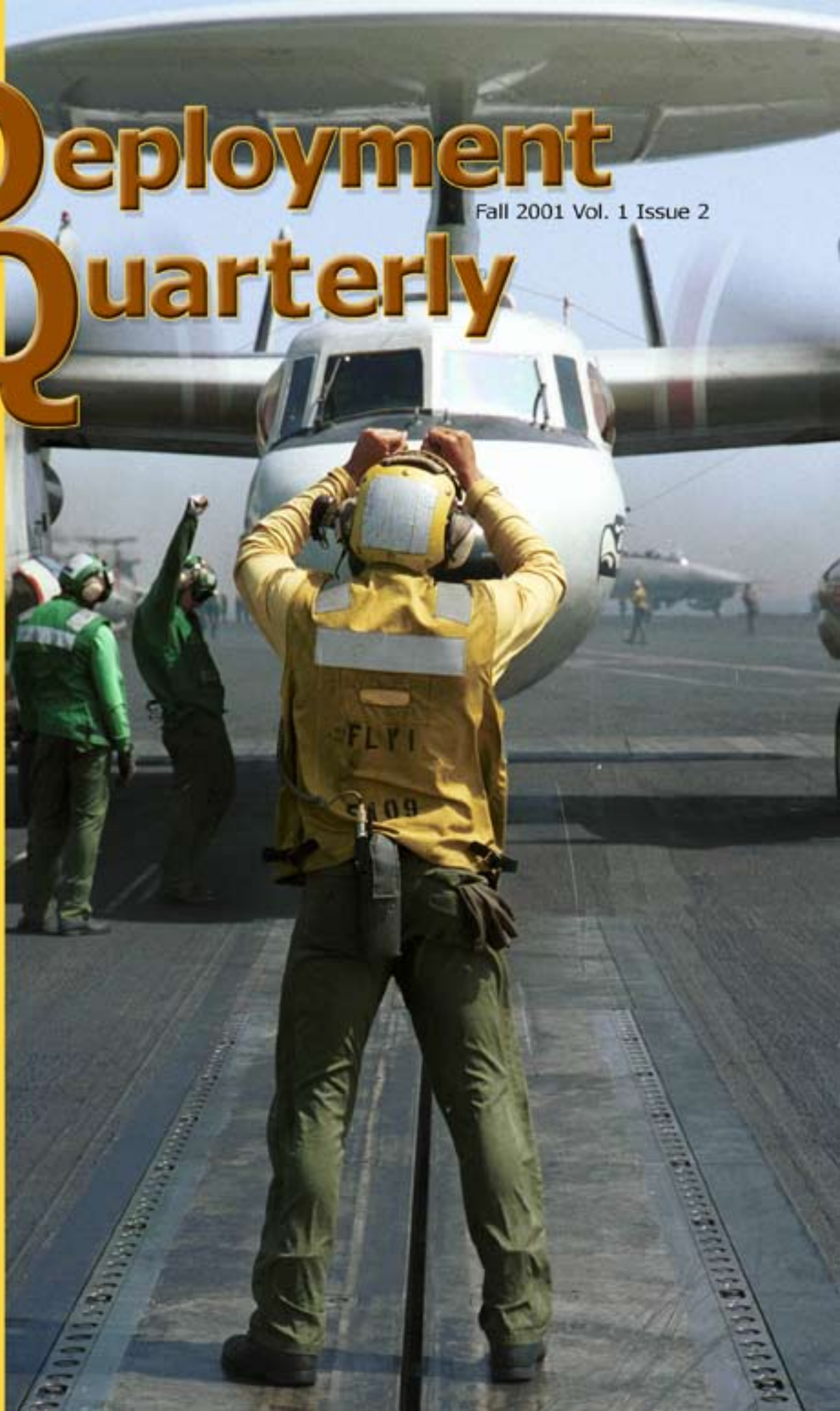
Deployment Quarterly

Fall 2001 Vol. 1 Issue 2



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The Directorate for Deployment Health Support

Director's message

Dear Readers,

On Tuesday, September 11th, we were finalizing the plans for the Fall issue of *Deployment Quarterly*. What began as a typical day ended in shock and great sadness. Night truly fell on a different world. All of us were affected in some way by the attack on our Nation and our freedom.

Like so many other Americans, when we returned on Wednesday, we turned our sadness and anger into action. We looked to the lessons of the Gulf War and began asking questions. What were the possible exposures to those in the buildings during the attack? What possible exposures did rescuers have to face? Had the Pentagon been checked for chemical and biological warfare agents? Were medical and environmental surveillance being done? Was proper equipment available? Were names and locations maintained in a central location? Where will the data be stored for future analysis? What support services were available? For operational reasons I'm sure you understand, we can't discuss details, however, we found that despite the chaotic environment, all these questions had been addressed.

In response to requests from servicemembers and families, we added a number of special sections to DeploymentLINK. We know that children of deployed servicemembers have a heightened sense of awareness of world events, so "Terrorism and Children" was the first special posting (*http://deploymentlink.osd.mil/deploy/family/terrorism.shtml*). We notified military youth coordinators, educators and health promotion specialists overseas to let parents and teachers know the resource was available to them. As National Guard and Reserve units were called to active duty, we added a section to provide a quick information reference to help National Guard and Reserve members and their families prepare for deployment (*http://deploymentlink.osd.mil/current_issues/rng_intro.shtml*). Our contact managers remain available by toll-free telephone to assist servicemembers, families and anyone with a question on deployment health. Please pass their telephone number to those seeking assistance – (800) 497 - 6261.

In his address to a joint session of Congress September 20th, President Bush told us that our Nation's response to the tragic events of September 11th will require a sustained campaign, one that may take years. The world needs to have realistic expectations – this campaign against terrorism is a marathon, not a sprint. We must be patient and determined.

"Our response involves far more than instant retaliation and isolated strikes. Americans should not expect one battle, but a lengthy campaign unlike any other we have ever seen," he said. "It may include dramatic strikes visible on TV and covert operations secret even in success."

When we began our investigation of the events of the Gulf War, we were determined to ensure that the lessons of the past provide a path to the future. As we face a new enemy, we remain committed to those involved with deployments both at home and far from our shores. We are here to listen to your concerns, take action and keep you informed.

Sincerely,
Michael E. Kilpatrick, M.D.

Deployment Quarterly

The Directorate for Deployment Health Support

Volume 1 Issue 2

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Photo by Staff Sgt. Ken Bergmann

Lux is a Military Working Dog with the 568th Security Forces Squadron, Ramstein Air Base, Germany.

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Airman Roy Clark from Hemet, Calif., directs an E-2C Hawkeye from Carrier Airborne Early Warning Squadron One Two Six (VAW-126), "Seahawks," into positon on catapult two on the flight deck of the aircraft carrier USS Harry S. Truman (CVN 75) on April 24, 2001.

U.S. Navy photo by Photographer's Mate 3rd Class H. Dwain Willis

News from Around the World

Defense Secretary authorizes stop-loss

WASHINGTON (DefenseLINK) — Defense Secretary Donald Rumsfeld has delegated his "stop-loss" authority to the heads of the military departments. The stop-loss program allows the services to retain individuals on active duty beyond their date of separation. Those affected by the order generally cannot retire or leave the service as long as Reserves are called to active duty or until relieved by the President, whichever is earlier.

Stop-loss was last used during Operation Allied Force over Kosovo. In 1990, then President George Bush delegated stop-loss authority to the Secretary of Defense during Operation Desert Shield. That delegation remains valid today.

The Services are adopting various forms of stop-loss. They generally will target the program at servicemembers with critical military occupations.

The Air Force has already applied stop-loss to all active, Guard and Reserve forces, stopping all separations and retirements for at least 30 days. This will not apply to those with an approved separation on or before Oct. 1, 2001. The Air Force will continue to review and revise the policy as circumstances dictate.

The Army has no immediate plans to implement stop-loss, while the Navy plans a limited stop-loss affecting approximately 10,500 people in 11 critical specialties. The Marine Corps expects to complete its stop-loss plan later this week.

Most involuntary discharges would not be affected by stop-loss, nor will stop-loss change any policies or regulations currently in effect that might lead to an administrative discharge.

New Children's Passport Law Now in Effect

WASHINGTON (American Forces Press Service) — Under a new law that became effective July 2, the State Department now requires both parents' consent to obtain passports for overseas travel of children under age 14.

The intent of the law is to lessen the chance that parents can abduct their children and use U.S. passports to escape with them overseas, said John M. Hotchner, acting managing director of the U.S. State Department's Office of Passport Services. He said the State Department is working on about 1,000 overseas child abduction cases.

The law affects servicemembers, who are required to secure passports for spouses and children accompanying them to overseas duty stations, Hotchner remarked. Servicemembers themselves do not require passports, he added, if they are subject to military Status of Forces Agreements that allow them to travel and reside abroad on orders and their military identification card.

DoD civilians, Hotchner noted, are required to secure passports for themselves and non-military family members who will be accompanying them to overseas duty assignments.

He said both parents must now sign children's passport application forms, unless one parent is unavailable because of geographical separation, divorce or other circumstances. In this case, Hotchner said, the parent applying for a child's passport

needs a signed, non-notarized letter or statement from the absent parent that provides permission to take the child or children overseas.

Hotchner said he has already heard of instances where permission letters were faxed from overseas.

Separated or divorced military or DoD civilians with sole custody agreements shouldn't have a problem obtaining passports for their children under the new law, Hotchner said.

"It is fairly easy if there is a custody order. If one parent has sole custody, then consent from the other parent isn't necessary," he said.

Hotchner said the new law complements an existing program that allows parents concerned about possible abduction to register a child under age 18 with the State Department' Office of Children's Issues. The custodial parent files a copy of the (sole) custody order with State. Should the non-custodial parent then apply for a passport, it would not be issued, he said.

Ultimately, Hotchner said, the parents themselves must resolve issues affecting their children's passports.

"We'll take a look at any kind of documentation that an individual parent wants to submit that will help to overcome the presumption that there should be a second parent signing the passport application," he said.

In those instances when one of the parents simply won't consent or participate in the process, "then, they'll have to work it out between themselves and, if necessary, resort to the courts to get it settled," Hotchner said.

A court-sanctioned custody agreement between separated or divorced parents can award custody to an individual parent and require that the couple work out travel arrangements, Hotchner said. For instance, he noted, it can be written to prevent a child from going abroad without both parents' permission.

Service Available to Translate Web Sites into English

WASHINGTON, (DeploymentLINK) – Keeping its promise to respond to the needs of servicemembers, veterans and their families, the Directorate for Deployment Health Support has added a link from their Web site, DeploymentLINK, to the Lycos® translation Web site. This addition will allow users to get information they need in a language they understand. The translation Web site is free and easy to use. It allows visitors to translate words, phrases or entire Web sites from Dutch, French, German, Italian, Portuguese or Spanish into English. This service works both ways and can also be used to translate English Web sites into any of those six languages.

Anthony DeNicola, chief information officer for the directorate, says listening to DeploymentLINK feedback is an integral part to ensuring the Web site is the most effective tool for its users.

"We are always looking for ways to help our deployed forces and keep them informed," says DeNicola. "Some of our users overseas asked us for a way to translate documents and Web sites into English. As a direct result of their requests, the office responded by linking to Lycos® translation."

Family members who may be more comfortable reading in a language other than English can also use the Lycos® translation Web site. DeploymentLINK is a valuable resource to find current and accurate deployment and medical readiness information. DeNicola says this addition will allow the information to reach an even broader audience.

"The Web site was established to keep the lines of communication open between the Department of Defense and the American public," he says. "With this new feature, even more people can take advantage of this resource, have their questions answered and ease some of the uncertainty that comes with a deployment."

Readers continue to provide feedback on what would be useful to them, and the Directorate responds with changes and updates where appropriate.

Commander explains U.S. Air Forces in Europe's role in future operations

AVIANO AIR BASE, Germany (USAFENS) — The commander of U.S. Air Forces in Europe spoke about the Sept. 11 terrorist attacks in the United States, and explained U.S. Air Forces in Europe's role in any retaliatory operations during a recent visit here.

Gen. Gregory S. Martin, who also commands NATO's Allied Air Forces Northern Europe, said Sept. 20 that he wants people to know exactly what the U.S. military is going up against and expects that everyone in USAFE will play a role as America gears up.

"It's important for everyone to understand that the enemy we are going against is a fairly large network of terrorists around the world," Martin said. "It is also important we realize the U.S. military, along with forces of the other countries aligning with us, will have a bigger network and all of us will play.

"We don't know which one of us will be the right sensor, or the right munitions loader or the right aircraft crew at the right time to make a difference," he said. "But each and every one of us will play in this network, which is turning into a fairly extensive global war."

As forces begin to move and position themselves for war, Martin said, "Each member of the USAFE team, each person, will have a role to play and a contribution to make.

"The men and women of USAFE will be supporting forces as they come through. In many cases, those people already assigned to an AEF (Air Expeditionary Force) bucket will be asked to deploy to different bases … and support our expeditionary operations," he added.

Considering everybody is critical to the success of the mission, he said, "Protecting people is a top priority.

"It is absolutely critical not to lose anyone. I think everyone can see it at the front gate and in our work areas; we're all taking force protection seriously," said the general.

But having good situational awareness and exercising vigilant force protection is not just a job for military members, he explained. "It requires a contribution from the entire Air Force family.

"We have to realize that we are all sensors. You just don't know what vehicle may be harboring terrorists," he said. "We all have to have our antennas up, looking 360 degrees. It doesn't matter if you are a military member, a civilian or a family member, we all have to play in this effort."

Air Force officials ban uniforms on commercial flights

WASHINGTON (AFPN) — Air Force people are no longer authorized to wear their uniforms when traveling aboard commercial aircraft, Air Force officials said.

The uniform prohibition, approved by Gen. John P. Jumper, Air Force chief of staff, Sept. 21, is directly related to the Sept. 11 terrorist attacks on New York and the Pentagon.

"The bottom line is force protection," said Lt. Col. Bruce Lovely, chief of Air Force quality of life and uniform activities. "Due to our concern for force protection, we want to make our folks less visible on commercial aircraft."

The policy ends the June 2000 recommendation that colonels and above, and chief master sergeants, wear their uniforms when traveling on official orders within the United States.

Sailors Can Review Service Records Online

MILLINGTON, Tenn. (Navy News Service) — Sailors can now update their performance summary records and officer data cards online at Navy Personnel Command's Center for Career Development Web site at *http://www.staynavy.navy.mil.*

This new feature provides service members instant access to their records via the Internet, and enables them to request changes or updates online.

"This feature accelerates the records verification process exponentially," said Lt. Murry Carter, deputy director, records support branch (Pers-312). Carter added that the feature greatly reduces the need for hard-copy mail-outs of the service record, thereby saving the Navy hundreds of thousands of dollars in postage.

"We estimate that the Navy could save nearly $450,000 in the next fiscal year by moving away from traditional direct mailing of ODCs, and PSRs."

The new online features will also eliminate hundreds of telephone calls, e-mails and questions from the fleet about contents of the record.

"We're reaching out to people with our services better and faster than ever before," said Carter. "This state-of-the-art technology is definitely a win-win for our sailors and for our record support personnel."

Carter said that record support personnel will now spend the time previously devoted to printing and mailing out the records monitoring the online records review link on the "Stay Navy" Web page and collecting changes submitted electronically by servicemembers.

"Instead of automatic annual mailing of ODCs or receiving requests for the hard-copy PSR records, we're getting ODC e-mail record changes via the Web," said Carter.

He noted the positive change taking place in his department and credits the new online feature.

"We are very pleased with the fact that the new online records review feature allows us to provide impeccable levels of customer satisfaction, in addition to customer service," Carter added. "The road ahead for us is to continue providing fast, effective service to the fleet, and to remain an integral part of every sailor's career management focus."

For more information, go to *http://www.staynavy.navy.mil* or contact the Pers-312 team at (901) 874-3351.

ASK OUR doctors

Q ***I have recurring low back pain. What causes it and how do I get relief?***

A Back problems are the most common physical complaint among American adults. Back pain can be caused by stress or injury involving the back muscles, including back sprain or strain; chronic overload of back muscles caused by obesity; and short-term overload of back muscles caused by any unusual stress, such as lifting or during pregnancy. It can also be caused by degenerative ("wear and tear") and inflammatory arthritis, a viral infection, poor posture and prolonged sitting. Often, the cause of the injury is unknown or not very obvious so that pain seems to "come out of nowhere."

Treatment of low back pain should be a combination of rest and medication. Usually anti-inflammatory or muscle relaxant medications are prescribed to help ease the pain. Also you should avoid strenuous activity during the first six to eight weeks after the injury occurs so that the back is not reinjured. This may be what causes your "recurring" back pain.

Francis O'Donnell, M.D.

More than 90 percent of patients with back pain respond to conservative treatment. Only five percent of patients with back pain will have symptoms for more than 12 weeks and, even among these patients, most have no dangerous underlying cause of symptoms.

Take it easy so that the back can heal completely and the cycle is broken.

If you experience sudden weakness, numbness or tingling in a leg, or pain shoots into your legs, wakes you up at night or doesn't go away within two to four weeks, you should call your doctor.

Q ***Will getting a flu shot this winter prevent me from getting the flu? And, should I get my kids flu shots this winter, too?***

Michael E. Kilpatrick, M.D.

A A flu shot, administered yearly between late September and November, is your best defense against the flu, or influenza. The vaccine is available to anyone, but it is strongly recommended for individuals over age 65, people with chronic illnesses or compromised immune systems, children with asthma and those who work with the public, such as doctors, nurses and teachers.

The only people who should not get a flu shot are those allergic to eggs (the vaccine's viruses are grown in eggs) and pregnant women in their first trimester. Flu shots are available during autumn and early winter at doctor's offices, college campuses, pharmacies, schools, grocery stores and many workplaces.

Studies concerning the effectiveness of the flu shot are hard to quantify because the shot changes yearly. Experts believe it is 70 to 90 percent effective for young adults in preventing influenza.

There are three different influenza virus strains represented in the vaccine. Each year, the vaccine is updated to include the most current influenza virus strains.

Contrary to popular myth, the flu shot does not give you the flu. The shot is made from a killed virus and cannot cause flu. The most common complaint is soreness where the shot is administered. The soreness can last up to two days, but is usually mild and does not affect a person's ability to perform their normal daily activities.

The flu is most commonly spread by airborne droplets from coughing or sneezing. The virus can enter the body through the mucus membranes, eyes, nose or mouth.

Getting the flu shot is your best defense at preventing the flu. However, if you do get the flu , your doctor may recommend that you get bed rest, drink plenty of clear fluids (at least six cups daily) and take over-the-counter pain relievers and nasal decongestants to ease your symptoms. However, because influenza is a viral infection, antibiotics are not effective.

■

A nationwide delay in delivery of the flu vaccine for the 2001-2002 season includes the Department of Defense and the U.S. Coast Guard, staff in the Office of the Assistant Secretary of Defense for Health Affairs report. Vaccines will be administered in October and November. To ensure military readiness, DoD will use early vaccine doses to target high priority populations – operational forces, health care workers, beneficiaries with high risk medical conditions, trainees and other groups in close contact with high-risk persons. For more information, please visit the TRICARE homepage at http://www.tricare.osd.mil (click on A-Z list, then click on Flu) or call 1-800-TRICARE. ■

Information for Kids of All Ages Now on DeploymentLINK

by melissa burslie

One of the unique challenges to military family life is constant relocation. Children of all ages have just as many questions as their parents, if not more, about deployments and moving. Kids' Information on Deployment Stuff, or K.I.D.S., a new section on DeploymentLINK, was launched in mid-August as an easy-to-use resource for answering the questions and responding to the concerns of today's military youth. Whether a parent is deploying alone or taking the family with them, children and teens can now find useful information to help get ready for their family's next assignment.

"We have always welcomed comments from the public about how to make our communication more effective," says Barbara Goodno, deputy director of public affairs for the Directorate for Deployment Health Support. "Over the past few years, we've heard from families and military service organizations that they would like our office to look at issues that concern the entire family. And last year, when meeting with several focus groups, children told us they wanted something on the Web that was just for them. K.I.D.S. is one way we are doing that."

The Web site focuses on a variety of subjects that concern young people facing a significant transition like moving or being separated from a parent. It includes facts about schools and installations around the world along with information about geography, language and culture, health and current events for different locations. There is so much information available to youth today, K.I.D.S. makes it easier for web surfers to find what they need quickly, says Goodno.

K.I.D.S., a new section on DeploymentLINK, was launched in mid-August as an easy-to-use resource for answering the questions and responding to the concerns of today's military youth.

Anthony DeNicola, chief information officer for the Directorate for Deployment Health Support, says K.I.D.S. is designed to be a portal for information, not a reinvention of what is already available.

"There are several good Web sites for children available on the Internet," says DeNicola. "K.I.D.S. brings together the most useful sites for military children and teens and makes them easily accessible from one location. The different sites are also divided by age groups. High school students' concerns are much different than elementary or even middle school students. We want to ensure the information is presented in a way that is most helpful to our users."

The Web site will continue to develop and grow as more visitors provide input and feedback. Kids Information on Deployment Stuff can be found at *http://deploymentlink.osd.mil/kidslink/intro.htm*, or simply by choosing the icon on the front page of DeploymentLINK at *http://deploymentlink.osd.mil.*

Questions, comments?

Tell us how we are doing or if there's more information you'd like to see on K.I.D.S. E-mail questions or comments to *special-assistant@gwillness.osd.mil* or call us toll-free at (800) 497 - 6261.

OMBUDSMEN:

Linking together families and commands

By diana berardocco

The Department of Defense has acknowledged for some time now that in order to preserve a strong military, the needs of military families must be supported. The equation is simple — healthy families equal mission readiness.

Over the years, military family support services have empowered families to meet the challenges of separations due to deployments, new assignments and other disruptions associated with the military lifestyle. Deployments in particular often increase family stress due to the uncertainty and the inability to communicate with the deployed member.

While all the services work hard to provide communication lifelines for those deployed members and their families, the Navy's Family Ombudsman Program embodies a long and successful tradition of maintaining the well-being and morale of sea service families when servicemembers are away from home.

"Many Navy families have been helped by the dedication of the spouses who serve as ombudsmen," said David Tuma, the ombudsman-at-large and chairman of the Naval Services FamilyLine. "In addition to being a continuing source of strength to the families, they contribute to the readiness of our Navy by ensuring our sailors know their families have another resource to turn to that will help them when they are deployed and by allowing them to focus more readily on the important work they do for our country."

In 1970, then-Chief of Naval Operations, the late Admiral Elmo Zumwalt, Jr., recognizing the issues and concerns unique to Navy families, established the Navy Family Ombudsman Program, which gave Navy spouses an opportunity to present complaints, viewpoints and suggestions directly to commanding officers. This volunteer program is designed to provide better communication between Navy families and Navy officials.

Zumwalt's message authorized local wives' organizations to select Navy spouses to act as the liaison between the command and families. Today, the commanding officer screens, selects and appoints spouses of the command's active duty or Reserve members who voluntarily serve as the official liaison between the command and its families.

While the role of the ombudsman has grown and developed over the past 30 years, one of the ombudsman's primary functions is that of communicator. Keeping family members informed regarding command policies and ship schedule changes and the command informed about family needs and concerns are major parts of the job.

Ombudsmen play a critical role in helping the individual naval command fulfill its responsibilities for the welfare of its families. They are problem solvers who are available and ready to aid families when there is a crisis or an emergency. Serving as advocates, the ombudsmen use their knowledge of the chain of command to access the appropriate command level for intervention and requests when needed. Responsibilities include ensuring families are advised of services and support groups, and interacting with organizations such as Family Service Centers, chaplain's office, medical treatment facilities, the Navy-Marine Relief Society, the American Red Cross and legal assistance offices to obtain assistance for Navy family members when necessary.

The ship's commanding officer determines the ombudsman program's priorities, the roles and the relationships of those involved in it, and the level of support it receives.

"The program was designed to belong to the commanding officer of the command," explained Rocky Whray, Navy Family Ombudsman Program Manager. "He or she has ownership."

Once appointed, the ombudsman and the commanding officer meet to determine how often the commanding officer wants to be briefed, the issues that merit immediate notification, the frequency of newsletters to be sent to families, the type of information that needs to be passed on to the executive officer and the command master chief and other activities that promote family welfare and morale.

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VA research center studies effects of environmental hazards

by austin camacho

Scientists at the Department of Veterans Affairs are working to learn what kinds of exposures during a military career might result in illness when a soldier, sailor, airman or Marine becomes a veteran. That concern is demonstrated by the VA's Environmental Hazards Research Centers, established to increase the knowledge about what exposure to chemicals might do to servicemembers during conflicts.

Roberta F. White, Ph.D., a neuropsychologist, has been research director of the Environmental Hazards Research Center at the Boston VA Medical Center since the program began in 1994, and the program's overall director since 2000. She and her team of about 20 scientists and technicians began their work because of concerns about the suspected causes of illness in Gulf War veterans, including chemical warfare agents and pesticides.

"In 1994, we wanted research centers that would look at these kinds of exposures and people's health in connection with the Gulf War experience," said White.

Several research papers were published based on the work done by the Center. Their results pointed to a relationship between self-reported exposures to specific chemicals and symptoms in the body systems that would be associated with those chemicals. For example, people reporting pesticide exposure had cognitive complaints and neurological symptoms. Their work also indicated that Gulf War veterans, as a group, reported many more health complaints than expected.

"Like every other study," said White, "we've seen a great difference between the number of health symptoms in Persian Gulf veterans and the symptoms in other veteran groups, even some groups that were deployed to other places during the Gulf War era."

Scientists from the Center were able to study a group of Gulf War veterans when they first returned from the deployment, and have followed up with that group four times. Data collected from those studies are very complicated to analyze, but some conclusions can be drawn.

"We've found that some people who believe they were exposed to chemical warfare agents because they had to suit up or were around scuds performed worse on neuropsychiatric tests than the Gulf veterans who don't. People who reported pesticide exposure have a lot more mood complaints than those who didn't."

She also says her team found the rate of post traumatic stress disorder to be very low in Gulf War veterans.

Today, the Center has a broader mission that includes the study of environmental exposures that may have occurred during active military duty, without specific reference to the Gulf War. White is quick to point out that everything the Environmental Hazards Center accomplishes is a team effort. The VA staff works closely with Boston University Medical School and the School of Public Health to pursue basic and clinical research in the field of environmental and occupational health.

"Our center is developing ways to assess exposures that people may have had in the military to chemicals that may be affecting their health when they come in to the VA," said White. "We're also looking at clinical ways of detecting very early subtle effects of chemical exposures."

Different chemicals tend to attack different organs or body systems. Asbestos, for example, usually affects the respiratory system. The Boston Center is primarily concerned with those chemicals that affect the central nervous system. White says she's very interested in pesticides, organic solvents and chemical warfare agents such as sarin. These could possibly cause many of the types of symptoms Gulf War veterans have reported, things like headaches, memory loss, sleep disturbance, depression and concentration problems. White says harmful exposures are not a new problem. After all, World War I servicemembers faced mustard gas. And no one can say if the risks will be worse in the future.

"It depends on how much people use chemical warfare agents," White said. "It depends on what chemicals are used in other aspects of military deployment." Those chemicals could include pesticides, cleaning fluids or something as controversial as depleted uranium."

To better prepare future military forces for a wide variety of possible exposures, the research center is working to more quickly spot the evidence of exposures. One of White's research specialties is behavioral toxicology — the study of the effects of exposure to toxic substances on behavior and the central nervous system.

"If the central nervous system is the target of a chemical," White says, "you'll see it in behavior before you'll see an obvious abnormality on a neurological exam or a change in an EEG or an MRI scan. The

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Investigation of Kuwaiti Girls' School closes

The Department of Defense and the United Kingdom's Ministry of Defence jointly released the final version of their case narrative "Kuwaiti Girls' School," updating a 1998 interim release and officially closing the defense department's investigation of this incident. The report details the significant events surrounding the discovery and testing of a liquid in a storage tank located at a school in Kuwait City, Kuwait, in early August 1991. Based on results of their investigation, the DoD and MoD assessed the liquid in the tank was "definitely not" a chemical warfare agent but was nitric acid, most likely inhibited red fuming nitric acid, a highly corrosive fuel component Iraq used in its missiles.

Iraq used the girls' school as a Seersucker anti-ship missile test and maintenance facility during the Gulf War. After the war, Coalition forces removed the missiles and associated equipment left behind by the Iraqis. A British explosive ordnance disposal firm discovered a suspicious storage tank outside the school's perimeter wall several months later. Many initial tests of the substance in the tank indicated the presence of a chemical warfare agent, but further detailed analysis "showed no material of chemical warfare interest." British forces concluded, "samples were entirely consistent with the contents of the tank being nitric acid."

U.S. Senate hearings in 1994 raised the prospect that the tank contained a mix of chemical agents. The official Defense Department position on the contents reflected the British conclusion — nitric acid. The DoD position was further questioned by Congress, the British Parliament, in the media and in meetings of the Presidential Advisory Committee for Gulf War Veterans' Illnesses.

In 1997, the DoD's Office of the Special Assistant for Gulf War Illnesses and the MoD's Gulf Veterans' Illnesses Unit conducted a joint investigation of the contents to reassess available information and study the matter further. The joint investigation included dozens of interviews with people directly involved in the events, obtaining documentation and expert analysis from at least 13 U.K. and 15 U.S. government agencies, the United Nations, the Kuwaiti government, and three non-government organizations.

"This case is a milestone because it involved cooperation between our two countries," said Michael E. Kilpatrick, M.D., director of Deployment Health Support for the TRICARE Management Activity.

"The MoD and DoD have developed an outstanding collaborative relationship, which can only help the Gulf War veterans of both countries."

The narrative, including the documentary evidence and personal interviews, is posted on the GulfLINK Internet site at *http://www.gulflink.osd.mil/kuwaiti_final/.*

Final Report on Al Jaber Air Base Released

The Defense Department also released its final case narrative on Al Jaber Air Base related to its ongoing investigation into Gulf War illnesses. The narrative assesses the presence of chemical warfare agents as "unlikely" to have been present near Al Jaber Air Base, southwest of Kuwait City from the evening of February 24, 1991, through the morning of February 26, 1991.

The final report concurs with investigators' original findings released as an interim report in 1997. The reports findings are based upon interviews of Marines in the area, documentary evidence, the lack of evidence of chemical weapons delivery means, chemical injuries, or chemical weapons storage; and the assessment of the United Nations Special Commission that Iraq did not move, store or use chemical agents in Kuwait during the war.

Seven chemical warfare agent alerts were investigated. On the night of February 24, 1991, and morning of February 25, 1991, Marines five times misidentified artillery smoke from Marine guns as possible Iraqi chemical warfare agents. The investigation found no evidence of exposure. No information was found about a sixth alert reported at 6 p.m. on February 25, 1991. Although contemporaneous written records place the alert in a Marine unit near Al Jaber, none of this unit's Marines could recall specifics except that the tests did not identify agent presence. The seventh alert was detected by an XM93 Fox Reconnaissance Vehicle during an oil well fire. The unit was alerted to a possible vapor presence of a blister agent. The alert ceased after several minutes. All units complied with prescribed procedures by donning protective equipment and testing for chemical warfare agents. Upon further testing there was no identification of any chemical warfare agents.

This narrative, as well as all other Gulf War-related reports, is posted on the GulfLINK Web site at *http://www.gulflink.osd.mil/al_jaber_ii/.*

DEPLOYMENT:

It's a Dog's Life

by kelly sharbel

U.S. Air Force photo by Staff Sgt. Ken Bergmann

Bruno is a military working dog at Ramstein Air Base, Germany.

reparing for deployment requires long hours of individual and unit training to hone skills and enhance cohesion and capability. Maintenance must be performed on equipment to ensure it will withstand the rigors of deployment. On a personal level, servicemembers must tend to numerous administrative details to make sure pay gets deposited in the bank, bills get paid and family members have access to military facilities and available support organizations.

One special group of about 1,400 servicemembers doesn't worry about their pay or their families. Their training remains arduous and maintenance necessary, but personal preparation is limited to getting their coats properly treated to repel insect infestation and receiving immunizations to prevent infectious diseases to which they might be exposed. This small, some would say elite, and critically important group of servicemembers are the military working dogs who deploy with their handlers to help provide security for their two-legged counterparts or use their keen sense of smell as part of U.S. counter-terrorism efforts overseas or counter-drug efforts at home.

Military working dogs can deploy anywhere human servicemembers can go. Adaptability to diverse climatic and environmental conditions is one reason Belgian Malanois and German Shepherds were chosen as the predominant breeds in this service, says Department of Defense K-9 Program Manager Bob Dameworth. Among other attributes, they are also known as breeds with exemplary character.

"These breeds were also selected because they are courageous," Dameworth adds. "They are brave dogs."

Like their human colleagues, the dogs' training and skills are matched to mission requirements. Today, Army and Air Force military dogs are deployed in the Balkans and in Southwest Asia, serving as sentries and explosives detectors. In other missions, they may also be called upon to support the U.S. Customs Service or Drug Enforcement Administration in counter-drug activities and even the Secret Service when extensive President travel or a presidential political campaign overwhelms that agency's own four-legged assets.

Like their human colleagues in uniform, military working dogs and their handlers are on call 24 hours, seven days a week. While they don't have to worry about whether direct deposit will get their pay checks into the bank, their deployment preparation is physically strenuous as dog and handler work together to improve conditioning, enhance skills and blend together as one potent and significant asset. In addition, deployment preparation involves a strict routine medical process to protect the dogs against the greatest threat to their health — insects and other pests that could cause serious, if not fatal, disease.

"The main things we have to worry about are the insects and parasites that may be indigenous to a particular region," says Dameworth. "The veterinarians determine how to deal with that problem."

The dogs' deployment preparation actually begins before a decision to deploy them is made. They receive prescribed, routine, year-round medi-

cal care designed to prevent or detect health problems before they become acute.

"The entire process for our dogs has been developed to keep up with what is going on with them medically," notes Col. Larry Carpenter, director of Department of Defense Military Working Dog Veterinary Services. "These dogs are like athletes. They can shrug off minor problems but minor problems can accumulate. We want to head off problems before they become serious."

To achieve that goal, the dogs receive physicals every six months and are immunized against infectious diseases annually. They also receive monthly treatments to prevent heartworm. Topical flea and tick control treatments are applied each month.

Every year, veterinarians also take a serum sample from each dog to track the dog's health over time. Those samples are saved for comparison to assist in diagnosing any subsequent illness.

Based on the health data collected during preventive care, the veterinary service gives each dog a deployability classification that reflects the animal's military readiness. There are four classifications: available for worldwide deployment, available for restricted deployment, temporarily non-deployable and not deployable.

"The classification system for deployment status was developed based upon actual experiences from previous deployments," explains Carpenter. "It is a way of getting a medical estimate of whether the dog is physically capable of completing the mission."

A dog's medical condition gets closer scrutiny when the dog and his/her handler are notified that they are being deployed. At that point, the handler is responsible for getting his four-legged teammate a departure physical examination, having his/her preventive medications updated, and getting any additional immunizations necessary to protect the dog against diseases indigenous to the area to which the two will be deployed. For example, the handlers of dogs deploying to the Balkans receive a supply of doxcycline capsules to give for daily protection against tick-borne infection, which is a particular concern in that region, according to Colonel Carpenter. The handlers also receive a supply of the monthly preventive medications with which to treat the dog while deployed. When they arrive in-theater, the dog receives another physical from an in-theater veterinarian.

This preventive monitoring process ensures that handlers and veterinarians have a thorough knowledge of the dog's medical condition up to the actual deployment. Unfortunately, those comprehensive steps do not lessen life-threatening risks such as biological and chemical warfare agents that may be encountered because there is no individual gear such as gas masks and Mission Oriented Protective Posture equipment for dogs. However, dogs receive the same treatment as humans if they are exposed to biological and chemical agents.

As thorough as current medical treatment of military working dogs is, the veterinary science community is conducting research aimed at gaining an even better understanding of the effects of different types of environmental exposures on deployed military working dogs. Maj. Dawn Harris, Chief of Epidemiology in the DoD Military Working Dogs Veterinary Service, is heading a team studying the 118 dogs that deployed to the Gulf region for Operation Desert Shield and Desert Storm.

After the war, the veterinary services office made a special effort to ascertain the medical condition of each dog at the time of death. The last Gulf War canine veteran died in May 2001. Harris' team is currently working on a clinical analysis of the medical conditions that affected the dogs. The analysis is still a work in progress, but when finished, will include a comparison of the causes of death of the dogs. The team hopes the information will lead to further improvements in their health care in future deployments.

Handlers who work with the dogs every day attest to what remarkable animals military working dogs are, and those who have worked with them in combat testify to their courage under even the most adverse circumstances. In return for their valiant services, the veterinary services office is committed to providing the most effective force health protection for this small but highly effective component of the U.S. military services. ■

Improvements Under Way to Enhance Troops' Protection

by melissa burslie

Building on lessons learned from the Gulf War, the Joint Service General Purpose Mask will replace the Army, Marine Corps, Navy and Air Force M40/M42 and MCU-2/P series masks. These masks are currently used for protection from chemical and biological threats. To ensure the final Joint Service General Purpose Mask is the most effective piece of equipment available, a major part of the development process is capability trials by servicemembers. These real-world application trials allow developers to see their product in action and adjust the design to be more comfortable and more compatible with existing weapons systems and equipment.

"The differences in the new mask are improved vision, reduced breathing resistance and improved compatibility," says Wayne Davis, product director for respiratory protection at Aberdeen Proving Grounds, Md. The new mask will have a single eyepiece, a different filter system and be more form fitting for increased protection and comfort, but there is more testing to be done.

"The earlier trials were done using hand fabricated models. The mask is still in development and will enter the engineering design phase in November where we will test quality, fully functioning prototypes. We'll complete engineering design testing in February 2002 at which time we'll see what changes to make in the design. Our engineering design testing will include laboratory testing and evaluation by soldiers so we will get both a technical and usage evaluation during the test phase in which to base our decisions regarding design changes" Davis continued.

During the first series of prototype testing, developers found that a single eyepiece is more effective than the previous binocular eyepieces. The single eyepiece gives the servicemember a much larger field of view. Continued testing on the single eyepiece is being done to ensure it will work with night vision equipment, individual weapons and different weapon sighting systems.

Weapon sighting systems were also a consideration when testing the various filter configurations. Depending on which sighting systems shooters were using, the numbers and positions of the filters affected their ability differently. Several configurations were tested to find the best combination for all systems and they will be incorporated into the final Joint Service General Purpose Mask design. The filter itself will also improve a servicemember's ability to perform mission essential tasks. Physiological burdens, such as breathing resistance, will be reduced. The new filtered canisters cut breathing resistance in half. Making it easier to breathe keeps the wearer from tiring as quickly. Filter changes will also be made easier to perform in a contaminated environment.

Repairs on the new mask will be made at the operator and unit level as done with existing masks. However, the development team has taken great care to simplify mask maintenance. The number of parts is being reduced from 36 to 12. The parts inside the mask requiring maintenance by service personnel will be color coded instead of the standard black.

One mask can serve all the services because all soldiers, Marines, sailors and airmen face the same types of chemical and biological threats and environments. It also eliminates a logistics challenge that was highlighted during the Gulf War. Repair stations set up in the Gulf were approached with several different types of masks from all the services. It was difficult to get the spare parts needed for the different masks. The single mask approach dramatically simplifies logistical planning and helps to reduce cost.

"An important goal in any procurement is to have a product that is sustainable and cost-effective," said a project manager working on the Joint Service General Purpose Mask. "And considering that operational sustainment costs are estimated at five times the procurement cost for each item, it can get very expensive."

Developing new equipment can also be very expensive, but because of their work towards fielding the Joint Services General Protection Mask and the savings it will bring, the team responsible was awarded the Army Materiel Command Outstanding Integrated Product/Weapon System Team of the Year Award for 2001. The award is given for an extraordinary record of achievement which inspires others to improve quality and quantity of their work. The team was praised for the estimated cost avoidance of over $50 million in research and development, $105 million in production and $250 million over the total life cycle of the JSGPM. It was also cited for its unique cradle-to-grave contract with Avon Rubber and Plastics, Inc. The contract will follow the project through to completion in 2006, when initial fielding of the new mask will occur.

Flight medic Sgt. Terry Carpenter (standing) and his assistant Sgt. Ian Minton prepare Spc. Ricky Barlett (kneeling) for extraction from a simulated mine field in Tuzla, Bosnia.

Uniting Soldier, Employer and Guard Mission

story and photos by Tech. Sgt. Deborah Smith
Deputy State Public Affairs Officer, Colorado National Guard

When Colorado businessman Tim McMaster released Bart Cosart from his civilian job for military duty in Bosnia, they both knew they'd see each other again. However, neither of them ever anticipated that when they did, it would be just miles from the Serbian border.

McMaster, president of TrimCraft, Inc., a small interior wood trim firm, had always supported Cosart in his military commitment, but this time that commitment would have to last for six long months.

"It's tough sometimes to be gone so long," says Cosart, who left his family and career behind to serve. "In addition to the stress of just being away, many soldiers also worry about losing their positions at work and that's tough."

While the Uniformed Services Employment and Reemployment Rights Act provides job protection and reinstatement rights to employees who participate in the National Guard and Reserve, the best protection comes from supportive civilian employers.

With no military experience himself, McMaster admits it was difficult to fully understand what National Guard members like Cosart endure when deployed. However, he was about to get a first-hand look.

Accompanied by Wyoming governor Jim Geringer, Wyoming Adjutant General Major General Ed Boenisch and seven legislators, McMaster had the opportunity to join the Wyoming Guard on their recent Cowboy Dust-off Tour.

Originating from F.E. Warren Air Force Base, located three miles west of Cheyenne, Wyo., the Dust-off Tour served as the state's command visit to the 1022nd Medical Company, which deployed earlier this year to war-torn Bosnia-Herzegovina in support of Operation Joint Guard/Joint Forge. Civilian employers of those deployed were asked to come along to observe National Guard members on duty and see their employees in action.

Composed of personnel from both the Wyoming and Colorado National Guard, the 1022nd provides air ambulance services from Camp Eagle in Tuzla, Bosnia, extracting injured personnel from land mined areas via the steady hand of a UH-60A helicopter pilot and a flight medic attached to a long steel cable. Cosart, a pilot, also serves as the unit's safety officer.

Under a damp and overcast sky, the Dust-off plane taxied to a stop near the small wooden terminal at Camp Eagle. With great anticipation and mixed emotions, McMaster waited as the arrival crew placed the stairs next to the plane.

Cosart, a four-year employee of Trim Craft, is there to greet him with a warm handshake and even warmer smile.

"You know, I really didn't know what to expect when I got here," said McMaster. "All I really knew about this part of the world is what I saw on television, which made it even more difficult to understand why Bart would deliberately want to come. With no military experience myself, I really had nothing to prepare me for what I saw here today."

"I think it's great my boss Tim got to come," said Cosart. "I think it's important not only for Tim, but for employers of Guardsmen and Reservists everywhere, to realize the way of life as a soldier — when deployed — is very different. There are great sacrifices made, both here and at home, and by being able to witness those sacrifices first hand, perhaps they can better under-

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Employer, Soldier and Guard Unite for Common Good

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stand why we operate the way we do. Unless you're here, you don't know what it's all about."

McMaster and Cosart enjoyed a brief tour of the tiny NATO air base including lunch, a helicopter tour of the Bosnian countryside and the opportunity to visit with other deployed soldiers.

As the Guard and Reserve components take on an advancing role in both national and global security, the probability for extended deployments increases significantly. As a result, civilian employers may be asked to let go of their military personnel more frequently and for longer periods of time.

The National Committee of Employer Support of Guard and Reserve understands the hardships employers face. Through special programs and opportunities — like the one McMaster experienced — ESGR takes a proactive stand in educating civilian companies and supervisors on the importance of Guard and Reserve contributions to the total force concept.

"Educating civilian employers has become so important to the mission of the Guard and Reserve," said ESGR Mission One coordinator Ed Janay. "If our troops don't have employer support, the mission stops and it's not just the Guard mission — it can sometimes be the whole mission. Right now with the recent military downsize, the Guard and Reserve components comprise a significant part of the total military force. Many active duty units depend heavily on our personnel, assets and equipment to meet their military mission objectives."

"I tried to come here with an open mind," added McMaster. "It's just simply amazing from an employer's view to see what these men and women accomplish over here. It's not just soldier stuff — I mean this is really building and running a whole city. There has to be water, supplies and other things for the comfort of the soldiers — and they're doing it all within the potential of war."

Janay added, "We at ESGR need to continue to take on a bigger role in employer education. And its people like Tim [McMaster] that take the time to understand the mission of the Guard and Reserve that can help us."

McMaster confessed that it has been tough without Cosart on the job. As one of only 75 employees, Cosart contributes enormously to the productivity and success of his growing business.

"Bart is one of our best interior trimmers and we have really missed him," said McMaster. "I know I see a lot of his military attributes on the job — his professionalism, a great work ethic and he's resourceful. I'm very much looking forward to having him back."

But while McMaster's company has had to overcome the personnel deficit, he understands that Cosart's absence is a good trade-off and he insists other employers should see the tremendous value of Guard and Reserve employees.

"I would encourage any employer out there to take a look at the individual guardsman and recognize what they bring to the workplace, said McMaster. "They bring competence, commitment, dedication, a positive attitude and a strong work ethic. While it's painful to let them go, what you get in return from the Guard and Reserves is a higher-caliber employee." ■

Also known as "bodysnatchers," the 1022nd Medical Company provides air ambulance services extracting injured personnel from land mined areas via Black Hawk helicopter and cable.

Left: Colorado Guard Member CWO3 Bart Cosart welcomes his civilian employer Tim McMaster (center) and ESGR Mission One, Area 10 Coordinator (left) to NATO's Eagle Air Base in Tuzla, Bosnia.

Scientists Study Effects of Environmental Hazards at VA Research Centers

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neuropsychological tests I use are very sensitive for picking up early indicators of exposure to chemicals that cause changes in the brain."

Suspecting that a servicemember was exposed to something does not open the door to just what the person was exposed to, at least not yet. Chemicals that attack the nervous system create similar symptoms. And many of them are not as easy to detect as lead. White started studying workers with occupational exposure to lead in 1980. A recognized technique allows scientists to establish the "body burden," that is, how much lead is in a person's system. White says some day it may be possible to detect the body burden of chemical exposures, or find some other biological marker. In the meantime, there are other avenues to explore to distinguish which exposure is causing certain health effects.

"There are some differences in different classes of compounds in the kinds of behavioral effects they have," White said, "because different compounds affect different parts of the brain. While what people say is wrong with them has a lot of overlap from one chemical to another, the actual kinds of changes you see on cognitive tests or behavioral tests can vary among chemicals."

White says the research center is also pursuing even more high tech possibilities. Using magnetic resonance imaging of the brain, scientists are able to actually see changes in the amounts of certain chemicals called neurotransmitters. Some of these changes may be associated with different chemical exposures. Enough research could reveal predictable patterns in those changes.

"Maybe at some time in the future, when we know more about this, we'll be able to use that type of information to get a handle on what people might have been exposed to," White said.

White also said that brain imaging may some day allow doctors to clearly define some of the effects of exposure to toxic chemicals that are otherwise very difficult to quantify and measure. For example, her studies of Japanese victims of exposure to sarin indicated that, a year after their exposure, their primary symptom was a mood change. She believes that the sarin affected the parts of the brain that mediate emotions. By looking at the functioning brain, new imaging techniques could help to verify suspected symptoms.

"If these brain structures start functioning or looking different after an exposure that causes an emotional change, maybe we can figure out what happened to people," continued White. "One of the aims of my research is to try to figure out some other ways of documenting the change that don't rely on a patient saying 'I feel angry,' or a spouse saying 'he's different'."

She admits there were challenges to working with Gulf War veterans that made that research different from her previous work with lead exposure. For one thing, Massachusetts has a lead registry that lists people who had a known high exposure to lead. She was able to do those studies with a population of people with a measurable exposure. Exposure information on Gulf War veterans is lacking.

"We know something about what things were out there," says White, "but we don't know how much of any given chemical each person was exposed to. We don't know the dose."

For occupational exposure studies it's fairly simple to go into a factory and put a small dosimeter on worker's lapels to see how much solvent enters their environment during the day. White says similar types of recording devices would be a great help in understanding military exposures as well. And, in fact, military units currently maintain much better environmental surveillance on deployments than they did during the Gulf War. Armed with a record of what a person was exposed to in their military and occupational career, plus the tools being developed at the Environmental Hazards Research Center, White believes that someday wartime chemical effects may be less mysterious.

"Then we'll have some idea of what kinds of chemicals they may have worked with or been around either in different conflicts or in their daily life," White says. "That will give us some cues about what the health effects might be. We also hope to have ways of picking up chemical effects at a very early stage. Then, if you have people coming back from something like the Gulf War and they have central nervous system effects, maybe by knowing about the patterns of different chemical exposures on functional imaging or on neuropsychological testing we'll be better able to figure out what might have happened to them."

It's an ambitious goal, but White says the whole purpose of her research is to try to find effects at earlier and earlier stages to prevent clinical disease and dysfunction later in life. When we consider the chemical agents, industrial pollution, pesticides and various other potentially toxic substances our forces could encounter when deployed around the world, it seems clear that the work of the VA's Environmental Hazards Research Center could be important, not just to today's veterans, but to veterans of the future as well.

Ombudsmen provide link between families and command

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Because ombudsmen often become involved in families' personal matters, they are bound by a strict code of confidentiality. Trust is one of the most important elements of the role.

"Ombudsmen can't be effective without first laying the foundation of trust," said Tuma. "They must know the boundaries of what they can and cannot do. If you have that, then you will be able to meet the commitments that you've made."

Unlike the earlier days of the program, ombudsmen benefit from a program organizational structure that provides logistic support from command and fleet and family support centers.

First and foremost, the command furnishes direct support by overseeing the program's administrative activities, the publication of a newsletter, and determining how the ombudsman will be reimbursed for certain things like mileage and supplies. In an era of technology-enhanced communications, command support can be readily accessed when the ship is deployed.

To prepare the ombudsman for the demands of the position, ombudsman coordinators — located at approximately 57 fleet and family support centers worldwide — schedule 40-hour training workshops where certified trainers present standardized and consistent information from a basic manual as well as other key resources necessary to efficiently execute program responsibilities.

"It is absolutely essential to the program that the ombudsmen receive their professional training as soon as possible. Maintaining the Ombudsman Code of Ethics and confidentiality is one of the more important things we talk about," said Whray.

Organizations such as fleet and family support centers — formally called family support centers — and ombudsman assemblies also offer guidance and arrange additional training on specialized topics. Each serves as a clearinghouse for materials and new information on resources, referrals and policies. Additionally, the ombudsman assembly forwards ideas and innovations to the Ombudsman Quality Management Board, whose membership includes the Bureau of Navy Personnel Ombudsman Program Manager, a chaplain advisor, the two Navy-wide ombudsmen-at-large, ombudsmen representatives, two fleet/force master chiefs and at least one commanding officer and any others who may be appointed. The board meets annually to review how the program is being implemented worldwide and to recommend changes.

The Naval Services FamilyLine, another all-volunteer organization dedicated to improving the quality of life of sea service families, publishes the *Ombudsman Journal* quarterly to provide informative articles to those who are serving as command ombudsmen. The nonprofit organization enjoys a close association with the ombudsman program and reinforces efforts to ensure it is properly supported.

"The chairman of the Naval Services FamilyLine and the spouse of the Master Chief Petty Officer of the Navy are appointed by the Chief of Naval Operations to serve as the two Navy-wide ombudsmen-at-large," said Tuma, who served as commanding officer of the decommissioned ballistic missile submarine USS Stonewall Jackson from 1980 to 1984, has been a Navy spouse for more than 10 years, and was appointed chairman of FamilyLine and Ombudsman-at-Large in April 2000.

"The Naval Reserve Force also has a Navy Reserve Ombudsman-at-large. We meet quarterly as part of the Ombudsman Advisory Committee to identify program improvements," continued Tuma.

While not within the official chain of command, the involvement of the spouse of the commanding officer can be a valuable asset to the ombudsman. During training, ombudsmen are encouraged to reach out and establish a strong working relationship with the commanding officer's spouse in order to benefit by her experience and knowledge of the Navy and its support programs.

In his role as program manager, Whray receives feedback from ombudsmen who think that deploying sailors do not prepare themselves or their families well enough for deployment. Therefore, these crises arise. He said, in order to better serve family members, the Navy has organized a working group to examine the manner in which critical information is deployed to family members at different stages of a sailors life.

Whray views the role of the ombudsman as having a wide-reaching impact that affects mission readiness.

"Sailors don't make career decisions sitting in the career counseling office. They do it at the kitchen table with their wives, children and even their parents. When the ombudsmen help family members have a successful tour, they create an atmosphere that is conducive to reenlisting, and retention impacts readiness," he said.

Those who volunteer to become ombudsmen take on an enormous job. Setting aside time to serve unselfishly, they are the daily manifestation of the Navy's tradition of "taking care of its own."

Examining the human body's response to pain

by kelly sharbel

hen a health care professional says that a patient's unexplained chronic pain is all in his or her head, it may be a more accurate diagnosis than previously thought. Recent research indicates that such a diagnosis refers to a neurological rather than psychological condition.

Medical researchers and scientists studying pain have made great strides in understanding how the human nervous system receives and transmits pain signals and how the brain reacts to those signals. Much of what pain research has revealed focuses on chemicals in the brain known as "neurotransmitters." These chemicals receive and transmit pain signals from one cell to another and trigger the brain's production of pain suppressing chemicals. According to the National Institute of Neurological Disorders and Stroke, research studies have discovered that the brain is capable of producing numerous pain suppressing chemicals.

Three such groups of chemicals are known as endorphins, enkephalins and dynorphins. The brain releases these opiate-like compounds into the nervous system when the human body experiences an event that produces pain. More than killing pain at its source, the chemicals block pain signals being sent through the nervous system to the brain. The National Institute of Neurological Disorders and Stroke clinical investigators have found that some chronic pain patients have lower than normal levels of these natural pain suppressors, which may contribute to chronic pain symptoms.

"Some people may have a diminished ability to subordinate pain," says U.S. Army Colonel Frank O'Donnell, M.D., deputy director of medical readiness for the Directorate for Deployment Health Support. "It is not psychological, but involves the neurotransmitters."

Dr. Daniel Clauw, chief of the division of rheumatology, immunology, and allergy at Georgetown University in Washington, D.C., and a respected voice on pain diagnosis and treatment puts its another way,

"Think of chronic central pain as a disturbance in the 'volume control' in the nervous system. When the volume control is set too high, information that most individual's nervous systems would suppress is instead transmitted as pain," Clauw says.

In other words, the brain's ability to produce chemicals to suppress pain is overwhelmed by neurotransmitters constantly firing pain signals.

Scientific researchers and medical practitioners are examining these research findings to develop new approaches to treating chronic pain. Among the purposes of these non-traditional approaches is to attempt to increase the levels of pain-suppressing chemicals in the brain.

"Many pain clinics are using alternative medical practices to alleviate unexplained chronic pain because standard medicine has not been able to relieve pain," says Dr. Michael E. Kilpatrick, director of Deployment Health Support for the TRICARE Management Activity.

Drug-based treatment traditionally prescribed for patients suffering from chronic pain might start with over-the-counter drugs such as aspirin, ibuprofen or acetaminophen and progress to more powerful pain relievers, as necessary. Just as some researchers are investigating new methods of therapy, others are also studying new pain relievers and examining how drugs not normally prescribed for pain can be used to treat chronic pain.

Increasingly, however, chronic pain patients are encouraged to consider broad-based, integrated, multi-disciplinary therapies that go beyond simply taking medication each day. These therapies may include non-drug treatments such as exercise, behavior modification, and counseling to help patients acquire skills necessary to manage their pain. Some pain researchers theorize this therapy may also increase the brain's production of pain suppressing chemicals.

Broad-based therapy differs from the traditional drug treatment of chronic pain in more ways than one. In addition to relying less on medication, the broad-based approach also requires a personal commitment on the part of the patient and extensive involvement in the treatments.

The commitment component of the treatment often requires that patients change their perspective from

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Examining the body's response to pain

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one that focuses on the past to one that emphasizes what must be done in the future to help them get better.

"Many patients focus on what happened to them [to cause the pain]," says Clauw. "Looking backwards gets in the way of reaching a solution to their problem."

U.S. Army Lt. Col. Charles Engel, M.D., director of the Deployment Health Clinical Center at Walter Reed Army Medical Center in Washington, D.C., agrees. The extensive involvement by the patient requires a partnership between physician and patient. Engel characterizes the relationship as a collaboration between two experts.

"In this collaboration the doctor is the medical expert with knowledge on treating pain and the patient is the pain expert with knowledge of what [he or she] is feeling," he says.

Engel used a collaborative pain clinic approach to develop a three-week protocol at the clinical center for servicemembers with chronic pain or chronic illnesses occurring after deployments. Patients enrolled in that program engage in an integrated course of therapy that covers three key elements addressing both physical and psychological factors. Engel refers to them as activation strategies, intensive education and family involvement. While participating in the program, patients receive care from many different medical disciplines including a variety of medical specialists, internists, physical and occupational therapists and health psychologists.

The activation strategy focuses on each patient's physical capabilities and is designed to help them achieve greater levels of activity through exercise. The process starts slowly and progresses based upon the patient's individual medical circumstances. Intensive education is geared toward helping the patients understand the steps they can take to cope with their condition. It includes helping patients learn to pace themselves while accomplishing tasks, maintaining an even psychological temperament, and using progressive relaxation techniques to reduce pain.

Family involvement is aimed at bringing the patient's family into the treatment process to make them part of the solution. This element of treatment addresses the family's concerns that come from watching their loved one become less and less able to function normally while also addressing any sense of guilt or confusion that may exist because family members don't know what to do to help the patient.

Engel's assessment of the effectiveness of this treatment therapy is based on the progress made by his patients at the center. He notes that improvement is clearly evident in patients' ability to function and in a reduction in the levels of distress they feel. Engel also says patients who have gone through the therapy program feel reassured that they are not suffering from an undiagnosed condition for which nothing can be done; that sense of reassurance grows over time.

While Engel's evaluation is based upon his patients' experience at his center, more scientific data on the effectiveness of this approach is expected to be available early next year. The Department of Veterans Affairs is managing a study of the multi-discipline therapy in 18 VA health facilities and two Department of Defense health facilities around the country. More than 1,000 Gulf War veterans are participating.

Engel is the first to say that this

approach does not eliminate the patient's condition. Instead, it is designed to help the patients improve their physical ability to function while acquiring the skills needed to manage their chronic pain.

"We explain to the patient up front that this is not a curative program. It is a program that helps them manage their chronic illness in what will probably be a lifelong struggle." Engel says.

"Patients with chronic pain and illness often focus narrowly on finding the right medicine for their symptoms. We help them see what they have already experienced – there are no magic bullets out there, and a pill is only one part of an overall chronic illness management plan."

The study of how the body responds to pain as a field of medical science inquiry is relatively new, emerging in the last half of the 20th century. It is not proven yet, but building on the research of the past 40 years may enable researchers to demonstrate how medical science can use powerful and naturally occurring capabilities of the human body to relieve pain.

More Information

To read more about ongoing research, go to: *http://www.ninds.nih.gov/health_and_medical/disorders/chronic_pain.htm*

DoD tightens blood donor safety criteria

To reduce further the risk of spreading "mad cow disease" by way of blood transfusions, the Department of Defense is tightening its restrictions on blood donations by personnel who have lived in Europe for extended periods during the past two decades.

The stringent rules will cut the active-duty donor pool by 18 percent and civilian donors by about five percent. However, DoD can continue collecting the 105,000 units of blood that it needs annually by stepping up recruitment of donors to replace the 18 percent loss, according to officials in the Armed Services Blood Program Office.

This can be done only by increasing command support, hiring some additional blood-collection personnel, integrating DoD and service blood assets, and optimizing collection sites by putting them at large installations and training bases, the program official added.

The new donor restrictions, which are called deferral criteria, will be implemented by Oct. 29. They are in line with tightened U.S. Food and Drug Administration guidelines, said U.S. Navy Lt. Cmdr. Rebecca Sparks, deputy director of the Armed Services Blood Program Office.

Under the new rules, DoD-affiliated personnel — whether active-duty military, civil-service employee or family member — will be barred from donating blood if he or she meets any one of the following three criteria:

(1) If, at any time from 1980 through the end of 1996, he or she traveled or resided in the United Kingdom for three months or more; or if, at any time from 1980 to the present, he received a blood transfusion in the U.K.

(2) If, at any time from 1980 through the end of 1996, he or she traveled or resided anywhere in Europe for six months or more.

(3) If, at any time from January 1, 1997, to present, he or she traveled or resided anywhere in Europe for a five years or more.

The FDA criteria distinguish between Europe north of the Alps and south of it, applying the more stringent six-month rule only to the 1980-1990 period in northern Europe. Convinced that many DoD people might have trouble remembering temporary-duty and travel days in various countries, DoD opted to apply the six-month rule to the whole 1980-1996 period in all parts of Europe, Sparks explained.

Both the FDA and DoD rules are less stringent than guidelines announced by the American Red Cross, which bar all donations from any person who has been in Europe for more than six months from 1980 to present.

The estimated difference in risk reduction between the two sets of criteria is very small. The FDA calculates that the new FDA criteria cut the risk of mad cow disease by 91 percent. The Red Cross approach would improve the risks by 92 percent.

The actual risk is small, according to officials. In three countries that have suffered human cases, less than a 100 people have been infected out of 122 million.

Mad cow disease is a popular term for a disease called Bovine Spongiform Encephalopathy in cows and variant Creutzfeldt-Jakob Disease in humans. It is a fatal, brain-wasting illness caused by run-amok proteins called prions.

The rare human cases apparently have all come from eating infected meat. None of the European victims caught the disease from blood transfusions, says U.S. Army Col. Mike Fitzpatrick, ASBPO director. He said there is no evidence that humans can get the disease that way.

However, animal testing suggests that there is a theoretical possibility of transmission via blood. Therefore, in view of the disease's devastating effects and the lack of any way to test blood for renegade prions, DoD and other health officials have opted to exercise extreme caution.

The only debate has been over how far to go in taking precautions — how to balance the remote risk of spreading mad cow disease to a handful of unfortunate people against the much larger risk of a blood shortfall that could jeopardize thousands of lives.

DoD veterinary officials say the risk of mad cow disease for DoD personnel is even lower than the tiny risk that Europeans face. That's because the Americans in Europe get most of their meat from American sources through military supply channels.

For More Information

To learn more about donating blood and blood safety, see:

American Red Cross
http://www.redcross.org
Department Health and Human Services
http://www.hhs.gov/topics/blood.html

To learn more about mad cow disease, see:

Centers for Disease Control and Prevention
http://www.cdc.gov/ncidod/diseases/cjd/cjd.htm
Food and Drug Administration
http://www.fda.gov/oc/opacom/hottopics/bse.html

RESOURCE guide

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

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

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

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

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

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

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

Enlisted Association of the National Guard
1219 Prince St.
Alexandria, VA 22314
Phone: (800) 234 - 3264
http://www.eangus.org

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

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

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

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

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

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

Non Commissioned Officers Association
225 N. Washington St.
Alexandria, VA 22314
Phone: (703) 549 - 0311
http://www.ncoausa.org

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

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

Veterans of Foreign Wars
200 Maryland Ave., NE
Washington, DC 20002
Phone: (202) 543 - 2239
http://www.vfw.org

Vietnam Veterans of America
8605 Cameron Street, Suite 400
Silver Spring, MD 20910-3710
Phone: (301) 585 - 4000
http://www.vva.org

more information

PHONE NUMBERS

Direct Hotline for Servicemembers, Veterans and Families
(800) 497 - 6261

Department of Veterans Affairs
(800) 827 - 1000

VA Persian Gulf War Registry
(800) 749 - 8387

VA Benefits and Services
(877) 222 - VETS

TRICARE Information
(800) TRICARE

WEB SITES

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

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

Department of Veterans Affairs Benefits and Services
http://www.va.gov/vbs/health/

DeploymentLINK
http://www.deploymentlink.osd.mil

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

National Archives and Records Administration
http://www.nara.gov/research/

National Personnel Records Center
http://www.nara.gov/regional/stlouis.html/

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