

Pulse

SEPTEMBER 2020

*Corona Virus
vs. Allergies*

SPECIAL
BACK TO
SCHOOL
• EDITION •

COMMUNITY
INFLUENZA
SCHEDULE

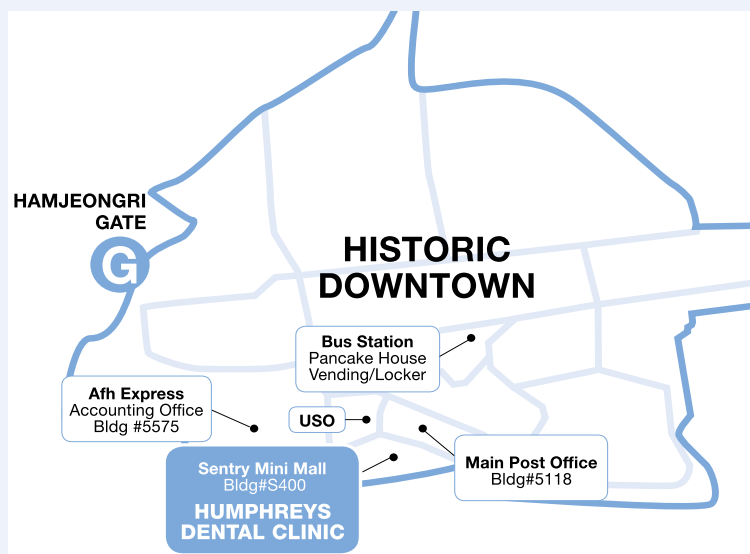
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- Divorce
- Domestic Violence
- Employment Law
- Entertainment & Sports Law
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- International Law
- Medical Malpractice
- Military Law
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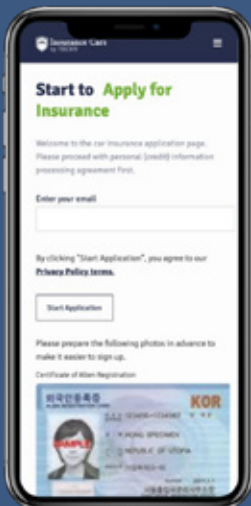
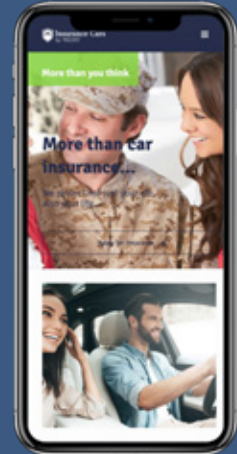
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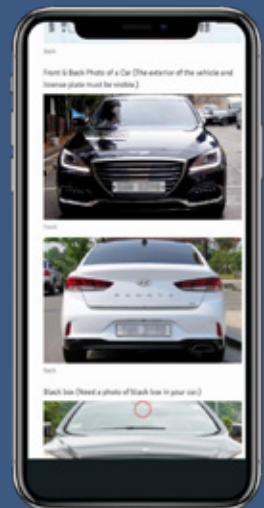
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Back to School Fact Sheets

It's time for Back to School. In this month's issue, you will find various fact sheets on learning how sleep, activity and nutrition can positively influence your child's school performance.



Community Influenza Schedule



'Reapers' Confront COVID-19



Corona Virus vs. Allergies

Download Today

The 65th Medical Brigade/MEDDAC-K

Presents

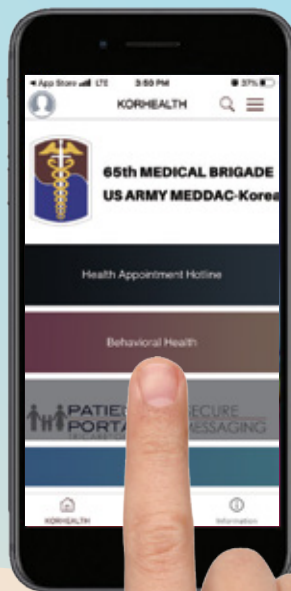
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What is Influenza?

Influenza (flu) is a contagious respiratory illness caused by influenza viruses. It can cause mild to severe illness. Serious outcomes of flu infection can result in hospitalization or death. Some people, such as older people, young children, and people with certain health conditions, are at high risk of serious flu complications.

Symptoms: Can begin about 2 days (but can range from 1 to 4 days) after the virus enters the body. Fever or feeling feverish/chills, cough, sore throat, runny or stuffy nose, muscle or body aches, headaches, fatigue (tiredness), and some people may have vomiting and diarrhea, though this is more common in children than adults.

Transmission: Flu is spread from person to person. People with flu can spread it to others up to about 6 feet away. Flu viruses spread mainly by droplets made when people with flu cough, sneeze or talk., but can also spread from touching objects containing the virus (ex: door knobs, telephones, etc..)

Prevention: Take Three Actions to Protect Against Flu

1. Get vaccinated: Everyone 6 months of age and older should get a flu vaccine every season, especially people at high risk.
2. Take actions every day to help stop the spread of germs
 - Avoid close contact (mind the meter!)
 - Stay home when you are sick (sickly? Leave quickly!)
 - Cover your mouth and nose (wear your mask!)
 - Clean your hands (wash with water, use hand sanitizer!)
 - Avoid touching your eyes, nose or mouth
 - Practice other good health habits: Clean and disinfect frequently touched surfaces at home, work or school, especially when someone is sick
3. Treatment: Prompt treatment for people who have flu infection or suspected flu infection and who are at high risk of serious flu complications, such as people with asthma, diabetes or heart disease.

Influenza Vaccine Facility Requirements

- If you're sick or having symptoms DO NOT come inside the facility
- Wear your mask at all times (covering your mouth AND nose)
- Use hand sanitizer
- Social distance (mind your meter)
- If you can, do not bring anyone who is NOT getting the vaccine
- Wear clothing that allows access to your upper arm/shoulder area
- Follow instructions given at facilities

Community Influenza Schedule

	Location & Date	Time
Area I	USAG Casey	
	23-25 Nov — Carey Gym	0900-1500
	30 Nov-2 Dec — Hovey Gym (<i>Rotational Units Only</i>)	0900-1500
	7-9 Dec — Hansen Gym	0900-1500
	14-16 Dec — Hansen Gym	0900-1500
Area II	USAG Yongsan	
	3-4 Dec — K16 Community Activity Ctr	1000-1400
	10-11 Dec — Yongsan Outdoor Rec Ctr	1000-1400
Area III	Humphreys	
	16-20 Nov—Super Gym (bldg. 1949) (<i>Active Duty Only</i>)	0900-1500
	30 Nov-4 Dec—Super Gym (bldg. 1949)	0900-1500
	5 Dec—Super Gym (bldg. 1949)	1000-1600
	14-18 Dec—Super Gym (bldg. 1949)	0900-1500
	5-8 Jan—Super Gym (bldg. 1949)	0900-1500
	23-24 Nov—Sitman Gym (bldg. 6815)	0900-1500
	14-16 & 18 Dec—Sitman Gym (bldg. 6815)	0900-1500
	7 Dec—Humphrey Central Elem School	1100-1700
	8 Dec—Humphry West Elem School	1100-1700
	9 Dec—Humphrey Middle School	1100-1700
	10 Dec—Humphrey High School	1100-1700
Area IV	Camp Walker	
	18 Nov—Wood Clinic (bldg. S221) (<i>Active Duty & Essential Personnel</i>)	0900-1700
	20 Nov—Wood Clinic (bldg. S221) (<i>Active Duty & Essential Personnel</i>)	0900-1700
	2 Dec—Kelly Gym (bldg. S261)	0900-1700
	4 Dec—Kelly Gym (bldg. S261)	0900-1700
	Camp Carroll	
	19 Nov—Carroll Clinic (bldg. 180) (<i>Active Duty & Essential Personnel</i>)	0900-1700
	3 Dec—Carroll Clinic (bldg. 180)	0900-1700

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Back to School
Healthy Eating
and Physical
Activity



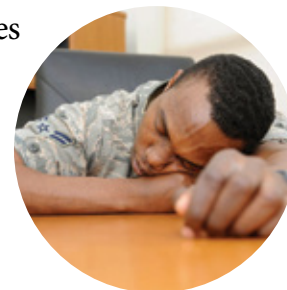
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70TH ANNUAL

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A Message From the District Superintendent

Dear Sponsors and Parents of Pacific West District (Guam/Korea),

On behalf of the faculty, staff, and administrators of the Pacific West District, I would like to welcome you to an exciting new school year that promises to be full of excitement, challenges, and opportunities. In the 2020-2021 school year, the Pacific West District is committed to leading the way to **Educate, Engage, and Empower military-connected students to succeed in a dynamic world.**

As the superintendent of the Pacific West District, I am honored to have the opportunity to serve, alongside our highly professional, well-trained educators and administrators, the sponsors, and parents in our community. Our district is committed to **excellence in education for all students, every day, everywhere.** Our core values deliver world-class instruction to our highly mobile students who come with a wide variety of backgrounds and abilities. Our teachers are talented, our parents and community are involved, and our students are academically motivated. The Pacific West students' test scores have led DoDEA in most categories in our first two years of the DoDEA Comprehensive Assessment System. This annual test measures English, Language Arts and Math skills. Our SAT score average is normally a minimum of 50 points above the national average. We also lead DoDEA in PSAT scores in all grade levels. Lastly, the Pacific West District received the highest accreditation Index of Education Quality score in DoDEA history.

From PreK-12, Pacific West District Schools believe excellence is achieved by putting students first, as the priority in all its endeavors. Our primary core value is *Students are at the heart of all we do.* As a result, we have identified three areas of improvement: **Differentiated Learning Experiences, Student Progress Monitoring, and Inquiry Based Learning Opportunities.** We have resources and activities to guide our improvement, such as the DoDEA Walkthrough Tool, DoDEA Professional Learning Community (PLC) Guidance for Collaboration Time, Focused Collaboration, a Data Analysis Framework, Continuous Improvement Process, Internal Reviews, and the DoDEA Alignment for Curriculum, Instruction and Assessment (CIA). We use these to assist in achieving the District goals, and ultimately achieving DoDEA's Mission for becoming the "World's best leaders in education, enriching the lives of military connected students and the communities in which they live" (DoDEA Blueprint).

The Pacific West District recognizes great school achievements are built upon clear purpose and a set of high expectations for excellence. More importantly, relationships are the centerpiece of organizational excellence, student excellence, school excellence, talent excellence, and outreach excellence. We believe it takes the partnership of our school community to grow and sustain a healthy educational system that values all learner achievements.

Pacific West District is excited you have made Guam or Korea your assignment of choice and look forward to our journey toward excellence in school year 2020-2021. Hafa Adai and Let's Go Together-Katchi Kapshi Da!



Dr. Jeff Arrington

Pacific West District Superintendent

A Message From the SMA

Army Team,

We've made significant updates to Army Regulation 600-20 – Army Command Policy. This important regulation covers many aspects of military life from military conduct and discipline, to programs like Sexual Harassment/Assault Response and Prevention, Military Equal Opportunity and more. As Soldiers, NCOs, Officers, and DA Civilians we all have an obligation to know, enforce and take appropriate action in accordance with Army Command Policy.

Just a few of the many changes include specified authority to correct minor acts of indiscipline with brief physical exercise, clarified reporting requirements for commanders on domestic violence, new guidance on religious accommodations, and expanded policy on extremist group cyber activities.

Read the detailed list of updates at the beginning of AR 600-20 at: https://armypubs.army.mil/epubs/DR_pubs/DR_a/ARN30074-AR_600-20-000-WEB-1.pdf

Learn and uphold the standard!

Michael A. Grinston
Sergeant Major of the Army



Michael A. Grinston

Sergeant Major of the Army



As Soldiers, NCOs, Officers, and DA Civilians we all have an obligation to know, enforce and take appropriate action in accordance with Army Command Policy. ”

SCENE & HEARD

NATIONAL & INTERNATIONAL

By Eric Young-Seok Park

GERMAN POLICE BREAK UP MARCH OF 18,000 CORONAVIRUS SCEPTICS IN BERLIN



German police halted a march by some 18,000 coronavirus sceptics in Berlin because many were not respecting social distancing measures. The mass protest against pandemic restrictions had been allowed to go ahead after a bitter legal battle. But it had barely begun

at 9am GMT at the city's iconic Brandenburg Gate, when it was forced to stop due to a police injunction. "The minimum distancing is not being respected by most (of the demonstrators) despite repeated requests," the police said. "There is no other option than to break up the gathering." After the announcement, the demonstrators shouted "Resistance" and "We are the people," a slogan often used by the far-right, and sang the German national anthem. Police had vowed to turn out in force and strictly monitor compliance with mask-wearing and social distancing at the protest. Berlin city authorities had previously decided not to allow the Saturday demonstration to go ahead, fearing that the estimated 22,000 protesters would not keep a distance of 1.5 metres (five feet) apart or comply with face mask requirements. The ban sparked outrage from organisers and their supporters who flooded social media with angry messages vowing to protest anyway, with some even calling for violence. Around 3,000 police officers, including 1,000 federal police, were scheduled to be deployed for the demonstration, alongside specialist equipment including water cannon. The rally came as coronavirus cases continue to rise in Germany, with daily new infection numbers reaching highs not seen since April.

CHINA RESTAURANT COLLAPSES DURING BIRTHDAY PARTY, KILLING 29



The number of people killed when a restaurant in northern China collapsed has climbed to 29 with efforts to find survivors brought to a close. The two-storey building in Xiangfen county, Shanxi province, came down during an 80th birthday party. A total of 57 people have

been pulled from the debris of the Juxian restaurant, with dozens injured. Seven people are seriously hurt, although the injuries were "not life-threatening". The cause of the collapse is unknown and the central government's State Council said it would supervise an investigation by provincial authorities. Rescuers in orange overalls and hard hats combed the crumbled ruin as a painting remained hanging on one of the few walls still intact. Seven hundred people were involved in the rescue operation. China is no stranger to building collapses or deadly construction accidents, which are typically blamed on the country's rapid growth that has led to corner-cutting by builders and the widespread flouting of safety rules. A hotel collapse in southern China's Quanzhou city in March killed 29 people and injured another 42.

MGM RESORTS FIRES 18,000 WORKERS AS CORONAVIRUS RAVAGES LAS VEGAS CASINOS



MGM Resorts International has fired 18,000 employees as the coronavirus pandemic continues to inhibit the rebound of the casino industry. The resort operator warned employees last July they could expect to be fired at the end of August because conditions in the travel and tourism industry hadn't improved. Despite reopening casinos in June, albeit with social distancing in place, gamblers had not returned in sufficient numbers to justify keeping the employees on. Visits to Las Vegas plunged 61% in July, according to the Las Vegas Convention and Visitors Authority, as air travel has been slashed by the pandemic. Passenger traffic at McCarran International Airport in Las Vegas is down by two-thirds versus last year, according to The Las Vegas Sun, though it is 56% higher than in June. With all convention events canceled, though, hotel occupancy has plummeted to just 43%, about half the level of last year. That's not nearly enough tourism to keep casino personnel fully employed, and last month MGM sent employees a notice under the Worker Adjustment and Retraining Notification Act (WARN Act), which requires large employers to notify workers of impending mass layoffs, that they would be let go.

ELON MUSK UNVEILS NEURALINK'S BRAIN IMPLANT IN PIGS: EXPECTS TO CURE AILMENTS



Tesla CEO Elon Musk presented his Neuralink venture at the headquarters in Fremont, California showing a live demo of the brain technology via livestream. Musk revealed the V2 prototype of the

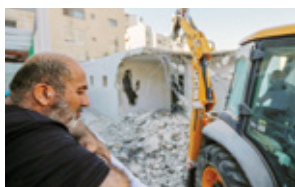
automated surgical system - he introduced a group of pigs in the demo which had been implanted with mind-reading brain implants. Musk has described the chip as being like a 'Fitbit' which is an activity tracker usually worn on the wrist. Musk said, "It's kind of like a Fitbit in your skull with tiny wires." During the demo Musk introduced one pig named Gertrude who was brought out into her pen and had a brain implant that's 22.5 millimeters across and 8 millimeters thick. He explained the tones were sounded whenever the nerves in the pig's snout triggered electrical impulses that were picked up by her brain implant. Neuralink is a brain-machine interface aiming to integrate humans with artificial intelligence by surgically implanting processors into brains. Musk said there are a number of potential benefits to installing Neuralink in the brain, such as restoring eyesight, limb function and hearing, which are mainly cognitive benefits. Another reason for the presentation was to recruit new people to join Neuralink. Musk is expecting to expand from 100 employees to around 10,000. Most importantly this revolutionary brain interface developed by Neuralink could also blur the lines between humanity and technology.

3-YEAR-OLD GIRL SAFE AFTER BEING LOFTED BY KITE IN TAIWAN

A 3-year-old girl in Taiwan was reported safe after becoming caught in the strings of a kite and lifted several meters into the air. The unidentified girl was taking part in a kite festival in the seaside town of Nanliiao when she was caught up by a giant, long-tailed orange kite. Her body twisted several times above a crowd of adults who struggled to pull the kite back to earth. News reports said the girl was frightened but suffered no physical injuries in the incident.



DENIED PERMITS, PALESTINIANS RAZE OWN HOMES IN JERUSALEM



Palestinian Alaa Borqan preferred to tear down his own house in Israeli-annexed east Jerusalem after a court ruled that it was constructed illegally and must be demolished. The 35-year-old was given two options: to destroy his four-bed-

room home in the Jabal Mukaber neighbourhood himself, or to let the city council do it and then send him the bill. The Israeli authorities regularly raze homes built by Palestinians on their own lands in east Jerusalem and the occupied West Bank if they lack Israeli construction permits. The catch, according to an UN study, is that such permits are "virtually impossible" to obtain and the result is a chronic housing shortage. "I spent around 75,000 shekels (\$22,000) on legal fees and on a ground survey," he said. Borqan, a father of four, however said he was dismayed after he hired a bulldozer that tore down his own house in front of his eyes. He said he had invested all his savings in the building, taking on a debt of 800,000 shekels and putting in four years of work. The court, which ruled the structure illegal because it was built without a permit, fined him 60,000 shekels for the offence. He now lives with his family in a house that he rents for 2,800 shekels a month. Standing in the rubble of his former house, he recounted "how difficult it is to demolish (a home) with one's own hands". According to city hall, 44 houses have been demolished in east Jerusalem since the start of this year. Some owners prefer to raze their homes themselves to avoid having to pay sometimes thousands of shekels to the city's demolition crews.

'WORLD'S OLDEST COUPLE' HAVE LIVED A COMBINED 215 YEARS

Julio Cesar Mora Tapia, 110, and Waldramina Maclovía Quinteros Reyes, 104, have lived a combined 215 years – making them the world's oldest married couple, Guinness World Records reported. There are longer marriages, but the record certifies the couple, who live in Ecuador's capital, Quito, as having the "highest combined age of a married couple," Guinness World Records reports. As of August 29, the couple have lived a combined 78,654 days. The retired teachers have been married 79 years, 6 months and 22 days. They're both in good health, although disappointed the pandemic is keeping them from a larger celebration with their 11 grandchildren, 21 great-grandchildren and nine great-great-grandchildren. Among their proudest achievements: parenting five children who all earned college degrees. They say their "secret formula" is "love + maturity + mutual respect."



AUSTRIAN LAW EXTENDS CITIZENSHIP TO DESCENDANTS OF JEWISH REFUGEES

Descendants of Jewish refugees expelled from Austria under Nazi rule can apply for Austrian citizenship under a new law that goes into effect on September 1. About 120,000 Jews living in Austria fled persecution after Nazi Germany annexed its neighbor in 1938, with many going to the United States and the United Kingdom. Most refugees became naturalized citizens in their new countries, but post-war Austria banned dual citizenship, meaning those who left were considered foreigners in their homeland. Eventually, in 1993, former refugees were able to reclaim their Austrian citizenship, but descendants were left out, preventing the country from restoring its pre-war Jewish community, which numbered 200,000. That's unlikely to happen even now since the applicants will be dual citizens and won't necessarily reside in Austria.



MORE MIGRANT ARRIVALS FUEL LOCAL ANGER IN ITALY'S LAMPEDUSA

A fishing boat carrying nearly 370 migrants landed overnight on the Italian island of Lampedusa, the country's news agencies said, fueling anger from local officials over a recent rise in illegal arrivals. Italy has been struggling in recent months with



daily arrivals of hundreds of migrants leaving from North Africa to its southern shores, a task complicated by security measures imposed by the ongoing coronavirus crisis. Local Lampedusa Mayor Toto Martello called for a general strike on the island to protest the national government's "frightening silence" on the issue. "Lampedusa can no longer cope with this situation. Either the government takes immediate decisions or the whole island will go on strike," said Martello. "We can't manage the emergency and the situation is now really unsustainable." The boat carrying 367 people, which was in danger of sinking due to high winds, was escorted by the Italian coast guard and police to the island's port. Those onboard included 13 women and 33 minors.

RIOT IN SWEDEN AFTER ANTI-MUSLIM DANISH LEADER BANNED

At least 10 people were arrested, and several police officers injured, in violence which broke out in southern Sweden after an anti-Muslim Danish politician was blocked from attending a Koran-burning rally. Protesters threw stones at police and burned tyres on the streets of Malmö, with the violence escalating as the evening wore on, according to police and local media. The demonstration of about 300 people was connected to an incident earlier in the day in which protesters burned a copy of the Islamic holy book. Between 10 and 20 protesters were arrested and "have all been released," police spokesman Patric Fors said. Several police were slightly injured, he added.



Army Medical Command Sees 70% Boost in Virtual Health Care Amid COVID-19

Story by Melissa Harris
GovernmentCIO Media & Research

U. S. Army Medical Command has seen a 70 percent increase in virtual health amid COVID-19, especially in providing its beneficiaries greater access to mental health treatment, Army Surgeon General Lt. Gen. R Scott Dingle said.

“Virtual health, telemedicine has blown up as the restrictions of COVID hit our country

... to ensure that we’re not exposing beneficiaries, patients, by coming into a facility or to a location” Dingle said in an Association of the U.S. Army webinar. “We have increased our virtual health 70 percent. It has been a phenomenal occurrence of increase in virtual health and the virtual machine platforms.”

Dingle credited the Defense Health Agency for largely leading the rapid scale up and success of telemedical capabilities across the military health system and treatment facilities, noting that the Army has been nested within the DHA’s work of expanding virtual health. Even with DHA’s leadership, the Army has taken its own role in supporting virtual care amid COVID-19, providing its own funding to bolster the technology and to provide virtual mental health care.

“The Army has a big role, in which we’ve not only nested under [DHA], but us coming out and out of our own

pockets to support and reinforce and expand virtual health across the Army medical treatment facilities to include ... behavioral telehealth,” Dingle said. “It has been an amazing increase in our quality of life task force as the United States Army talks about mental health and access to mental health.”

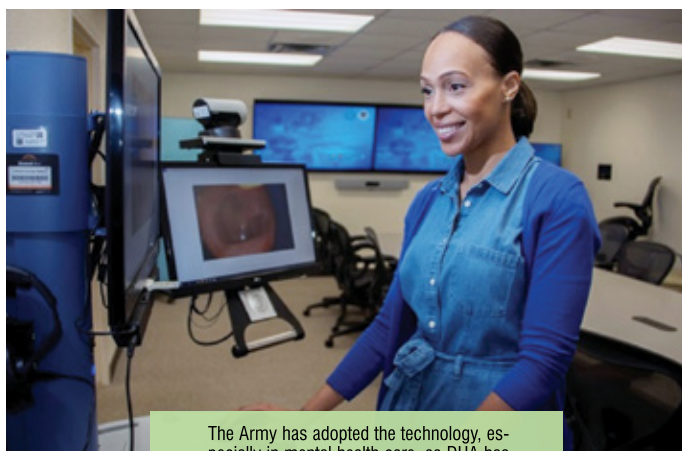
To support telemedicine and virtual behavioral health, the Army

health.’ But he said, ‘One of the greatest things that encouraged me to seek health was that it was behavioral telehealth, virtual health,’ and he had the option to access and leverage the platform. And he said it was the best thing in the world and allowed him and many others [to seek care], because then he spread the word for more leaders to access and use the virtual platform.”

Dingle not only emphasized mental health care for Army medicine beneficiaries, but also for military healthcare providers who face potential challenges with mental health as they confront the stress of tackling COVID-19 at the front lines on a daily basis. Army Medical Command has done this by implementing behavioral health systems of care that provide mental health relief

and provide education on mental health self care.

Even with the internal support that Army Medical Command is providing to its personnel and beneficiaries, it is also continuing to support the greater COVID-19 national response. Dingle said that it has actively recruited retired medical professionals to help at the front lines, both in military treatment facilities and to aid in civilian care, and is aiding the COVID-19 Task Force and executive office in research and development resources and personnel as well



The Army has adopted the technology, especially in mental health care, as DHA has advanced telemedical capabilities

has leveraged telemedicine advancements within the civilian sector, implementing those preexisting technologies across the Army medicine enterprise to scale up quickly in recent months.

The increase of telemedicine care for mental health services especially has helped remove the stigma around mental health care and create more accessibility for beneficiaries seeking it, Dingle added.

“One soldier said it best,” Dingle said. “This particularly soldier said, ‘I understand that we’ve removed the stigma with going to seek mental

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Operation Warp Speed on Track for End-of-Year Vaccine Delivery

Story by Jim Garamone
Defense.gov



Operation Warp Speed is a public-private partnership whose goal is to deliver 300 hundred million doses of safe and effective COVID-19 vaccines by the end of the year.

The Department of Health and Human Services and the Defense Department are partnered to work with private industry and other federal departments and agencies on this unprecedented effort.

The Operation Warp Speed effort also includes:

- The Centers for Disease Control and Prevention;
- The Food and Drug Administration;
- The National Institutes of Health;
- Biomedical Advanced Research and Development Authority;
- The departments of Agriculture, Energy and Veterans Affairs;
- Industry-leading pharmaceutical research and development, manufacturing and distribution companies; and
- Universities and research institutions.

OWS is well on its way to delivering multiple vaccines to the American people, according to officials involved. Government agencies and private drug firms began working on medical countermeasures when the coronavirus first became known late last year. As a result, multiple

vaccine and therapeutic candidates are conducting the later phases of clinical trials needed to demonstrate their safety and efficacy, officials said.

Scaling up that effort once a safe and effective vaccine is developed is the mission of Operation Warp Speed.

OWS aims to deliver 300 million doses of a safe, effective vaccine for COVID-19 by January. Health and Human Services Secretary Alex M. Azar II and Defense Secretary Dr. Mark T. Esper are overseeing the effort. Former pharmaceutical executive Dr. Moncef Slaoui is the chief science advisor for the project, and Army Gen. Gustave F. Perna is the chief operating officer.

Slaoui, an immunologist, has successfully led the development of 14 vaccines.

"I think it will be a very effective vaccine. That's my prediction," Slaoui said. "My personal opinion, based on my experience and the biology of this virus, I think this vaccine is going to be highly efficacious."

Operation Warp Speed will organize multiple, parallel lines of effort, Perna said during his Senate confirmation hearing in June. "Vaccine, therapeutics and diagnostic developments or evaluations are taking place concurrently," he said. "HHS and DOD have already started to increase manufacturing and distribution capacity and capability. Upon approval from [the Food and Drug Admin-

istration], Warp Speed will immediately energize manufacturing and distribution networks, in conjunction with industry partners, to speed delivery of those new products to the nation. This is the considered risk we must evaluate and be prepared to take, expanding manufacturing prior to FDA approval."

DOD has led other successful projects, including:

World War II's Manhattan Project, which developed the atomic bomb. Army Maj. Gen. Leslie Groves and physicist J. Robert Oppenheimer led the public-private partnership. Scientists conducted research, and the military awarded contracts to build a vast industrial infrastructure.

A 2007 project to build mine-resistant, ambush-protected vehicles to better protect troops from improvised explosive devices. The vehicles were deployed to the battlefields of Iraq and Afghanistan later that year. More than 12,000 were produced before the program ended in 2012.

Perna said he is committed to streamlining processes that will allow manufacturing and distribution to deliver medical countermeasures at an unprecedented rate. "The collective talent and experience within both the departments of Health and Human Services and Defense, industry and academia must be enabled," he said. "Both industry and our government's supporting agencies, resourcing and execution processes must also move at Warp Speed for success; I will have to ensure that our collective bureaucracies do not distract us from winning."

OWS will ensure 100% of all medical protocols are executed to standard, officials said, adding that science will drive development of candidate countermeasures and the FDA will be the final approval authority.

While speed is crucial, the effectiveness and safety of the vaccines and treatments are matters of paramount importance, Perna has said repeatedly.

Protocols for the demonstration of safety and efficacy are being harmonized, which will allow the trials to proceed more quickly, and the protocols for the trials will be overseen by the federal government, as opposed to traditional public-private partnerships, according to the OWS factsheet from the Department of Health and Human Services.

This will not eliminate steps from the process, but will allow steps to proceed simultaneously, the factsheet explained. Companies will start manufacturing vaccine at an industrial scale well before the demonstration of vaccine efficacy and safety as happens normally. This increases the financial risk, but not the product risk, the factsheet said.

Some vaccines, such as those in development by Moderna and Pfizer, have entered Phase 3 of the testing procedure, Slaoui said. Phase 3 clinical trials began July 27, with 30,000 volunteers slated to enroll across the United States.

These trials, and those of other OWS vaccine candidates, will consist of 30,000 patients in order to allow for rapid collection and earlier analysis of safety and efficacy data by the FDA, he said.

Other vaccines have been identified and are at various

stages of testing. The federal government's investment in the necessary manufacturing capacity gives drug makers confidence that they can invest aggressively in development and will provide for faster distribution of a vaccine if one or more receive FDA authorization or approval, HHS officials said.

OWS is focused on the development, manufacturing and distribution of an FDA-approved, safe and effective vaccine. HHS officials said the prioritization of any COVID-19 vaccines and therapeutics will be determined by CDC recommended allocation methodology used as part of pandemic flu planning and the COVID-19 response.

As the world's largest organization conducting acquisition and movement of personnel and material, DOD is uniquely capable of meeting the logistical needs of Operation Warp Speed, Perna said, and its involvement in supply, production, and development will enable faster distribution than would have otherwise been possible.

To provide maximum flexibility in support of the ultimate HHS distribution plan, DOD is working with the CDC to have a portfolio of distribution options.

"We will offer multiple distribution plans since the outcome depends on, one, the safety and efficacy performance of the vaccines, two, the initial volume and delivery schedule of successful vaccines, and three, the most contemporary understanding of which Americans are most vulnerable as determined by science," Perna said.



154th Medical Detachment Confronts Coronavirus

Courtesy of the 154th Medical Detachment



Since the pandemic propagating throughout Daegu began back in February, the first Coronavirus-positive area where U.S. Forces held a presence. The Daegu outbreak catapulted the 154th Medical Detachment (Preventive Medicine (PM DET)), aka “The Reapers,” to the front lines of defense.

Pioneering the PM DET response to a pandemic, “The Reapers” efforts became highly sought after during Area IV’s ongoing #KILLtheVirus campaign, including deployment of a PM DET Team, creation and training of Clean Teams, and the development of a COVID-19 specific workplace sanitation assessment.

Before the onset of COVID-19, detachment doubled down on a new training concept coined ‘The Reaper Deployment Package’ (RDP). The design of the Reaper Deployment Package facilitated the ability for each preventive medicine team within the 154th to operate autonomously providing prompt and sustainable Role III PM support throughout Area IV.

Training up the RDP proved invaluable as demand for PM support skyrocketed during the pandemic, beginning with the deployment of Reaper Team 2 to Camp Carroll during the initial spread of the virus. Reaper Team 2 provided preventive medicine support and guidance to the 502nd Field Hospital as they established patient care operations, and Team 2 conducted numerous habitability assessments



at future quarantine facilities to ensure the health and safety of projected patients.

Additionally during onset of the pandemic, a Contact Trace Team was assembled consisting of Preventive Medicine doctors, Army Public Health Nurses, and the detachment. Initially, the role of the PM DET was undefined, so it was imperative that “The Reapers” quickly brand how best to utilize their skills in the fight against the Coronavirus.

Preventive Medicine Specialists (68S), the mainstay of every PM DET, inherently possess a solid background in sanitation. Leveraging their knowledge, “The Reapers” developed and standardized a Clean Team Training curriculum.

A Clean Team is a unit-level team that disinfects potentially virus-contaminated locations. Immediately, the curriculum was put to use training Clean Teams across the peninsula. Creation of Clean Teams was a unified effort with Area Garrison Safety and Occupational Health offices working together with the Detachment to rapidly train new Clean Teams and provide a Clean Team LNO at every cleaning event. Clean Team LNOs provided direction and guidance on safety measures, proper disinfection techniques, and waste disposal procedures.

As spring progressed, the numbers of positive COVID-19 patients declined throughout Daegu; however, the fear of a second wave of cases still loomed. As the pandemic transformed, so did “The Reapers”.

The Detachment developed a comprehensible workplace sanitation assessment program that focused on sustainable public



health measures. This workplace sanitation assessment provided unit commands a letter grade to help gauge workplace conditions and recommendations that encouraged behavioral changes for sustainable public health interventions. One of the more popular recommendations was positioning tubes of disinfectant wipes near high touch community surfaces, such as printers, to encourage wiping items down after each use, similarly to gym equipment.

Since the pandemic began, several members of “The Reapers” have been recognized for their efforts in the fight against COVID-19. Sgt. Brianna Scott’s workplace sanitation assessment and preventive medicine measures allowed the USO at Camp Walker to remain open throughout the pandemic. The Camp Walker USO being only one of two USO’s to remain open throughout the world during the pandemic. Scott’s assessment was later shared among USO’s globally.

The Detachment continues to put forth their efforts in the development and training of Clean Teams, providing sanitation assessments all while continuing to support the 168th Multifunctional Medical Battalion of the 65th Medical Brigade and the day to day mission.



U.S. Army Medical Materiel Center-Korea Reduces Medication Costs through ‘Brand-To-Generic’ Initiative

Story by C.J. Lovelace
Army Medical Logistics Command Public Affairs

The U.S. Army Medical Materiel Center-Korea has embraced cost-effective measures to change the way it procures medications and educates patients, reducing costs by more than \$3 million over the past year.

Working in collaboration with Defense Logistics Agency-Troop Support, USAMMC-K launched an initiative to increase the use of generic medications, from 70% to more than 90%, while ensuring compliance with national contract purchasing requirements.

The initiative requires the pharmacy consultant and purchasing agents to improve compliance analysis before purchasing medications from vendors -- a shift from past practice of monitoring metrics passively. Now, available generics are taken into consideration before opting for brand-name products, which also helps the Army meet the Defense Health Agency's goal of 90% compliance on national vendor contracts.

"This initiative ensures we are both good stewards of tax payer dollars and compliant with the DHA standards on the Korean Peninsula," said Capt. Benjamin Lee, theater pharmacy consultant for the Korean Peninsula, assigned to USAMMC-K.

This initiative requires continuous customer education. Lee said customers typically re-ordered what they had received in the past, so the



A Soldier with the U.S. Army Medical Materiel Center-Korea inventories medical supplies in a warehouse. The Army's newest 1-star command will project and sustain medical materiel capabilities and data for the Army and joint force. Army Medical Logistics Command, a major subordinate command of Army Materiel Command, reached initial operational capability June 1 and is expected to be fully operational Oct. 1. (Courtesy Asset)

team worked to educate customers that "generics work just as well as brand-name drugs and cost less."

USAMMC-K, a direct reporting unit of Army Medical Logistics Command, serves as the theater lead agent for medical materiel in support of U.S. Forces Korea (USFK). Across the peninsula, USAMMC-K provides continuous medical logistics support to sustain the operational readiness of USFK throughout the full range of military operations.

Lee also acknowledged that the initiative was a team effort that started with his predecessors, Capt. Hung Duong and Capt. Lance Murphy, who laid the foundation for the "brand-to-generic" initiative at USAMMC-K.

Lee credited Maj. William Kirby

as a "tremendous help" in the effort to improve compliance and reporting.

Kirby, a pharmacist for DLA-Troop Support's customer pharmacy operations center, said the agency leverages strong partnerships with the pharmaceutical industry, engaging other government agencies to participate in joint national contracts that provide good prices on quality pharmaceuticals.

"The efforts and successes of Capt. Lee within the USAMMC-K team demonstrate the value of the partnership between DLA and DOD," Kirby said. "Through their stewardship, [they have] created cost savings while ensuring supply of critical medications, maximizing warfighter readiness in the Korea area of responsibility."



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TO PROTECT YOUR BUBBLE

- *RECOMMEND 2M (6FT), MINIMUM 1M (3FT) SOCIAL DISTANCE*
- *AVOID LARGE GROUPS AND CROWDS*
- *NO HANDSHAKES*



TO PROTECT YOURSELF

- *STRICT HYGIENE AND WORKPLACE SANITIZATION*
- *ACTIVE LIFESTYLE AND HEALTHY DIET*
- *WORK / LIFE BALANCE*
- *REST AND SLEEP*

FOLLOW ALL LOCAL AND INSTALLATION GUIDELINES

#KILLtheVirus

World War II-Inspired Army Green Uniforms Should Be Available to Most Soldiers by March

Story by Corey Dickstein
Stars and Stripes



The U.S. Army this month will distribute its World War II-inspired green service uniforms to drill

sergeants at installations hosting basic training as it begins its second round of the phased introduction, service officials said.

By March, nearly all soldiers stationed worldwide should have the option to purchase the Army Green Service Uniform, said Army Col. Stephen Thomas, a project manager who led the Army's development of the uniforms for Program Executive Officer Soldier. The Army greens — modeled after the popular “pinks and greens” uniform worn by officers during World War II — will slowly replace the blue Army Service Uniform as soldiers' daily business wear, Thomas said. It will become mandatory in 2027.

Recruiting students Recruiting and Retention College in Fort Knox, Ky., received the uniform last month, and hundreds of soldiers with the Army Band and its 3rd Infantry Regiment, the ceremonial unit based in Arlington, Va., known as the Old Guard, have also received it. Some high-profile general officers and senior enlisted soldiers have been donning the new look around the Pentagon, during hearings on Capitol Hill and in other public appearances — including those



U.S. Forces Korea commander Gen. Robert Abrams wears the new Army Green Service Uniform during a ceremony marking the 70th anniversary of the Korean War at Humphreys, June 25, 2020. The uniform is modeled in the service's iconic World War II-era “pinks and greens.”



A Fort Knox, Ky., AAFES employee checks the fit of a new Army Green Service Uniform coat on a student recruiter. The recruiting students, who are about to graduate from the Army Recruiter Course at the installation, are some of the first to receive the World War II-style uniforms.

conducted virtually — for several months.

Thomas said the feedback on the uniform he has received from soldiers has been overwhelmingly positive.

“Let me tell you, the Army is ready for this uniform,” Thomas told reporters in a phone call Tuesday. “I get constant positive feedback on the uniform’s appearance, and the next question I get after they say how good it looks is, ‘When can I get it?’”

The answer to that question, at least to some extent, remains to be determined, depending on a given soldier’s job and home station. Drill sergeants for Basic Combat Training and One-Station Unit Training at Fort Sill in Oklahoma, Fort Benning in Georgia, Fort Jackson in South Carolina and Fort Leonard Wood in Missouri will be issued the Army greens in the coming weeks.

By December, the Army plans to begin issuing the new uniforms to incoming recruits and to recruit-



A recruiting student from the Fort Knox, Ky., tries on a pair of brown shoes that are part of the new Army Green Service Uniform, similar to uniforms worn by soldiers during World War II. They will become the official service uniform of the Army, replacing the Army Service Uniform, or ASU.

ers spread out across the country, Thomas said. It should be available for purchase in Army and Air Force Exchanges at all posts by spring, starting early next year at installations within the continental United States and then those in Hawaii, Alaska and overseas, he said.

Early adopters of the new uniform will pay more for it. The standard uniform now costs about \$500, said Daniel Koglin, a military clothing manager for the Army and Air Force Exchange Service. That does not include any optional items available to soldiers, including the so-called “Ike” jacket, inspired by the cropped jacket made iconic by Gen. Dwight Eisenhower during World War II.

Thomas said over time the cost of the uniform will decrease as the Army ramps up production. Enlisted soldiers, he said, are encouraged to use

their annual clothing replacement allotment to offset the cost of the new uniform. Officers will have to pay for it out of pocket.

Ultimately, the Army intends for the greens, or AGSUs, to become the standard everyday uniform for most soldiers working in an office-like setting. It will be required Oct. 1, 2027. The blue Army Service Uniform at that time will become standard for more formal occasions.

Thomas said the AGSUs were meant to last at least six years, as opposed to the four years the blue uniform is intended to be worn. They are also more form-fitting, especially for women.

For the first time in the Army’s history, Thomas said, the service took input from an all-female panel in designing the version of the uniform for women. Among the suggestions that group made were to make pants standard for female soldiers, as opposed to skirts.

“Because we want all of us, as soldiers, to look the same,” he said of their recommendation. “I thought that was pretty profound for that all-female board to come up with that decision.”



A female soldier attending the Army Recruiter Course at Fort Knox, Ky., has her pants hem measured by a seamstress after receiving the Army Green Service Uniform.



Army Green Service Uniform (AGSU)

Introduction

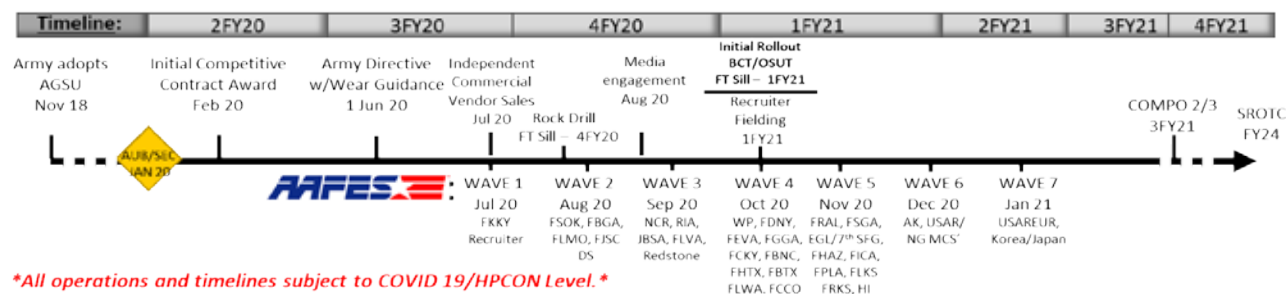
The Army is adopting the AGSU as the new service uniform to provide Soldiers with a uniform appropriate for everyday business environments. The AGSU harkens back to the uniform America's "Greatest Generation" wore as they won World War II. Now, this new uniform will help the Army connect with American society, inspire the next greatest generation of Soldiers, and enhance esprit de corps.



Background

The Army Uniform Board recommended adoption of the AGSU in Sept 2017, and the CSA approved the AGSU in November 2018 as the service uniform. The Army is transitioning to the AGSU in three phases: Phase I Development and Design; Phase II Limited User Tests and Evaluation; and Phase III Soldier fielding. Phase I is complete and Phase II is underway through May 2021. Phase III began in July 2020 and includes Initial issue of the AGSU to new Soldiers, supplemental issue to Recruiters and Drill Sergeants, and availability of the AGSU at Army Military Clothing Stores (AMCS). HQDA published wear guidance for the AGSU in June 2020.

AGSU General Timeline



AAFES has begun AGSU general sales at the FT Knox Army Military Clothing Store (AMCS). AAFES will add stores in waves, ensuring all AMCS receive uniform inventory by 2QFY21. The mandatory possession date for all Soldiers is 1 October 2027. Implementation of the AGSU is cost neutral for the Army. Soldiers can use their Clothing Replacement Allowance to procure the AGSU from the AMCS or approved commercial vendors, who began sales of the AGSU in July. Officers can use their personal funds to procure the AGSU's from the AMCS or approved commercial vendors. Current USAR and current National Guard Title 32 Soldiers will receive AGSUs through the Replacement in Kind process.

Delivery and issuance of the AGSU began this month and will quickly expand availability. In 4QFY20, Army Recruiters began receiving a Supplemental Issue of the AGSU through AMCS. Beginning in 1QFY21 at FT Sill, the Army will begin fielding the AGSU to Initial Entry Trainees (IET) at Basic Combat Training (BCT)/One Station Unit Training (OSUT) via the Central Initial Issue Points (CIIPs). To set conditions, the Drill Sergeants directly serving BCT/OSUT will receive a Supplemental Issue of AGSU via AAFES AMCS in September 2020. The other three Basic Training sites will follow issuing to new Soldiers at FT Leonard Wood in 1QFY21, FT Benning in 2QFY21, and FT Jackson in 3QFY21. In 3QFY21, Reserve Component Soldiers will begin receiving their AGSUs through the Replacement In Kind program. In 1QFY21, all new Drill Sergeants will receive a uniform supplement for AGSU in lieu of the ASU.

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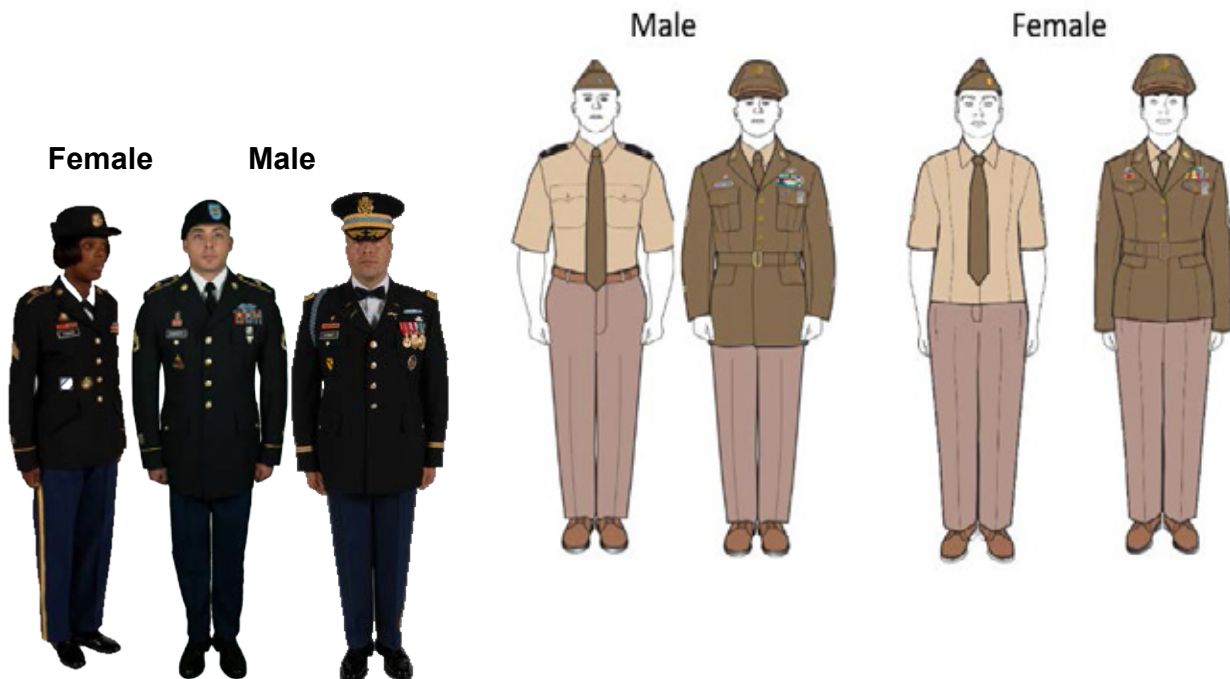


Army Green Service Uniform (AGSU)

Authorized Occasions for Wear

The AGSU will serve as the everyday service uniform for all Soldiers in lieu of the current ASU. Commonly referred to as Dress Blues, the ASU will serve for occasions requiring more formal dress. When Soldiers wear the AGSU for evening social occasions (after retreat), commanders may authorize no headgear. The Dress AGSU is comprised of the Heritage green Coat, short or long-sleeved Heritage tan shirt, Heritage Green Four-in-Hand necktie and Heritage Taupe Trousers/Slacks. Optional Items include: AGSU Service Cap, Eisenhower Jacket, Leather Jacket, Windbreaker, Sweater, Pencil Skirt, and Oxford Pumps.

Uniform Comparisons		
	Army Service Uniform (ASU)	Army Green Service Uniform (AGSU)
Occasion	Formal	Daily
Shirt	White Dress Shirt	Heritage Tan Shirt
Tie	Black Necktie	Heritage Green Necktie
Officer Rank	Shoulder Boards	Rank Insignia
Awards	Medals/Ribbons	Ribbons
Name Tag	Yes	No
Combat Patch	Combat Service Badge	Right Shoulder Patch



Army Service Uniform

Army Green Service Uniform

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Regional Health Command-Pacific Gets New Command Team

Story by Sharon Ayala
Photos by Christopher (Kit) Larsen
Directorate of Communication,
Regional Health Command-Pacific

Brig. Gen. Jack M. Davis assumed command of Regional Health Command-Pacific and Command Sgt. Maj. Abuoh E. Neufville assumed responsibility as the region's senior enlisted advisor during an Aug. 14 ceremony.

In keeping with the Centers for Disease Control and Prevention's social distancing protocols and the military's ceremonial guidelines in a COVID-19 environment, only a few dozen people attended the ceremony, while countless others watched virtually from across the Army.

The U.S. Army Surgeon General and Commanding General of the U.S. Army Medical Command, Lt. Gen. R. Scott Dingle, presided over the ceremony. He expressed confidence in the leadership of both Davis and Neufville as they officially assumed command and responsibility of RHC-P.

"You two leaders are the right leaders at the right time to take this command in the right direction as we navigate by the stars through medical reform and reorganization that best sets this command and Army medicine up to be ready, responsive, and relevant," Dingle said.

Davis had been serving as the region's acting commanding general since December 2019, and before that he was assigned as the region's deputy commanding general.

During his remarks, Davis praised the RHC-P team for its hard work and execution efforts in



Command Sgt. Maj. Abuoh Neufville, left, command sergeant major of Regional Health Command-Pacific, passes the unit's colors to Lt. Gen. R. Scott Dingle, right, the Army Surgeon General, during Brig. Gen. Jack M. Davis', center, assumption of command ceremony on Watkins Field, Joint Base Lewis-McChord, WA, on Aug. 14.



Lt. Gen. R. Scott Dingle, right, the Army Surgeon General, passes the colors of Regional Health Command-Pacific to Brig. Gen. Jack M. Davis, left, RHC-P's incoming commanding general, at Davis' assumption of command ceremony.

response to the pandemic.

"In this current fight, Regional Health Command-Pacific's COVID-19 response has been in lockstep with U.S. Army Pacific and MEDCOM's priorities of protect the force; protect the nation; ensure readiness; and support of our civil authorities," Davis said.

He added that the professionals of RHC-P are the true heroes in this fight.

Neufville is also no stranger to the region. Prior to assuming responsibility, he spent two years as the command sergeant major at Tripler Army Medical Center in Hawaii. Now, as RHC-P's senior enlisted advisor, he expressed gratitude to Davis for giving him the opportunity and added that being a Soldier has been a lifelong dream.

"From my early years, I always wanted to be a Soldier," Neufville said. "I stayed in because of you

-- the Soldiers on the field -- the band -- the (salute) battery -- and everyone supporting," he said.

As the region's command sergeant major, Neufville added that he will not be satisfied just by merely meeting the standard and will make mistakes, but not the same ones twice.

Regional Health Command-Pacific is the U.S. Army Medical Department's most geographically-dispersed region and operates in two geographic locations; Joint Base Lewis-McChord, Wash., and Honolulu, Hawaii. The region oversees medical, dental and public health facilities on the West Coast of the United States, Alaska, Hawaii, Japan, and South Korea. Its operational space spans 36 countries and encompasses more than 4,500 miles across five time zones.



Brig. Gen. Jack M. Davis, incoming commanding general of Regional Health Command-Pacific.



Command Sgt. Maj. Abuoh Neufville, command sergeant major of Regional Health Command-Pacific.

Information sourced from: <https://www.cdc.gov/coronavirus/2019-ncov/hcp/infection-control-recommendations.html>

Coronavirus Disease 2019

COVID-19

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www.tricare.mil/coronavirus



Meet Your Health Educators!

Jonica Davis

Health Educator,
Army Wellness Center
on Humphreys

Jonica Davis, AWC Health Educator, earned a Bachelor's of Science in Agriculture, Food, & Environment from Kentucky State University and a Master's in Public Health from Grand Canyon University. Jonica is also a National Academy of Sports and Medicine Certified Personal trainer. Her background has given her a wide range of experience working in both the public health and nutrition fields. Her preceptorship at Kentucky State University allowed her to work with the Expanded Food and Nutrition Education Program educating low-income populations on nutrition and work alongside the Natural Resources Conservation Service teaching small farmers about incentives and sustainable agricultural practices. Jonica not only has the education but the hands on experience to support her belief that living a healthy lifestyle will have to be a joint effort from all health organizations, policy makers, and other health and wellness entities. Her passion is to see all people have access to the resources they need to live fulfilled and healthy lives, including access to healthy food options, access to a built environment that facilitates physical activity, and access to adequate health care. She looks forward to serving the community at Humphreys.



Anna Truong

Health Educator,
Army Wellness Center
on Humphreys

Anna Truong is the newest member of the Humphreys Army Wellness Center (AWC). Anna assisted in the Grand Opening of AWC Fort Lee in 2014, trained the staff in Fort Leavenworth AWC in 2017, and managed the AWC in Fort Leonard Wood in 2018. Anna received her Master of Business in Health Care Administration degree in May 2019 from Liberty University. She obtained her Bachelor of Science degree in Health and Human Performance from Virginia Commonwealth University in 2014. She is currently a Certified Health Coach through American Council on Exercise, Certified Exercise Physiologist and Exercise is Medicine Level II through the American College of Sports Medicine. She is in the process of obtaining more certifications to extend her knowledge and expertise in the field. In her free time, Anna enjoys hiking, reading, volunteering, and exploring new areas. While she travels with her husband, she enjoys trying new restaurants. Her previous experience in the Cardiac Rehab enhanced her passion for preventing the onset of cardiovascular diseases, therefore, Physical Fitness is the core program Anna finds most rewarding.



Alexandria Nelson

Health Educator,
Army Wellness Center
on Humphreys

Alexandria Nelson, Registered Nurse, earned her degree from Albany State University. She has experience in a wide variety of healthcare settings ranging from long term care to oncology. She has had a hand in several initiatives focused on improving clinical outcomes and promoting a healthy holistic lifestyle. Her philosophy has always been to learn as much as she can from every experience life has to offer. Her goal is to always be a student of life learning as much as possible from every experience afforded to her. She comes in with a heart to serve others and an open mind.



Defeat *Shelter Fatigue* with These Strategies



Story by Dr. Amy Adler, Clinical Research Psychologist,
Walter Reed Army Institute of Research and
Dr. (Lt. Col.) Leslie Roberson, Clinical Psychologist,
Army Public Health Center



When will the COVID-19 pandemic end?

Since March, many Soldiers and Civilians have been practicing social distancing and wearing masks when they go out to purchase essential goods.

At this point, some people may feel like they are ready to get out there and start participating in the activities they enjoyed prior to COVID-19, such as traveling, attending barbeques with friends, or going to concerts, without taking any special precautions.

This temptation to relax adherence to public health guidelines is called shelter fatigue – and it's real. People may feel impatient with the rules and restrictions of the

pandemic.

Even if those rules and restrictions were designed to protect individuals and their community, feeling this kind of “shelter” fatigue is understandable.

Studies of prolonged isolation show environmental conditions can have an impact on your psychological and physical health. When people live in a confined space or don't have access to in-person social connections, they may feel disengaged and their stress levels rise. Even not being able to engage in daily habits like going to the gym or to the workplace may increase stress and fuel a sense of “shelter” fatigue.

Yet as tempting as it is to return to life as it was, the

reality is that the pandemic hasn't waned enough to let us relax our guard. Public health experts warn about the dangers of being complacent, but there are things you can do to help reduce your stress and reduce "shelter fatigue" so that you can stay vigilant and continue to do your part in the battle against COVID-19.

The following recommendations can help you reduce "shelter" fatigue.

Check your physical environment

Is there a way to create different areas within your home that give you a sense of moving from place to place? If you have one area designated for sleeping, one for eating, one for playing and one for working, it can be easier to create a sense of movement, rhythm and change even if you are in the same barracks room, apartment or house.

Is there a way to declutter your space? Having a physical space that is free from clutter can help people feel calmer and less stressed. Some clutter is inevitable so think through how you might designate certain places in your home as "clutter free" and move your clutter to one confined area. That will help keep a border between you and clutter.

Can you bring in greenery into your home? Plants are not only good in terms of decorations, studies show that exposure to greenery reduces stress and can even improve physical health.

Check your sleep, circadian rhythm, and exercise patterns

Don't underestimate the importance of sleep. It is one of the most important healthy habits that can help you in terms of your physical health, your resistance to infection, your mental health and your ability to think clearly. Be sure to create a comfortable sleep area, establish a sleep routine, and prioritize getting 7-9 hours of sleep per night.

Be sure to get some daily exposure to natural light – open a window or go outside for a walk.

Remember to keep yourself physically fit. Exercise is an excellent way to reduce emotional stress and the effects can be immediate.

As you stay physically active, remember to stay hydrated with water and eat balanced meals regularly.

Focus on what you can control

Check in with yourself and see how you are doing

emotionally. Almost everyone is experiencing some degree of stress related to the pandemic and safer at home restrictions. Is there a pattern to the stressful moments? Identify the triggers and see if you can put something in place to stay ahead of them.

If weekends are tough because you feel lonely, schedule regular phone calls with friends in anticipation of these more difficult moments.

Create a routine that works for you

Creating a schedule or routine will help you to keep a sense of normalcy during these abnormal times. Teleworking and staying home may contribute to feeling fatigued, because you may actually be working longer hours and workload demands may increase.

Parents with children are balancing childcare or engaging school age children during the day while trying to do their own work. By sticking to a schedule and having realistic expectations of everyone – including yourself -- you can help make sure the workload stays predictable, structured, and balanced.

Build on the positives

Creating a gratitude list can be helpful. Place this list where you can see it daily, such as your refrigerator. Read it daily to remind yourself of all that you have going for you in your life. Many topics can go on a gratitude list, including employment during the pandemic, which is especially true for military and Department of Defense civilians.

If you are finding yourself in conflict with people close to you, practice gratitude and acceptance. Remember that everyone is stressed. This experience may be taking a toll on them too.

Consider the impact that sheltering at home is having on those close to you. How can you reach out and help your family and friends? What might you be able to do to help to support others you care about?

Focus on the positive aspects of health and healthy relationships. There are a number of excellent websites offering subscriptions to daily affirmations that can help you maintain a positive mindset.

It's also important to reinforce your positive outlook by practicing positive self-talk; however, give yourself permission to not be okay all of the time – and remember you are not alone. This is tough on everyone. Just by remembering to do your part to and stay safer at home or wear a facemask, you can be part of the solution.

Set goals to accomplish while home

Sheltering at home can provide an opportunity to accomplish some new or longtime goals. Here are a few ideas:

- Take an online class.
- Make new homemade recipes
- Create a booklist to read
- Enroll in an online fitness class and participate in virtual online fitness challenges
- Learn how to play a musical instrument
- Work on an art project
- Learn a new language
- Practice Yoga
- Make a home project list (consider planting an herb garden)

Limit the time you spend watching the news

Sheila Teresa Murphy, associate professor of communication at the USC Annenberg School for Communication and Journalism, says now is the time to consciously dial down bad news. If you know the news about the pandemic is a trigger, keep yourself on a careful diet of news consumption to prevent yourself from getting overwhelmed.

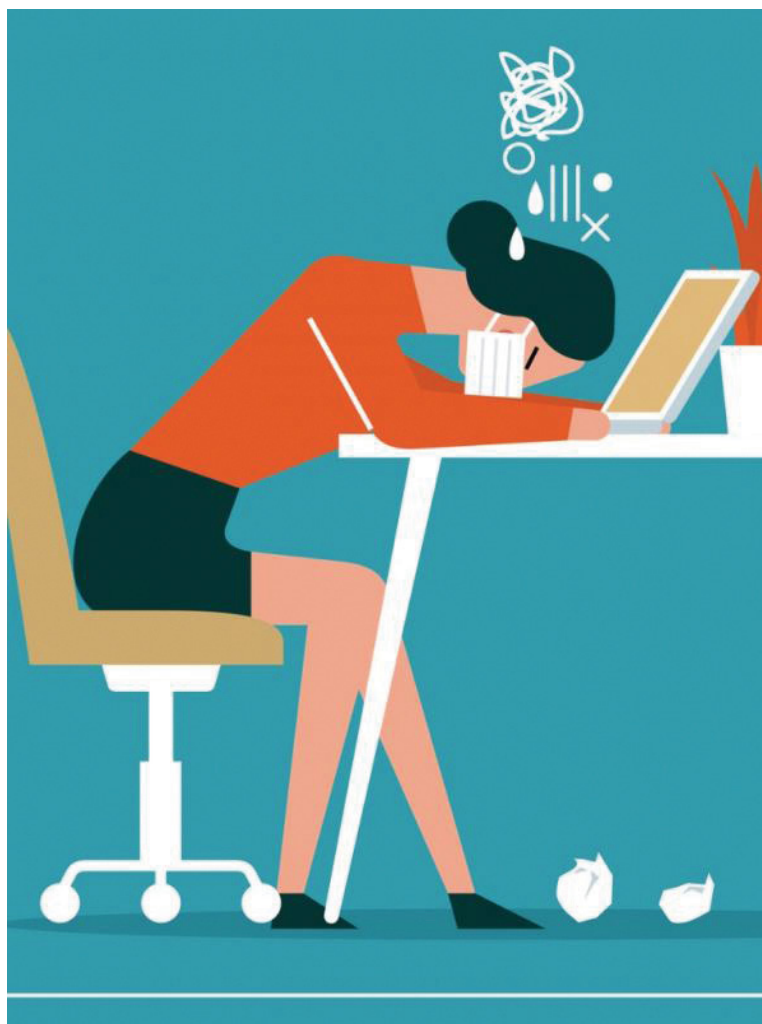
Murphy recommends three strategies for managing your news consumption:

- Don't binge-watch TV news. Instead, consume news about COVID-19 in moderation.
- Consume news judiciously from reputable journalism organizations or the U.S. Centers for Disease Control and Prevention.
- Consider the source when consuming social media accounts of the virus; the content is not regulated and can include conspiracies and conjecture.

Murphy says even better is to turn the news off completely and watch a movie, read a book or do something you enjoy. Take small moments and find a way to laugh, such as watching a comedian or funny animal video.

Practice mindfulness

Mindfulness is a way to ease the mind and help



you center yourself and decrease anxiety. You can practice mindfulness by sitting quietly and focusing on your breathing and senses. Practicing mindfulness is an effective way to reduce anxiety and improve working memory and attention. The Centers for Disease Control and Prevention recommends the website [mindfulness.org](https://www.mindfulness.org), which offers mindfulness information, exercises and videos.

Stay in touch with friends and family

Calling people or connecting via a digital platform is a good way to stay in touch. Consider going the old-fashioned route by writing a letter or sending a card.

Talk to a health professional

If you need additional support, most health providers now offer virtual appointments in the comfort of your home, including behavioral health.



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TOTAL FORCE FITNESS

Encourages

PROPER FUELING

Courtesy of Military Health System
Communications Office



Service members need energy from food to complete missions and ensure the safety of the nation. Proper nutrition helps to build a medically ready military force. However, the rise of energy drinks and dietary supplements used by service members in recent years jeopardizes not only a healthy lifestyle, but also the combat effectiveness of the military.

The Military Health System's Total Force Fitness framework encourages a healthy lifestyle for all service members, with nutrition as a key element. Poor nutrition affects many aspects of fitness, including mental and physical performance. Poor nutrition also contributes to obesity, high blood pressure, and diabetes, all of which are major concerns in the military.

The Centers for Disease Control and Prevention reported an increase of 73% in obesity among service members between 2011 and 2015. To combat obesity, service members use a variety of dietary supplements promoted for weight loss. These supplements are also used to improve performance and build muscle. But some supplements can do more harm than good.

According to Patricia Deuster, director of the Consortium for Health and Military Performance at the Uniformed Services University of the Health Sciences, no ingredient in dietary supplements has been proven effective in promoting weight loss.

"Certainly those who are obese or overweight are more likely to take weight-loss supplements to help 'make weight,'" Deuster said. "But in addition to not being effective, the Food & Drug Association has found that some weight-loss products marketed as supplements contain hidden active ingredients, which can cause serious harm."

While some ingredients in dietary supplements are difficult to find, stimulants are easy to spot in both supplements and energy drinks. Pre-workout and weight-loss supplements typically have stimulants and other thermogenic or "fat-burning" ingredients that raise the heart rate and blood pressure. Continued use, however, can keep blood pressure at levels well above those seen before taking the dietary supplements. Too many stimulants can also result in headaches, jitters, and problems sleeping.

The long-term side effects of energy drinks are unclear, according to Deuster. But, both artificially sweetened and sugar-sweetened beverage consumption has been associated with type 2 diabetes mellitus risk.

"For the most part, energy drinks contain sugar or artificial sweeteners," Deuster said, "so they could easily contribute to both weight gain and diabetes."

Karen Hawkins, a registered dietitian with the department's Military Community and Family Policy office, recommends that service members turn to foods like fruits and vegetables for energy before trying a dietary supplement or energy drink. These foods are rich in nutrients like fiber, antioxidants, vitamins, and minerals.

"If you're making healthy choices in your life, you're probably going to find your energy levels going up in general without energy drinks," Hawkins said. "Using energy drinks and supplements to try and make up for not eating healthy can lead to a reduction in performance rather than improvement."

Deuster agrees. "Dietary supplements are intended to do just that: supplement the diet, but if the diet

is healthy and provides sufficient energy and nutrients, then a dietary supplement is likely not needed.”

Service members having a bad reaction to dietary supplements or energy drinks while deployed can disrupt unit cohesion and compromise mission success. This fact makes nutrition safety in the military, from boots on the ground to the highest ranks of leadership, a priority.

Resources like Operation Supplement Safety (OPSS) keep people up-to-date on supplement ingredients and how to safely add them into the diet. The website has an “Ask the Expert” button so that a service

member can ask a question about supplements and get an evidence-based answer.

The Human Performance Resources by CHAMP website also has many resources for educating military teams and commanders. Deuster recommends that commanders and unit leaders speak with their units about nutrition safety. Research shows that personnel are more likely to make healthy behavior choices after an intervention. USU’s Project Fit-4Duty includes a six-hour set of verbal and written exercises to help service members discuss the costs of obesity, an unhealthy diet, and

sedentary behaviors. The exercises also tout the benefits of leanness, a healthy diet, and physical activity.

Service members should speak with their health care providers and check out OPSS to learn about the pros and cons of energy drinks and dietary supplements. The Department of Defense Nutrition Committee’s Position Statement on Energy Drinks also gives DoD guidance about energy drinks.

For more information on how dietary supplements, energy drinks, and nutrition impact Total Force Fitness, visit the nutrition webpages at Health.mil and CHAMP’s HPRC nutrition webpages.

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Amidst Retirees' Outcries, Advocates Seek More Leeway in New Tricare Select Fee Plan

Story by Karen Jowers
Military Times



Working age retirees in Tricare Select will have to pay enrollment fees starting Jan. 1. (Photo by Petty Officer 2nd Class Chelsea A. Blom, U.S. Navy)

Military advocacy groups are calling for changes that give working-age retirees a longer grace period if they fail to set up a way to pay new fees for Tricare Select set to kick in Jan. 1.

As it is, if the retirees fail to set up their payments by Jan. 1, they'll be kicked out of the health care program, and will have 90 days to apply for reinstatement.

Many advocacy organizations are hearing complaints about the new fees from angry members who may not have realized fees were coming, said Karen Ruedisueli, director of health affairs for the Military Officers Association of America. "Some of the angriest are the recent retirees who served

almost their entire careers while our nation was at war and endured multiple combat deployments, only to face fee increases as they're about to retire," she said.

Starting Jan. 1, working-age retirees must pay an enrollment fee of \$12.50 per month or \$150 per year for individuals; and \$25 per month or \$300 a year for families.

MOAA and National Military Family Association want that 90-day grace period to be extended to 12 months, over concerns that retirees may lose health care coverage because they aren't aware of the new requirement to pay enrollment fees. They also want retroactive coverage.

"We are seeking an extension to the grace period for Tricare reinstatement with retroactive coverage

in the event someone misses the communication and fails to pay the enrollment fee by Jan. 1," Ruedisueli said.

There were 407,431 military retirees and 764,936 retiree family members in Tricare Select at the end of 2019, according to a DoD report.

This doesn't affect those in Tricare for Life. These fees affect retirees and their family members in the so-called Group A — the sponsor's initial enlistment or appointment was before Jan. 1, 2018. The retirees in Group A are generally working-age retirees under age 65.

"Many beneficiaries understandably do not realize Congress passed this [Tricare Select] enrollment fee back with the [fiscal 2017 defense authorization act] and it is actually significantly lower than was proposed, thanks to the efforts of numerous associations who fought it," Ruedisueli said. The provision was part of Tricare reform that was signed into law in 2016 by President Barack Obama.

MOAA and other organizations opposed the enrollment fee when it was proposed during the legislative process, she said. The Tricare reform was an 18-month process that began with a proposal to completely

get rid of Tricare.

The 2016 law gave the Defense Health Agency discretion in deciding when to start charging working-age retirees enrollment fees for Tricare Select. But information was not immediately available from Defense Health Agency officials about whether it has the authority to extend the grace period to one year.

“There are sure to be retirees who don’t find out about the new fee by January 1,” said Eileen Huck, deputy director for health care for the National Military Family Association.

Advocates point to past transitions that were problematic, where despite the Defense Health Agency’s efforts, it was difficult to reach

every beneficiary with updates about actions they needed to take to ensure their benefit continued. “Inevitably, some beneficiaries only learn about a new requirement when they try to use their benefit and find out they no longer have coverage,” Ruedisueli said.

In early 2019, officials with the Office of Personnel and Management extended the deadline by three months for beneficiaries to enroll in the Federal Employees Dental and Vision Insurance Program, known as FEDVIP, partly to help military retirees who were newly eligible for FEDVIP and missed the deadline to sign up. Some retirees didn’t realize they were losing their coverage in the

Tricare Retiree Dental Program at the end of 2018.

MOAA also notes the disruption of the pandemic, “making it even more difficult to catch the attention of beneficiaries with critical enrollment fee information,” Ruedisueli said.

The communications from Tricare about open enrollment season may cause some confusion, as officials have told beneficiaries they don’t have to take any action if they want to stay in their same plan, and that message is still being conveyed on the Tricare website. But retirees who need to set up payments through allotment, electronic funds transfers, debit or credit card, must do so during the open enrollment period.

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The Uncheckable Back-to-School Check List for Military Kids

By Stacy Huisman
militaryspouse.com

I've checked off everything on my list for back to school.

- Registered for school. Check.
- School supplies. Check.
- New backpack. Check.
- Shiny new lunchbox. Check.
- New shoes. Check.
- Snack. Check.
- Band-Aids in backpack just in case said shoes give her blisters. Check.
- Bus schedule. Check.

I should feel pretty good about sending my third grader to her new school. But I don't. I have a pit in my stomach. An ache in my head. A forced smile to cover up the worry. My hands are wringing with nervous energy. I speak in my "excited" voice hoping my words don't crack as I'm getting her ready to go out the door.

I have another list in my head, an important list, that doesn't have one single check yet.

Someone to ride the bus with.

A teacher who knows she struggles with loud noises.

A teacher who knows this is her third school in four years.

A teacher who knows she's shy and won't push her too much.

A teacher who knows she's really good in math.

A teacher who knows she's never been exposed to Common Core – this is her first year.

A teacher who knows her father is deployed.

A teacher who knows I'm nervous she needs an IEP.

A teacher who knows we just moved here and we are still living without our belongings.

A friend in the neighborhood.

Someone familiar to sit with at lunch.

Someone to play with at recess if she feels alone.

A school that understands military connected kids.

A teacher who knows she will act out if she's not challenged in classroom.

For some reason, these items never seem to show up on a school's registration form or school supply list.

As a parent, I've done everything I can think of to prepare my child for a new school. It's been a rough move this summer and we are ready to be introduced to normal again. I'm going to hand my child over to a stranger with the hope she can magically read my child's academic strengths and weaknesses at first glance. Or she'll have the uncanny ability to know my child has attended four different schools by third grade without even asking.

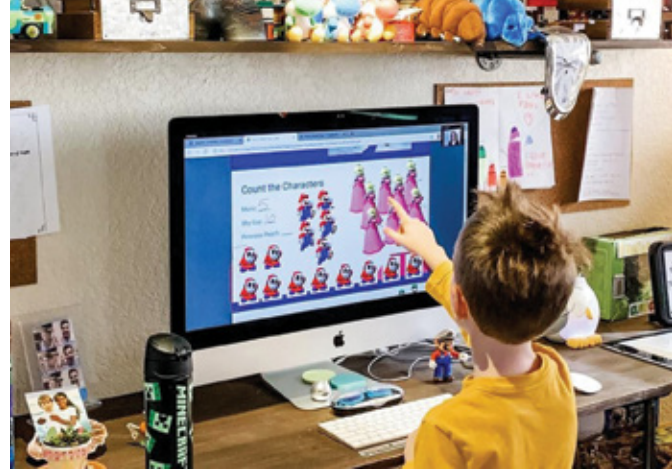
But we know this isn't how it works. It's hit or miss finding the right teacher who will support us. Being a military family, we have to get 'er done and turn worry into action.

Besides her parent, there is another adult who should be a willing participant and stakeholder in your child's academic and emotional health – a teacher.

Build a Parent/Teacher Team

Building a parent/teacher team starts with communication. The best way to prepare your child for a new school is tell their educational history. Preparing the teacher for your child is as easy as using a three-ring binder and a hole-punch.

Many parents collect and travel with important documents when they PCS. However, I think students should travel with a continuity binder full of their educational history – it's a lot more than just school



transcripts.

This binder is beginning of the parent/teacher team. The parent rarely gets to see these sealed records before the exiting school gives them to you. It's critical to show your future teammate — the teacher — your child's academic strengths and weaknesses and not cherry picked printouts from on office. Sharing the binder with your child's teacher(s) at their new school is the first step in building a team around your child.

What's in the Education Binder?

1. Report cards from the past several years. Counselors want to see how a child has progressed and it allows them to understand more of the child's academic past — not just one year; they want several years. Make notes on the report cards where drops in grades occurred due to deployments, homecomings, mid-year PCS's or health problems.

2. Schoolwork samples. This is dependent on the grade level, but include math samples, handwriting, reading or essays. Be sure to include both exemplary work and evidence of weakness to give the new teacher a picture of the whole student. Depending on a child's school, work could include art, writing, poetry or spelling.

3. Names of textbooks, photocopies of textbooks or sample workbooks used the previous year. This will help receiving teachers know what materials the stu-

dent has been using the previous year.

4. Standardized Assessment results. It's important to keep and maintain all standardized school testing results/reports a student or school has completed. States may offer different tests depending on resources and preference. Examples such Cog AT, Iowa Assessments, Terra Nova, Lexile, SRI, Reading Readiness, SAT, IQ tests or any results of standardized testing should be part of important documentation on a student.

5. Other evaluations. Speech therapy and occupational therapy reports, evaluations and assessments from school and outside school agencies should also be included to maintain continuity of service through moves.

6. Individual Education Plan and 504 Plan. Add a copy of the student's IEP into the binder for backup purposes just in case the IEP is lost or not forwarded in time for registration.

7. Shot records. Shot records are needed to register for any new school. But consider keeping extra copies for camps, sports and child care providers.

8. Teacher-to-Teacher Communication. If you're still in contact with your child's previous teacher, ask them to write you a quick note introducing your child — the student — to their new teacher. The letter will give insight to personality, learning and skills that may take weeks or months for their new teacher to discover.



Back to School Healthy Eating and Physical Activity

By Eun J. Dennis
Registered Dietitian

The summer has come to its end and it's now back to school for students. As the new school year begins, many students will have plans and goals such as improve their writing, reading, or math, etc..., but don't forget about good nutrition!

Proper nutrition is not only essential for children's and adolescents' health, but also there is a relationship between nutrition and academic performance.

Back to School Breakfast

A daily, balanced breakfast offers many health benefits for children and adolescents, including ensuring that they consume adequate calories to support growth and meet recommended intakes of vitamins and minerals. Breakfast consumption also has been shown to enhance academic performance by improving cognitive function such as memory and concentration. The research found that students who ate breakfast every day showed the strongest odds of improved academic performance including mean math standardized test scores, compared to those who didn't.

While breakfast consumption is positively associated with health improvement and educational performance, not all breakfast items will provide these benefits to the students. The positive effects of breakfast on health and learning may be influenced by the type of breakfast a child and an adolescent consume, not just regularity or the frequency of breakfast.

Here are some tips for a better quality breakfast for the family:

- Plan ahead, preparing breakfast the night before will save time.
- A healthy breakfast should include a good protein source combined with a healthy carbohydrate source that is high in fiber.



- Include at least 3 food groups to make a balanced breakfast. Examples of good breakfasts are:
 - ✓ Low-fat yogurt topped with whole grain cereal and fruit
 - ✓ Hard-boiled egg with light yogurt and fresh fruit
 - ✓ Breakfast smoothie made with light yogurt, fruit, and oats or nuts

- ✓ Peanut butter or nut butter on whole grain toast with fruit and low-fat milk
- ✓ Tomato, avocado, and cheese on whole wheat toast
- ✓ Whole grain, low-sugar cereal with milk and a piece of fruit
- ✓ Oatmeal with sliced apples or berries, cinnamon, and nuts
- ✓ A piece of string cheese, a piece of fruit, and a handful of nuts

Back to school snack

Many people may have visions of cookies, candy, ice cream and chips when they hear the word “snack”. It is possible that many people tend to munch on too much of these unhealthy choices. When snacking is done right, it

calories. This means parents should help the kids find snack items that can contribute important nutrient intake for the day. Aim for two food groups when you plan for the kid’s snack, such as light yogurt with fruit, whole grain crackers with string cheese, a handful of nuts with a fruit...etc.

When snacking is done right, it can offer health benefits including increased nutrient intake, like vitamins and minerals and boost energy level and increase focus and performance at school.

Here are some tips for better snack choices:

- Consider making swaps: identify nutrient-poor snack choices and replace with more nutrient dense snacks. For example, snack on whole grain tortilla chip and salsa or vegetables with hummus instead of chips and dip, choose fresh, frozen or canned fruit without added sugars instead of fruit roll ups, snack on whole grain cinnamon raisin bread with nut butter and banana slices instead of cookies, choose low-fat cottage cheese with cherry tomato and a piece of whole grain pita bread instead of pizza roll or leftover pizza, choose low-fat yogurt with fruit and nuts/seeds instead of ice cream.

• Plan ahead with children: plan snacks that can help meet children's nutrition needs. Identify several nutrient-dense snacks that children enjoy, at the same time is convenient for parents, keep these foods in the pantry. It's helpful to create a snack menu with children to guide their choices when hungry after school.

• Pre-portion snacks into small zipper lock bag or containers for convenience which will help prevent overconsumption of snacks. Keep fruits, vegetables, low fat dairy, whole grain options easily accessible, this will help children to meet the intake of important nutrients such as vitamin A, C and Calcium and ensure adequate fiber intake, which is important for bowel regularity.

Back to school family meal

Research shows children and adolescents who eat with their families on a regular basis are more likely to develop healthy eating habits that last a lifetime. Also, children who eat with their families are better nourished and have a lower obesity rate.

Family meals allow parents to model healthy attitudes and behaviors toward food and eating, to their children. Preparing and sharing family meals together is also a good way for adolescents to build skills for their own healthy food choices later in life.

Here are some strategies for increasing family meal time:

• Keep family meals easy and simple: washing and prepping vegetables as soon as you bring them home from the grocery store so they're ready to use when needed, planning your menu weekly so that you can avoid last-minute decisions for dinner (which usually ends up with trips to fast food restaurants

or delivery food option). Research cookbooks and recipes that is simple enough to be prepared in less than 30 minutes. Also using a crockpot to start a meal in the morning is another option.

• Make extra and make freezer-friendly meals. The time it will take to grill or bake one piece of chicken or steak is about the same as cooking several at the same time, so prepare extra and use them to turn into another meal, such as adding cut up chicken breasts to a salad or using for a sandwich. Also, make a double batch of a food that the family enjoys when time allows and freeze them for future meals. Soups, casseroles, lasagnas, meatballs and rice dishes generally freeze well and can easily be prepared in large batches to use at another time. Frozen vegetable options are quick and a healthy way to add vegetables to meals with minimum preparation.

• At the dinner table. Televisions, radios, cell phones, and other electronic devices should be turned off as they can take away the benefits of family mealtime, instead making dinner time an enjoyable time for family time and conversation.

Back to school physical activity

Regular physical activity in childhood and adolescence is important for promoting lifelong health and well-being, including building up bone and muscle strength, achieve and maintain a healthy weight, reduce the risk of developing health conditions such as heart disease, type-2 diabetes and high blood

pressure. In addition to health benefits, research shows that there is an association between physical activity and academic achievement. Students who are physically active tend to have better grades, improved school attendance, better cognitive memory performance and exhibit better classroom behavior.

It is recommended that children and adolescents aged 6 to 17 years should be engaged in 60 minutes or more of physical activity each day.



The followings are some tips to increase physical activities:

• Find a fun activity. Help children find a sport or other physical activity they enjoy, the more the children enjoy the activity, the more likely they will continue it. Get the entire family involved in an activity; family activity is a great way to spend time together.

• Be a role model. Children who see their parents enjoying physical activity and sports are more likely to do so, setting a good example by going for a walk or a hike or a bike ride instead of watching TV or playing a video game. Turn off the TV - Limit total screen time: the American Academy of Pediatrics recommends no more than 1 to 2 hours of total screen time, including TV, videos, computers, and video games, each day. Use their free time for more physical activities.

Lean Lunchbox - Easy as 1-2-3

Start with the basics:

- **1 Serving of Vegetables**
 - 1/2 cup cooked
 - 1 cup raw
 - 2 cups leafy greens
- **2 Servings of Whole Grains**
 - 1 slice bread
 - 1/2 cup cooked pasta or rice
 - 1/2 cup cooked cereal
 - 1 ounce ready-to-eat cereal
- **3 Ounces of Lean Protein**
 - Lean Turkey – Tuna
 - Chicken Breast
 - Lean Beef

Then add healthy sides:

- **Low-fat dairy**
 - 1 cup milk
 - 1 cup yogurt
 - 2 ounces cheese
- **Fruit**
 - 1 piece fruit
 - 1 melon wedge
 - 1/2 cup fruit canned in water, Splenda, or light syrup
 - 1/4 cup dried fruit

LEAN LUNCHBOX IDEAS

1 Serving Vegetables	2 Servings Whole Grains	3 Ounces Lean Protein	Fruit	Low-fat Dairy
Slices of lettuce and/or tomato	2 slices of whole grain bread	3 ounces of Tuna	Kiwi	Low-fat milk
1 bag of baby carrots	10 whole-grain crackers	3 ounces of roasted chicken breast	Grapes	Low-fat cheese cubes
1 bag of sliced bell peppers and cucumbers with hummus	1 whole-wheat tortilla	3 ounces of lean beef strips	Apple	Slice of low-fat cheese
Spinach or diced bell peppers	1 cup of whole wheat pasta tossed with light Italian dressing	3 ounces of cubed roasted turkey breast	Banana	Cup of low-fat yogurt
1 bag of cucumber and carrot slices	3-4 whole-grain bread sticks	3 ounces of turkey breast strips	Orange	Cup of 1% or Skim Milk

Focus on Improving Student Performance

- PUSLE 65 Editorial Staff -

Being a ready and resilient family takes a lot of effort. One way to make this happen is by getting parents and children engaged on the importance of sleep, activity and nutrition. This month to kick things off within the PULSE65 is a Back to School Campaign focusing on getting the entire family involved. Over the next few pages, you will find fact sheets highlighting each of these areas.

In the area of sleep, school-aged children need more than adults. It is important to create a conducive environment to sleep by turning off the TV, end computer games and social media and all physical activity at least an hour before sleep.

As the day progresses, children sit way too much

and a sedentary behavioral lifestyle can lead to weight problems hindering school performance. Getting regular exercise activates and stimulates children's brains resulting in helping them to focus in school. Take children to the playground, walk the family dog and have recreation time as a family.

Many parents including mine, often said as I was growing up and I even said it to my own children, Breakfast is the most importance meal of the day, especially for children heading out to school.

It boosts energy levels, improves performance and helps with learning. eat breakfast together and other Having family meals helps promote habits and social development.

The fact sheets include a wealth of information, however, the best thing parents should monitor their activity and nutrition, not just but be the role model.

cognitive performance. Families should eat meals too. good nutrition

wealth of information to remember is that children's sleep, tell them what to do,

Back To School FACT SHEETS



LEARN MORE ABOUT THE PERFORMANCE TRIAD:
SLEEP, ACTIVITY, AND NUTRITION.
AT [HTTP://ARMYMEDICINE.MIL](http://ARMYMEDICINE.MIL)





Get the Facts!

Learn How **Sleep**, **Activity**, and **Nutrition** Can Positively Influence Your Child's School Performance

Academic Performance

- It feels good to do well in school. Did you know that children who are more active score better on tests and get better grades? Help your children choose some fun activities and have them choose an activity where they have to be active for at least 60 minutes every day! This equals about 11,000 to 13,000 steps a day and also can improve their grades!
- Did you know that children who get the right amount of sleep for their age, tend to do better academically. Their moods, balance and coordination are generally better and they think more clearly and remember things better too!
- Providing your children with good nutrition supports their ability to think and learn. The USDA's "MyPlate" is a great resource to easily understand how to achieve this goal.

Physical Health and Performance

- Developing an active lifestyle when we are young has lifelong benefits. We know children who are active from a very early age have lower rates of injury, better bone health, and are less likely to become overweight or obese as adults.
- Putting your children to bed at night so they get enough sleep benefits everyone! You get a little more time to yourself and they get more sleep and positive benefits to their mental, emotional,

and physical growth and development. We know sleep-deprived children are at higher risk for being overweight or obese. Not convinced? Without enough sleep, it is harder for children to produce enough of the hormones they need to promote normal growth and it takes longer for those cuts and bruises to heal!

- A well-balanced diet reduces a child's risk of being overweight or obese. It strengthens their muscles and bones, and it improves their overall energy levels.

Behavior

- We can all move more throughout the day! Encourage your child to get 60 minutes or more of play and activity during the day. This reduces stress and anxiety in children. Children who are well rested are just more fun to be around! They tend to cooperate more, have better control over their emotions and are typically more motivated throughout the day. Sleep contributes to their ability to pay attention more and therefore they are able to do better in school.
- Take the time to help kick-start your child's day with a healthy breakfast. A good breakfast can improve their mood and attitude and help them to stay focused in class longer.



LEARN MORE ABOUT THE PERFORMANCE TRIAD:
SLEEP, **ACTIVITY**, AND **NUTRITION**.
AT [HTTP://ARMYMEDICINE.MIL](http://ARMYMEDICINE.MIL)





Setting Your Child Up for Success

Your Child's Brain is Developing – Fast!

Stimulate it!

Children ages 6-17 should have 60 minutes of activity per day for good health

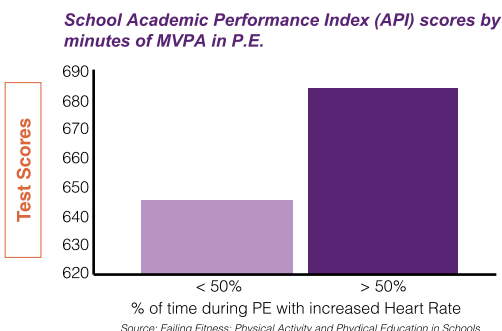
The majority of 50 studies reviewed showed that active students had better academic performance.



U.S. Department of Health and Human Services Centers for Disease Control www.cdc.gov/HealthyYouth Revised Version — July 2010

In a California study involving over 800,000 5th, 7th and 9th graders — **higher math and reading scores** were associated with higher levels of **fitness**.

Journal of Exercise Physiology
Feb 2005



Bikes, Balls in Class: Transformed One School

NAPERVILLE, Ill., April 14, 2010 By DAVID WRIGHT and HANNA SIEGEL



"What we're trying to do here is jump start their brain," says the chairman of the Physical Education Department at Naperville.

Naperville Central High School in Illinois illustrated the power of exercise to boost school performance. Students who participated in a dynamic morning **exercise** program nearly **doubled their reading scores** and math scores significantly increased.

American Heart Association's Recommendations for Physical Activity
<http://bit.ly/1jLScPG>

Kids.Gov Exercise and Nutrition – For Parents
<http://kids.usa.gov/parents/exercise-fitness-nutrition/index.shtml>

Let's Move!
www.letsmove.gov

We Can! (Ways to Enhance Children's Activity and Nutrition)
<http://www.nhlbi.nih.gov/health/public/heart/obesity/wecan/>

Protect it!

Concussion education may make all the difference for your child

Defense and Veterans Brain Injury Center
<http://dvbic.dcoe.mil/>

American Academy of Pediatrics:
Sports-related Injuries:
bit.ly/1oYG3V

How can concussions be prevented?

1. Children should always wear helmets during any riding activities and contact sports. Make sure the helmets fit and are in good condition.
2. Practice safe playing techniques during sports and every day physical activity.
3. Talk to your children about concussions. Communicate how important it is to let their coach or you know if they have hit their head and are experiencing symptoms of a concussion.



ADA American Dental Association®

A properly fitted mouthguard, or mouth protector, is an important piece of athletic gear that can protect your teeth and smile. You may have seen them used in contact sports, such as field hockey, football, boxing, ice hockey, lacrosse, and soccer.

The Importance of Using Mouthguards- American Dental Association: <http://bit.ly/ADA-Mouthguard>

Defense and Veterans Brain Injury Center
<http://dvbic.dcoe.mil/>

American Academy of Pediatrics: Sports-related Injuries: <http://bit.ly/1oYG3V>



Setting Your Child Up for Success – their brain is developing fast!

Rest it !



Children need sleep

Age (years)	Sleep (hours)
3-5	10-13 hr
6-13	9-11 hr
14-17	8-10 hr



Stony Brook School of Dental Medicine

In a recent study, researchers found well-rested teenagers tend to make more healthful food choices than their sleep-deprived peers. Teens who lack adequate sleep not only eat more junk food but also eat less healthy foods. Teens who slept less than 7 hours per night were more likely to eat fast food two or more times per week and eat less fruits and vegetables. <http://bit.ly/Vfrjrm>



NATIONAL SLEEP FOUNDATION

Ensuring children get enough sleep helps them to thrive academically. All children, including college students, need to have the energy and ability to concentrate, focus and recall information. Sleep facilitate these abilities. One of the best predictors of school failure is children's fatigue. A study of students in New England revealed that those who reported high grades had significantly more sleep on school nights than those with lower grades. Students who received Bs got between 17-33 minutes more sleep than students with Cs. They also went to bed earlier. On the weekends, students with lower grades went to bed 2.3 hours later than students with A/B grades. <http://bit.ly/1oq7wme>

Sleep for Kids, Teaching Kids the Importance of Sleep
<http://www.sleepforkids.org/>

National Sleep Foundation
www.sleepfoundation.org

Children's Storybook Apps from the American Academy of Sleep Medicine
<http://www.aasmnet.org/childrensapp.aspx>

Feed it !



Demand healthy foods for your child

Lack of adequate consumption of specific foods, such as fruits, vegetables, or dairy products, is associated with lower grades among students.

Journal of Nutrition and Metabolism

Student participation in the United States Department of Agriculture (USDA) School Breakfast Program (SBP) is associated with increased academic grades and standardized test scores, reduced absenteeism, and improved cognitive performance (e.g., memory).

Kleinman RE, Hall S, Green H, Korzec-Ramirez D, Patton K, Pagano, ME, Murphy JM. Diet, breakfast, and academic performance in children. *Annals of Nutrition & . 2002;46(suppl 1):24-30.*

MyPlate Kids' Place



Oral Health in America: A Report of the Surgeon General

*Dental caries (tooth decay) is the single most common chronic childhood disease-5 times more common than asthma and 7 times more common than hay fever.

*The social impact of oral diseases in children is substantial. More than 51 million school hours are lost each year to dental-related illness.

* Pain and suffering due to untreated diseases can lead to problems in eating, speaking, and attending to learning.

<http://www.nidcr.nih.gov/DataStatistics/SurgeonGeneral/sgr/welcome.htm>

WHERE TO START:

Dietary Guidelines for Americans and MyPlate
<http://www.choosemyplate.gov>

Fruits and Veggies, More Matters
<http://www.fruitsandveggiesmorematters.org/>

Academy of Nutrition and Dietetics, Children's Health, Eat Right at School <http://www.eatright.org/Public/>

Kids Eat Right <http://www.eatright.org/kids>



LEARN MORE ABOUT THE PERFORMANCE TRIAD:
SLEEP, ACTIVITY, AND NUTRITION.
AT [HTTP://ARMYMEDICINE.MIL](http://ARMYMEDICINE.MIL)





SLEEP: Essential for your Child's Health, Performance and Well-Being

1. FACT: The amount and quality of sleep children get on a regular basis can improve their school performance and relationships with others. Studies have shown that students with better grades had more hours of sleep than those with lower grades.

2. FACT: A consistent bed time routine helps children and their parents get more sleep.

3. FACT: Children, who engage in physical activity throughout the day, are better sleepers. They tend to fall asleep faster and toss-and-turn less throughout the night.

4. FACT: Create great sleep environments that will improve the quality of sleep your child receives. The National Sleep Foundation found that when parents create sleep-friendly environments, that are dark, cool, and quiet, the children slept better.

Good Sleep Habits

- Maintain a regular sleep schedule with a consistent bed and wake-up time, including weekends.
- Avoid watching TV or using electronics within an hour of bedtime. Better yet, remove electronics from sleep areas. The blue light from electronic may make it more difficult to fall asleep and interfere with sleep quality.
- Create a relaxing wind-down routine to cue sleepiness, such as reading a book, praying or talking with each other.
- Engage in regular physical activity each day, such as brisk walking or a bike ride.
- Avoid heavy meals two to three hours before bed.
- No caffeine intake 6 hours before bed.

Make Sleep a Priority in Your Child's Day!

- Create a good sleep environment for your child. Make sure their room is quiet, cool, and dark.
- Remove distractions or items that will reduce their ability to fall asleep.
- Develop good sleep habits not just for your child but for the whole family.



Category	Age	Hours of Sleep
Newborns	0-3 months	14-17
Infants	4-11 months	12-15
Toddlers	1-2 years	11-14
Preschoolers	3-5 years	10-13
School Aged	6-13 years	9-11
Teenagers	14-17 years	8-10
Young Adults	18 -25 years	7-9
Adults	26 -64 years	7-9
Older Adults	65+	7-8



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Help Keep Your Child Healthy Through Exercise And Physical Activity!

FACT: Your Child Needs Regular Activity to be Healthy!

Did you know that children ages 6-17 should have 60 minutes per day of activity for good health? This can be from organized sports, unorganized play, family exercise and activities, or any combination of those! Boys should have approximately 13,000 steps per day and girls should have about 11,000 steps per day of activity.

FACT: Weight Training is Safe and Healthy for your Child

Parents often ask, “should my child do resistance or strength training?” Yes! Strength or resistance training can be introduced when a child is ready for sports activities (usually around age 7 or 8) and should be performed 2 or 3 times a week to increase strength and contribute to fitness. Weights should be light and progressed slowly to avoid injuries. Both the American College of Sports Medicine (<http://bit.ly/1nCTBaO>) and the National Strength and Conditioning Association (<http://bit.ly/W6LXey>) recommend resistance training as being safe for children and adolescents.

FACT: Exercise and Activity Improve Academic Performance and Reduce Stress

Did you know that physical activity and exercise can reduce symptoms of depression and anxiety in children, as well as improve academic performance? Physical exercise and activity has a positive effect on the brain's health and function as well as the body's fitness.

FACT: Exercise Should Be a Part of Weight Management for Your Child

Activity and exercise will definitely be helpful in maintaining a healthy weight for children and for helping overweight children lose weight. It's important to remember that it takes more than exercise to maintain a healthy weight, and changes in diet and eating habits are the most important thing you can do for healthy body weight. Ask your healthcare provider if you are concerned about your child's weight.

How Can I Help My Child be More Active?

- Reduce screen time (TV, computer, video games, and phones).
- Take a family walk after dinner.
- Play at the park or go for a family bike ride or hike.
- Explore opportunities to learn a new activity (such as martial arts, dance, or yoga).
- Volunteer for your child's sports team or physical activity event.
- Invite them to take part in your physical activity.

Where Can I Find Out More?

- The First Lady's 'Let's Move' campaign: <http://www.letsmove.gov>
- Youth Physical Activity Guidelines Resources at the Centers for Disease Control and Prevention: <http://1.usa.gov/UaKnqL>



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Concussion: Protect, Recognize and Treat

What is a Concussion?

A concussion is also known as a mild traumatic brain injury and is caused by a blow or jolt to the head that temporarily interrupts brain function.

When do Concussions Occur?

Collision and contact sports such as football, hockey, soccer, basketball, lacrosse, and wrestling are the sports with the highest risk for concussions. But concussions can also occur on the playground or during everyday mishaps such as a child falling and hitting their head on the floor.

What if I Suspect my Child has a Concussion?

If you think your child has a concussion:

1. Remove them from the activity or the game
2. Quickly get them checked out by a medical provider
3. Help them take time to recovery

Concussion Signs Observed

- Can't recall events prior to or after a hit or fall.
- Appears dazed or stunned.
- Forgets an instruction, is confused about an assignment or position, or is unsure of the game, score, or opponent.
- Moves clumsily.
- Answers questions slowly.
- Loses consciousness (even briefly).
- Shows mood, behavior, or personality changes.

Concussion Symptoms Reported

- Headache or "pressure" in head.
- Nausea or vomiting.
- Balance problems or dizziness, or double or blurry vision.
- Bothered by light or noise.
- Feeling sluggish, hazy, foggy, or groggy.
- Confusion, or concentration or memory problems.
- Just not "feeling right," or "feeling down".

Most concussions occur *without* a loss of consciousness or blacking out



http://www.cdc.gov/headsup/basics/concussion_symptoms.html



How Can I Help my Child Recover from a Concussion?

The brain needs time to heal following a concussion. If your child has been diagnosed with a concussion, here are some general treatments recommended for children of all ages.

1. Brain Rest

Limiting activities that require thinking is just as critical as physical rest while your child is recovering from a concussion. This may mean a temporary absence from school, reduction of assignments and reducing the amount of time your child plays video games or uses other electronics.

2. Physical Rest

Generally, physical activities should be limited until a healthcare provider determines your child can resume their normal activities. This includes sports, physical education/gym class, and other recreational activities. Work with your child's healthcare provider to gradually have your child resume their normal activities.

Prevention

There are many ways to reduce the chances of our young people sustaining a concussion, such as ensuring they are buckled up every time they ride in a vehicle, making sure they wear a properly fitted helmet when riding a bike or skateboard, while skiing or snowboarding or playing sports such as football or while batting and running bases in baseball and softball.

Talk with your child about Concussion

Learn more about concussions with your child. Talk about ways to prevent concussions and about recovering from a concussion if your child has been diagnosed with one.

For more information, please visit:
<http://www.cdc.gov/headsup/index.html>



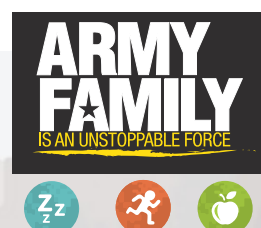
Back to School and Sport

With proper rest and treatment, most kids can get back to school and sports in a short period of time.

However, each concussion is different and each child responds differently to treatment. If there are any concerns about the recovery period, please talk to your healthcare provider!



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Protect your Child's Mouth during Physical Activity!

With 25 million children involved in organized sports, there is an increased risk for oral and facial injuries. Athletes are 60 times more likely to suffer injury to their teeth and jaws when they fail to protect them. Over 5 million teeth are lost in sports related injuries each year.

KEEP ACTIVE

KEEP SMILING

WEAR A MOUTH GUARD!



The pre-formed and boil-and-bite mouth guards range in price from \$8-\$30; while the ones custom made by your dentist are more expensive.

Mouth Guard Care is Simple

- Rinse before each use.
- Check for holes and tears.
- Clean with toothbrush and toothpaste or warm soapy water.
- Avoid over exposure to the sun.

This Could Have Been Prevented.



Help your child protect their teeth during physical activities

With summer camps and a new sports season around the corner, sports related injuries are a major concern. Help protect your child's smile by making sure they use mouth guards. They are an important part of your child's athletic gear. They reduce the risk of broken teeth and jaws as well as the need for costly dental repairs.

The Best Mouth Guards

The best mouth guards are the ones that fit properly. Make sure they are clean, smooth, and comfortable; when inserted your child should be able to speak and breathe normally.

Mouth Guards save thousands of children from dental injuries and saves parents thousands of dollars in dental repairs.

DID YOU KNOW

Only **36%** of kids ages 5-17 protect their smile during organized sports!



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AT [HTTP://ARMYMEDICINE.MIL](http://armymedicine.mil)





SET UP YOUR SCHOOL LUNCH ACCOUNT

1

REGISTER EACH STUDENT

- » Obtain 10-digit DoDEA student ID# for all children from the school registrar.
- » You will need each student's ID# for step 2.

2

SET UP LUNCH ACCOUNT WITH EXCHANGE

- » Visit your local Exchange Customer Service to set up an account for each student.
- » A 6-digit pin number will be assigned for your child to use to deduct the cost of meals, a la carte items & drinks.
- » All students, even those eligible for free & reduced price meals & Sure Start need a lunch account.

3

DEPOSIT MONEY INTO STUDENT ACCOUNTS

- » To deposit money to your child's meal account online, set up an account on MYPAYMENTSPLUS. MPP charges a 4.75% management fee for all deposits made online or on its mobile app.
- » Deposits made at your Exchange or school cafeteria are FREE.
- » New students:
 - » Visit www.mypaymentsplus.com. Follow onscreen directions and register your student(s) using their student ID#. You can have multiple students on one account.
- » Returning & new students:
 - » Deposit into the School Meal Program account for school meals.
 - » Deposit into the general account for a la carte items & drinks.
- » With MPP you can: View cafeteria balances, view purchases, set up low balance account alerts & make payments.

4

APPLY ONLINE FOR FREE OR REDUCED LUNCHES

- » You only need one application per household. A new application is required for each household every school year. Please include ALL students on one application (mandatory for all Sure Start students).
- » Parents/guardians can apply online for benefits.
- » Apply at <https://freeandreducedapps.aafes.com>.

This institution is an Equal Opportunity Provider.

MORE SCHOOL MEAL PROGRAM INFORMATION:

<https://www.aafes.com/about-exchange/school-lunch-program/>

Pacific Region Director's Message

The COVID-19 pandemic has had a profound impact on schools across the world, including those that make up the DoDEA Pacific region. As we plan for the 2020-21 school year, we recognize that schools will look a bit different in our “new normal.” At installations in HPCON B, students will return to school full-time for face-to-face instruction with mitigation strategies in place. In HPCON C, local instruction would be delivered in the virtual environment.

This Return to School Plan highlights the processes behind our planning, the mitigation strategies we are putting in place, and the areas families can expect to see differences. Our ability to begin the year with face-to-face instruction may also be impacted by Authorized Departure and delays in PCSing for new employees.

I'd like to take a moment to thank our local military leaders, who collaborated with us to ensure our Return to School Plan is in line with local installation guidance and also adaptable to shifts in local environmental conditions. It is vital to us that our reopening plan supports the needs of our military partners, whom we are here to serve. Our military leaders have been a crucial component to our planning process, and their thoughtful feedback has helped shape this document.

Please know that the health and safety of our students, employees and military communities is our priority. DoDEA Pacific is committed to doing its part to help stop the spread of COVID-19 and understands the importance of promoting health and safety strategies within our schools to be part of the greater solution.

We are eager to welcome your children back to school refreshed and ready to learn.

Yours in Education,
Lois Rapp
DoDEA Pacific Region Director



Guiding Principles

Health and Safety

DoDEA Pacific's highest priority is the health and safety of our students and employees. After careful review of CDC and DOD guidance for schools, we worked in close coordination with local military leaders to identify mitigation strategies that meet the unique needs of our schools and local environmental conditions. We also recognize our schools have an important role to play in educating students on healthy hygiene to stop the spread of COVID-19 in our communities.

Face-to-Face Instruction

Students learn best in the classroom environment, with face-to-face instruction from their teachers. We want to provide students with as much face-to-face instruction as health conditions allow.

Continuity of Education

We must be able to provide continuity of education to our students in the event that local conditions require us to pause face-to-face instruction. Should the need to transition to virtual instruction arise, we will utilize lessons learned and feedback received from families during our spring implementation to ensure seamless continuity of education. DoDEA Headquarters is exploring a full-time virtual option for those who have concerns returning to a traditional school setting.

Adaptability

Shifts in local conditions and HPCON levels are outside of our control, and we remain committed to quickly adapting our learning environment as necessary.

At-Home Pre-Screening



Completed Daily

A temperature check and a visual check for shortness of breath or cough, flushed cheeks, rapid breathing or difficulty breathing (without recent physical activity), fatigue, or extreme fussiness. If experiencing the above symptoms, the student or staff member should remain home and follow appropriate medical protocols.



Standard Acknowledgement

Parents of DoDEA students will be required to sign a standard DoDEA document acknowledging their responsibility to perform the pre-screening protocol each day before their child departs for school or a school sponsored activity.

DoDEA school staff members (and contractors working in the school) will be required to sign a similar document upon arriving for duty for SY2020/21.

Protocol for Sick Children in School

When a student develops/presents with any symptoms of illness consistent with COVID-19 (i.e., new onset or worsening cough -OR- shortness of breath -OR- at least two of the following symptoms: fever, chills, muscle ache, headache, sore throat, loss of taste or smell, fatigue, diarrhea, congestion or runny nose, cough, shortness of breath):



School nurse is contacted and isolates student.



Contact parents to pick up student within 1 hour. Local installation medical guidelines will be followed should school staff be unable to reach the parent.



School nurse will follow up with parents on student status and medical care plan in accordance with installation guidelines.



Disinfect all high-touch surfaces with which the student came in contact.



Teacher will coordinate lessons for the student while he or she is out sick.

Protocol if Someone Tests Positive for COVID-19



Based on the joint risk assessment, in coordination with the local installation, DoDEA schools will be prepared to potentially dismiss students and staff for an initial 2-5 days (cancelling all school related activities).



If an initial closure is deemed necessary, this period will allow school and installation leaders to determine appropriate next steps, including whether an extended closure is needed to stop or slow the further spread of COVID-19.



DoDEA will notify the school community of a positive case and support installation contact tracing requirements.



During the closure period, the school facility will be thoroughly cleaned and disinfected.

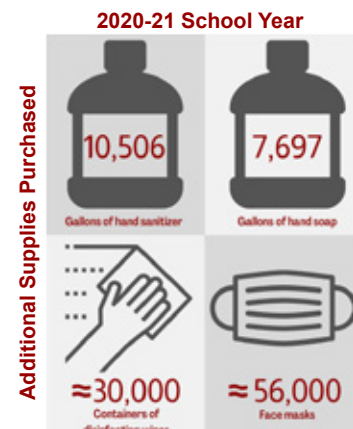


We will adhere to local installation health official guidance as to when a student or staff member who has tested positive can return to school, including further testing requirements and medical clearance.

Commitment to Safety

In order to ensure a safe learning environment, DoDEA Pacific will be implementing various mitigation strategies to include:

- Intensified cleaning measures
- Social distancing
- Two cloth face masks will be provided to each student and employee
- Clear physical barriers
- Healthy hygiene practices
- Updated school supply lists



HPCON Status and School Environment

School environment will be determined based on the local HPCON level.

DoDEA has worked with military leadership to identify mitigation strategies for HPCON A and HPCON B that allow for students and employees to safely return to school facilities.

Extracurricular activities may be impacted by HPCON changes.



- School facilities are open
- Mitigation strategies are in effect
- Students and staff on campus



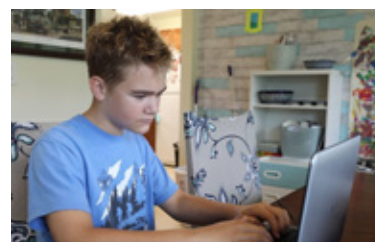
- School facilities are open
- Heightened mitigation strategies are in effect
- Students and staff on campus



- School facilities are closed to students
- Virtual learning environment

HPCON C: Virtual Learning Environment

- We will be ready to begin virtual instruction, utilizing lessons learned and feedback received from families last year.
- Our commitments include a consistent online learning platform, reasonable assignment loads for students, and equitable access to technology.
- Students will be familiarized with the online classroom platform during face-to-face class instruction throughout the school year.



School Visitors



Social Distancing

Social distancing in school facilities is critical to the health and safety of our students and community. In order to maximize social distancing, visitor access may be limited.



Face Masks

Face masks must be worn by visitors when social distancing cannot be maintained.



Healthy Hygiene

Hand sanitizer will be available throughout the school. Practice frequent hand washing. Parents and volunteers should not visit if they are sick.



Sign-in Procedures

Visitors must sign in and out at the front office for student safety and contact tracing purposes.

** Strategies at each school may be adjusted to ensure compliance with local installation guidelines.*

Mitigation Strategies: Cafeterias



Social Distancing

Grab-and-Go meals will be provided when schools reopen. This will routinely be assessed to determine when hot meals can safely be provided. Cafeteria seating and flow of foot traffic will be arranged to maximize social distancing. Utilize clear physical barriers if social distancing is not possible. Stagger the use of communal spaces.



Face Masks

Students and employees will wear masks as they move within the cafeteria.



Healthy Hygiene

Require students and employees to wash hands thoroughly prior to meal times. Hand sanitizer will be available in the cafeteria.



Cleaning

Custodial staff cleans and disinfects surfaces between groups in the cafeteria.

** Strategies at each school may be adjusted to ensure compliance with local installation guidelines.*

Mitigation Strategies: Buses



Social
Distancing

If space is available on the bus, passengers will be seated to maximize social distancing.



Face
Masks

Drivers and passengers will wear masks.



Healthy
Hygiene

Hand sanitizer will be available for drivers and passengers as they board and exit the bus.



Cleaning

Clean and disinfect buses throughout the day.

** Strategies at each school may be adjusted to ensure compliance with local installation guidelines.*

Music, Art, and Physical Education



Music

- Singing will occur outdoors and/or in large well ventilated spaces with proper social distancing.
- Students can participate in band and orchestra with appropriate social distancing mitigation measures. Large musical practices should be facilitated in outdoor spaces or other large well-ventilated areas. Instruments will not be shared.
- Elementary students will not use recorders at school.

Music guidance from the National Federation of State High School Associations (NFHS) and the National Association for Music Education (NAfME)



Art

- Clean shared supplies between uses.
- Frequent cleaning of high-touch surfaces.
- Consider the art teacher providing instruction within the regular classroom for primary students.



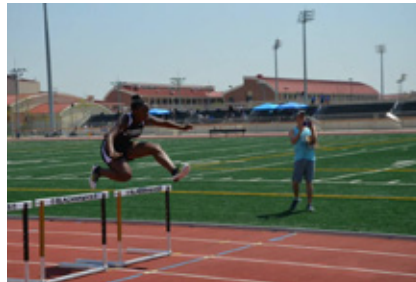
**Physical
Education**

- No high-contact sports.
- Practice social distancing.
- Masks will not be required for physical activity unless social distancing cannot be maintained.
- Face coverings will be worn by P.E. teachers.
- Wash hands or use hand sanitizer before and after P.E.
- All sports equipment will be cleaned after each use.
- Optimize use of outdoor space

** Strategies at each school may be adjusted to ensure compliance with local installation guidelines.*

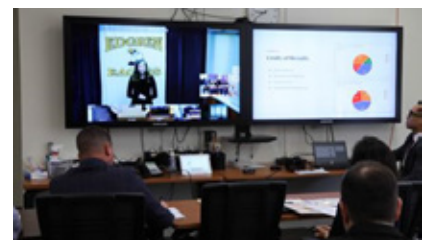
Athletics

- Student activities will take a phased approach to reopening based on the National Federation of High School Associations (NFHS) recommendations. As an affiliate of NFHS, all of our athletics are governed by NFHS rules.
- A health screening, which includes a temperature check, will take place prior to a workout or competition. A contact log will also be required.
- Face coverings should be worn by coaches, officials, parents, and spectators as much as possible.
- All sports equipment will be cleaned after each use.
- For the fall, we will not be engaging in any high-contact sports such as football. Currently, we intend to offer low-contact sports and some moderate-contact sports with mitigation measures.
- Due to travel restrictions, competition will be limited to intra-district or virtual activities.



Extracurricular Activities

- Academic events between groups of students across multiple schools, such as Far East Journalism, Far East Creative Expressions (film only), and Harvard Model Congress Asia, may be reconfigured to compete virtually.
- After school extracurricular activities, including clubs, will proceed in accordance with local installation guidance.
- All staff and students engaged in these activities will follow mitigation strategies such as healthy hygiene, social distancing, and the use of face masks.



SCHOOL YEAR CALENDAR

2020-2021

Monday, September 7
Thursday, October 1
Friday, October 2
Monday, October 12
Thursday, October 22
Friday, October 23
Monday, October 26
Thursday, October 29
Friday, October 30
Wednesday, November 11
Thursday, November 26
Friday, November 27
Friday, December 11
Monday, December 21
Friday, December 25

Labor Day: Federal Holiday
Chuseok: Korean Holiday – No school for students
CCRS Training: No school for students
Columbus Day
End of First Quarter
No school for students – teacher workday
Begin second quarter
No school for students – teacher workday
No school for students – teacher workday
Veterans Day: Federal Holiday
Thanksgiving: Federal Holiday
Recess Day: No school for students
CCRS Training: No school for students
Winter Recess (21 December – 3 January 2021)
Christmas Day: Federal Holiday

Friday, January 1, 2021
Monday, January 4
Thursday, January 14
Friday, January 15
Monday, January 18
Tuesday, January 19
Monday, February 8
Friday, February 12
Monday, February 15
Wednesday, March 24
Thursday, March 25
Friday, March 26
Monday, April 5
Friday, April 23
Friday, May 28
Monday, May 31
Wednesday, June 2
Thursday, June 10
Friday, June 11

New Year's Day: Federal Holiday
Instruction Resumes
End of Second Quarter and First Semester
No school for students – teacher workday
Birthday of Martin Luther King, Jr.: Federal Holiday
Begin Third Quarter and Second Semester
CCRS Training: No school for students
Lunar New Year: Korean Holiday – No school for students
President's Day: Federal Holiday
End of Third Quarter
No school for students – teacher workday
Spring Recess (26 March – 4 April)
Instruction Resumes – Begin Fourth Quarter
CCRS Training: No school for students
Recess Day: No school for students
Memorial Day: Federal Holiday
Last Day for Sure Start
End of Fourth Quarter and Second Semester
No school for students – teacher workday
Last day for non-administrative educator personnel



1st Grade Supply List SY 2020-2021

- ☐ Backpack/book bag big enough to fit a file folder/large books. No wheels please.
- ☐ 8 glue sticks
- ☐ 4 rubber erasers
- ☐ 4 pocket folders
- ☐ 2 boxes crayons (24 count)
- ☐ 1 pair of personal headphones (plug in)
- ☐ 1 personal water bottle
- ☐ 4 composition notebooks (primary)
- ☐ 3 packs No. 2 pencils
- ☐ 1 pack colored pencils
- ☐ 1 bottle liquid glue
- ☐ 1 pair child's round end scissors
- ☐ 1 pack washable markers
- ☐ 1 watercolor paint set
- ☐ 2 highlighters
- ☐ 1 supply pouch or box
- ☐ 1 box of gallon-size Ziploc bags
- ☐ 1 mask

Optional

- ☐ 1 bottle of hand sanitizer or 1 pack hand sanitizing wipes (60% or more alcohol)
- ☐ 1 bottle disinfectant surface wipes (non-alcohol based)
- ☐ 1 box of tissues

Notes:

*Please label all supplies with your child's name.

*Teachers may have a more specific list for their classrooms. Please save your receipts, as all teachers may not require every item.

*All students are required to wear pants/shorts and gym shoes during PE class

*Any lunch or snacks your child brings to school should not be shared.



2nd Grade Supply List SY 2020-2021

- ☐ Backpack/book bag big enough to fit a file folder/large books. No wheels please.
- ☐ 2 packs No. 2 pencils
- ☐ 1 pack of colored pencils
- ☐ 2 rubber erasers
- ☐ 6 glue sticks
- ☐ 1 pair of personal headphones (plug in)
- ☐ 1 personal water bottle
- ☐ 1 pair child scissors
- ☐ 1 plastic supply box or pouch
- ☐ 1 pack washable colored markers
- ☐ 1 pack crayons (box of 24)
- ☐ 1 pack of loose-leaf paper (wide ruled)
- ☐ 4 pocket folders
- ☐ 4 bound composition books (wide ruled)
- ☐ 1 pack highlighters
- ☐ 1 box of gallon-size Ziploc bags
- ☐ 1 mask

Optional

- ☐ 1 bottle of hand sanitizer or 1 pack hand sanitizing wipes (60% or more alcohol)
- ☐ 1 bottle disinfectant surface wipes (non-alcohol based)
- ☐ 1 box of tissues

Notes:

*Please label all supplies with your child's name.

*Teachers may have a more specific list for their classrooms. Please save your receipts, as all teachers may not require every item.

*All students are required to wear pants/shorts and gym shoes during PE class

*Any lunch or snacks your child brings to school should not be shared.



3rd Grade Supply List SY 2020-2021

- ☐ Backpack/book bag big enough to fit a file folder/large books. No wheels please.
- ☐ 3 packs No. 2 pencils
- ☐ 1 pack of colored pencils
- ☐ 2 rubber erasers
- ☐ 1 pack glue sticks or 1 bottle glue
- ☐ 1 pair of personal headphones (plug in)
- ☐ 1 personal water bottle
- ☐ 1 pair child scissors
- ☐ 1 plastic supply box or pouch
- ☐ 1 pack washable colored markers
- ☐ 1 pack crayons (box of 24)
- ☐ 1 pack of loose-leaf paper (wide ruled)
- ☐ 4 pocket folders
- ☐ 5 bound composition books (wide ruled)
- ☐ 2 spiral notebooks (wide ruled)
- ☐ 1 pack highlighters
- ☐ 1 box of gallon-size Ziploc bags
- ☐ 1 mask

Optional

- ☐ 1 bottle of hand sanitizer or 1 pack hand sanitizing wipes (60% or more alcohol)
- ☐ 1 bottle disinfectant surface wipes (non-alcohol based)
- ☐ 1 box of tissues

Notes:

*Please label all supplies with your child's name.

*Teachers may have a more specific list for their classrooms. Please save your receipts, as all teachers may not require every item.

*All students are required to wear pants/shorts and gym shoes during PE class

*Any lunch or snacks your child brings to school should not be shared.



4th Grade Supply List SY 2020-2021

- ☐ Backpack/book bag big enough to fit a file folder/large books. No wheels please.
- ☐ 3 packs No. 2 pencils
- ☐ 1 pack of colored pencils
- ☐ 2 rubber erasers
- ☐ 1 pack glue sticks or 1 bottle glue
- ☐ 1 pair of personal headphones (plug in)
- ☐ 1 personal water bottle
- ☐ 1 pair child scissors
- ☐ 1 plastic supply box or pouch
- ☐ 1 pack washable colored markers
- ☐ 1 pack crayons (box of 24)
- ☐ 1 pack of loose-leaf paper (wide ruled)
- ☐ 4 pocket folders
- ☐ 5 bound composition books (wide ruled)
- ☐ 1 pack highlighters
- ☐ 1 box of gallon-size Ziploc bags
- ☐ 1 mask

Optional

- ☐ 1 bottle of hand sanitizer or 1 pack hand sanitizing wipes (60% or more alcohol)
- ☐ 1 bottle disinfectant surface wipes (non-alcohol based)
- ☐ 1 box of tissues

Notes:

*Please label all supplies with your child's name.

*Teachers may have a more specific list for their classrooms. Please save your receipts, as all teachers may not require every item.

*All students are required to wear pants/shorts and gym shoes during PE class

*Any lunch or snacks your child brings to school should not be shared.



5th Grade Supply List SY 2020-2021

- ☐ Backpack/book bag big enough to fit a file folder/large books. No wheels please.
- ☐ 2 packs No. 2 pencils
- ☐ 1 pack pens (blue or black)
- ☐ 1 pack pens (red)
- ☐ 1 pack of colored pencils
- ☐ 2 rubber erasers
- ☐ 1 pack glue sticks or 1 bottle glue
- ☐ 1 pair of personal headphones (plug in)
- ☐ 1 personal water bottle
- ☐ 1 pair child scissors
- ☐ 1 plastic supply box or pouch
- ☐ 1 pack washable colored markers
- ☐ 1 pack crayons (box of 24)
- ☐ 1 pack of loose-leaf paper (wide ruled)
- ☐ 4 pocket folders
- ☐ 6 bound composition books (wide ruled)
- ☐ 1 pack highlighters
- ☐ 1 binder (3 ring)
- ☐ 1 package subject dividers for binder
- ☐ 1 box of gallon-size Ziploc bags
- ☐ 1 mask

Optional

- ☐ 1 bottle of hand sanitizer or 1 pack hand sanitizing wipes (60% or more alcohol)
- ☐ 1 bottle disinfectant surface wipes (non-alcohol based)
- ☐ 1 box of tissues

Notes:

*Please label all supplies with your child's name.

*Teachers may have a more specific list for their classrooms. Please save your receipts, as all teachers may not require every item.

*All students are required to wear pants/shorts and gym shoes during PE class

*Any lunch or snacks your child brings to school should not be shared.



6th-8th Grade Supply List SY 2020-2021

- ☐ Backpack/book bag big enough to fit a file folder/large books. No wheels please.
- ☐ 1 binder (3 inch, 3 ring binder)
- ☐ 1 package 8 tab notebook dividers
- ☐ Supply pouch for binder
- ☐ 1 pack pens (blue/black)
- ☐ 1 pack of No. 2 pencils
- ☐ Rubber eraser
- ☐ 1 pack highlighters
- ☐ 1 pack Loose-leaf paper
- ☐ 4 pocket folders
- ☐ 1 pack colored pencils
- ☐ 1 pack washable colored markers
- ☐ 8 glue sticks
- ☐ 4 bound composition notebooks
- ☐ 3 One subject spiral notebooks
- ☐ 1 watercolor paint set
- ☐ 1 compass
- ☐ 1 protractor
- ☐ 1 ruler
- ☐ 1 pair of scissors
- ☐ 1 pair personal headphones (plug in)
- ☐ 1 personal water bottle
- ☐ 1 trifold board for projects (as needed)
- ☐ 1 mask

Optional

- ☐ 1 bottle of hand sanitizer or 1 pack hand sanitizing wipes (60% or more alcohol)
- ☐ 1 bottle disinfectant surface wipes (non-alcohol based)
- ☐ 1 box of tissues

Notes:

*Please label all supplies with your child's name.

*Teachers may have a more specific list for their classrooms. Please save your receipts, as all teachers may not require every item.

*All students are required to wear pants/shorts and gym shoes during PE class

*Any lunch or snacks your child brings to school should not be shared.



9th-12th Grade Supply List SY 2020-2021

- ☐ Backpack/book bag big enough to fit a file folder/large books. No wheels please.
- ☐ 1 binder (3 inch, 3 ring binder)
- ☐ 1 package 8 tab notebook dividers
- ☐ Supply pouch for binder
- ☐ 1 pack pens (blue/black)
- ☐ 1 pack of No. 2 pencils
- ☐ Rubber eraser
- ☐ 1 pack highlighters
- ☐ 1 pack Loose-leaf paper
- ☐ 4 pocket folders
- ☐ 1 pack colored pencils
- ☐ 1 pack washable colored markers
- ☐ 2 glue sticks
- ☐ 2 bound composition notebooks
- ☐ 3 One subject spiral notebooks
- ☐ 1 compass
- ☐ 1 protractor
- ☐ 1 ruler
- ☐ 1 pair of scissors
- ☐ 1 pair personal headphones (plug in)
- ☐ 1 personal water bottle
- ☐ 1 trifold board for projects (as needed)
- ☐ 1 mask

Optional

- ☐ 1 bottle of hand sanitizer or 1 pack hand sanitizing wipes (60% or more alcohol)
- ☐ 1 bottle disinfectant surface wipes (non-alcohol based)
- ☐ 1 box of tissues

Notes:

*Please label all supplies with your child's name.

*Teachers may have a more specific list for their classrooms. Please save your receipts, as all teachers may not require every item.

*All students are required to wear pants/shorts and gym shoes during PE class

*Any lunch or snacks your child brings to school should not be shared.



Kindergarten Supply List SY 2020-2021

- ☐ Backpack/book bag big enough to fit a file folder/large books. No wheels please.
- ☐ 8 glue sticks
- ☐ 2 rubber erasers
- ☐ 4 pocket folders
- ☐ 2 boxes crayons (24 count)
- ☐ 2 composition notebooks (primary)
- ☐ 1 pack washable markers
- ☐ 1 pack No. 2 pencils
- ☐ 1 pack "fat" pencils
- ☐ 1 pack colored pencils
- ☐ 1 bottle liquid glue
- ☐ 1 watercolor paint set
- ☐ 1 pair child's round end scissors
- ☐ 1 supply pouch or box
- ☐ 1 pair of personal headphones (plug in)
- ☐ 1 personal water bottle
- ☐ A change of clothes labeled in Ziploc bag
- ☐ 1 box of gallon-size Ziploc bags
- ☐ 1 mask

Optional

- ☐ 1 bottle of hand sanitizer or 1 pack hand sanitizing wipes (60% or more alcohol)
- ☐ 1 bottle disinfectant surface wipes (non-alcohol based)
- ☐ 1 box of tissues

Notes:

*Please label all supplies with your child's name.

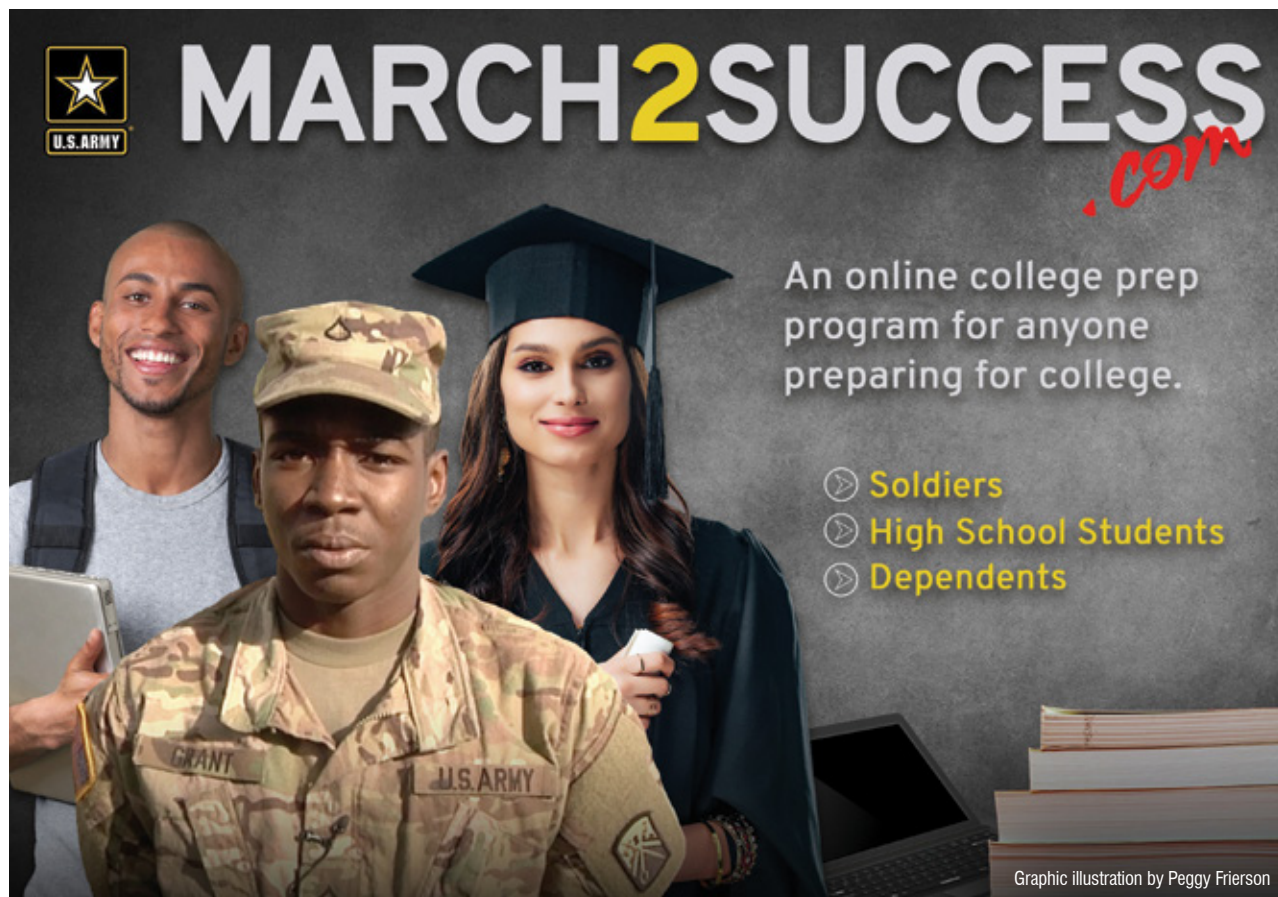
*Teachers may have a more specific list for their classrooms. Please save your receipts, as all teachers may not require every item.

*All students are required to wear pants/shorts and gym shoes during PE class.

*Any lunch or snacks your child brings to school should not be shared.

Army Offers College Prep Website Amid Pandemic

Story by Joseph Lacdan
Army News Service



As high school students look to continue learning in a COVID-19 environment, the Army has provided an online option to help students prepare for college.

Whether or not a school chooses in-class or online learning, students can prepare for college using the Army's college readiness website, March2Success, to augment their learning and study for entrance exams.

Students can take practice tests for exams like the ACT, SAT, Medical College Admission Test

and Dental Admission Test. The website provides an alternative for students unable to seek a tutor or join a study group due to pandemic restrictions.

"The COVID pandemic saw parents homeschooling their students to end the current school year," said Larane Guthrie-Clarkson, chief of education for USAREC. "And if a parent is not an educator or is not a subject-matter expert in a particular subject and a student needs help, then we can put them into March2Success."

With many schools' start dates shifting, more students must turn

to online resources like the Army's March2Success site, she said.

After COVID-19 forced nationwide school closures, active March2Success users dropped from 89,211 in May 2019 to 50,432 in May 2020, as many schools canceled some standardized testing.

During the summer months, the March2Success site could still help students prepare for the upcoming fall semesters while remaining at home, Guthrie-Clarkson said.

The webpage offers a wide palette of resources for high school students or adults taking undergraduate courses for the first time.

Future Soldiers can also use the program's study aids to prepare for the Armed Services Vocational Aptitude Battery test.

While the program has materials aimed at students in grades 8-12, Soldiers planning to attend college can access the online educational tools to prepare for the entrance exams or use the materials as a refresher course. Students can access the website's free services at www.march2success.com.

Students study at their own pace, take pre-tests to determine their aptitude level and help educators manage their learning. The program's users prep for the entrance exams first by taking a diagnostic pretest to determine their strengths and weaknesses. Students will then develop a study plan with goals tailored to each user.

"Students can sit there and use

it anytime," Guthrie-Clarkson said. "So they're not restricted to a specific time of day unless parental instruction or teacher instructions work that way. For example, if I'm not good in, say fractions, I can practice fractions, and it should increase my score."

The program also has resources for potential recruits who are considering joining the Army. Using the mobile app, Career Navigator, they can learn about Army careers and locate recruiters from their smartphones. Guthrie-Clarkson said there have been discussions on how to expand the site's features due to the need for online learning options.

In 2018, the Army added graduate program exams, the Medical College Admissions Test, the Dental Admissions Test and various nursing program tests to its list of features.

The Stars Elements app allows

students to build an educational foundation for chemistry and physical science with the use of interactive models, challenges and games.

Originally conceived in the late '90s, the program provides a convenient resource for students who have limited access to teachers and tutors. The program has added game-based learning to its curriculum, including sports-based apps GoArmy Edge Football and GoArmy Edge Soccer, where coaches and players can virtually design plays.

Recruiters have marketed the website at high schools across the country, though no commitment to military service is required. Guthrie-Clarkson said the Army provides the website as an education augmentation tool as a public service to the nation's high school students.

NATIONAL PAIN AWARENESS MONTH

SEP 2020

Suffering from chronic pain and need help?
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MHS Addresses *Sleep* in the Military through *Sleep* Studies

Courtesy of Military Health System Communications Office



Sleep complications are common in the military, from the early-rise culture that can disrupt normal sleeping patterns to the bouts of insomnia resulting from night operations, early morning physical therapy workouts, sustained combat operations, and other such disruption. Researchers and doctors within the Military Health System work to address these concerns and improve the efficiency of service members suffering from sleep complications.

Army Lt. Col. (Dr.) Vincent Capaldi, sleep medicine consultant to the surgeon general and chief of behavioral biology at the Walter Reed Army Institute

of Research in Silver Spring, Maryland, stressed the importance of the military perspective when addressing sleep concerns in service members. Capaldi pointed out that while proper sleep is necessary for mission effectiveness in the field, 62% of service members sleep less than six hours a night on average—resulting in chronic sleep deprivation and insomnia.

“When people are chronically sleep deprived and do a sleep study in the civilian sector, we found that they’re being diagnosed with narcolepsy at significantly higher rates compared to those diagnosed in the Military Health System,” Capaldi said. “We’re able to take a more nuanced approach in the MHS to evaluate what’s caus-

ing their difficulty and prevent a misdiagnosis that can result in a service member getting medically boarded.”

Doctors at the Walter Reed National Military Medical Center in Bethesda, Maryland, use a variety of techniques to diagnose sleeping problems. WRNMMC’s chief of sleep medicine, Lt. Col. (Dr.) Meagan Rizzo, stated that due to the COVID-19 pandemic, using respiratory sleep tests—such as positive airway pressure titration studies—have been temporarily halted to prevent the potential spread of COVID-19. Rizzo did note that WRNMMC’s Sleep Laboratory is still open for some in-lab diagnostic sleep studies. The laboratory also offers sleep tests that patients take home and bring back for further study.

“Home sleep tests can be good at picking up moderate and severe obstructive sleep apnea in high-risk patients,” Rizzo said. “It’s a good starting point, and something we can use while our labs are closed to still offer insight into sleep remotely.”

The home sleep tests can lead to further testing, like the multiple sleep latency test, administered through a medical device comparable to an activity tracking device that patients wear on their wrists at home to track sleep and check for signs of narcolepsy. Overnight pulse oximetry is also offered, which measures a patient’s pulse and the oxygen content in their blood to make sure that oxygen levels don’t drop too low during sleep.

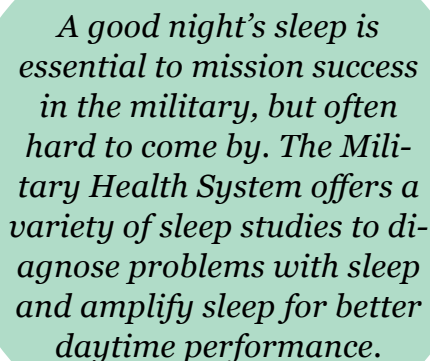
Military medical professionals recognize that there are also military concerns that contribute to diagnosing sleep problems, like post-traumatic stress disorder and traumatic brain injury. Army Lt. Col. (Dr.) Scott Williams, director for medicine at Fort Belvoir Community Hospital in Virginia, explained the link between these conditions: “When you disrupt the brain either because of PTSD or TBI, it lowers a patient’s arousal threshold, making it easier to wake them up, so what someone might otherwise sleep through before their injury, like a snoring episode or a mild sleep apnea, now wakes them up.”

Gradually treating TBI and PTSD can have positive effects on the resulting sleep complications. But Carla York, who specializes in behavioral sleep medicine at WRNMMC, stated that treating one does not always eliminate the other.

“As we improve sleep, we can improve management

of a psychiatric condition like PTSD, but we often find that even when there’s an improvement in PTSD symptoms, sleep problems like insomnia can still persist,” York said. “So thinking about a psychiatric diagnosis and a sleep problem as being the same thing isn’t helpful. We have to treat both conditions concurrently for optimal improvement.”

WRNMMC, FBCH, and other military medical treatment facilities use cognitive behavioral therapy for insomnia, or CBT-i, to treat patients with chronic insomnia. CBT-i uses stimulus control, sleep hygiene, sleep restriction, relaxation training, and cognitive therapy to provide patients with tools and resources to better manage their sleep. The U. S. Department of Veterans Affairs also offers a free mobile app called CBT-i Coach that walks patients through some of these techniques.



A good night’s sleep is essential to mission success in the military, but often hard to come by. The Military Health System offers a variety of sleep studies to diagnose problems with sleep and amplify sleep for better daytime performance.

WRAIR’s sleep research has resulted in exploring treatment options like transcranial electrical stimulation, which Capaldi hopes will help patients get to slow-wave sleep faster and sleep more efficiently. Capaldi’s team is exploring the use of pharmacological treatments that target orexin, a protein-like molecule in the brain that regulates wakefulness. These efforts focus on the use of orexin receptor antagonists to allow service members to get to sleep quickly and wake without the grogginess

of prescribed sleep aids. In 2004, WRAIR invented and subsequently licensed a caffeinated gum - Military Energy Gum. MEG is available in first strike rations for the military and sold commercially since 2012.

Capaldi hopes that through research and clinical efforts in the military medical community, proper sleep and the methods to get that sleep will be prioritized in military culture.

“Cognitive dominance is critical for success in the battlefield of today and tomorrow. Sleep is ammunition for the brain, necessary for the maintenance of sustained vigilance and cognitive dominance,” Capaldi said. “We would never send service members into the field and say they don’t need to bring water along with them, so we have to reverse the culture within our military that views sleep as a liability instead of an asset to help service members keep their brains in the fight.”

Before You Ask about Suicide: What to Know and Do during COVID

By Maj. Michael S. Yang
Warrior Behavioral Health Clinic



The military has come far in its efforts to destigmatize mental illness to the point where more and more are willing to accept that behavioral health is an important facet of our lives. A common tragedy from such afflictions would be suicide, which is this month's national awareness.

The Army has come up with an acronym easy to remember when it comes to psychological first aid: ACE (Ask, Care, and Escort). However, it can be quite daunting to alleviate someone's distress even at the surface level, including professionals. In these instances, knowing is half the battle and perhaps even more. Here is some additional information about suicide awareness and its relevance in today's times during the pandemic as well as some suggestions on what you can do to take part in promoting behavioral health in your community.

Suicide is an outcome that is caused by multiple factors. Some of the most powerful ones are related

to similar experiences, whether it be a prior attempt or ongoing suicidal thoughts. While they are major contributors, these details are oftentimes privy and difficult to ascertain. Observe the warning signs that include but are not limited to dramatic mood changes, social withdrawal, increased alcohol usage or drug misuse, reckless behavior, or more risky activities.

Our current state of affairs with the coronavirus brings additional challenges, but the practices to 'kill the virus' and 'squash the curve' are similar to suicide prevention. One of the most important tenets of public health to have everyone involved, and that goes the same for both Covid-19 and suicide. Even if you are not at risk, it is crucial that you're able to recognize the symptoms and administer whatever intervention you can implement before referring them to a healthcare establishment.

Secondly, it is likely for both that this will go on for some time, and thus,

thinking long term would best help you pace yourself in taking care of yourself and others. Lastly, even if both pandemics are fundamentally age-old issues, we have seen how they have manifested in unexpected ways and need to adapt to overcome them.

What can you do to promote mental wellness around yourself and others?

One place to start is an awareness of a concept called unconditional positive regard, which is the basic acceptance and support of a person, regardless of what the person says or does. True, it is much easier said than done, but it can lay a positive impact if at least pursued. Deeper personal insight can help make this a viable goal, and there are ways to understand yourself better through inward (meditation, journaling) and outward (conversations, art) expressions of your thoughts and feelings. Once you have gotten more comfortable about these, take a step forward into your community through various opportunities.

The "cure" to eradicate any forms of suicide will not likely to come anytime soon. Our best efforts against these tides will always be met with new waves. Optimism can just be as realistic as cynics like to self-proclaim. Please do not hesitate to seek out a behavioral health specialist, chaplain, military family life consultant or medical provider to name a few, if you are having feelings of suicide, call the crisis hotline. Assistance is here for everyone.

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- Animal Growth Promotion and Death Prevention
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- Odor Removal
- Improving Detergency



- ✓ Geumsaem is easy to install
- ✓ No energy source required
- ✓ Geumsaem is permanent
- ✓ Geumsaem promotes health & well-being

Item	Unit	Time	Before passing	After passing	Remarks
Bacteria	ea/ml	24hr	1,000,000[10]	100,000[10]	90% decrease
		48hr			



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Belding

Application



Home/Belding



Plant



Machine



School

Pipeline Descaling



Before



After

Peach Anti-Corruption



Before



After

The Suicide Scale

1: I am so happy that I will literally go insane if the happiness is sustained for any length of time.



2: I am feeling pretty rad. I vaguely recall times I have been unhappy, but it feels like distant memories now. Things are looking up!



3: It is not the best day of my life. I have stuff on my mind, but I don't think of suicide, except for when that one weird friend brings up stupid hypotheticals...



4: Suicide doesn't occur to me except in moments of frustration or stress. It is like a weird escape hatch my brain has decided to just go to in an attempt to escape stress. It doesn't feel serious, it's almost a joke.



5: The joke is getting really stale. Suicide ideation and other intrusive thoughts keep happening, but I am mostly interested in other things. It's like a low key death affinity.



6: I am thinking about suicide a lot. It is seriously troubling. I can distract myself if I really try. However, if an out of control semi was headed toward me, I might not move. I am passively suicidal.



7: I cannot stop thinking about suicide, and, unfortunately, I can't distract myself. I might be doing more risky things, like driving recklessly or drinking to excess. I have graduated from passively suicidal to having a death wish. I need help.



8: I am no longer fighting the thoughts, just sort of indulging in them. I sort of want to make the decision to make the suicide plan, but I am stopping myself. I am holding on, but only barely. It isn't safe for me to be alone. I am suicidal.



9: I am actively making a plan to end my life. I am telling people good-bye, settling accounts, and starting to write THE note. I am actively suicidal. I need to tell someone.



10. I am actively trying to kill myself. If I do not get medical attention, it is very likely I will die.



By: EMMENGAARD

One Suicide is one too many.

For assistance:

- ▶ Talk to your Battle Buddy and chain of command
- ▶ Call the Military Crisis Line at 1-800-273-TALK (8255) and press "1" for Military Crisis Line



“CAN WE TALK?”

Concerned about a friend, family member or coworker? Try these conversation starters to help you reach out and encourage them to seek care.



STARTING THE CONVERSATION

• REACH OUT •

Show that you care.

“Hey, I’d like to talk to you about something. It’s important.”

• SET A TIME •

Can’t talk now?

“Can we meet at [location] after work today?” or “How about I call you at [time]?”

• HAVE A BACKUP PLAN •

If your friend isn’t ready to talk, offer support and share resources.

“If you’re not ready to talk to me about it, that’s okay. Just remember that you’re not alone and here are some [24/7](#) resources for when you’re ready [provide contact information for the below resources].”

DURING THE CONVERSATION

• TUNE IN •

Ask open-ended questions. Listen and let your friend do most of the talking.

“I’m worried about you. What’s going on?”

• BE THERE •

Recognize their feelings and experiences. Express interest in the details. Remind them that you are there for them and won’t ever judge.

“I’m so glad you’re talking to me about this. I’m here to support you. How are you coping with this?”

• LISTEN FOR WARNING SIGNS •

If your friend mentions feeling trapped, wishing they were dead or displays other [warning signs](#), ask them about suicide directly and without judgment.

“Are you thinking about killing yourself?”

• OPEN THE DOOR FOR SEEKING HELP •

Emphasize that experiencing challenges and seeking help is normal. Share psychological health resources with them and encourage them to reach out to a professional. Offer to make the call with them.

“I’ve had tough times before, too. Talking to someone really helped. Have you reached out to a professional?”

AFTER THE CONVERSATION

• CHECK IN •

It takes more than just one conversation to help.

“I’ve been thinking about our chat and wanted to follow up. How are you feeling?”

• KEEP INCLUDING THEM •

Even if they decline invitations, continue to find ways to make them feel included. Feeling connected is important during adversity.

“Let’s grab a cup of coffee and catch up?”

• FIND OUTSIDE SUPPORT •

If you need additional guidance to support your friend, it’s okay to reach out for help yourself. Connect with a trusted friend or mentor, or contact the Military Crisis Line for additional resources.

“I’m really worried about my friend and could use some guidance.”

WANT MORE RESOURCES?

Psychological Health Resource Center

Call/Chat with a health resource consultant 24/7 for assistance accessing care at 866-966-1020 or realwarriors.net/livechat

Military Crisis Line

In the U.S., call 800-273-8255 and press 1 or text 838255. In Europe, call 00800 1273 8255. For additional OCONUS calling options and online chat accessible from anywhere in the world, visit militarycrisisline.net

Military OneSource

Call 800-342-9647 or 703-253-7599 for non-medical counseling and specialty consultations (including peer support)

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Operational Stress Resources for Commanders and Unit Leaders



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Behavioral Health**

Installation Director Psychological
Health (IDPH): **737-5668**

BH Service Line NCOIC: **737-5884**



**65th Medical Brigade
Clinical Operations
Behavioral Health Team**

CLINOPS Psychiatrist: **737-1681**

CLINOPS BH Officer: **737-2107**

CLINOPS Senior BH Tech: **737-1982**

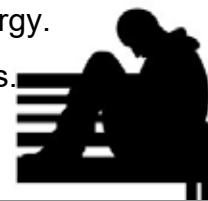
Warning Signs of Stress Reactions

- Change in behavior/personality (not just seeming depressed a change in their norm).
- Fatigue, Insomnia, Low Energy.
- Increased use of substances. (Smoking, Drinking etc.).
- Easily agitated (anger)/ Reckless.
- Lack of Interest in usually enjoyable things.
- Headaches.
- Stomach issues.
- Withdrawing.



Warning Signs of Suicidality

- Change in behavior/ personality (not just seeming depressed a change in their norm).
- Sudden calmness. (they have made a decision).
- Easily agitated (anger)/ Reckless.
- Fatigue, Insomnia, Low Energy.
- Increased use of substances.
- Withdrawing.
- Mood Swings



*The statements above are **NOT** all inclusive
people have different reactions.*

***There is the problem, the signs for
Suicidality and Stress are very similar
making it difficult to discern. ***

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UMT Support

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Command Directed Evaluations
Unit Needs Assessments
Executive/Leader Resilience
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Units:

Classes and services tailored to meet
specific needs
Services conducted in unit's area of
operations
Classes and briefings for juniors,
leaders, and families
Substance Use Guidance
Collaboration with unit's MRT

Individuals:

Telehealth appointments
Walk-in Emergency Services



CAMP HUMPHREYS

Warrior BH (WBH)

BLDG 7315 (7th and Indian Head)
Tel: **737-5177**

2SBDE and Rotational Units under 2ID

Jenkins (JBH)

BLDG 555 (Sentry Village); Tel: **737-5791**
Service to **2CAB, 1TTSB**

BDAACH:

Brian D. Allgood Army Community Hospital

BLDG3031, 5th Floor; Tel: **737-5668**
CS Dependents, All other operational units

Addiction Intensive Outpatient Program:
737-2129

Family Advocacy: **737-5799**

CAMP CASEY

BLDG 802, 4th Floor; Tel: **737-3708**

CAMP WALKER

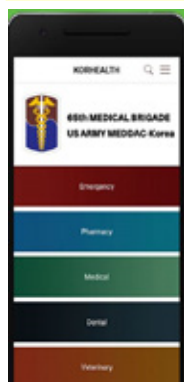
BLDG 226 (TMC); Tel: **737-4817/4784**

CAMP CARROL

BLDG 180 (TMC); Tel: **737-4236**

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Substance Use Disorder Clinical Care services are available in each respective clinic



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- * Contact clinics directly



Crisis Response

On post

- Call DSN 911 or cell 031-690-7911
- Medical emergencies: report Emergency Room at BDAACH BLDG 3030

Off post emergencies

- Call 119

Korea-Wide Suicide Crisis Lifeline (for USFK)

- DSN 118 or Cell 080-8555-118

Suicide Hotline

(Military & Veteran)

- 050-3337-4673(Press 1)
- 1-800-273-8255(Press 1)

Crisis online chat:

www.veteranscrisisline.net/get-help/chat

To call a DSN line

05033 + last 6 digits of DSN number

Unit Ministry Teams On Call

Camp Humphreys:.....010-9496-7445

Camp Casey/ Yongsan:.....010-3100-3906

Daegu:.....010-9374-9917

Military Family Life Counselors (MFLCs)

Camp Humphreys:010-9625-5530

2nd CAB:010-3270-6917

1ST SIG:010-8694-9922

1ACBT:010-9742-1032

501st MI:010-2607-1801

65th MED BDE:010-4360-7663

Children and Youth:...(CDC).....010-3624-0886

West Elementary:.....010-9805-8323

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Exercise Tests 95th Medical Detachment's Readiness, Builds Emergency Blood Donor Pool

Story by C.J. Lovelace
U.S. Army Medical Logistics Command
Public Affairs Office

In terms of medical readiness, the 95th Medical Detachment-Blood Support is literally the lifeblood of U.S. Forces on the Korean Peninsula.

With its dual mission in peacetime and in preparation for hostilities, the 95th MDBS carried out a field training exercise in August to test its prescreening procedures and practice operations for a large-scale blood collection event.

"In a tactical environment where the availability of blood products for transfusion is not always readily accessible, the establishment of an emergency whole blood collection, or EWBC, program becomes crucial to the survivability of combat wounds," said Maj. Chewanda Jones, commander of the 95th MDBS.

Hemorrhaging is the leading cause of preventable deaths during war. While a majority of casualties require smaller amounts of blood transfusions, 5% to 8% of evacuated casualties lose large volumes and need more than 10 units over a 24-hour period of initial care.

In the event of such a major blood-loss situation, the EWBC program ensures a crucial lifeline when standard blood products are exhausted or unavailable.

The largest forward-deployed frozen blood supply in the Department of Defense, the 95th MDBS



Spc. Riley Jackson administers a blood draw on Lt. Col. Marcus D. Perkins, commander of the U.S. Army Medical Materiel Center-Korea, during a field training exercise, Aug. 10-14. The 95th Medical Detachment-Blood Support, a component of USAMMC-K, conducted the exercise to drill its prescreening procedures and practice operations for a large-scale blood collection event. (Photo by Sgt. Tae Ha, USAMMC-K)

accounts for over 4,300 units of frozen blood and processes up to 1,000 units annually to support over 30,000 personnel across U.S. Forces Korea, or USFK, and medical treatment facilities on the Korean Peninsula.

The 95th MDBS operates under the U.S. Army Medical Materiel Center-Korea, a direct reporting unit to Army Medical Logistics Command.

Under guidance of Maj. Ronnie Hill, director of the Korea Area Joint Blood Program Office assigned to USFK, the EWBC program in Korea was implemented to support treatment of critical frontline injuries by establishing a pool

of donors cleared of transfusion-transmitted diseases, or TTD.

"The EWBC program allows for prescreened donors to donate a unit of whole blood in an emergency situation," Jones said. "This FTX is an opportunity for our team to showcase what we bring to the field."

The exercise, which took place from Aug. 10 to Aug. 14 at Camp Carroll and Humphreys, called for teams to set up emergency blood-collection sites. Participants were provided information about the process, then seven vials of blood were drawn from each donor for testing.

In total, the unit had 81 partici-

pants from the 65th Medical Brigade, resulting in over 550 tubes of blood collected over a two-day period, Jones said. Each donor that received a negative TTD test was then added to the roster of available donors, like a walking blood bank.

"In combat, when critical injuries occur, providing lifesaving care as soon as possible is essential to saving lives," Jones said. "It is important to conduct drills on equipment operation and setup because you never know when and where blood will be needed."

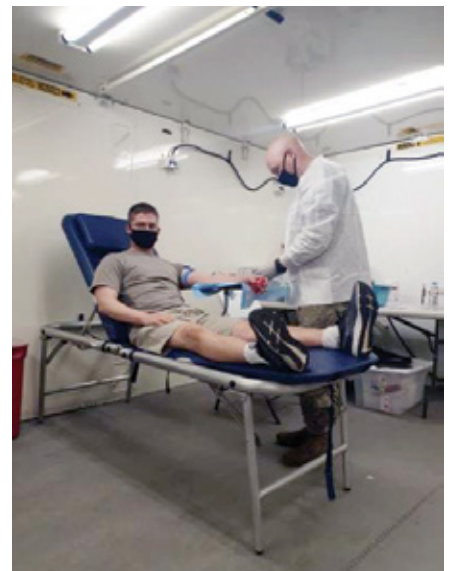
The exercise underscored the importance of collaboration, Jones added. The unit's effort was augmented by logistical support from the 65th Medical Brigade,

563rd Medical Logistical Company and 498th Combat Sustainment Support Battalion.

"The support we received from our sister units was essential to mission success," Jones said. "Without their assistance with moving equipment, we would not have been able to execute the mission."

Hill commended Jones, Sgt. 1st Class Marina Prewitt and the rest of the 95th MDBS for a well-executed exercise that ensures the unit maintains a "fight tonight" level of readiness.

"This initiative has improved 95th's ability to respond and conduct an emergency blood drive for contingency response, but also improves the ability of medical



providers to treat contingency related trauma," Hill said. "This event provided for up to 81 new donors to provide life-saving blood for emergency use when needed."



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lawyerpark@hotmail.com / Kaokao Talk ID: attorneypark

What is COVID-19?

How is it Different from an Allergy?

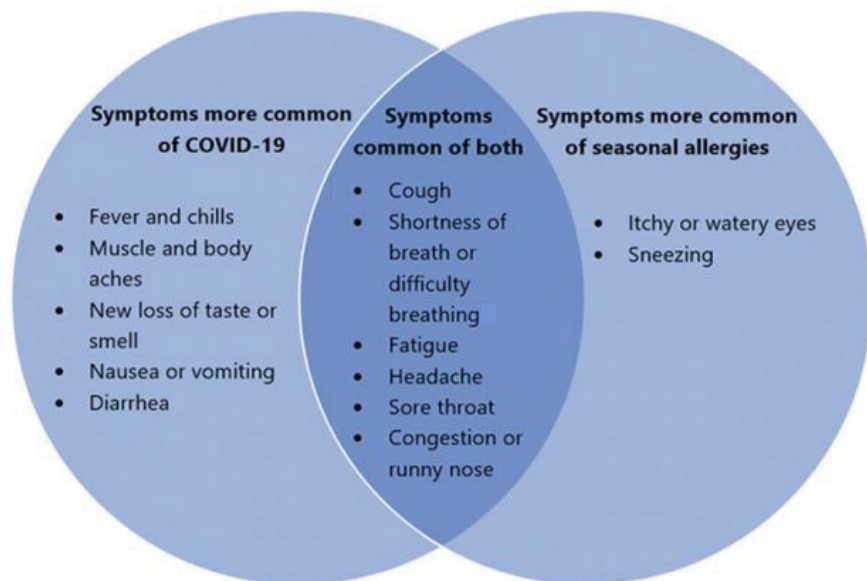
Courtesy of Army Public Health Nursing

COVID⁻¹⁹ is a contagious respiratory illness caused by infection with a new coronavirus (called SARS-CoV-2, the virus that causes COVID-19). Seasonal allergies triggered by airborne pollen can lead to seasonal allergic rhinitis, which affects the nose and sinuses, and seasonal allergic conjunctivitis, which affects the eyes.

COVID-19 and seasonal allergies share many symptoms, but there are some key differences between the two. For example, COVID-19 can cause fever, which is not a common symptom of seasonal allergies. The image (right) compares symptoms caused by allergies and COVID-19.

Because some of the symptoms of COVID-19 and seasonal allergies are similar, it may be difficult to tell the difference between them, and you may need to get a test to confirm your diagnosis.

Seasonal allergies do not usually cause shortness of breath or difficulty breathing, unless a person has a respiratory condition such as asthma that can be triggered by exposure to pollen.



Many symptoms of COVID-19 are also present in common illnesses

Symptoms of COVID-19	Strep Throat	Common Cold	Flu	Asthma	Seasonal Allergies
FEVER	✓		✓		
COUGH		✓	✓	✓	✓
SORE THROAT	✓	✓	✓		✓
SHORTNESS OF BREATH				✓	
FATIGUE		✓	✓	✓	✓
DIARRHEA OR VOMITING	✓		✓		
RUNNY NOSE		✓	✓		✓
BODY/MUSCLE ACES	✓	✓	✓		

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In the Time of COVID-19, Don't Let Your Guard Down from Getting Diseases from Mosquitoes, Ticks, Fleas, Chigger Mites, and Rodents

Story by Dr. Terry Klein
MEDDAC-K Chief Entomology, Force Health Protection and Preventive Medicine

Mosquitoes, no-see-ums/biting gnats, deer flies, chigger mites, fleas, and ticks emerge with the advent of spring, summer, and fall periods. Many of them are “nuisance biters” and don’t transmit diseases, while others that transmit diseases can be fatal.

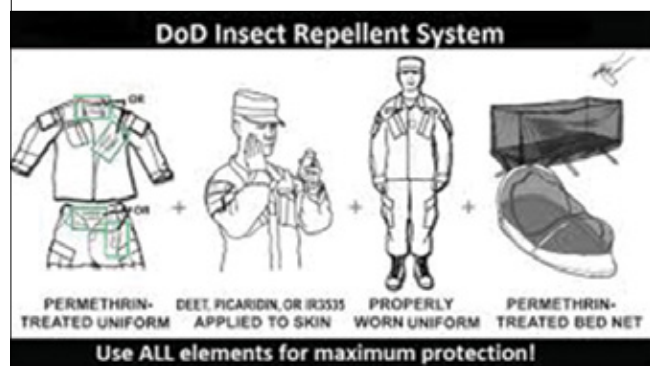
The Entomology Section of the 65th Medical Brigade’s Force Health Protection & Preventive Medicine with support from the 5th & 154th Preventive Medicine Medical Detachments of the 168th Multifunctional Medical Battalion, 65th Medical Brigade and Public Health Activity-Korea, provide the backbone for medical entomology surveillance. These groups work together to reduce the potential risks for the transmission of diseases that are transmitted by mosquitoes such as Japanese encephalitis and vivax malaria; or ticks with thrombocytopenia syndrome (SFTS), rickettsioses, and Lyme disease; or chigger mites with scrub typhus; or fleas (with Rickettsia and rodents with hantaviruses and leptospirosis.

Additionally the team conduct surveys for pests such as bed bugs and provide recommendations for their control. Through the hard work of the PM teams and the vigilant use of personal protective measures, service members, DoD Civilians, and their Families can enjoy the South Korean outdoors confident that all efforts are being made to protect them from diseases transmitted by mosquitoes, other biting flies, ticks, chigger mites, fleas, and rodents.

DON'T BE MOSQUITO MEAT!
USE DEET



In addition to professional pest surveillance and control, personal protective measures are crucial for enjoying the outdoors throughout the warmer seasons. These measures include wearing long sleeved shirts and long pants outdoors when biting insects are active and to applying repellents to exposed areas of the skin. For military personnel while conducting field training, sleeves should be worn down and trouser legs tucked into the boots.



Do not use blousing rubbers as this allows mosquitoes, ticks, and chiggers to bite the exposed area. The U.S. Centers for Disease Control and Prevention (CDC) recommends using products with ingredients approved by the U.S. Environmental Protection Agency to deter biting insects. Repellents containing DEET, picaridin, and IR-3535 for family members over 2 months of age. DEET concentrations of 20-33% are recommended for longer lasting protection (8-12 hrs), while lower concentrations provide limited time protection. The use of DEET concentrations >33% do not provide greater protection and is increasingly toxic. For those 3 years and older, oil of lemon-eucalyptus is also an effective ingredient, but provides limited time protection. Outer clothing and camping gear can be treated with permethrin – the same active ingredient in military factory-treated uniforms – to repel and kill mosquitoes, ticks, and chiggers.

Some diseases, e.g., Japanese encephalitis, are vaccine preventable, while effective antibiotic treatment is available for others, e.g., malaria and scrub typhus, when correctly diagnosed. However, for some diseases, e.g., severe fever with thrombocytopenia syndrome, or SFTS, there are no

specific treatments, only supportive care. In all cases, the early recognition of disease by medical providers at all levels is important for positive outcomes. This includes patient history as some diseases, e.g., Hantaviruses may present up to 50 days after infection, while vivax malaria cases may become present 6-18 months after infection.

Here is a partial listing of some of the vector-borne diseases (transmitted by arthropods and rodents) that are present in Korea and pose a medical risk. Keep in mind that when traveling to other parts of Asia, that other diseases may be present and any travel should be discussed with medical providers to ensure that the potential for getting sick is reduced.

MOSQUITOES AND OTHER BITING FLIES

Mosquito and other biting fly (e.g., biting gnats and deer/horse flies) surveillance is initiated at U.S. installations and selected training sites, throughout the peninsula as biting populations increase in the spring. Mosquito surveillance includes additional installations, training sites, Neutral Nations Supervisory Commission, and Daeseongdong near/in the DMZ. Mosquito surveillance continues through the fall, ending in November as mosquito populations rapidly decrease.

At Humphreys the use of Mosquito Magnets were introduced to effectively capture all species of mosquitoes, including vectors and non-vectors (pests). Trap sites include near the Child Development Centers, family housing, and the Brian D. Allgood Community Army Hospital to determine the numbers of potential biting mosquitoes in those areas.

Due to the nearby river system and numerous ponds, some periods reflected close to 1,000 mosquitoes being trapped. To identify where larval mosquitoes are found, larval surveillance is also done that identifies pools of water and ponds where larvae is found. Upon collection of the insects, the team makes recommendations for larval control in efforts to reduce the population resulting in decreasing adult biting numbers.

VIVAX MALARIA: Vivax malaria is one of five human malarias that is transmitted only by *Anopheles* spp. that are present from late spring through early fall in Korea. Only vivax malaria is present in Korea. While transmission occurs more frequently among Soldiers that train near the DMZ, cases are reported south of Seoul, including occasionally at Humphreys.

Symptoms include sudden onset of chills, followed by a high fever greater than 103°F, and intense sweats that usually lasts for 2-6 hours followed by a period of being very tired (malaise).

These paroxysms occur initially at 24 to 48 hour intervals, but later when the parasite reproduction becomes syncho-

nixed, they only occur at 48 hour intervals. Other symptoms that may also occur are headache, body aches, vomiting, diarrhea, and loss of appetite.

The mortality rate for vivax malaria is extremely low with less than 4,000 cases here in Korea that have resulted in no deaths. Vivax malaria presents in two ways, a non-latent form with disease symptoms occurring within 21 days after infection, and a latent form that usually presents 6-18 months after infection. Outbreaks of malaria can occur, e.g., 11 cases of vivax malaria among an Army unit training at Dagmar North over a 3-day period. Two of the cases were diagnosed in Korea (non-latent), while the other 9 cases were diagnosed 6-18 months later (latent) in the US. About 60% of vivax malaria infections result in latent malaria when the female mosquito injects the malaria parasites during a blood meal that then go to the liver and remains “dormant”. After a period of 6-18 months, the parasite replicates parasites that rupture the liver cell and go into the blood stream. While in the blood, the parasites replicate and rupture the red blood cells, resulting in a sudden onset of chills followed by high fever and subsequent malaise. Non-latent malaria results when the parasites go to the liver and immediately begin to divide and rupture the liver cell. Diagnosis of malaria can only be done during the blood stage, resulting in personnel infected often carrying the infections back to their next duty station.

JAPANESE ENCEPHALITIS (JE): JE is a viral disease that is transmitted by *Culex* spp. from late spring (southern part) through the fall.

The primary vector appears in the southern part of the peninsula as early as March and then migrates northward, appearing at Humphreys and near the DMZ in late June/early July. While only 1 in 200 people ever show symptoms, the mortality rate among those that do ranges from 15-30%, while those that survive may have severe neurological impairments.

Transmission is focal, with outbreaks occurring from the southern part of Korea to areas near the DMZ. While there are relatively low numbers of infections reported (3-40 cases annually), with only 1 out of 200 persons demonstrating symptoms, that equates to mosquitoes transmitting the virus to 600-8,000 people. Because most Koreans are vaccinated, the number of persons infected (but no symptoms) is far greater than 8,000 annually. JE is a vaccine preventable disease that consists of a two-vaccine series (30 days apart). The vaccine is mandatory for U.S. Soldiers and highly recommended for civilians and family members. Even though persons receive a vaccine, they should apply preventive measures, as described below, when mosquitoes are biting.



NUISANCE BITING FLIES:

Biting gnats (no-see-ums), deer/horse flies, and other non-vector mosquitoes are considered to be nuisance biting pests that can rapidly degrade military operations, in addition to being an annoyance when outside.

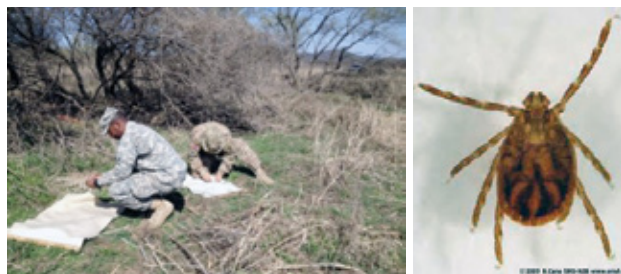
Biting gnats and deer/horse flies can carry pathogens on their mouthparts from one victim to another, since they have “scissor-like” mouthparts that become contaminated with blood from previous hosts that may have disease.



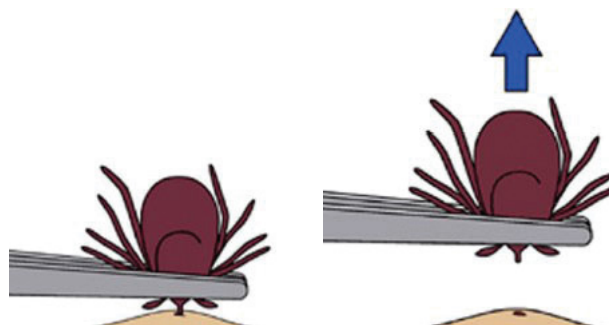
TICKS AND MITES

TICK-BORNE DISEASE SURVEILLANCE. The team also conducts tick-borne disease surveillance throughout Korea.

Collected ticks are then sent to various agencies for detection of pathogens and other novel agents of unknown pathogenicity. A number of pathogenic agents that are causative agents of SFTS, TBE, Lyme disease, relapsing fever, anaplasmosis, ehrlichiosis, and babesiosis, as well as novel viruses, which are not known to cause disease, have been identified.



Ticks should be removed as soon as possible to decrease the risk of transmission of disease. For example, most Lyme disease patients become infected after the tick has been attached for 24 hours. When possible, medical personnel should be informed and remove biting ticks by placing a fine-tipped forceps between the tick mouthparts and as close to the skin as possible and then gently pulling it directly away. Pull upward with steady pressure and do not twist or jerk the tick out as this may leave the mouth parts in the skin causing a secondary infection. After removal, **cland** the bite areas and **wash** hands with alcohol, iodine scrub, or soap and water.



Do not apply hot wax, petroleum jelly, or other chemicals, use heat to burn the tick, or attempt to “cut” the tick out, as this may cause harm to the patient and increase the chances of infection and transmission of pathogens. After the tick has been removed, the tick should be placed in a sealed container or, if not available, a Ziploc bag and submit the tick to the Entomology Section, FHP&PM for identification and detection of pathogens. Whenever possible, submit a photo of the area where the tick bite occurred and the most likely location, including photos, where the tick was acquired. This data provides for the development of disease risk assessments, including notification of areas of risk. Ticks are submitted to a U.S. laboratory for testing for diseases of medical importance. For pets, similarly remove ticks to avoid infection and disease transmission and submit specimens with appropriate information, e.g., location, date of collection, and most likely site where the tick was acquired, to the Entomology Section.

SEVERE FEVER WITH THROMBOCYTOPENIA SYNDROME (SFTS). SFTS is a viral disease transmitted by several species of ticks. Because the virus is transmitted from the female tick through the eggs to larvae, all stages of ticks can transmit the virus. There are about 250 cases among Koreans annually, with an overall mortality of 10-20%, and a mortality of greater than 50% among persons over 60 years of age. The primary vector is found among uncut grasses and vegetation bordering forested areas, while other vectors are found in forested areas.

TICK-BORNE ENCEPHALITIS (TBE): TBE is a viral disease involving the central nervous system that may result in long-lasting permanent neurologic conditions. TBE is transmitted by ticks that are found in mountainous areas at higher elevations. Disease risks are very low since they are infrequently collected and only a few personnel have been reported to be infected. There are several strains or subtypes present in Korea. Symptoms are often bi-phasic with an onset of non-specific symptoms occurring 7-14 days after a tick bite that include fever, malaise, anorexia, muscle aches headache, nausea and vomiting. After a period of about 8-days remission, a second phase occurs in about 20-30% of the

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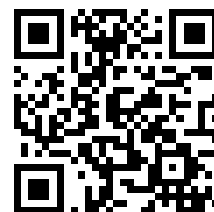


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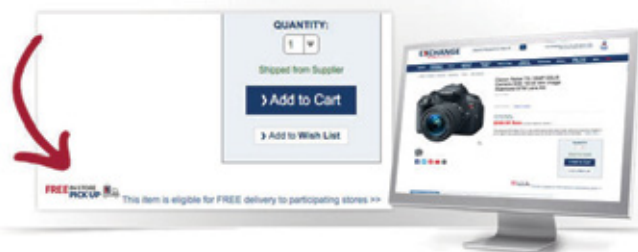
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- A copy of the email** you received stating the order was ready for pickup.
- If you are unable to print the email, please copy down **your order number** to give to the associate. You will be required to sign for your order when you pick it up.



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patients who might experience clinical illness that involves the central nervous system, including headache, stiff neck, encephalitis (drowsiness, confusion, sensory disturbances, and paralysis). There is a long convalescent or recovery period, including permanent neurologic sequelae in about 10-20 percent of patients. There is no U.S. approved vaccine, only supportive medical care.

BORRELIOSIS (LYME DISEASE) AND RELAPSING FEVER): Lyme disease and relapsing fever is caused by bacterial infection as a result of a tick bite. There are several types of Lyme disease, and the common one that often results in a “bull’s-eye” at the bite site found in the U.S. is not present in Korea.



The result of infection is a reddening of the tissue at the bite site. Typical include fever, headache, fatigue, and a characteristic skin rash that begin at the tick-bite site after the day three mark.

Ixodes spp. are the vectors of Lyme disease and are not commonly collected in tick drags, but are commonly collected from Korean Water deer (road kill) at Humphreys. The ticks inhabit uncut grasses and vegetation and are found in forested areas, especially along animal trails.

Relapsing fever is similarly caused by bacterial infections of certain species that causes a recurrent illness, with episodes of headache, muscle aches and vomiting that last for about 3-5 days separated by intervals of apparent recovery. Both Lyme disease and relapsing fever pathogens have been reported throughout Korea, including Humphreys.

SPOTTED FEVER GROUP (SFG) RICKETTSIA: SFG Rickettsia are bacteria that are transmitted through the



bites of ticks. Clinical symptoms occur within 15 days of the tick bite are variable and similar to other acute febrile illnesses and range from mild to severe, including death if not treated with antibiotics. An eschar or black scab may appear (similar to scrub typhus) 1-2 days prior to the onset of fever, nausea, vomiting, which is followed by a rash that appears on the extremities (hands) and migrates to the body 1-2 days after the fever. The lack of an eschar may lead to misdiagnosis, inappropriate treatment, and increased morbidity due to meningitis, acute myocarditis, and hearing loss. Diagnosis is achieved by drawing blood, or if an eschar is present, analysis of a portion of the eschar.

SCRUB TYPHUS: Scrub typhus is a bacterial disease transmitted by larval chigger mites that are very small and not readily seen with the naked eye.



Recently, there have been 8,000 - 10,000 cases of scrub typhus in Korea. The first indication of a chigger mite bites is itching and a reddening of the areas of the bite sites. Symptoms such as high fever, headache, body aches, and muscle pain usually appear within 10 days of the bite and are preceded by a dark scab (eschar) present at the bite site. Approximately 1-2 days after the onset of symptoms, a rash extends from the central body to the extremities. Scrub typhus can rapidly degrade military operations and has a mortality rate of approximately 30% if untreated. Scrub typhus is easily treatable with antibiotics..

TICK- AND MITE-BITE PROTECTION: To protect yourself from tick bites, Soldiers should use insecticide-treated uniforms and apply DEET or picaridin to exposed skin areas, as described above. When wearing civilian clothes, military, civilian, and family members should apply sprays on clothing (see NOTE above for DEET usage) and on exposed skin, as described above. After exiting tick-infested areas, check yourself for ticks and shower as soon as possible. Pet owners should walk their dogs in areas of short-cut grasses where ticks are infrequently found. Dogs and cats may acquire ticks when they enter areas of uncut grasses and other vegetation, and bring ticks into the household when they return. Pets should be thoroughly checked for ticks when coming indoors since ticks may fall off pets and then bite household residents.

RODENT-BORNE DISEASES

Rodents harbor arthropods, e.g., fleas, mites, and ticks, and are reservoirs for associated diseases that they transmit, e.g., Lyme disease, relapsing fever, and scrub typhus (described above). In addition, they are the reservoirs for other diseases such as hantaviruses that are transmitted in rodent feces, urine and saliva.

HANTAVIRUSES: There are 4 types of rodent-borne hantaviruses, including Hantaan, Seoul, Soochong, and Muju viruses, each with a specific rodent species reservoir. Hantaan virus is transmitted by the inhalation of aerosolized dust containing rodent excreta. The striped field mouse is the primary reservoir and is found in rural areas associated with grasses and rice paddies. There are approximately 500 cases reported annually among Koreans, and 0-5 cases annually among U.S. personnel. There is no U.S. approved vaccine and the mortality rate is about 10% among U.S. personnel with good medical care. The greatest risk of transmission is near the DMZ where infection rates in rodents vary from 15-60%. At Humphreys, infection rates are less than 10%, and even lower as you travel southward. The highest risk factor is convoy operations where large amounts of dusts are produced. The incubation period varies from 3-50 days (usually 2 weeks) and is likely dose related. Symptoms



include a rapid onset of intense headaches, back and abdominal pain, fever, chills, nausea, and blurred vision. This is followed by flushing of the face, inflammation/redness of the eyes or rash. Later symptoms include low blood pressure, acute shock, vascular leakage and kidney failure. Protein in the urine is a common feature, with diagnosis usually made by serology tests. Serology tests may cross-react with malaria. Rapid diagnosis is important, as fluid management is needed for positive outcomes. Virus may be detected by in the blood within 8 days from the onset of symptoms. Full recovery may be several weeks to months, depending on disease severity.

Seoul virus is transmitted by the inhalation of aerosolized dust containing rodent excreta from the Brown (Norway) rat that is common in urban areas. The most common risk

factor is dry sweeping or vacuuming rodent excreta, and inhalation of aerosolized rodent excreta. While the symptoms of Seoul virus are similar to that of Hantaan virus, they are milder with a mortality rate of less than one percent.

Soochong virus is transmitted by the inhalation of aerosolized dust containing rodent excreta from the Korean field mouse that is found at higher elevations above 500 meters. Disease severity is believed to be similar to Hantaan virus. However, due to low populations and higher elevations that this mouse is found at, disease risks are much lower. Muju virus is transmitted by the inhalation of aerosolized dust containing rodent excreta from the Royal vole that is found associated with water sources. Disease symptoms are similar to that of Hantaan virus, but are much less severe.

LEPTOSPIROSIS: Leptospirosis is a bacterial disease that is maintained in wild animals, including rodents, wild pigs, and domestic animals. The bacteria is excreted in the urine of infected animals in water or wet soil and enter through abrasions in the skin or mucous membranes. Symptoms usually appear 5-14 days after infection and range from asymptomatic to mild flu-like symptoms, e.g., intense headache, chills, and muscle aches. An estimated 10% of the patients will develop "Weil's syndrome" or severe pulmonary hemorrhage syndrome with mortality rates of >10%, even with treatment with antibiotics. Patient history is very important, e.g., conducting outdoor water sports or wading in water. Diagnosis is by serology. Patients must be monitored as symptoms may worsen for 24 hours after treatment with antibiotics.

FLEA-BORNE DISEASES

MURINE TYPHUS: Murine typhus is a bacterial disease transmitted in the feces of fleas. Infection occurs when the bacteria enters through the skin, e.g., when scratching bites. The onset of disease usually occurs 1-2 weeks after infection, with a gradual onset of fever, headache, muscle aches, and cough and is often confused with a viral infection.



A rash occurs on the trunk in about 55% of the cases. The disease is underreported, as it is usually mild and resolves even if untreated.

PLAGUE: Bubonic plague is a bacteria that maintains a cycle involving rodents and fleas, with man as an incidental host. It is most often transmitted by the bite of infected fleas, especially after a die-off of rodents where the fleas are searching for a host to feed on. While plague is not present in Korea, it is reported in China and Mongolia.

DoDEA Pacific Announces Selection of the Center for Instructional Leadership Chief

Story by Miranda Ferguson
DoDEA Pacific Public Affairs Officer

The Department of Defense Education Activity - Pacific is pleased to announce the selection of Dr. Chris Marczak as chief of the region's Center for Instructional Leadership (CIL), effective Sept. 8, 2020.

Dr. Marczak brings extensive professional experience to the Pacific. Most recently, he served as Superintendent of Maury County Public Schools in Tennessee. His experience also includes educating future educational leaders as a visiting professor part-time and serving as an assistant superintendent, district lead principal, principal, assistant principal, and teacher.

"I am honored to have been selected as the CIL Chief for the DoDEA-Pacific region," Dr. Marczak said. "As the son of a Navy Master Chief, I was once a DoDEA student. It has been my lifelong ambition to return to DoDEA to give back and to make a difference in the lives of our military-connected students. I look forward to building great relationships with our instructional leaders to ensure that our students are prepared to lead and succeed in our global society."

Dr. Marczak's work has been nationally recognized; in 2017, he received the National School Board Association's "20 to Watch"



Dr. Chris Marczak,
DoDEA Pacific Region's
Center for Instructional
Leadership Chief

educational technology leader award. He is a distinguished innovative and collaborative educational leader and has led trainings nationally and across Tennessee on topics including district and principal professional development, the power of Professional Learning Communities, technology integration to impact students and school systems, and the impact of emerging technology and social media on leadership and

school systems.

Dr. Marczak holds a doctorate in Leadership and Professional Practice from Trevecca Nazarene University in Nashville, Tenn.; a master's degree in Educational Leadership, also from Trevecca Nazarene University; and a bachelor's degree from Austin Peay State University in Clarksville, Tenn.

He and his wife, Dr. Sheila Marczak, have been married since 1995 and share four daughters.

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Sept. 17th

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PRESIDENT

Deanna James, 2020-2021 United Club President. Army wife for over 20 yrs. Living in Korea for almost 6yrs with her spouse, now a GS at SOCKOR. Her goal is to encourage the growth of the United Club through Making Friends, Getting Involved and Giving Back.



unitedclubpresident@gmail.com

Top 5 Stressors Experienced by Soldiers

Who Died by Suicide or Attempted Suicide

- **Relationship Problems**
- **Work Stress**
- **Legal Problems**
- **Victim of Abuse**
- **Physical Health Problems**

Many Soldiers experience common stressors which can put them at risk for suicide. Resources are available to assist Soldiers with identifying and managing stress.

Stressors occurred within one year of the suicide or suicide attempt; however, Victim of Abuse was within the Soldier's lifetime. Suicide and suicide attempts data, from the 2016 Surveillance of Suicidal Behavior Publication (SSBP), were combined.

ARMY OneSource provides information assistance and a network of services to support Soldiers and their Families:
<http://www.myarmyonesource.com/default.aspx>

The Community Resource Guide provides lists of community services available at installations, health care options, awareness activities: <https://crg.amedd.army.mil>

Be There Peer Assistance Line provides 24/7 confidential peer support from Veterans and military spouses to all Service members and their families: Phone 844-357-PEER (7337), text 480-360-6188, chat and email:
<https://betherepeersupport.org>

Military Crisis Line provides confidential support 24/7 via internet chat, phone 1-800-273-TALK (8255), or text 838255.

For a more in-depth review of the characteristics of Active Army Soldiers who experienced suicidal behaviors, read the Surveillance of Suicidal Behavior Publication (SSBP): <https://go.usa.gov/xnAyK>



U.S. Army Public Health Center | Division of Behavioral and Social Health Outcomes Practice (BSHOP) | usarmy.apg.medcom-phc.list.eds-bshop-ops@mail.mil | <https://phc.amedd.army.mil>

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Osan Air Force Base (K-55): Exchange Mall (Unit 2038, Bldg. #965) Pyongtaek, Gyeonggi-do, Korea | 070-7597-0132

Camp Walker: Exchange Mall (Unit 15497, Bldg. #310) Daegu, Korea | 070-7725-9887

Kadena Air Force Base: Kadena Shopping Mall, Bldg. 412 Kadena Air Force Base, Okinawa, Japan | 036-868-2278

Camp Foster: Concession Mall, Bldg. 1002, Camp Foster, Okinawa, Japan | 098-971-9307

Yokosuka Naval Base: NEX Home Gallery Bldg. 1559, Yokosuka Naval Base, Yokosuka, Japan | 046-896-5070

For any questions, please contact:
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www.hrblock.kr

Dr. Gina Sohn - U.S. Dentist Licensed to practice in Massachusetts, Connecticut & New Jersey. Tufts Graduate..., the Smile Artist!



- Graduate of Tufts University, School of Dental Medicine – Boston, Mass.
- Studied at University Paris 5 (Rene Descartes).
- Orthodontics - trained at USDI.
- NYU Trained for Implant Dentistry.
- Fluent in English, Korean, Japanese & French.



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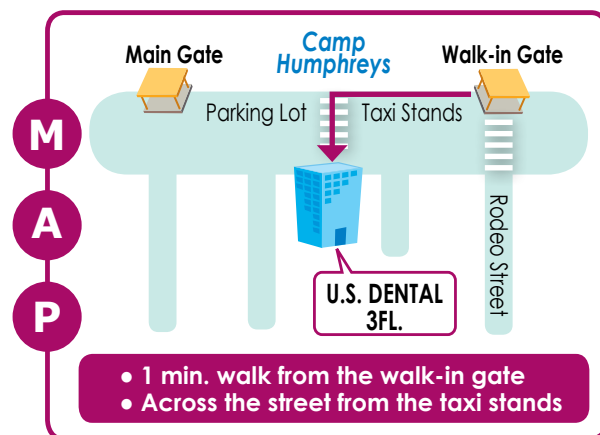
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