

HQ USAMEDCOM
RESERVE DIETITIANS
WINTER 2004 NEWSLETTER

COL SARAH K. HELMS, IMA TO Chief Dietitian

9 January 2004

Special Points of Interest:

- *My e-mail has changed.*
Please use
Sarah.Helms@us.army.mil
- *Symposium presentations on SP website,*
www.amsc.amedd.army.mil
- *Licensure is mandatory!*
- *Uniformed Services Symposium & ADA, 1-5 Oct 04, Anaheim, CA*

HIGHLIGHTS

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Happy New Year! I would like to wish everyone a happy and blessed 2004. This last year was eventful for the US Army. Please remember those soldiers who are in harms way in Iraq, Afghanistan, and many other places. Also remember the families of those soldiers. Many of you are or have been mobilized and have done wonderful jobs backfilling, and please know that your service is appreciated.



The Uniformed Services Dietitians Nutrition Symposium was a great success! There were almost 200 in attendance; of course the location, San Antonio, was one of the reasons for the high attendance. The presentations, including some from the OIF AAR (After Action Report) are posted on the SP website at <http://www.amsc.amedd.army.mil/>. The next symposium and ADA meeting will be held next door to Disney World in Anaheim, CA, so plan to be there and take an extra day to visit the area. The dates for the symposium are 1-2 Oct and the ADA meeting are 2-5 Oct 04.

There's money for Continuing Health Education (CHE)! Mr. Dave McClory at Army Human Resources Command (HRC), St. Louis, formally AR-PERSCOM, informs me that there is money for CHE this year if you have not been funded already. They will even fund those who have been activated. If you are activated and want to attend a CHE course, contact Mr. McClory at 800-325-4729, op 7 for further information. There are several Army courses available which may be of interest: one is the Reserve Component Food Service Training Workshop which will be held in Sparks, NV, 22-27 Feb 04. Information for this course can be found on page 2 of this newsletter. Another course is the Joint Field Nutrition Operations Course, which will be held at Camp Bullis, (San Antonio), TX, 15-23 April 04. See page 11 for further information. Another option is the International Congress of Dietetics, which will be held in Chicago, 28-31 May 04 or you may want to attend another course of interest. Take advantage of this opportunity for the Army to fund your CHE.

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The 2004 Reserve Component Food Service Training Workshop

A Reserve Component Food Service Training Workshop is scheduled for 22-27 February 2004, at John Ascuaga's Hotel Resort and Convention Center, 1100 Nugget Avenue, Sparks, Nevada. The composition of this workshop will be discussion groups and training sessions on Change 1, Army Regulation 30-22 and DA Pam 30-22; classroom training on the modern burner unit; training on the proper methods of conducting an installation food management/menu board; training on the new TB MED 530; proper methods of conducting annual reviews of dining facilities accounts and preparing action plans for both IDT and AT; and basic subsistence accountability.

A registration fee of \$25.00 will be assessed, payable at the workshop registration desk upon arrival, to assist in defraying costs associated with this workshop. No meals or snacks are included in this fee. Payment in cash or check is required since the hosts of this workshop do not have credit card machines or access to such.

All attendees will be billeted in the hotel, which will assist in defraying meeting room charges, and all orders will state "government meals and billets are not available" (room rates are within per diem rate of \$85.00). ACES POC's will control the reservations. All attendees will submit the following information via U.S. mail, e-mail to odayr@lee.army.mil or dewitzr@lee.army.mil or fax to commercial 804-734-3690/DSN 687-3690 NLT 23 January 2004; Name, grade, duty assignment, unit, duty/work phone, home phone, valid home address. To receive per diem rate at hotel, reservation cards must be received by the hotel NLT 21 January 2004. The POC's or the hotel will not accept telephonic reservations. Control numbers will be assigned upon requests received, on a first come basis. Each registrant will receive a confirmation number prior to 1 February 2004.

TDY funding for attendees is the responsibility of each individual command.

Attendees should plan to arrive on 22 February 2004 prior to 2300 hours, but not earlier than 1500 (rooms will not be available prior to 1500). A hotel shuttle runs from the airport to the hotel. Attendees should not schedule return transportation prior to 1300, Friday, 27 February 2004, since breakout sessions are scheduled for that morning session.

The uniform for the workshop will be class B and appropriate business attire for civilians. All attendees will be required to register on the second floor of the hotel between 1200 and 2200, 22 February 2004. Information packets, including the agenda will be provided at registration. Presently, plans are being formulated to have a banquet on Wednesday, 25 February 2004 to honor all of the food service personnel in attendance that will retire in the next year. Cost of this meal will be between \$25.00 and \$30.00. Again, payment for the banquet will be by cash or check only and will be made at registration to ensure a solid count for the hotel catering staff. There are special programs being considered for the attendees and spouses. Also, there are commercial tours available.

Hotel accepts payment by government Bank of America Visa Credit Card, all major credit cards, and cash.

Food advisors, supervisors and food service technicians and specialists should provide the ACES POC's with a list of prospective retirees and an individual biography if subject individual is in attendance, NLT 21 January 2004. Also, request prospective attendees furnish the POC's with subject matter that could be addressed at this workshop NLT 5 December 2003. This can be mailed to the POC's at the addresses listed below.

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AR-MEDCOM STOOD UP 30 SEPTEMBER 2003

The following is an information paper on the new AR-MEDCOM:
SUBJECT: The Army Reserve Medical Command (AR-MEDCOM)

1. Purpose: To provide information on the most commonly asked questions regarding AR-MEDCOM
2. Facts. On 16 July 2003, the Chief, Army Reserve (CAR) directed the implementation of the Federal Reserve Restructuring Initiative (FRRI) to restructure the Army Reserve into a fully synchronous, responsive force. This involves transforming Army Reserve Command and Control (C2) from Regional Support Commands to Regional Readiness Commands (RRCs) to focus additional efforts on soldier readiness, unit readiness, and shortened mobilization timelines. In concert with the RRC redesign, the CAR approved a plan to restructure Army Reserve Medical C2 structure. Embedded Army Medical Department (AMEDD) TOE (Echelons above Division) and TDA structure will be realigned to a single functional AMEDD command. On 7 August 2003, the CAR approved the establishment of a provisional AR-MEDCOM with an effective date of 30 September 2003. The activation date of AR-MEDCOM coincides with the activation of the RRCs and the FRRI endstate, 16 October 2005
3. Questions and Answers.
 - a. Why a separate functional medical command? The Army Reserve (AR) AMEDD community has unique training, staffing, credentialing, and operational requirements that must be consolidated and optimized for efficiency. The AMEDD has more than 100 different MOS's and AOCs; many of which are high demand, hard skill, low density, and difficult to recruit or sustain, requiring intensive personnel management to achieve a high state of readiness for mobilization. A functional AR-MEDCOM will improve the execution of policies and procedures that support the AMEDD force currently, such as recruiting, sustainment training, mobilization, retention, and credentialing. A functional medical command with national oversight and span of control over all AR medical assets (above Division) will improve the ability to manage high demand/low density skills in meeting training and deployment requirements. Economizing on efficiencies gained through centralization will also help maximize retention of AR AMEDD soldiers. On 1 October 2005, all CONUS Army Reserve AMEDD (SRC 08) TDA and TOE units will transfer from the RRCs to AR-MEDCOM.
 - b. Why not just merge AR-MEDCOM with USAMEDCOM similar to the merger between PERSCOM and AR-PERSCOM to have one fully integrated Medical Command? The CAR and The Surgeon General (TSG) agreed that the two organizations (AR-MEDCOM and USAMEDCOM) would remain two separate organizations. The AR-MEDCOM initiative provides better integration between the two component organizations than the current structure. In this new reorganization of AR medical assets, AR-MEDCOM senior leaders will be dual-hatted into USAMEDCOM staffs enabling the seamless integration of the Surgeon General's policies and standards throughout the entire medical force. For example, the Deputy Surgeon General (DSG), is dual-hatted as the CG, AR-MEDCOM and works for The Army Surgeon General, who is dual-hatted as CG, USAMEDCOM. A new linkage has

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been created, integrating the upper levels of the corporate AMEDD. The AR-MEDCOM is a separate, nondeployable, direct reporting command to the USARC.

c. What is 3d MEDCOM's relationship to AR-MEDCOM and why not designate 3d MEDCOM as the functional C2 HQs? The 3d MEDCOM, located in Decatur, GA, is a deployable Theater Medical Command aligned to 3d Army and reports to the Cdr, AR-MEDCOM. The TSG and the CAR desire to make the 3d MEDCOM an exercise command for AR AMEDD units to conduct future Theater level medical exercises for AR-MEDCOM, however, 3d MEDCOM will not be encumbered by the day-to-day, peacetime administrative responsibilities of 250 AR AMEDD units. The scope of AR-MEDCOM responsibilities extends beyond C2 of TOE units, to include readiness of medical units and individuals, individual and collective training (to include MOS qualification), professional and technical development, and life cycle management.

d. How many General Officer (GO) billets are in the AR-MEDCOM structure and what existing billets are designated as bill payers? There are nine GO billets: Two MG billets, (Cdr, AR-MEDCOM and Cdr, 3d MEDCOM); and seven BG billets: 1 - Deputy Cdr, AR-MEDCOM, 1 per each of four AMEDD Regional Readiness Commands (ARRC), 1 - Cdr, Medical Training Command, and 1 - Corps MEDCOM (807th MEDCOM). The Cdr, AR-MEDCOM is also the Deputy Surgeon General - a 2-Star IMA today will convert to TPU in this new organization. The Deputy Cdr, AR-MEDCOM is dual-hatted as the Assistant Surgeon General, a 1-star IMA today converts to a TPU. The CG, ARRC is also dual-hatted as the Deputy for Reserve Affairs at the CONUS Active Component (AC) Regional Medical Command (RMC). The GO bill payer for the 4 ARRCs will come from four AR Medical Brigades (AR Med Bdes). The AR Med Bde commander is replaced by an O6 billet (the star will be lost anyway when Med Bdes convert to MRI). The bill payer for the CG, Medical Training Command is the 1-star billet that was designated for the 2d Corps Medical Command under MRI, but the requirement for two Corps MEDCOMs was reduced by one in TAA-11. In summary, there is no growth in GO positions in AR-MEDCOM. All GO positions have been approved by the General Officer Management Office (GOMO).

e. What is the relationship between the ARRCs and the RMCs? The ARRCs are intermediate commands subordinate to AR-MEDCOM that have regional, peacetime C2 over AR AMEDD TDA and TOE units. The ARRC is the readiness conduit between the AMEDD units and the AR-MEDCOM HQs, providing operational oversight and resource management to AMEDD units in their geographical area. The ARRC is a TDA organization, separate and apart from the RMC. The only point of integration with the RMC is the CG, ARRC, is affiliated with the RMC for training and a principal advisor to the CG, RMC on Reserve Affairs. The ARRC is not in the RMC rating chain, nor funding stream. The ARRC gets its funding, training seats, and other resources from HQs, AR-MEDCOM. The ARRCs will develop close training relationships with the four CONUS RMCs through the creation of a Memorandum of Agreement (MOA). The FTS that are now embedded in the RMCs will report to the ARRC and facilitate TDA unit and individual training with RMC hospitals. The RMC will still have training oversight responsibility of AR AMEDD units within their geographic region, however, METL training will be dictated by each unit's medical war trace unit and approved by the doctrinally correct AMEDD C2 element. The advantage to having a single link for

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communication is the RMC Commander only needs to deal with one AR entity (the ARRC) as opposed to going to multiple RRCs; for example, to mobilize medical personnel.

f. How does the National AMEDD Augmentation Detachment (NAAD) fit into the AR-MEDCOM organization? The NAAD is a subordinate O6 Command to HQs, AR-MEDCOM and is renamed, AMEDD Professional Management Command (APMC) that consolidates all clinical HR activities: Credentialing, incentives, AMEDD Augmentation Detachment, and will get a separate Regional Personnel Services Center (RPSC) to do human resources life cycle management for all Soldiers assigned and attached to AR-MEDCOM, including IMA and IA. The G-1 in AR-MEDCOM headquarters will be smaller and serve as liaison to the APMC for policy development and integration and will manage a TTHS.

g. What is the function of the Medical Training Command (MTC) and its relationship to RTS-Medical (RTS-MED) and other training agencies and how will this relationship improve AR AMEDD training readiness? The MTC will manage individual training, including MOS-producing and sustainment training, and coordinate medical collective training exercises with host units such as the 3d MEDCOM and the RTS-MED sites. The MTC will assume program management of the RTS-MED sites. The MTC will interface with the AMEDD C&S on Program of Instruction (POI) development and methodology and advise the CG, AR-MEDCOM on other related training matters. The MTC will maintain close coordination with the Army Reserve TOE MEDCOMs to facilitate communications, integrate Commander's training priorities, engage the TRAP process, and monitor training readiness for the whole of the command. By providing centralized, focused training management concentrating on low density MOSSs, NCOES training, and unit collective training, Army Reserve AMEDD soldiers will enjoy expanded training opportunities offering relevant, realistic, and challenging training that will prepare units and soldiers for their doctrinal wartime mission. In turn, the Nation will realize a greater medically trained and efficiently resourced force to enable timely response to a National emergency. AR-MEDCOM provides centralized management of healthcare professionals by health care experts.

h. Where will AR-MEDCOM and its subordinate elements be stationed? There are many factors that the Stationing Integration Process Action Team (IPAT) will take into account in determining the best location for the headquarters and the other organizational elements. One of those factors is pending the outcome of the restructuring of the Regional Readiness Commands.

i. What is the current status? The AR-MEDCOM structure Concept Plan has been submitted for staffing at DAMO-FM with a concurrence / nonconcurrence suspense of 29 November 2003. On 20 October 2003, an AR-MEDCOM implementation cell activated at OCAR in Crystal City, VA. Four IPATs have also been created: Stationing, Personnel & Recruiting, Training, and Integration & Marketing. The implementation cell will serve as the primary clearinghouse for all AR-MEDCOM actions. The USARC Surgeon's office is the proponent agency and sole source for all information concerning AR-MEDCOM as it develops.

What does this AR-MEDCOM mean for the reserve hospital units? It means that the medical units won't be at the end of the food chain when it comes to money.

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65C Is Commander of Task Force Medical Eagle!

The following is a bio for COL You-Ying Whipple. We are very proud of her, her leadership and the example she is for young 65C's. Again, step forward and take jobs outside of your comfort zone. The following is a note she sent with her bio: "Task Force Med Eagle is composed of 8 units with soldiers from 22 different states plus Puerto Rico. We have both Army Reserve and National Guard soldiers. What great Americans they all are! I am very please to be working with them. It was quite a job to coordinate all the training requirements prior to being deployed.

As we approach the holiday seasons, please remember our soldiers not only those in the Balkans and in Southwest Asia but also those that are deployed other parts of the world. It is difficult to be away from our families especially during this time of the year. Task Force Med Eagle is one of the task forces under the Multinational Brigade (North), which is commanded and controlled by the 34th ID (Minnesota National Guard)."

COMMAND STAFF BIOGRAPHY TFME / MNB(N) SFOR-14

**Commander**

Colonel You-Ying W. Whipple assumed the role as Commander, Task Force Medical Eagle (TFME)/Multinational Brigade (North), Stabilization Force 14 on 15 September 2003. She is responsible for the level III health service support for both United States and Multinational Forces within the MNB(N) area of operations. Her command is composed of eight Army Reserve and National Guard units from 22 different states and Puerto Rico. She is responsible for the ground and air medical evacuation assets within the brigade. She interacts with the international community, the State Department, the UN/NATO coalition, the Armed Forces of Bosnia and Herzegovina and the indigenous civil and political authorities to enhance a safe and secure environment through the cooperation of medical assets. She also interacts with the multinational medical community to provide health care to SFOR soldiers.

Colonel Whipple began her military career through a direct commission as an Army Dietitian in 1975. She is a graduate of the Army Medical Department and Civil Affairs Officer Advance courses; Adjutant General, Finance, Psychological Operations, and Public Affairs Branch Qualification courses; Master Fitness Trainer Course; Combat Casualty Care Course; and the Command and General Staff College. She is a graduate of the Air War College and the resident Army War College (Class of 2000).

Her staff assignments include: Chief of Nutrition Care Division, Adjutant, and Chief of Public Affairs. Colonel Whipple has been an instructor for both the Army Medical Department Officer Advance Course and Command and General Staff College courses. She has also served as a Master Fitness Trainer.

Colonel Whipple's previous command experience includes command of the 337th Combat Support Hospital in Indianapolis as well as the 334th Medical Group in Grand Rapids, Michigan.

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Letter From Deployed Surgeon

I got this letter in a weekly e-mail I get from a reserve officer at CHPPM. Get out your tissues because the letter describes some of the hardships encountered in a deployment.

From: STONE, RICHARD COL [mailto:STONER@baf.cjtf180.army.mil]

Sent: Saturday, November 15, 2003 4:43 AM

Hello to All

We were informed yesterday that our tour here has been extended. At this time we are not scheduled to leave Afghanistan until the 2nd of March 2004. This order was released just a few weeks before we reached our sixth month in theater when we thought we might come home. I assembled the soldiers and informed them that they would not be home for the holidays. As you can imagine it was a very sad and very emotional day. These are great soldiers that have endured separation and hardship now for 9 months after mobilizing the 24th of February. I am confident that they will get their emotions in order, but now they are all in the process of calling home and giving the news to their families. For most, this call is very difficult. The chaplain and my combat stress detachment have been a big help as each soldier tries to make sense of this.

The weather has turned very cold here with lows in the high 20's and highs in the high 40's. The rain has started and there is mud and standing water everywhere. It makes even the most basic of activities tougher to accomplish when you have to endure the cold and wet in addition to all the other hardships. On a happier note, I wrote previously about our tents leaking. We were able to "find" some tarps to cover the tents. Therefore most of our stuff is a lot drier than it has been. I won't ask my supply section where the "found" these. Sometimes I just don't need to know.

Some of you may have read about the recent Romanian combat deaths here. These two soldiers were shot by a sniper while deployed here. One died instantly. The other died in our Combat Hospital yesterday morning after a heroic effort on the part of these great doctors and nurses. These were the first combat deaths of Romanian soldiers in almost 50 years. The Romanians flew in a C-130 to pick up their fallen soldier. My physicians were asked to call his mother to tell her about his death. This was difficult for even these combat hardened veterans. This mother spoke some English but her emotions overwhelmed my staff. The entire country of Romania is now in mourning. Today we conducted a memorial service in the chapel before we placed his body on the plane. The Romanians were so appreciative of the care we gave to their soldier. They are extraordinarily committed to this war and standing beside the US in this effort. After the Eastern Orthodox ceremony, conducted in their native language, we walked behind the coffin to the aircraft while hundreds of US, German, Norwegian, French, Slovak and Korean soldiers lined either side of the roadway. Each rendered a salute as we walked past. The Romanian national anthem was played over a loudspeaker followed by a funeral dirge as the coffin was placed on the plane. There were few who were not moved by the ceremony.

Unfortunately these ceremonies are not rare or unique. This afternoon we will repeat the ceremony for a young American who died after his vehicle was blown up by a bomb placed in

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the roadway (IED). He died here in the combat hospital. As we removed his clothes and listed his belongings I realized that he was carrying a laminated copy of his mother's death notice in his pocket. She had died about a year earlier than her son. I'm sure she would have been proud of the heroic soldier that he had become. I've lost tack of how many of these death certificates I've signed.

This is a tough business. This war against terrorism continues. Last night one of my forward surgical teams received 9 gun shot wounded patients simultaneously from one battle. Eight are still alive because of the extraordinary work of a 20-person team designed to care for only 2 to 3 patients simultaneously.

After all these actions and so much sadness, telling my soldiers they weren't going home seems like it occurred a long time ago. There is a line in the movie, "Saving Private Ryan" where the Captain (Tom Hanks) says that; "with each day and each action I feel further and further away from home." I know exactly what he meant. These actions are so distant from civilized society that they surround and pull you away from normalcy. Many of the soldiers that have rotated home have written to me that they can't stop thinking about us here. Only those that have lived these events can truly understand the intensity of these emotions and these events.

This Thanksgiving and this holiday season please pray for your soldiers all over the world. Remember their families in your thoughts and prayers. If you see a white flag with a blue star in the window of a home in your neighborhood (indicating a family member serving away from home), stop your car, go to the door and say thank you. That one sacrifice will do more for that family than almost anything else you could do. Trust me, my wife flies that flag. Those who have stopped to say "thank you" have done more to lift her spirits than almost anything anyone has done. If you see a Gold star in the window it indicates that that family has made the ultimate sacrifice. Pray for them, and say thank you as your freedom continues to be defended by their sacrifice. For the families of these two young men that we returned home today, draped in the flags of their countries it is the least we can do.

"And the War on Terrorism continues....."

Rich

COL Richard A. Stone
Commander TF44 (MED)
CJTF180 Command Surgeon



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Army Transformation -- AR-PERSCOM is now HRC-St. Louis*AR-PERSCOM and DA PERSCOM to merge**New command to integrate web sites*

The St. Louis-based U.S. Army Reserve Personnel Command (AR-PERSCOM) inactivated on October 2, 2003, and merge with the U.S. Total Army Personnel Command, headquartered in Alexandria, Va., to form the U.S. Army Human Resources Command (HRC).

The new Command will integrate the two organizations as a baseline for a multi-component field operating agency under the Army's Deputy Chief of Staff for Personnel. The HRC will bring together human resource life-cycle management functions for the Army and Army Reserve to better meet the future needs of Army soldiers and civilians.

The merger will not result in any immediate changes to AR-PERSCOM's structure, and all existing services will continue uninterrupted throughout the transformation. During the next fiscal year, business processes will be evaluated within the new Command to determine the future structure of HRC.

In addition, on October 2, HRC will stand up a new Web site at <https://www.hrc.army.mil>.

The new site will initially contain information about the new Command, plus links to the existing AR-PERSCOM 2xCitizen and PERSCOM Web sites. All content and tools currently available on 2xCitizen and the portal, My2xCitizen, will continue to be available to customers, including secure access to Army Reserve personnel record information, board data, and retirement tools.

During Fiscal Year 2004, the content from the AR-PERSCOM and PERSCOM sites will be consolidated on the new HRC web site, thereby providing one central point for all soldiers in both the Active Army and the Army Reserve to access their personnel data.

More information on the Army's human resources transformation will be released as it becomes available. Look for the HRC web site at <https://www.hrc.army.mil> beginning October 2, and get the latest information.

Another sign of Transformation -- Possibly more Drilling IMA (DIMA) Slots

This is an excerpt from a March 2003 interview with LTG Helmly, Chief, Army Reserve-- "We plan to convert the IMA program into an Individual Augmentee (IA) program, and restructure it and grow it from its current level of between 5,500-6,000 Soldiers to approximately 8,000-9,000 Soldiers over the next couple of years. Most of these positions will be drilling positions similar to TPU Soldiers. This will provide us more flexibility for Soldier development and growth in the future since we will be able to move Soldiers more frequently between IA and TPU assignments. That will have particular relevance for senior non-commissioned Officers and field grade Officers.

However, in achieving that growth, we do not plan to force anyone out. We will be drawing down the number of units, but not the number of people. We want people to stay, and we want them to stay 20 years or longer in order to receive their much-deserved Reserve retirement entitlements at the end of 20 good years.

So, the question is, "Where are we going to find the spaces to grow the IA?" In short, that will come through better management of our Soldiers' careers and expectations. Being creative with regard to how we manage the force."

Can't Find a Reserve Unit Close to Home with a 65C Slot-- Try NAAD

NAAD is a U S Army Reserve medical professional organization. NAAD manages coordination of two distinct groups of soldiers to enhance the overall Army Medical readiness posture.

United States Army Reserve Soldiers in NAAD are assigned to Army Reserve units throughout the United States with attachments to NAAD for personnel, training, and pay management. Attachments to NAAD allow clinically proficient soldiers, residing in remote areas (more than 50 miles or 90 minutes to an Army Reserve unit with a valid position for assignment), to meet U.S. Reserve participation requirements to enhance the overall Army medical service readiness.

NAAD soldiers are aligned alphabetically with professional managers from three branch teams: Personnel Management Branch, Quality Assurance Branch, and Training and Resource Management Branch

Beginning in 2000, NAAD became the United States Army Reserve Command's executive agent for coordination with the Active Component (AC) medical Professional Filler System (PROFIS). AC medical professionals are assigned to United States Army Reserve positions, while continuing to serve at their active duty location.

To find out more about NAAD go to <http://www.usarc.army.mil/naad/>.

Promotions

Congratulations to the following officers who have been promoted in recent boards:

To Colonel: LTC (P) Clareth Ferguson, LTC (P) Shirley Gerrior, LTC (P) Karen Klinker, LTC (P) Debra Long

To Major: CPT (P) Ann Hall, CPT (P) Nicole Keeney

To Captain: CPT Nicholas Brown, 1LT (P) Sandra Edmonds, 1LT (P) Joyce Fu, CPT Linda Ann Hall, 1LT (P) Tara Peeples, 1LT (P) Brian Richard, 1LT (P) Mathea Waldman, 1LT (P) Maria Rouenna Yates

Speaking of promotion, it is something we all take an interest in and would like to put our best foot forward when we go before the promotion board. Following are some tips to help you do your best:

1. Write a letter to the board (no more than one page). The letter should include an explanation of any break in service, or years when you were not active in the reserves. If you have a profile and didn't take the PT test, explain why you had a profile and didn't take the PT test. If you failed the PT test, then say "I failed the PT test by 1 push-up or by 30 seconds on the run". However, don't lie or stretch the truth. If you are missing OER's, then explain why they're missing. If your recent rating is poor and your others are good, then explain the poor rating. The letters are read by the board members and give a better look at the soldier as a person.
2. Have a good photo! The photos will now be digitized and the board will see the photo on the computer. You will have to have your photo made in an Army photo shop or you can send in a digital photo of you in your Class A's.

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3. Have your senior rater write a decent rating paragraph! So many times, the senior rater will write one or two sentences that say nothing about your job, work or potential. Give your rater and senior rater a good OER support form, so they can take that information and transfer it to the rating form. It is required that the rater and senior rater write a statement about potential.
4. If you are in a TPU, volunteer to take other jobs even if they are not related to dietetics or food service. If the unit is having problems getting OER's done and to HRC, St. Louis on time, then volunteer to oversee that process. Those officers who are willing to step up to the plate for hard jobs are more likely to be considered for promotion and as commanders in the future. (See COL Whipple's bio on page 6.)
5. If your record is missing evidence of degree completions or Command and General Staff College or other military training certificates, you can send copies to the board. If you send transcripts, make sure the degree completion is on the transcript. **However, if you want this documentation to go into your record permanently, you need to send it to the PMO at HRC, St. Louis (IMA or IRR), if you are in a TPU then the unit should see that this information gets into your permanent record.**
6. You can look at your record on "My 2XCitizen". There you can view your OER's, edit your contact information, look at your record of retirement points, and check on your readiness/retention information.

Educational Opportunities

Joint Field Nutrition Operations Course

LOCATION: Camp Bullis, TX
15-23 April 04 (9 days)

PROJECT OFFICER: LTC Anuli Anyachebelu
Phone: DSN: 471-6344 Commercial: (210) 221- 6344, anuli.anyachebelu@cen.amedd.army.mil

SCOPE: This course is designed to provide U. S. Army, U. S. Army Reserve, Army National Guard, U. S. Air Force, and U. S. Navy dietitians and senior Hospital food Service Specialists with information and hands on training in order to provide optimum nutrition care in the field environment. This course teaches current concepts/doctrine along with providing practical experience in Army medical field feeding and nutrition support. An emphasis is placed on familiarization and utilization of field equipment, preparation of modified diets in the field environment, transportation and service of meals to patients, sanitation and safety of equipment, resource procurement and management in the field environment, and the need/responsibilities of the dietitian in support of domestic and foreign missions. **Note: This is a 9 day course and should be attended by all dietitians who are in a TO&E unit. The course will become a requirement in the future. This can be done in lieu of AT and the Nutrition Care Branch at the Academy will give you training for the other 3 days of AT.**

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AC 91M's will have DTR Educational Opportunity

The Active Component 91M's will now have an educational opportunity to obtain their Dietetic Technician Registered (DTR) and in the future, we hope to extend this to the reserves as well. Following is an information paper explaining the program.

INFORMATION PAPER

SUBJECT: Dietetic Technician Registered (DTR) - a distance learning 91M degree builder

1. PURPOSE. To provide information on an educational opportunity that will benefit soldiers and expand the scope of 91Ms as dietitian extenders.

2. FACTS.

a. Why is this important? The U.S. Army 91M Nutrition Care Specialist (NCS) is the extender for Army dietitians. Unfortunately these soldiers encounter barriers to formal education such as long and varying work hours, field training exercises, frequent moves, and duty not near a DTR program. Military RDs are challenged with increased demands for their services and the requirements of maintaining proficiency in go-to-war skills, which accentuates the need for skilled dietitian extenders.

b. How does the degree program work? Central Arizona College (CAC) has a DTR program that matches the needs of Army dietetics. The process of formalizing the educational partnership is the Servicemembers Opportunity Colleges Army Degrees (SOCAD) program that accepts American Council on Education (ACE) credits for military occupational training and experience. Individual soldiers work with counselors at their local Army education center to determine how many credits they already have toward the DTR. Counselors coordinate with CAC to set up the degree plan and assist students with enrollment. Two of the courses, Dietary Managers Internship (150 hours) and the Dietetic Technician Internship (300 hours), require an RD proctor/on-site facilitator. Students are precepted by local RDs in coordination with the college.

c. How much does it cost? Soldiers can use tuition assistance or the Montgomery GI Bill (VA benefits). If the individual already has an associate's degree, (s)he should pursue the DTR as a "certification". Soldiers need to work directly with their local education center to discuss options.

d. What is the benefit? This educational partnership will allow Army RDs to increase their scope of practice by leveraging and expanding the skills of their enlisted counterparts with DTR credentials. This distance learning DTR program provides credit for military schooling and experience, allows maximum flexibility in enrollment, and provides an excellent opportunity for soldiers to complete a degree.

e. How do I get more information? The program is posted on the Servicemembers Opportunity Colleges (SOC) Website at <http://www.soc.aascu.org/socad/91M.html> or you can access information through the Nutrition Care Branch website <http://www.cs.amedd.army.mil/ncb/> under *Professional Opportunities*.

Need Retirement Points -- Try Distant Learning Courses

Go to the Army Training Requirements and Training System (ATRRS) website at <https://www.atrrs.army.mil/> for more information. The AMEDDC&S code is "081".

Legislative Victories for the Reserves

Following are a list of legislative victories for the reserves that may directly affect you and your pocketbook. Especially note Section 109 below, which restores above-the-line deductions for travel to reserve drills.

TRICARE FOR RESERVISTS AMENDMENT. ROA assisted several lawmakers in preparing for submission of the TRICARE for Reservists amendment 1816 to the FY04 Supplemental. ROA members successfully responded to an ROA legislative alert and rallied enough support from Congress for the amendment to be adopted by voice vote. The amendment extends TRICARE for Selected Reservists and certain IRR members who do not have medical coverage or cannot get medical coverage from their employers. It passed in the supplemental as P.L. 108-106, Sec 1115 and was also included in the FY04 National Defense Authorization Act (NDAA), Sec 702. The NDAA extended the program from 30 September 2004 until 31 December 2004.

EARLIER ELIGIBILITY FOR TRICARE BENEFITS FOR MEMBERS OF RESERVE COMPONENTS. As part of the TRICARE effort also changed the eligibility for TRICARE to begin when a member is "issued a delayed effective-date active duty order or is covered by such an order, shall be treated as being on active duty for a period of more than 30 days." This provision passed in the supplemental as P.L. 108-106, Sec 1116 and the NDAA, Sec 703.

TEMPORARY EXTENSION OF TRANSITIONAL HEALTH CARE BENEFITS. As part of the TRICARE effort was able to achieve parity by extending health care benefits to all Active Duty or Reserve Component members who are separated from active duty or demobilized. This provision passed in the supplemental as P.L. 108-106, Sec 1117 and the NDAA as Sec 704.

UNLIMITED COMMISSARY. Secured unlimited commissary privileges for Reservists and are waiting for the final conference report to ensure it has been extended to family members and gray-area reservists. ROA members rallied strongly behind these initiatives by writing to Senators and Representatives in more than half of the states. Provision was included in the NDAA, Sec 651.

CONCURRENT RECEIPT. ROA continued to work with the Congressman Bilirakis (R-9-FL) in the House during the first session of the 108th Congress to remove the 7200 point reserve retirement barrier for disabled retired reservist who qualified for Combat-Related Specialty Compensation and to pass and be eligible for Concurrent Receipt. Both were accepted as provisions in the conference report of the FY04 National Defense Authorization Act and will allow Reservists who qualify the same opportunity to collect their retired pay and their disability pay without offset by losing one or the other.

AVAILABILITY OF HOSTILE PAY FIRE AND IMMINENT DANGER SPECIAL FOR RESERVE COMPONENT MEMBERS ON INACTIVE DUTY. ROA submitted this issue in March 2003 as part of its mobilization legislative initiatives to Congress. This parity issue was extended to Reserve Component forces in the NDAA, Sec 618.

SURVIVOR BENEFIT PLAN ANNUITIES FOR SURVIVING SPOUSES OF RESERVES NOT ELIGIBLE FOR RETIREMENT WHO DIE FROM A CAUSE INCURRED OR AGGRAVATED WHILE ON INACTIVE-DUTY TRAINING. ROA submitted this issue in March 2003 as part of its mobilization legislative initiatives to Congress. The NDAA, Sec 644, applied this to those who are eligible but have not received notification of eligibility, are within the 90-day window of Survivor Benefit Plan election after notification, or dies from an injury or illness incurred or aggravated in the line of duty during inactive-duty training.

SEC. 109. ABOVE-THE-LINE DEDUCTION FOR OVERNIGHT TRAVEL EXPENSES OF NATIONAL GUARD AND RESERVE MEMBERS. CERTAIN EXPENSES OF MEMBERS OF RESERVE COMPONENTS OF THE ARMED FORCES OF THE UNITED STATES. ROA worked diligently for several years with its members to get the following provision reinstated after it was deleted from law. The deductions allowed by section 162 which consist of expenses, determined at a rate not in excess of the rates for travel expenses (including per diem in lieu of subsistence) authorized for employees of agencies under subchapter I of chapter 57 of title 5, United States Code, paid or incurred by the taxpayer in

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connection with the performance of services by such taxpayer as a member of a reserve component of the Armed Forces of the United States for any period during which such individual is more than 100 miles away from home in connection with such services." It will apply to amounts paid or incurred in taxable years beginning after December 31, 2002. This provision was Included in Sec 109 of the Military Tax Relief Act of 2003, PL 108-121.

WAIVE BASE PAYMENTS FOR HOSPITALIZED PERSONNEL. ROA supported Chairman Young's initiative with Sec 8146 in the Defense Appropriations Committee report to waive subsistence costs for those military personnel who are hospitalized for combat injuries.

Titbits

VA and DOD Medical Facilities Join Forces

Eight Medical Demonstration Sites Selected

Dr. William Winkenwerder Jr., assistant secretary of Defense for health affairs, announced today selection of eight medical sites that will participate in joint demonstrations with Department of Veterans Affairs medical facilities. These demonstrations, mandated by the fiscal 2003 National Defense Authorization Act, will include cooperation in three separate areas: budget and financial management, staffing and assignment, and medical information and information technology systems.

"These demonstration projects reflect the determination and desire by those in both the military and VA healthcare systems to improve the delivery of care for our beneficiaries," stated Winkenwerder. "The demonstrations are part of our joint strategic planning initiative designed to enhance the quality, efficiency and effectiveness for the delivery of benefits and services to veterans, servicemembers, military retirees and their families," he said. The DoD/VA Health Executive Council, based on the recommendations of a joint DoD/VA working group, selected the eight sites from a list of hospitals that had applied to participate. These demonstration projects will run through fiscal 2007.

The budget and financial management demonstrations will be at two locations. These are in Hawaii between Tripler Army Medical Center and the VA Pacific Islands Health Care System, and in Anchorage, Alaska, between the Air Force 3rd Medical Group and the Alaska VA Health Care System.

The staffing and assignment demonstrations will be in three geographic areas. These are the Seattle/Tacoma, Wash., area between Madigan Army Medical Center and the Puget Sound VA Health Care System; in Augusta, Ga., between Eisenhower Army Medical Center and the Augusta VA Health Care System, and in Hampton, Va., between Langley Air Force Base 1st Medical Group and the Hampton VA Medical Center.

The medical information and information technology systems demonstration also will at three locations. In the Seattle/Tacoma area, the demonstration will be between Madigan Army Medical Center and the Puget Sound VA Health Care System, in El Paso, Texas, between William Beaumont Army Medical Center and the El Paso VA Health Care System, and in San Antonio, Texas, between at Air Force Wilford Hall and Brooke Army Medical Centers and the South Texas VA Health Care System.

The DoD-VA goals are to continue to improve leadership commitment and accountability; provide high-quality health care for beneficiaries through seamless, coordinated benefits programs; to maximize the integration of information sharing and efficiencies of operations; and participate in joint contingency and readiness capabilities.

By Donna Miles

American Forces Press Service

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Thinking Outside the Box

WASHINGTON, Nov. 21, 2003 -- Fifteen years ago, Quoc Truong knew there had to be a better way to protect service members from chemical and biological agents.

The chemical/biological suit, with its built-in charcoal filter, absorbed chemical materials well enough. But it also absorbed just about anything else in the air, including moisture, gasoline and body sweat.

That meant that, once removed from its package, the suit was no longer usable after 24 hours, even if it was never exposed to contamination. In addition, the suit was bulky and awkward to wear and didn't "breathe." In temperate conditions, it was hot. In tropical and desert environments, it was downright stifling. Even the Joint Service Lightweight Integrated Suit Technology, the military's most modern protective suit, has most of the same drawbacks.

Truong, a physical scientist at the U.S. Army Soldier Systems Center

[<http://www.natick.army.mil/>] at Natick, Mass., came up with the concept of a membrane that would wick moisture away from the body while keeping liquids, aerosols and agent vapors out. The membrane, he explained, would work like a colander full of cherries. Small granules of sand could pass through the holes, but the cherries would remain inside the colander.

Truong's boss told him he was crazy, that it would never work. A room full of scientists like him "suddenly went silent," Truong said, when he proposed the idea at a conference. "It felt very awkward," he admitted.

Today, nobody's laughing or giving Truong the silent treatment for thinking outside the box. Truong's new chemical suit, which he expects to see hitting the field within the next two or three years, consists of a "selectively permeable membrane" sandwiched between a durable external shell and a liner fabric against the skin.

The membrane creates a molecular screen, Truong explained, blocking out large, organic materials such as biological and chemical warfare agents while allowing smaller agents such as moisture and perspiration to escape. It offers improved protection against highly toxic compounds because it blocks them out rather than absorbing them.

Because it allows evaporative cooling, the new suit is also more comfortable to wear, with only half the weight of the current suit. And it no longer has to be destroyed after a single use. Truong said the suit could be used for about 45 days until it's exposed to a contaminated environment. After that, he said, it would need to be either destroyed or decontaminated.

And unlike the current chemical suit, with its multiple pieces, Truong's one-piece suit has built-in boots and an attached hood that fits over the M-40A1 gas mask. It comes with gloves, although Truong is continuing to work to develop a new glove that's thinner and gives the user more dexterity.

During more than 15 limited field experiments lasting between a week and a month, service members gave the new suit the "thumbs up." "They all loved the lighter-weight materials and the wind resistance," Truong said. "The users do sweat, but the light weight adds to the perception of comfort."

So now that he's proven the naysayers wrong by developing the new suit, what's the next thing up Truong's sleeve? First, he said, he'd like to come up with a suit that decontaminates itself if it's exposed biological or chemical agents.

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And ultimately, he said he wants to come up with what he admits sounds straight out of "Power Ranger": a device that the user switches on to create an invisible barrier against a contaminated environment. "I think we can do it, based on an alternative force field," Truong said. "We're not there quite yet, but I think we could be close." And with Truong's track record, who's to say it can't be done?

IRS ISSUES OBESITY OPINION

The IRS has issued an Opinion letter providing guidance on the deductibility of expenses for the diagnosis and treatment of obesity under Section 213 of the Internal Revenue Code. This Section of the Code allows for the deduction of medical expenses that are incurred for the prevention, diagnosis or treatment of a physical or mental ailment.

According to the IRS Information letter, if a weight-loss program is "intended to treat a specific disease (such as heart disease or high blood pressure)" rather than merely aid general health or sense of well being, expenses are deductible. The IRS acknowledged "considerable scientific and regulatory authority that obesity is, in and of itself, a disease. If obesity is a disease, then expenses for the diagnosis and treatment of obesity may qualify as (deductible) expenses for medical care." Prescriptions or special foods needed to treat obesity may also be considered deductible.

This information letter differs from previous IRS guidance on weight-loss expenses in that it raises the possibility of obesity as a disease, rather than a condition that accompanies a disease or medical ailment. IRS information letters are based on facts and circumstances of the case presented or question asked, but do provide some guidance as to the deductibility of certain expenses.

The Federal Government Acts to Ban Ephedra

Federal officials on Dec 31, 2003 announced plans to ban dietary supplements containing ephedra because of continued health concerns about the product, and warned consumers not to take products containing the stimulant. The Army was a year ahead of the Department of Health and Human Services, as COL Brenda Forman, Chief, Dietitian Section, US Army got ephedra ban from the commissary and AAFES retailers over a year ago. Hooah for COL Forman!

Get Computer Virus Protection for FREE!

Computer viruses are appearing at an alarming rate. Today, it is estimated that there are more than 64,000 in existence and more than 100 new viruses are identified every week! Unfortunately, these viruses target all computers, including the one in your home. They can cause the loss of valuable data or open your computer to even greater vulnerabilities.

Protect your system from viruses and intruders now - **AT NO COST.**

The DoD has made a provision for the protection of their network assets to include your home computer. All DoD Employees may download the latest antivirus and firewall software now, even from home, at . . . <https://www.acert.1stiocmd.army.mil/Antivirus/> The ACERT-CNO is proud to support all soldiers at work and at home. Our goal is to be your authoritative source for Information Assurance and Computer Security. Access us from anywhere with your AKO login.

Symantec: Download the software form our site at:

<https://www.acert.1stiocmd.army.mil/Antivirus/symantec.htm>

McAfee: Download from the vendor site at: <http://www.mcafee.com/dod>

AKO Will no Longer Forward Mail to a Non-Government Account

As of 19 Jan 04, all auto-forwarded mail that is not being delivered to an email account with .mil or .gov extension will remain in the user's AKO inbox.

Army regulation 25-2 prohibits the practice of auto-forwarding official mail to non-official accounts. To comply with AR 25-2, AKO is discontinuing the option to auto-forward email to non-official accounts.

Enforcement begins 19 Jan 04. This grace period is provided so that all AKO users currently forwarding email may take the appropriate steps to comply with this regulation.

For assistance configuring your email client to access AKO email, simply login to AKO and follow this link: [How to configure your mail client to access your AKO Mail](#).

AKO Web Mail provides direct access to your email anywhere, anytime. Simply login to AKO and click the AKO Mail link on the left bar to view your AKO email.

