issues, contact the Department of Defense at 1-800-497-6261. ■

## For more information:

**American Public Health Association Journal Abstract**  
<http://www.ajph.org/cgi/content/abstract/95/8/1382>

**VA Program**  
[http://www1.va.gov/environagents/docs/GWIraqi\\_Handbook1303.2\\_March7\\_2005.pdf](http://www1.va.gov/environagents/docs/GWIraqi_Handbook1303.2_March7_2005.pdf)

**Technical Report Modeling and Risk Characterization of US Demolition Operations at the Khamisiyah Pit** [http://www.gulflink.osd.mil/khamisiyah\\_tech/](http://www.gulflink.osd.mil/khamisiyah_tech/)

**Final Report Demolition at Khamisiyah** [http://www.gulflink.osd.mil/khamisiyah\\_iii/](http://www.gulflink.osd.mil/khamisiyah_iii/)

**Final Report Demolition at Khamisiyah – April 14, 1997**  
<http://www.gulflink.osd.mil/khamisiyah/>

**Maps of the Khamisiyah Hazard Area** [http://www.gulflink.osd.mil/khamisiyah\\_iii/khamisiyah\\_iii\\_s05.htm#III\\_J](http://www.gulflink.osd.mil/khamisiyah_iii/khamisiyah_iii_s05.htm#III_J)

## Gateway to Combat



U.S. Marine Corps photo by Gunnery Sgt. Keith A. Milks

With the amphibious assault ship USS Carter Hall trailing closely behind, infantrymen provide security with a machine gun-equipped Humvee on the flight deck of the USS Nassau as the ship transits the Suez Canal, Nov. 26, 2005. In recent years the Suez Canal has earned the unofficial moniker as "the gateway to combat," reflecting the ongoing security and stability operations in the Central Command theater.

# Military Health System Assisting With Worldwide Disaster Relief Efforts

by Nicole Kratzer

In the past several months, Mother Nature has humbled countries large and small with devastating natural disasters. Beginning in August the Gulf Coast of the United States was rocked by three hurricanes in as many months. Then on Oct. 8, 2005, Pakistan endured an 7.6-magnitude earthquake. The total number of deaths from Hurricanes Katrina, Rita and Wilma are estimated to be 1,155, while it is estimated that 73,276 people were killed during the earthquake. In the face of such international devastation, the Department of Defense has taken an unprecedented role in helping to improve and protect the health of victims and the service members supporting relief efforts.



U.S. Navy photo by journalist 1st Class James Pinsky

New Orleans, Louisiana —The Military Sealift Command Hospital ship USNS Comfort prepares to pull into port at Naval Support Activity East Bank, New Orleans. Comfort served as an emergency trauma center as the citizens began to repopulate the city of New Orleans. The Navy's involvement in the Hurricane Katrina humanitarian assistance operations were led by the Federal Emergency Management Agency, in conjunction with the Department of Defense.

Task Force 212, U.S. Army, Europe's medical response to the Oct. 8 earthquake, left Ramstein Air Base, Germany, Oct. 17 to establish an 84-bed care facility in Muzafarrabad, Pakistan. The facility includes an emergency room, three intensive care units, and a two-bed operating room that can be used 24 hours a day.

Elements of the task force include the 212th Mobile Army Surgical Hospital, based in Miesau, Germany; the 160th Forward Surgical Team, based in Landstuhl, Germany; and the 123rd Main Support Battalion, 1st Armored Division, based in Dexheim, Germany.

## On-site Care

The task force commander, Army Col. Angel Lugo, told American Forces Press Service that the task force is part of a

larger operation, which also includes aeromedical evacuation and supply delivery by elements of Task Force Griffin, led by the U.S. Army's V Corps' 12th Aviation Brigade.

"The 212th remains at a high state of readiness," Lugo said. "We are ready to provide the type of support needed."

## Preventing Disease

In addition to providing traditional medical care, preventive medicine assets provided support to Federal Emergency Management Agency hurricane cleanup and rescue operations and helped to ensure protection of service members. The Navy Forward Deployed Preventive Medicine Unit – East provided comprehensive preventive medicine support throughout the Gulf Coast region.

The U.S. Army Center for Health Promotion and Preventive Medicine analyzed water and soil samples and deployed a preventive medicine team.

An Air Force Theater Epidemiology Team was put in place to monitor for disease outbreaks. These assets have continued to support relief efforts to prevent future medical issues with service members assigned to the region.

In Pakistan the 123rd Main Support Battalion provided a water purification detachment, to ensure both quake victims and relief workers had potable water.

Michael E. Kilpatrick, M.D., deputy director of the Defense Department's Deployment Health Support Directorate said that recent deployments in support of the Global War on Terrorism have helped prepare

the Department of Defense for supporting this mission.

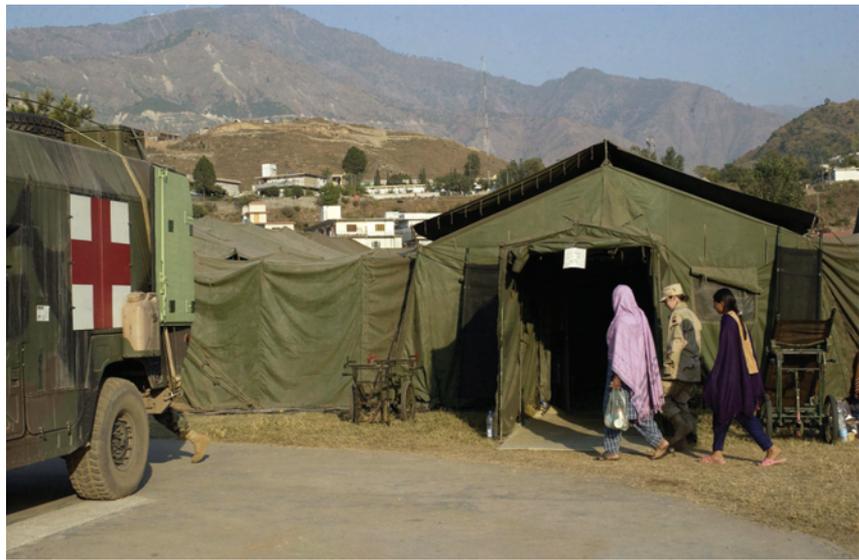
"The military learned how important preventive medicine is in Iraq and Afghanistan," noted Kilpatrick. "These preventive medicine units were able to apply that experience and training to protect the health of our service members on our own Gulf Coast assisting recovery."

The preventive medicine units also assisted recovery efforts by testing potable and non-potable water; monitoring food facility sanitation and solid waste disposal; ensuring food and water safety, effective pest control operations, and sanitary living quarters; collecting and analyzing disease and injury incidence data; performing site health assessments including analysis of standing water and contaminated soil and testing for hazardous airborne contaminants; and coordinating with the Centers for Disease Control and Prevention, the State of Louisiana, and the U.S. Air Force Aerial Spray Squadron for mosquito control.

### Protecting Service Members

U.S. Northern Command issued comprehensive guidance for deployed military units on the need to: 1) inform all participating personnel of anticipated hazards and countermeasures before deployment; 2) enter notable occupational and environmental exposures in members' medical records; 3) supply all necessary personnel protective equipment; 4) inform personnel regarding precautions associated with handling bodies; and 5) require personal protective measures against toxic agents and bacteria in the water.

Specific guidance was provided to:



U.S. Air Force photo by Airman 1st Class Barry Loo

Women enter the 212th Mobile Army Surgery Hospital at Muzaffarabad, Pakistan, Nov. 6, 2005. The U.S. government is participating in a multinational humanitarian assistance and support effort lead by the Pakistani government to bring aid to victims of the devastating earthquake that struck the region Oct. 8, 2005.

- Avoid direct exposure to standing water as it may contain fecal material from overflowing sewage systems and agricultural and industrial waste;
- Keep open cuts or sores as clean as possible by washing with soap and water and applying an antibiotic ointment to discourage infection; and
- Seek immediate medical attention if a wound develops redness, swelling, or drainage.

Service members deployed to the region can also review fact sheets on deployment health related issues in the online Deployment Health and Family Readiness Library located at <http://deploymenthealthlibrary.fhp.osd.mil/home.jsp>. Information available includes articles on infectious disease, hurricane health and safety, and preventive medicine to name a few.

### Leveraging Technology

The Defense Department is also leveraging technology to provide improved health care to the Gulf Coast region.

The Office of the Secretary

of Defense's Deployment Health Support Directorate modified a version of its Joint Patient Tracking Application, also known as JPTA, to support Hurricane Katrina disaster relief efforts. This application can give relief workers and government officials visibility over the medical status and location of Katrina's victims.

### Disaster Visibility

The revised version is being called the Hurricane Katrina Patient Tracking Application, or HKPTA. When requested, the new application can facilitate coordination of medial services by providing a common interface that can be used by case managers, relief organization liaisons, and health care providers for shared decision-making.

"We chose to make the Joint Patient Tracking Application available in this case because its intuitive, user-friendly design makes it easy to use and reduces training time," said Anthony DeNicola, DHSD chief of staff.

— Continued on Page 18

## Post Deployment Health Reassessment

*DoD asks servicemembers "How's it going?" with new health assessment*

by Brittany Butler

**“W**hat’s up?” “How are you?” “How’s it going?”

We’re all asked these questions every day by many different people. But, once a service member returns from deployment, these questions can make all the difference to his or her health and well-being. And these are the questions asked – and the answers that will be listened to – in a new health assessment directed by the Department of Defense.

In early November, with pilot-testing well under way by the Services, the new program

reached an important milestone in the effort to better understand and address the effects of deployment on service members’ health.

“We recognize that deployments may have an impact on the health and well-being of our service members, and we know from research that health concerns are identified even several months after returning from operational deployments,” said assistant secretary of defense for health affairs, Dr. William Winkenwerder, Jr., in a November press conference.

The goal of the Post Deployment Health Reassessment – or PDHRA–

program is to identify and, when appropriate, recommend treatment for deployment-related health concerns after a service member’s return from deployment. Key elements of this program include outreach; education and training; screening, assessment, evaluations and treatment; and follow-up.

**“People sometimes ask... ‘Are you doing this because this war is different?’ ”**

“People sometimes ask ... ‘Are you doing this because this war is different?’ I’m aware of no information that demonstrates that the current conflict is affecting our service members or their families in ways different from past wars. What’s different is the way we’re responding,” Winkenwerder said.

Pilot-testing and implementation will vary by Service and component. For those serving in the U.S. Marine Corps, pilot-testing began in June at Camp Pendleton, California; full implementation in the Navy and Marine Corps began in September. The new program will build on the programs the Navy and Marine Corps have in place.



Photo courtesy of U.S. Army

Fort Hood, Texas soldiers complete the post deployment health reassessment before meeting with a health care provider.

"[The PDHRA] is a different program than we had in Desert Storm or in any other conflict ... because we've learned the lessons that we need to pay attention to our deployed service members and their potential needs," said the Navy's Surgeon General, Vice Admiral Donald C. Arthur.

In August, the U.S. Army began pilot-testing at Fort Hood, Texas; in October at Schofield Barracks, Hawaii, and Fort Lewis, Washington. Pilot-testing for those in the Army National Guard began in November and will be conducted through January, next year; the U.S. Army Reserve pilot-testing began in November and will continue through December.

When Army units return from operation around the world, the equipment is rechecked and reset, said Army Surgeon General Lieutenant General Kevin Kiley. Other programs are focused on helping the soldier "reset." The PDHRA enhances that effort.

"We just see this as an expansion of the process that looks at resetting the fighting force so they gain and maintain wellness throughout their tours," Kiley said. "This is really part of that continuum...."

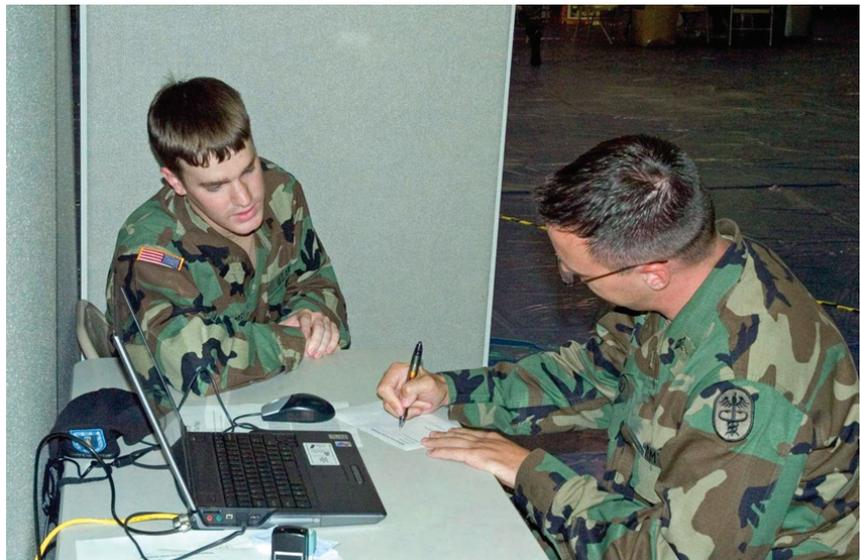


Photo courtesy of U.S. Army

A healthcare provider conducts an interview with a soldier at Fort Hood, Texas.

The U.S. Air Force Reserve instituted the program in September; the active duty unit participation will begin in December and the Air National Guard's participation will begin in January 2006.

"We expect the Post-Deployment Health Reassessment to do three things for us," said the Air Force Deputy Surgeon General, Major General James G. Roudebush, M.D. "We are confident that it will improve our ability to identify deployment-health-related issues

by screening at a time when the symptoms are likely to emerge. Secondly, it does reduce the stigma for those who experience post-deployment issues through the routine assessment of such concerns. And thirdly, it actively decreases the barriers to care through the proactive approach that's being employed."

How's it going? For all the military services, lessons learned will maximize DoD's success as it begins broader program implementation in January, Winkenwerder said. ■

## Airmen Ensure Deployed Troops Get Their Mail

12/2/2005 - SOUTHWEST ASIA

The five people at the post office at this base do their best to process, sort and deliver the packages to their customers as quickly as possible.

"When I got here in September, we averaged about 180 to 200 packages a day," said Senior Airman Donnell Coleman, a postal augmentee. "Now, we are averaging over 400 packages a day."

So base officials have started a squadron volunteer program to help out. Under the "Elf Program," each day a squadron sends as many people as it can to assist the postal crew in unloading the morning truck

and sorting mail and packages.

"The volunteers really help us get a head start each morning," Airman Coleman said. "The faster we unload the truck, the faster we can get the packages ready for pickup."

Staff Sgt. Cherika Dyer, NCO in charge at the post office, said the holiday season is busy, but also very special to her staff and base patrons.

"All the troops here look forward to getting mail," she said. "We get calls constantly asking if a package came in. It's nice to see people's faces when the package they were expecting from back home finally arrives." ■



U.S. Air Force photo by Tech. Sgt. Mark Getsy  
SOUTHWEST ASIA (AFPN) – Senior Airman Isis Jones helps unload the daily mail truck at an air base in Southwest Asia.

## Disaster Relief

— Continued from Page 15

All people need to get started is an approved account log on and Internet access, DeNicola added.

If requested, civilian health care providers will be able to add patients, record patient encounters, keep patient notes, and track patient movement using the application. Use of HKPTA will also enable medical facilities to get aggregate information such as the ten most common illnesses of patients. This would allow facilities to better prepare for treating individuals and also provide a historical record of the diseases brought on by Hurricane Katrina.

“Evacuees and those displaced by Hurricane Katrina and other recent natural disasters need to have their medical care electronically documented so that if they move from one place to another, the care they received at each location is documented,” said DeNicola. “That way healthcare providers can see a patient’s diagnosis and recent medical history.”



## On the Ropes I

A 3rd Battalion, 3rd Marine Regiment, Marine lands on his feet after descending the tower at LZ Boondocker, Nov. 7 aboard MCB Hawaii, Kaneohe Bay. Fast roping is one of the qualifications Lima Company must complete in order to become a Marine Security Element.

Photo by: Cpl. Michelle M. Dickson

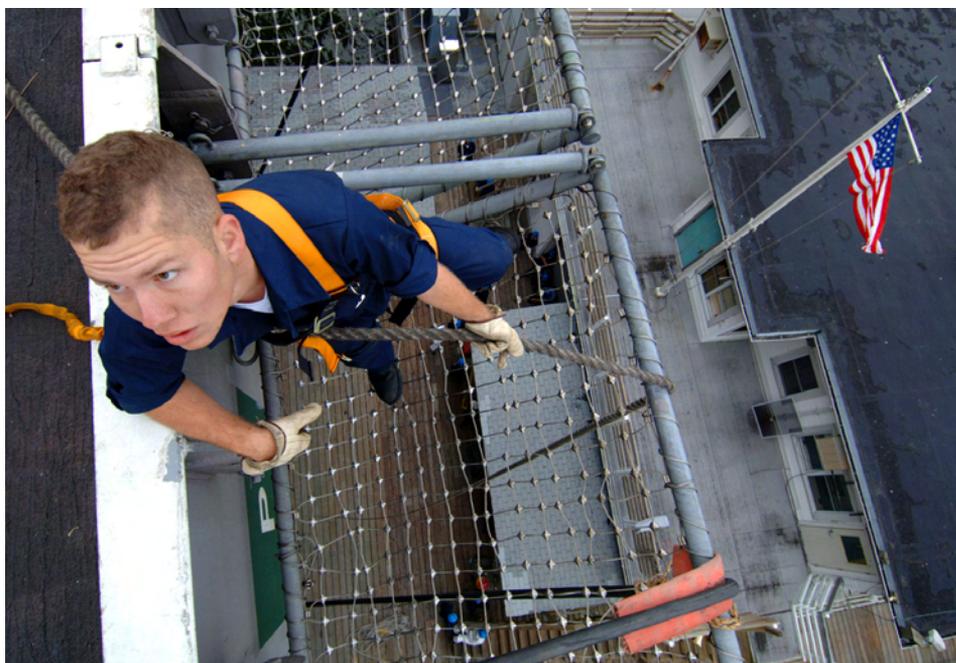
Like the Defense Department counterpart, access to HKPTA will be permitted on a case-by-case registration basis. An on-site administrator, trained by DHSD personnel either by phone or in person, would grant user accounts if required.

### Continuing Commitment

As all disaster relief efforts continue, the Defense Department will remain committed to supporting those in need, according to Principal Deputy Assistant Secretary of Defense for Public Affairs,

Lawrence Di Rita.

“This department has an enormous amount of capability,” said Di Rita. “We saw some of that capability that was able to be brought to bear quickly in the case of Katrina and Rita. If there are natural disasters, or disasters of a certain type above a certain threshold, this department has the ability to assist with resources and logistics in a fashion that no other department of government can do. And we will do our part, whatever that might be and whatever the president might call upon us to do.” ■



## On the Ropes II

U.S. Navy Airman Hendershot, assigned to Air Department aboard the Nimitz-class aircraft carrier USS Harry S. Truman, gets ready to pull cables onto the flight deck during a deperming evolution at the Lambert's Point Deperming Station in Norfolk, Va., Nov. 15, 2005. While at the station, the ship is wrapped from bow to stern with large electrical cables, which are charged with a current that removes the magnetic field from the ship. Ships are routinely demagnetized to counter magnetic mines and to stop interference with communication and navigation equipment.

U.S. Navy photo by  
Photographer's Mate Airman Ricardo J. Reyes

**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  
<http://www.redcross.org>

**AMVETS**

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

**Army Retirement Services**

**ATTN: DAPE-RSO**  
200 Stoval Street  
Alexandria, VA 22332-0470  
Phone: (703) 325 - 9158  
<http://www.armyg1.army.mil/retire>

**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>

**Non-Commissioned Officers Association**

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

**Paralyzed Veterans Association**

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

**Reserve Officers Association**

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

# RESOURCE **guide**

## **Reserve Enlisted Association**

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

## **Veterans of Foreign Wars**

200 Maryland Ave. NE  
Washington, D.C. 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 Hotline for Servicemembers, Veterans and Families**

(800) 497 - 6261

### **Deployment Health Clinical Care Center**

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

### **Marine for Life**

(866) 645-8762

### **Military OneSource**

(800) 342-9647

### **Military Severely Injured 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 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 Gulf War Registry**

(800) 749 - 8387

### **VA Benefits and Services**

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

### **Department of Defense**

<http://www.defenselink.mil>

## INTERNET RESOURCES

### **DeploymentLINK**

<http://deploymentlink.osd.mil>

### **GulfLINK**

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

### **MedSearch**

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

### **DeployMed**

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

### **PDhealth**

<http://www.pdhealth.mil>

### **Hooah 4 Health**

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

### **TRICARE**

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

### **Department of Veterans Affairs**

<http://www.va.gov/>

### **Deployment Health and Family Readiness Library**

<http://deploymenthealthlibrary.fhp.osd.mil/>

### **MilitaryHOMEFRONT**

<http://www.militaryhomefront.dod.mil/>

### **Deployment Connections**

<http://www.deploymentconnections.dod.mil/>