

Pulse 65

NOV. / DEC. 2020



**- True -
COVID Heroes**

**70th Annual Healthcare
Training Symposium**

**Holiday Gift
Guide**

**Family
Adventures :
JEJU ISLAND**



SAMSUNG MEDICAL CENTER



BASIC INFORMATION

- **International Healthcare Center**
Working hours: **M ~ F** 08:00~17:00, **S** 08:00~12:00
- **24/7 English speaking service:** available
- **Contact Point**
 - Phone: 02-3410-0232, 0200
 - Fax: 02-3410-0231
 - Email: ihs.smc@samsung.com
 - Address: 81 Irwon-ro Gangnam-gu Seoul NA06351
- **Website:** www.samsunghospital.com/english
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SPECIALTIES

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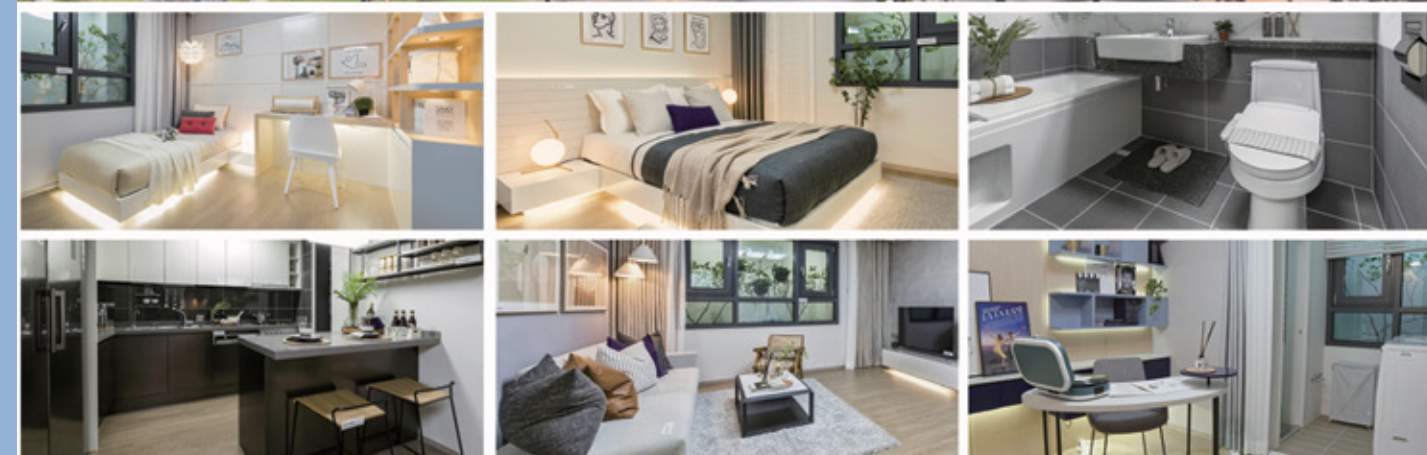
To International Healthcare Center

Annex building 2nd floor From gate 4 or gate 1(main), go to ophthalmology clinic(annex bldg, 1st floor)
→ take an elevator in front of the clinic
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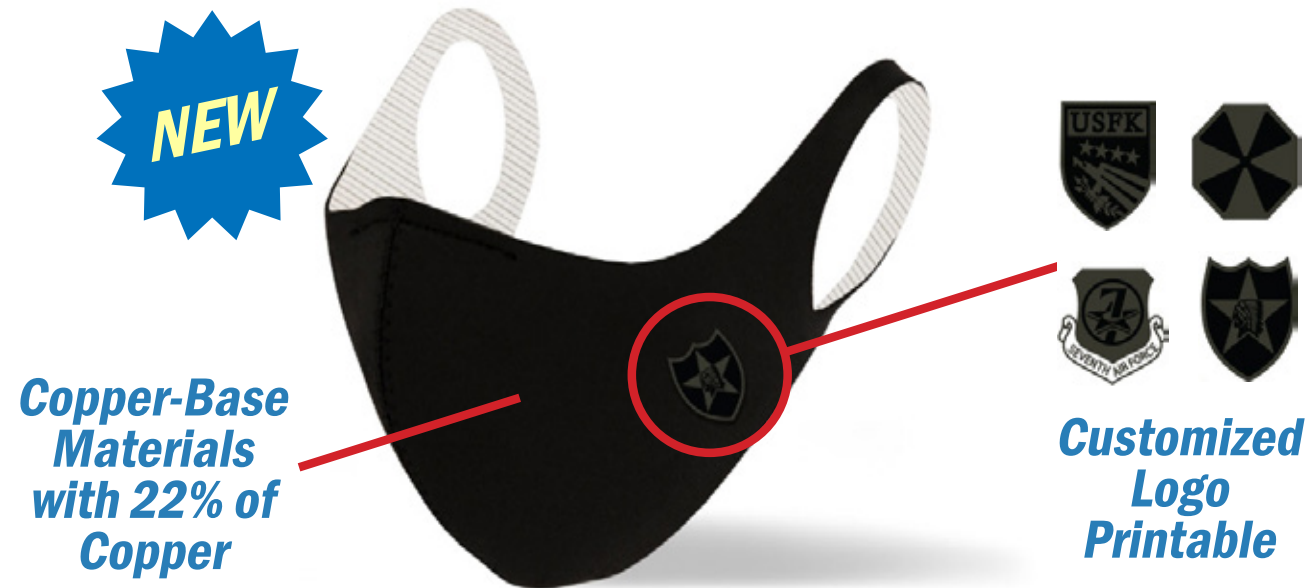
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What is Copper Mask?

- Things you should know -

By Jessica Jun, Copper Mask Specialist

If you've been on the hunt for a mask lately, you might have stumbled across one that contains copper. And if you have not tuned into the latest news on antimicrobial treatments, this might raise some questions. Why copper? And is it worth spending the extra money?

While a lot of research is still being conducted about their effectiveness, several studies have already shown that some copper masks can in fact inactivate the novel coronavirus. However, not all copper masks are equally effective, and here are some things to consider if you are looking to buy a copper mask.

What is Copper Mask?

Copper can destroy bacteria and viruses as it contains positively charged ions that trap viruses that are negatively charged. Then the copper ions penetrate the viruses, stopping them from replicating. A recent study conducted at Jeonbuk National University in Korea found that a mask with 22% copper content can effectively inactivate the novel coronavirus within 30 minutes.

Historically, copper has been used in hospital door knobs and IV stands to curb the spread of illness. It has also been used in fabrics that have been made into bedsheets and pillowcases in hospitals. And now that masks have become essential across the globe, many companies are considering incorporating copper into masks and they currently cost anywhere from \$10 to \$70 each.

Copperline (Jang Whan Kim, LSKfinetex Co., Ltd.) for instance, has started making cloth masks that with 22% copper content, which has proven to be far more effective than those with 49 to 60% copper. The company is also the first mask producer to receive certification and recognition for Sustainable Design from the Korean Ministry of Environment.

How is it better?

Copper masks are designed to be an improvement on the cloth masks that health officials recommend that people wear in public to prevent the spread of coronavirus. It is beneficial for both the wearer and the general public. If the infected person wears a copper mask, virus-laden droplets from mouth and nose will be killed off when they touch the copper surface, whereas they will linger on traditional cloth mask for days, potentially contaminating the wearer.

Benefits of Copper Masks

One of the benefits of copper masks is that they can be washed and reused, thus more hygienic and sustainable for the environment. Many Copper masks, including Copperline's, can be washed multiple times without reducing their efficacy. Simply wash with soap and water and hang dry to wear the next day.

Why you should buy a copper mask

Copper masks are comfortable and environmentally friendly. Most of all, studies have proven their effectiveness in killing the novel coronavirus. However, buyer should make sure that the product has been scientifically evaluated and registered. Many copper masks that are available through major retailers have not been studied and may not be as effective, especially without proper copper content.

For more information, please contact:
Jay Ro (010-8650-0638)
ONE'S & WORLDWIDE CO., LTD.



Comparison with Other Fabric Masks

"According to the results, a substantial decrease in fluorescence emission intensity in SARS CoV2-infected cells treated with different copper percentages of 22, 49, and 60 compared to an intense green fluorescence signal that was observed 0% copper treatment group. There was almost no fluorescence signal at cells treated with the 3D textured with copper-base mask materials with 22% of copper to that of the control group."

"After 30 min of infection, the 3D textured with copper-base mask materials with 22% of copper had nearly 100% and the 49% and 60% of copper coated general mask materials had approximately 80% of inhibitory effect against SARS-CoV2. After 1 hour and 2 hours of infection, compared to each other no compound appeared to be significantly superior in activity to another among the copper percentages tested."

Effectiveness of Copper Mask

Uninfected VERO E6 Cell	Infected w/ COVID-19	Fabric w/ 0% Copper Content	3D Textured Mask Fabric w/ 22% Copper Content	Single Layer Fabric w/ 49% Copper Content	Single Layer Fabric w/ 60% Copper Content

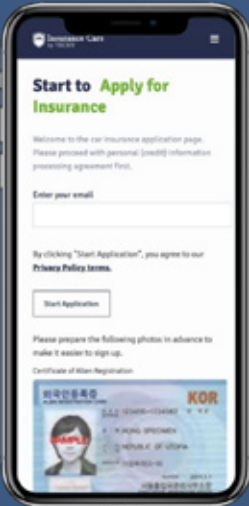
Source: 'Assessment of COVID-19 virucidal activity of 3D layered structure with copper-based copperline face mask of LSK FINETEX' John Hwa Lee, DVM PhD, Jeonbuk National University, South Korea

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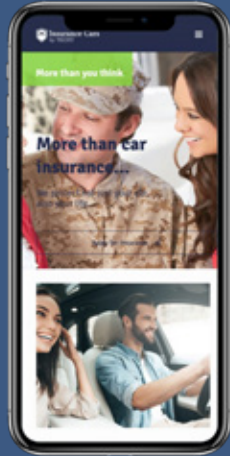
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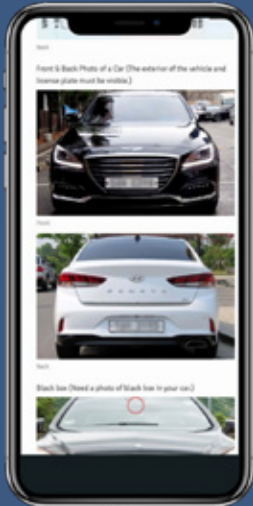
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Resort Destination for Military Service Members, Families, and DoD Civilians



BDAACH Lab Team: True COVID Heroes

Within the Brian D. Allgood Army Community Hospital is a special group of individuals whose sole mission is dedicated to the coronavirus. Meet these four “COVID HEROES” who work within the laboratory testing the thousands of swabs for the virus.

*Cover photo by William Wight
65th Medical Brigade Public Affairs Office*



70th Annual Healthcare Training Symposium



Family Adventures: Jeju Island



Holiday Gift Guide



E-C INTERNATIONAL LAW OFFICE



Ms. Annette M. Eddie-Callagrain Esq.

Professional Experience

Attorney-at-Law

E-C International Law Office (1995-2019)
General practice, private law practice.

Judge Advocate (Major)

United States Air Force Reserves (1995-2006)
Served as a Judge Advocate in the Air Force Reserves, retiring in October 2006.

Judge Advocate

United States Air Force (1983-1995)
Active Duty Judge Advocate, practicing all areas of military law

Law School Professor

University of the Ryukyus Law School
Okinawa, Japan

Practice Areas

- Collections
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- Divorce
- Domestic Violence
- Employment Law
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- Family Law
- International Law
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E-C INTERNATIONAL LAW OFFICE

E-C LAW CENTER BUILDING, 1F
2-4-2, GINOWAN CITY
OKINAWA, JAPAN 901-2221
TEL: (+81) 98-898-0162
FAX: (+81) 98-899-2142

65th Medical Brigade

Commander

Col. Dave Zimmerman

Command Sergeant Major

Command Sgt. Maj. Mark X. Riddick

Public Affairs Office

William Wight – Public Affairs Officer (Senior Editor)

Art Director

Eric Young-Seok Park

Comments or submission for PULSE65 should be directed to the Senior Editor at DSN 315-737-1808 or by email at pulse65editor@gmail.com

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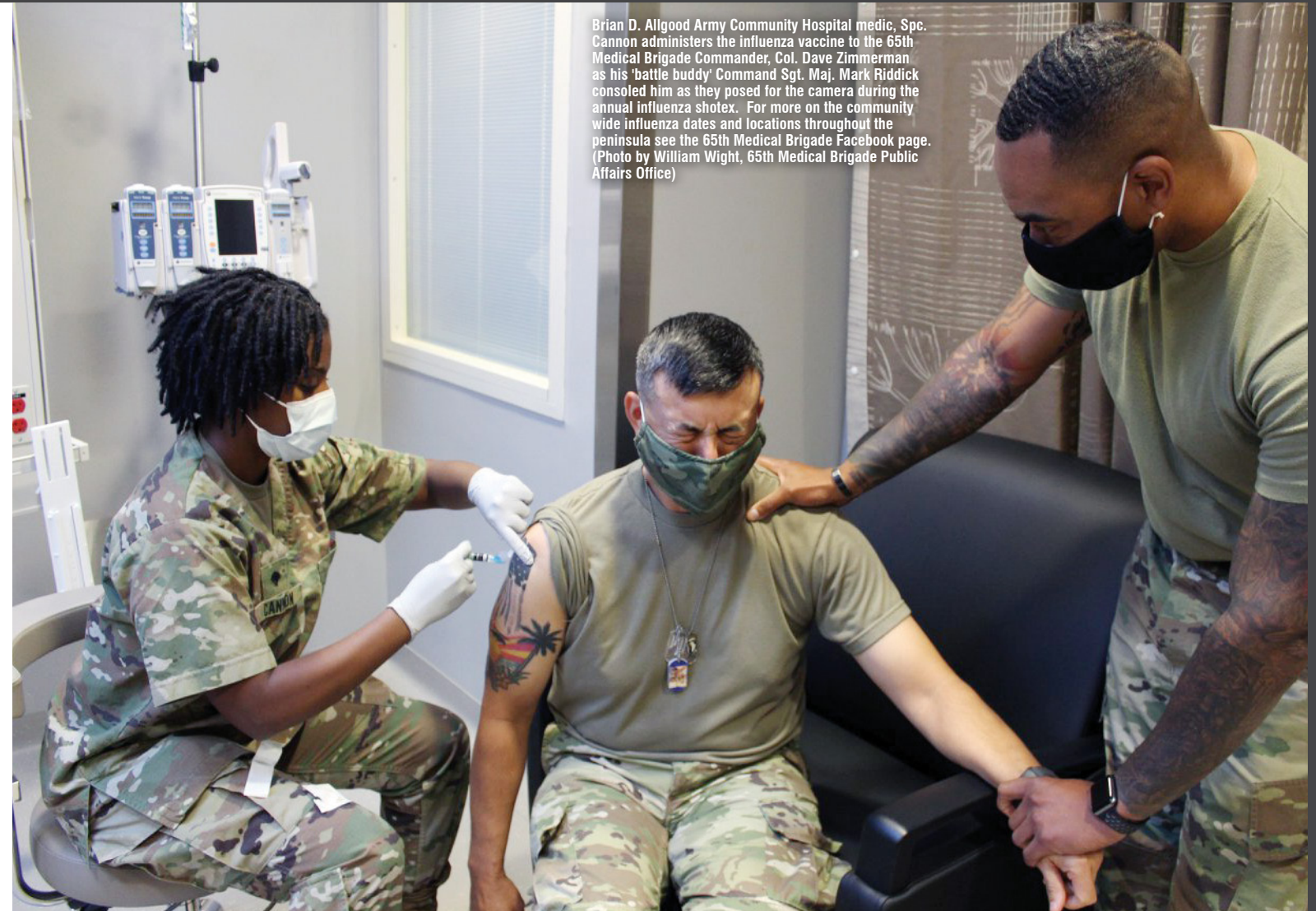
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Brian D. Allgood Army Community Hospital medic, Spc. Cannon administers the influenza vaccine to the 65th Medical Brigade Commander, Col. Dave Zimmerman as his 'battle buddy' Command Sgt. Maj. Mark Riddick consoled him as they posed for the camera during the annual influenza shotex. For more on the community wide influenza dates and locations throughout the peninsula see the 65th Medical Brigade Facebook page. (Photo by William Wight, 65th Medical Brigade Public Affairs Office)

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

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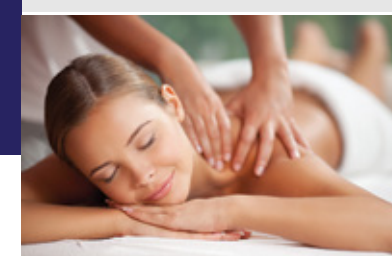
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EDITOR'S LETTER

As the end of the 2020 year comes to an end amid the hustle and bustle of the holiday shopping season in the air, I thought that I would share with you a famous editorial article published in 1897 edition of the New York Sun.

Having been a department store and a community-wide Santa for Yongsan and Dragon Hill decades ago, enduring hair pulling, beard tugging, gooey fingers and countless children on my knees, I thought it fitting to end with this editorial reprinted for your reading enjoyment. Enjoy!

"YES, VIRGINIA, THERE IS A SANTA CLAUS!"

Eight-year-old Virginia O'Hanlon wrote a letter to the editor of New York's Sun, and the quick response was printed as an unsigned editorial Sept. 21, 1897. The work of veteran newsman Francis Pharcellus Church has since become history's most reprinted newspaper editorial, appearing in part or whole in dozens of languages in books, movies, and other editorials, and on posters and stamps



DEAR EDITOR: I am 8 years old.
Some of my little friends say there is no Santa Claus.
Papa says, 'If you see it in THE SUN it's so.'
Please tell me the truth; is there a Santa Claus?
VIRGINIA O'HANLON.
115 WEST NINETY-FIFTH STREET.

VIRGINIA, your little friends are wrong. They have been affected by the skepticism of a skeptical age. They do not believe except they see. They think that nothing can be which is not comprehensible by their little minds. All minds, Virginia, whether they be men's or children's, are little. In this great universe of ours man is a mere insect, an ant, in his intellect, as compared with the boundless world about him, as measured by the intelligence capable of grasping the whole of truth and knowledge.

Yes, VIRGINIA, there is a Santa Claus. He exists as certainly as love and generosity and devotion exist, and you know that they abound and give to your life its highest beauty and joy. Alas! how dreary would be the world if there were no Santa Claus. It would be as dreary as if there were no VIRGINIAS. There would be no childlike faith then, no poetry, no romance to make tolerable this existence. We should have no enjoyment, except in sense and sight. The eternal light with which childhood fills the world would be extinguished.

Not believe in Santa Claus! You might as well not believe in fairies! You might get your papa to hire men to watch in all the chimneys on Christmas Eve to catch Santa Claus, but even if they did not see Santa Claus coming down, what would that prove? Nobody sees Santa Claus, but that is no sign that there is no Santa Claus. The most real things in the world are those that neither children nor men can see. Did you ever see fairies dancing on the lawn? Of course not, but that's no proof that they are not there. Nobody can conceive or imagine all the wonders there are unseen and unseeable in the world.

You may tear apart the baby's rattle and see what makes the noise inside, but there is a veil covering the unseen world which not the strongest man, nor even the united strength of all the strongest men that ever lived, could tear apart. Only faith, fancy, poetry, love, romance, can push aside that curtain and view and picture the supernal beauty and glory beyond. Is it all real? Ah, VIRGINIA, in all this world there is nothing else real and abiding.

No Santa Claus! Thank God! he lives, and he lives forever. A thousand years from now, Virginia, nay, ten times ten thousand years from now, he will continue to make glad the heart of childhood.

William Wight
PULSE65 Senior Editor
65th Medical Brigade
Public Affairs Specialist

MEDICAL BRIGADE DEVELOPS PHONE APPLICATION

The Public Affairs Office of the 65th Medical Brigade and Medical Department Activity Command-Korea have implemented a quick-reference smart-phone app for the peninsula.

The mobile app, KORHEALTH, provides hotline numbers, website links and other useful resources for all medical, dental and veterinary treatment facilities, behavioral health as well host nation facilities. Soldiers, Families and civilians can access hotlines without having to dial, and visit websites at the push of a button.

"It's a centralized repository that puts a variety of common resources in one place," said William Wight, MEDDAC-K PAO. "If beneficiaries have questions, if they don't know who to contact, or if they don't know the number to call, then KORHEALTH will provide that information."

The peninsula wide app presents installation-specific resources for all communities throughout the Republic of Korea. These resources include, but are not limited to SHARP, Suicide Prevention, TRICARE Online, Air Quality Index, command Facebook links, AAFES links, Red Cross and direct emergency dial numbers for both on and off the installations. It also provides directional guidance to nearest treatment facilities in both English and Hangul along with directions for walking, driving, bus or taxi as well as phone numbers to English speaking help desks.

The app is available for all Android and Apple devices. Search for "KORHEALTH" to download it from the app store.

Download Today

The 65th Medical Brigade/MEDDAC-K
Presents

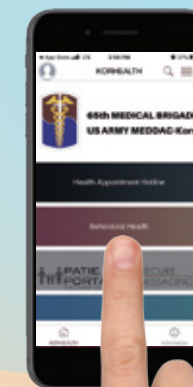
KORHEALTH

KORHEALTH is
an innovative phone application available
on Apple and Android. This application is user
friendly and provides all-inclusive medical, dental,
veterinary and public health information on Peninsula.



iOS Link:
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Android Link:
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SCENE & HEARD

NATIONAL & INTERNATIONAL

By Eric Young-Seok Park

94-YEAR-OLD FORMER NAZI CONCENTRATION CAMP GUARD TO BE DEPORTED FROM US TO GERMANY



A 94-year-old former Nazi concentration camp guard who lived undiscovered in the US for decades is to be deported to Germany, where he could face prosecution, after his appeal against a deportation order was rejected. Friedrich Karl Berger succeeded in covering up his role as a concentration camp guard for more than 70 years and still receives a pension for his wartime service in the German navy. His past finally caught up with him when an SS index card of his service record was found among documents rescued from a German ship sunk by the RAF in 1945. The card revealed he had served as a guard at one of the Neuengamme network of concentration camps in northern Germany, where more than 40,000 prisoners including Jews, Poles and Russian POWs were worked to death as slave labourers. "After 75 years, this is ridiculous. I cannot believe it," Mr Berger told The Washington Post when the original deportation order was handed down in February. "You're forcing me out of my home." At his deportation hearing he admitted serving as a guard at the camp but maintained he had no choice, was only there a short time and did not carry a weapon. "I was 19 years old. I was ordered to go there," he told his deportation hearing in the US. But the hearing was told that he had helped force camp inmates on a brutal two-week march in 1945 during which at least 70 died.

CLIMATE CHANGE IS MAKING WINTER ICE MORE DANGEROUS



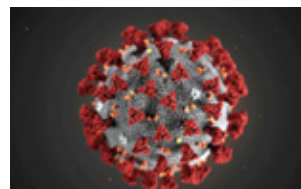
New research on the connection between climate change and winter drownings has found that reported drowning deaths are increasing exponentially in areas with warmer winters. The study, published in the journal PLoS One, looked at drownings in 10 countries in the Northern Hemisphere. The largest number of drownings occurred when air temperatures were just below the freezing point, between minus 5 degrees Celsius and 0 Celsius (between 23 degrees Fahrenheit and 32 Fahrenheit). Some of the sharpest increases were in areas where Indigenous customs and livelihood require extended time on ice. Across the countries studied, children under the age of 9 and teenagers and adults between 15 and 39 were the most vulnerable to winter drowning accidents. Sapna Sharma, an associate professor of biology at York University in Toronto and a lead author of the study, said people did not always realize how global warming is increasing the risks that come with winter traditions like skating, ice fishing and snowmobiling. "I think there's a disconnect between climate change and the local, everyday impacts," Sharma said. "If you think about climate change in winter, you're thinking about polar bears and ice sheets, but not about these activities that are just ingrained in our culture."

IRAN BANS MALE SURGEONS PERFORMING COSMETIC PROCEDURES ON WOMEN

Iran's Supreme Leader Ayatollah Ali Khamenei has issued a fatwa banning male surgeons from performing cosmetic procedures on women. The religious order is binding and must be followed by the country's medical profession. The ruling came in response to a question from one of Ayatollah Khamenei's followers, who asked about the prevalence of plastic surgery among young Iranian women. "If a cosmetic surgery does not cause significant physical damage, then the practice is not a problem," the supreme leader said, in remarks carried by London-based Iran International television channel. "However, it must be noted that cosmetic surgery for aesthetic reasons is not a medical treatment and the unrelated male surgeon's viewing and touching of the patient's body is not allowed," he concluded. Iran has one of the highest rates of cosmetic surgeries worldwide, with a quarter of million women undergoing procedures annually. The industry, in which male surgeons are overwhelmingly predominant, attracts patients from across the Middle East and thousands of expatriated Iranians, drawn by affordable rates due to the low value of the rial.



CHILDHOOD VACCINE LINKED TO LESS SEVERE COVID-19



People whose immune systems responded strongly to a measles-mumps-rubella (MMR) vaccine may be less likely to become severely ill if they are infected with the new coronavirus, new data suggest. The MMR II vaccine, manufactured by Merck and licensed in 1979, works by triggering the immune system to produce antibodies. Researchers reported in mBio that among 50 COVID-19 patients under the age of 42 who had received the MMR II as children, the higher their titers -- or levels -- of so-called IgG antibodies produced by the vaccine and directed against the mumps virus in particular, the less severe their symptoms. People with the highest mumps antibody titers had asymptomatic COVID-19. More research is needed to prove the vaccine prevents severe COVID-19. Still, the new findings "may explain why children have a much lower COVID-19 case rate than adults, as well as a much lower death rate," coauthor Jeffrey Gold, president of World Organization, in Watkinsville, Georgia, said in a statement. "The majority of children get their first MMR vaccination around 12 to 15 months of age and a second one from 4 to 6 years of age." Meanwhile, Exposure to cigarette smoke makes airway cells more vulnerable to infection with the new coronavirus, UCLA researchers found. They obtained airway-lining cells from five individuals without COVID-19 and exposed some of the cells to cigarette smoke in test tubes. Then they exposed all the cells to the coronavirus. Compared to cells not exposed to the smoke, smoke-exposed cells were two- or even three-times more likely to become infected with the virus.

BABY PANDA BORN IN NETHERLANDS MAKES PUBLIC DEBUT

Chewing on his paw and falling asleep on his face, the first giant panda born in the Netherlands made his debut in public at the age of almost seven months. The young male, named Fan Xing, went on show at the Ouwehands zoo in the central town of Rhenen after it reopened following a coronavirus shutdown. "I think he looks fine... Mum is around, he feels safe so that's nice," said Jose Kok, the zoological manager at Ouwehands. "It's very special because it's the first cub born here in the Netherlands but I'm also very proud because it was a cub that was a result of a natural mating," said Kok. Fan Xing was born on May 1 to two giant pandas who were loaned to the Netherlands by China in 2017 for 15 years.



BLUE WHALES HAVE 'REDISCOVERED' SOUTH GEORGIA



The resurgence of blue whales around the island of South Georgia is real and has probably been under way for a little while now, say scientists. When a survey was conducted at the British Overseas Territory earlier this year, 58 of the animals were seen. That was described as "astonishing" at the time because there had been so few sightings previously. It most likely signals they really are making a comeback in the waters around the sub-Antarctic island. South Georgia is infamous, of course, for being the epicentre of commercial whaling in the early 20th Century. Its steam boats, with their grenade-tipped harpoons, decimated all the large whale populations - and at the peak of the carnage were removing 3,000 blues a year. And while fur and elephant seals, which were also heavily exploited, managed to bounce back to historic levels relatively quickly - the whales, and the blues in particular, did not. Their absence long after commercial whaling ended even led some whale experts to wonder if these majestic creatures would ever be seen again in significant numbers at South Georgia. And it's not just blues. Those other species that were also driven to the brink, like the humpbacks, are also on the rise.

NOBEL SCIENTISTS URGE FACE MASK RETHINK AS SWEDEN'S COVID CASES CLIMB

Sweden should rethink its decision not to recommend the use of face masks to prevent the spread of the novel coronavirus amid a second wave of infections, the Royal Academy of Sciences, which awards the Nobel prizes, said. Sweden's soft-touch pandemic response has focused mostly on voluntary social distancing and the Public Health Agency has cast doubt on the effectiveness of face masks, which are mandatory in many public places in Europe. However, a report by the Royal Academy of Sciences said that face masks could play a role in reducing infection, particularly in enclosed spaces. "I hope there is now a debate and leaders, irrespective of what the public health authority is saying, will take this to heart," Staffan Normark, who heads the Academy's expert group on Covid-19, said. Few Swedes wear masks in public, while politicians also generally avoid them when making public appearances - a radical gesture in some countries.



EU SAYS BREXIT DEAL STILL 'METRES FROM THE FINISH LINE'

The European Union and Britain have made better progress towards a trade deal but there is still a lot of work to do for an agreement to be in place by the end-year deadline, the bloc's chief executive said. Diplomats briefed earlier by the EU's executive, which is negotiating with Britain on behalf of the 27 member states, said Brussels and London remained at odds over fishing rights, fair competition guarantees and ways to solve future disputes. However, European Commission President Ursula von der Leyen sounded a more optimistic note on the last-ditch talks at a news conference, pointing to progress on the question of ensuring a level playing field for state aid. "Within the frame of the level playing field, progress for example has been made with state aid, but there are still quite some metres to the finish line so there's a lot of work to do," she said.



KIDNAPPED WOMAN FLINGS HERSELF FROM TRUNK OF SPEEDING CAR TO ESCAPE

A 38-year-old woman was found on a highway in North Carolina with severe injuries after law enforcement said she escaped from the trunk of a car during an attempted kidnapping. Now two people are in custody and a third is on the loose. Deputies were called to U.S. Highway 220 in Madison, North Carolina, in response to a reported assault and kidnapping, the Rockingham County Sheriff's Office said in a news release. Madison is about 45 minutes northeast of Winston-Salem near the Virginia border. Authorities found the woman injured in the roadway. She was taken to a hospital in the Triad. The sheriff's office said three people allegedly kidnapped the woman from her motel room at the Budget Inn off Highway 220 and put her in the trunk of a car. After the vehicle had traveled about 200 yards, she was able to open the trunk and jumped from the vehicle, which was moving at a high speed at that time.



ROYAL CARIBBEAN SAYS 100,000 PEOPLE HAVE ALREADY VOLUNTEERED FOR ITS TEST CRUISES

Royal Caribbean, one of the biggest operators in the largest cruise market in the world, says it has already signed up 100,000 volunteers to cruise on its test voyages -- the first since the coronavirus pandemic shut down the cruise industry back in March. "Just like that...100,000 people have volunteered. We can't wait to start this next phase with you all!" Royal Caribbean CEO Michael Bayley said. The company announced plans for its first volunteer cruises earlier this month, which Bayley said prompted, "literally thousands of emails and calls offering to volunteer." A Facebook page was created, and over 100,000 people have since signed up, he said. Royal Caribbean isn't charging anything for the test cruises. Royal Caribbean's test cruises will take passengers to the company's private island, CocoCay, which is intended to be a kind of "bubble" away from the pandemic.



PUBLISHER'S LETTER

Holiday Greetings from Oriental Press

It is my honor and pleasure to print and distribute this December 2020 edition of PULSE65 magazine. As the holidays approach, we at Oriental Press, Inc. wanted to take this opportunity to say thank you for your service and sacrifice here in the Republic of Korea.

We believe that PULSE65 is critical in education and enlightening the USFK population regarding the health facilities, dental facilities, veterinary facilities and public health services that exist as well as the numerous Korean medical hospitals, clinics and institutions listed in the Purchased Care Sector Providers section.

In addition, we at Oriental Press will do our best to enhance the effort to provide articles regarding the culture and history of your host nation and assist you in knowing more about the adjacent Korean communities and the numerous sites throughout the Republic of Korea.

Since 1987, Oriental Press has been a part of the USFK community and has seen numerous changes in base structures and the surrounding communities. We take personal pride in our contribution in printing and distributing PULSE65 at high traffic areas within the U.S. Forces installations throughout Korea.

I would like to extend our sincerest gratitude to the 65th Medical Brigade Commander, Col. Dave Zimmerman and the Brigade Public Affairs Officer, William Wight, for their tireless effort to make this publication what it is today. And, with trusting Oriental Press to ensure a copy of this publication gets into the hands of all who desire one.



Charles Chong
Chief Executive Officer
Oriental Press

DESTINATION	PRIORITY MAIL EXPRESS SERVICE (PMEMS)	FIRST-CLASS MAIL LETTERS AND CARD	PRIORITY MAIL	SPACE AVAILABLE MAIL (SAM)
CONUS	18 DEC	11 DEC	11 DEC	4 DEC
APO/FPO/DPO AP	N/A	11 DEC	11 DEC	4 DEC
APO/FPO/DPO AE (EXCEPT ZIPS 093)	N/A	11 DEC	11 DEC	27 NOV
APO/FPO/DPO AE ZIPS 093	N/A	4 DEC	4 DEC	20 NOV
APO/FPO/DPO AA ZIPS 340	N/A	11 DEC	11 DEC	4 DEC 6 NOV

Visiting Ajou University Medical Center

Photos by In Kyeoung Yun
Brian D. Allgood Army Community Hospital Unit Public Affairs Representative



Col. Dave Zimmerman and Command Sgt. Maj. Mark Riddick visited Ajou University Medical Center (AUMC) on Oct. 15. 65th Medical Brigade and Eighth Army-Korea have a longstanding partnership with AUMC and conduct medical readiness exercises and training every year.



2021

CALENDAR

Pulse 65

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KN Holiday U.S. Holiday Both



Year of the Ox (신축년)

8th U.S. Army Senior Leaders Visit Brigade

Photos by In Kyeoung Yun
Brian D. Allgood Army Community Hospital Unit Public Affairs Representative



Lt. Gen. Willard “Bill” M. Burleson III, the Commanding General of Eighth United States Army and Command Sgt. Maj. Robert Cobb, the Eighth U.S. Army senior enlisted advisor, visited the 65th Medical Brigade, toured the Brian D. Allgood Army Community Hospital and the 549th Hospital Center’s COVID-19 operation facilities on Oct. 14, 2020. During the visit, the Eighth Army leaders met with the ‘Pacific Medics’ leadership and talked with those working on the frontlines protecting the force from the coronavirus. Col. Huy Luu, 549th HC and BDAACH Commander, provided a tour of the hospital, the COVID-19 Isolation Facility and the U.S. Army Garrison Humphreys Reception Center (the initial COVID testing center for incoming personnel on peninsula). Prior to their tour, the ‘Pacific Victors’ senior leaders were given an overview of the dynamic structure of the 65th Medical Brigade by Col. Dave Zimmerman, 65th Medical Brigade Commander and Commander of Medical Department Activity Command-Korea giving them an overview of the medical capabilities on the peninsula.



USAMMC-K Conducts Nakdong Challenge

Photos courtesy of USAMMC-K



USAMMC-K conducted their annual Nakdong Challenge last month, a culminating event that challenges Soldier’s ability to conduct warrior tasks and battle drills in order to remain ready in support of military operations. This year’s events tested the Soldiers on TC3, marksmanship, CBRN, land navigation, communications, vehicle maintenance and recovery. The team used urban navigation to negotiate the lane sites. There were four teams competing from the 95th MDBS and the 563rd MLC. The winning team was Staff Sgt. Nicolas, Sgt. Kim, Pvt. 1st Class Collins, Pvt. 1st Class Lawrence known as “The Maintainers”. Congratulations to the winning team and to all competitors.



Crystal Tyler, pharmacy technician, prepares an injection for an Operation Warp Speed patient volunteer at Brooke Army Medical Center, Fort Sam Houston, Texas, Nov. 16, 2020. BAMC and Wilford Hall Ambulatory Surgical Center are participating in the Phase III trial to evaluate the vaccine under development by AstraZeneca as part of a national initiative to accelerate the development, production and distribution of COVID-19 vaccines, therapeutics and diagnostics. (Jason W. Edwards, U.S. Army)

Officials Optimistic about COVID-19 Vaccines in Near Future

Story by Terri Moon Cronk
Pulse65 Contributor



Optimism exists for two safe and highly effective vaccines that could soon be authorized by the

Food and Drug Administration from pharmaceutical companies Pfizer and Moderna, Operation Warp Speed officials said today in a press conference.

In an announcement last month from the independent data and safety monitoring board for Moderna's candidate vaccine, it showed about 95% efficacy, they said.

A panel of Operation Warp Speed officials met in Washington, D.C. to give reporters an update on the vaccine. They are Army Gen. Gustave

F. Perna, chief operations officer for Operation Warp Speed; Health and Human Services Secretary Alex M. Azar II; and Dr. Moncef Slaoui, chief advisor for OWS.

"We've worked closely with these manufacturers to ensure that they have what they need in the way of raw materials with Operation Warp Speed, applying the same skills and that keep the U.S. military supply to ensure that there are no delays in vaccine production," Azar said.

Because of this work, Azar said by the end of December, about 40-million doses of these two vaccines are expected to be available for distribution, pending FDA authorization, he said. And that's enough

to vaccinate about 20 million of the most vulnerable Americans, he added.

"Production, of course, would continue to ramp up after that," Azar said, adding, "We've been laying the groundwork for distribution and administration for months."

The HHS secretary said there are four major tasks necessary to get the manufactured product to Americans safely to save lives: allocation, distribution, administration and ongoing monitoring and data work.

"We've learned much of the groundwork for these efforts and covered the major costs," he said. "We've paid for the vaccines. We've worked to ensure that [administra-

tive] costs will be covered by private insurers and the federal government through Medicare, Medicaid and our program to cover COVID-19 costs for the uninsured."

Azar emphasized no American will face an out-of-pocket cost for getting a COVID-19 vaccine.

"We've procured ancillary supplies like needles and personal protective equipment and assembled them into kits that we will pair up with vaccine supplies as they're distributed. This overall task is a partnership between the federal government [agencies] including Operation Warp Speed and the [Centers for Disease Control and Prevention] and the 64 state, local and territorial public health jurisdictions that the CDC works with on public immunization programs," he said.

Last week, OWS reached nationwide agreements to allow administration of the vaccine by pharmacy chains and networks of independent pharmacies to cover more than 60% of the pharmacies across the country, Azar said, adding that people are still encouraged to wash their hands and keep a safe social distance from others.

Slaoui said OWS officials are very pleased with the progress made in less than 10 months after the pandemic began.

In addition to the development of the two vaccines that are showing efficacy of about 95%, two more vaccines are also showing promise, he said.

"We are working with the FDA and the CDC to set up together a very, very high performance, active pharmacovigilance system that resembles almost to the day the assessment that we do in clinical trials to look at the safety of the vaccines in the population, as the vaccine immunization is rolled out



Alfiya Mityukova, a registered nurse, and Roderick Johnson, a research assistant, demonstrate patient screening for the Operation Warp Speed COVID-19 vaccine trial at Brooke Army Medical Center, Fort Sam Houston, Texas, Nov. 16, 2020. (Army photo by Jason W. Edwards)



Letzibeth Mendez-Rivera, a lab manager with The Emerging Infectious Disease Branch at the Walter Reed Army Institute of Research, outside of Washington, D.C., studies coronavirus protein samples, June 1, 2020. The EIDB is part of WRAIR's effort to produce a COVID-19 vaccine candidate. (DoD)

later in December -- if the vaccines are approved -- and these data will be analyzed on a [day-by-day] basis," Slaoui said.

"We're going to take a whole-of-America approach, Perna said, adding that it's the collective group that will make this successful. Distribution of the vaccine will be based on fair and equitable availability of the vaccine pro rata to the population, he noted.

Collaboration and planning with national chain pharmacies CVS and

Walgreens has been done, Perna said.

"We're bringing this whole-of-America approach from government to industry, and we're bringing it all together to ensure that safe and effective vaccines are delivered for the time associated with delivery, we will begin distribution of the vaccine within 24 hours after an emergency-use authorization is approved, and only after the science has determined and approved it accordingly. Then we are poised and ready to begin distribution."

Ninth Annual Memorial March Honors Fallen Behavioral Health Soldiers

Story by 1st Lt. Shaniek Tose
Desmond T. Doss Health Clinic



Soldiers march along the shoreline of Mokuleia Beach during the 2019 event. (Photo Credit: 1st Lt. Cameron Ashdown)

Derrick Arincorayan, a social worker and retired Army colonel, carries the unmistakable demeanor of someone molded by the rigors of military life. He speaks in short, straightforward sentences, rarely relying on polite small talk but rather, his dry wit. Those who have worked closely with Arincorayan describe his almost-supernatural work ethic and unrelenting drive to place the mission first. They also describe his compassion and unwavering dedication to caring for Soldiers as they struggle with the invisible wounds of traumatic experiences.

This combination of qualities was also observed by those who

worked closely with Lt. Col. David Cabrera, a licensed clinical social worker, who had a chance encounter with Arincorayan at a conference in November 2010.

At the time, Cabrera was an assistant professor of family medicine at the Uniformed Services University of Health Sciences in Bethesda, Md., and Arincorayan was the social work consultant to the Surgeon General of the Army. One of Arincorayan's functions as consultant was managing the deployment of social work officers to combat units located throughout Iraq and Afghanistan. Cabrera approached Arincorayan during a break to introduce himself and to seek assistance in fulfilling his aspiration to deploy for a full tour prior to

retirement. Arincorayan was taken aback by his request.

"His position at USUHS was a plum job that most officers dream of having at the end of their career," said Arincorayan.

Still, he admired and identified with Cabrera's willingness to leave behind the comforts of his position at USUHS for the austerity of a deployed setting.

"He reminded me of myself, I wanted to be where the Soldiers were," Arincorayan added.

The two exchanged information and went their separate ways after the conference, but they remained in contact by email. Arincorayan faced several hurdles securing a deployment assignment for Cabrera due to Cabrera's non-deployable status as a professor. Finally, in the spring of 2011, Arincorayan provided Cabrera the news he was eager to hear: Cabrera would be deploying to Kabul, Afghanistan, in support of NATO, an assignment considered less dangerous than most.

Cabrera packed his bags and said good-bye to his wife, three sons, and daughter.

Around the same time, Staff Sgt. Christopher Newman, a behavioral health technician assigned to Tripler Army Medical Center, received no-

tice that he would also be deploying to Afghanistan. He worked just two floors above Arincorayan in the inpatient psychiatric unit.

Once in Afghanistan, Newman functioned as Cabrera's enlisted counterpart as they conducted battlefield circulation and treated Soldiers.

On Oct. 29, 2011, roughly one month into their deployment, Cabrera and Newman mounted a mine-resistant ambush protected vehicle with 10 other Americans. As the MRAP made its way down a bustling four-lane highway in Kabul, a suicide bomber driving a sedan filled with explosives struck the MRAP, causing a blast that took the lives of 18 individuals, including Cabrera and Newman. They are believed to be the first behavioral health Soldiers to be killed in action.

Arincorayan experienced disbelief and guilt in the aftermath of the tragedy. He was especially pained by his mistaken notion that Cabrera would be relatively safe during his deployment.

Through these difficult emotions, Arincorayan recognized the importance of honoring Cabrera and Newman and ensuring their sacrifices were not in vain. Part of this process included attending Cabrera's funeral and celebrating Cabrera and Newman's lives during a wreath-laying ceremony at the National Cemetery of the Pacific in 2012.

Most significantly, Arincorayan worked to realize his vision of an annual memorial road march that would continue to pay homage to the two men and other fallen individuals. The first event was held in 2012 at Tripler Army Medical Center. Subsequent marches have been hosted by the Desmond T. Doss Health Clinic's Department of



Col. Dave Zimmerman, the previous commander of Desmond T. Doss Health Clinic, presents Don Newman, Christopher Newman's grandfather, with a certificate of appreciation during the 2019 memorial march. (Photo Credit: 1st Lt. Cameron Ashdown)



Photos of the fallen are placed on the memorial board at the completion of the 2019 memorial march. (Photo Credit: 1st Lt. Cameron Ashdown)

Behavioral Health where Arincorayan completed his Army career. The event has expanded to include all other military specialties and civilian personnel who wish to memorialize an individual who passed away while serving the nation.

This year marks the ninth anniversary of the Lt. Col. Cabrera and Staff Sgt. Newman Memorial March.

A small ceremony took place at Mokuleia Beach Park in Waiialua at 6 a.m. Nov. 20. Unlike previous marches, in order to adhere to local COVID-19 guidelines, only a limited number of individuals will

gather to honor the memories of the fallen. Others are encouraged to take part in the march on their own or in groups of five or less at alternate locations.

Despite the operational challenges posed by the pandemic, the event continues to serve as a reminder of the fragility of life and the importance of preserving the memory of those we have lost along the way.

"It is not only important that we memorialize our fallen but it is just as important to remember how they lived their lives - with courage and love," said Arincorayan.

Transition Support for Servicewomen Planning to Leave the Military

Story by Mark Oswell
MHS Communications

Transitioning from the Department of Defense into the civilian sector is never easy. Out-processing briefs. Check-out lists. Turning in equipment. Clearing quarters. Turnovers. Farewells. Etc...

Oh, and then there's the old issue of – 'what's next?'

For a few, there is a job or college admission already pending, but for others their future is as uncertain as the day they signed the dotted line.

For women who are departing their service this challenge may be even more daunting.

According to various studies, women veterans sometimes face greater health-related challenges after military service compared to their male counterparts, including: a higher prevalence of chronic pain, obesity, musculoskeletal issues, and depression. Additionally, fewer women Veterans seek services and support from the Department of Veterans Affairs (VA) compared to men.

In July 2018, the VA's Office of Women's Health Services (WHS), and the Air Force Women's Initiative Team, worked together under the auspices of the VA/DoD Women's Health Work Group, and the Transition Assistance Program (TAP) to develop and pilot a women's health training program for servicewomen transitioning from the military to the civilian sector.



The Department of Defense & Department of Veteran Affairs' Women's Health Transition Training Program stands ready to support all servicewomen when they transition out of the military. (Photo by Mark Oswell, MHS Communications.)

The Women's Health Transition Training Program (WHTT) was created from this collaboration with the goals of enhancing awareness of the health care services VA offers to women, and increasing transitioning servicewomen enrollment in and use of VA health care services. A year later in July 2019, the WHTT became a permanent, voluntary program under the auspices of TAP.

The WHTT curriculum consists of five phases that take approximately three to four hours during the one-day training. The information provided focuses on women's health care services (including maternity care, cancer screenings, whole health, and mental health care services), the VA process and eligibility requirements for enrollment; and is led by a woman veteran who uses the VA for health care support.

"I was interested in a more woman-focused review of the VA program, since it often felt like the standard briefings overwhelmed me with everything available without much clarity as to how it would directly affect me," explained Army Capt. Najuma Pembleton, a critical care nurse at the Darnall Army Medical Center at Ft. Hood, Texas.

While Pembleton plans to remain flexible with a focus in travel nursing after retiring, she was impressed with the amount of healthcare resources and points of contact available to point her in the right direction and/or better maneuver through the program.

Although this program is relatively new, its success now has it extended at bases across all of the military services.

However in March 2020, the training had to move to a virtual

format due to the COVID-19 pandemic. Virtual training sessions are now available twice a day, every day throughout December, and will be continue to be run by the VA's Veterans Benefits Administration.

"Service women can easily access the program utilizing Adobe Connect," said Nancy Maher, program manager for the VA Women's Health Transition Training program. "The program is offered in a small group environment where women can ask questions of the trainers who are female Veterans themselves."

Even though we've moved to a virtual format, we still encourage all servicewomen who plan to transition from active duty to civilian life or to the Guard and Reserves within the next calendar year to attend this training to learn

about VA benefits and the steps to enroll," said Kimberly Lahm, VA/DoD Health Executive Committee Women's Health Work Group co-chair.

As of today, the WHTT has supported more than 1,300 servicewomen to date, according to Maher.

Recently retired Marine First Sgt. Jennifer Truslow recognized the importance of taking advantages of all available opportunities.

Prior to retiring at 1st Radio Battalion in Camp Pendleton in September, she took the course to gather more "specific knowledge for the transition from Active Duty to Retiree life in regards to VA Health Care and overall benefits."

"We have so many opportunities to just listen and learn, and unfortunately many Marines do not take

advantage of it," emphasized the 21-year veteran. "We do not have to always reinvent the wheel if we just know who to talk to."

Speaking specifically about the WHTT curriculum, Truslow noted, "This session helped provide just another resource to help navigate women specific health care after leaving active duty. It was good to hear that a lot of my misperceptions or unknowns were common and that there was a coordinator local I could reach out to for help at any time."

Pemberton, who retires next February after 20 years, agreed, "It should be considered part of the standard briefs provided for transitioning female military personnel."

For additional information or to sign up for a training, please visit the WHTT website.



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박문서 변호사 (MUN SU PARK, Attorney-at-Law, JD/Ph. D.)

P.O. Box 10749, Tamuning Guam 96931, USA

Tel:(671) 647-1200, (670) 287-1255

lawyerpark@hotmail.com / Kaokao Talk ID: attorneypark



Keep Your DD93 and SGLI Updated, Loved Ones Covered

Story by Matthew Leonard
U.S. Army Public Affairs

Every day people across America die unexpectedly, and that includes our Soldiers. When this occurs the Army wants to be sure that each Soldier's wishes are carried out appropriately, and keeping your beneficiary documents up to date will help this to happen.

Two documents are very important in the case of a Soldier's death: the SGLV Form 8286 (Service members' Group Life Insurance Election and Certificate), and the DD Form 93 (Record of Emergency Data).

Service members' Group Life Insurance Election and Certificate

Soldiers use the SGLV 8286 to designate their desired coverage amounts, as well as their designated primary (principle) and secondary (contingent) beneficiaries. When Soldiers joins the service, they are automatically enrolled in the SGLI program with coverage of \$400,000. At any time they may choose to decline the coverage entirely, or choose to decrease the coverage amount in increments of \$50,000.

Record of Emergency Data

The DD 93 is used to designate beneficiaries for certain

benefits, and provide the Soldier's command with the names and addresses of the people the Soldier desires to be notified in case of emergency or death.

One of the benefits Soldiers designate via the DD 93 is the Death Gratuity Program beneficiary. Separate from SGLI, the death gratuity provides for a special tax-free payment of \$100,000 to eligible survivors (or designated beneficiaries) of members of the armed forces who die while on active duty or while serving in certain reserve statuses. The purpose of the death gratuity is to provide immediate cash payment to assist the service member's survivors in order to meet their financial needs during the period immediately following the member's death.

The DD 93 is also a guide for disposition of the service member's pay and allowances if captured, missing or interned.

When to update

Soldiers must update/certify their SGLI during in- and out-processing, and/or at least once a year. It is also very important that Soldiers review and update

their SGLIs and DD 93s whenever a life event occurs, such as marriage, divorce, birth of a child, death of a beneficiary or change in a beneficiary's address.

"Soldiers need to pay attention to this," said Sgt. Maj. Clifton Brown, Sergeant Major of the Casualty and Mortuary Affairs Operation Division, U.S. Army Human Resources Command. "For example, there have been cases where a Soldier failed to update their SGLI or DD93 after a divorce, and financial benefits legally went to the now ex-spouse."

Soldiers should also be aware that the SGLI and DD 93 benefits are different than personal assets. For example, the disposition of personal assets is often directed within a last will and testament. However, SGLI and DD 93 benefits are not personal assets, and the Soldier's beneficiary elections on these documents take precedence over what a will might attempt to direct with respect to these specific benefits.

Cover down on this

Soldiers may update their SGLIs at any time. This may be accomplished online through the self-service SGLI Online Enrollment System, which is accessible via milConnect at <http://www.dmdc.osd.mil/milconnect>. The SOES is the preferred method to process SGLI coverage for all Army components. It is the Soldiers' responsibility to keep their SGLIs up-to-date within SOES and any legal documents accessible.

Beneficiaries for SGLI may include any person, firm, corporation or legal entity, including charitable organizations. If a Soldier elects a trustee or person(s) under a will, those documents need to be established and must be accessible by the beneficiary at that time of the election.

Whenever a Soldier designates a person other than the spouse or children to receive all, or a portion of, the SGLI, the Defense Manpower Data Center will attempt to notify the Soldier's spouse in writing at the last known address on record within the Defense Enrollment Eligibility Reporting System. The receipt or non-receipt of this letter does not change the Soldier's designation.

Issues may occur when Soldiers decrease their insurance coverage and then later decide to change their coverage back to a higher amount. Soldiers can return the coverage to a higher amount, but will need to complete the required medical questions. If the Soldier answers "yes" to any of the questions, they are required by the

Office of SGLI to return a physician statement.

Once SGLI changes are approved, the Soldier needs to verify that the correct premiums are drafted from their pay. Soldiers can do this by looking at the "Deductions" column and the "Remarks" section at the bottom of their leave and earnings statement.

To update the DD Form 93, Soldiers must visit their unit's S-1 or human resources/personnel section.

Completed SGLI and DD 93 forms reside in the Soldiers personnel file within the Interactive Personnel Records Management System. It is from iPERMS that HRC's Casualty and Mortuary Affairs Operation Division obtains the Soldier's most current documentation in order to begin processing benefits following a reported death.

Leaders must provide Soldiers the opportunity to update their records. Unit human resources specialists must fully understand casualty documents and be able to articulate the potential problems that some election decisions might create. They also need to be able to provide the assistance necessary so that the Soldier's intent is captured, and the ramifications of designations are understood.

COVID-19

FACT VS FICTION

FICTION

1. PETS CANNOT GET INFECTED
2. HAND DRYERS AND UV LAMPS CAN KILL THE VIRUS
3. MAIL FROM CHINA IS NOT SAFE TO RECEIVE
4. PNEUMONIA VACCINES WILL HELP
5. RINSING THE NOSE WITH SALINE WILL HELP
6. EATING GARLIC HELPS
7. ONLY PEOPLE OF CERTAIN AGES CAN GET IT
8. IT'S LESS INFECTIOUS THAN THE FLU
9. SPECIFIC MEDICINES WILL PROTECT AGAINST IT
10. IT'S JUST A MUTATED FORM OF THE COMMON COLD

COVID-19 Hotline:
737-2556 or
050-3337-2556

FACTS

1. PETS CAN GET INFECTED BUT IT'S NOT AS LIKELY
2. HAND DRYERS AND UV LIGHTS WILL NOT KILL OR PROTECT AGAINST THE VIRUS
3. THE VIRUS DOESN'T LIVE LONG ON OBJECTS
4. CORONA VIRUS NEEDS A VACCINE SPECIFIC TO IT
5. SALINE AND RUBBING PRODUCTS WILL NOT HELP
6. ALTHOUGH GARLIC IS HEALTHY IT IS NOT KNOWN TO HELP AGAINST THE VIRUS
7. PEOPLE OF ALL AGES CAN GET IT
8. NO MEDICINE IS KNOWN TO PROTECT AGAINST IT
9. THE CORONA VIRUS CAN BE AS INFECTIOUS AS THE FLU
10. THE CORONA VIRUS INCLUDES MANY DISEASES

Pacific Medics Welcome 8th Army Leaders

Photos by William Wight
65th Medical Brigade Public Affairs Office



Brig. Gen. Tae Keon Heo, the Deputy Commanding General- ROK Eighth United States Army and Brig. Gen. Michael D. Roache, the Deputy Commanding General – Sustainment Eighth U.S. Army, visited the 65th Medical Brigade, toured the Brian D. Allgood Army Community Hospital and the 549th Hospital Center's COVID-19 operation facilities on Oct. 20, 2020. During the visit, the Eighth Army leaders met with the 'Pacific Medics' leadership and talked with those working on the frontlines protecting the force from the coronavirus. Col. Huy Luu, 549th HC and BDAACH Commander, provided a tour of the hospital, the COVID-19 Isolation Facility and the U.S. Army Garrison Humphreys Reception Center (the initial COVID testing center for incoming personnel on peninsula). Prior to their tour, the 'Pacific Victors' senior leaders were given an overview of the dynamic structure of the 65th Medical Brigade by Col. Dave Zimmerman, 65th Medical Brigade Commander and Commander of Medical Department Activity Command-Korea giving them an overview of the medical capabilities on the peninsula. The Brigade staff briefed on the interoperability of the Brigade and the alliance with the Republic of Korea medical partnerships.



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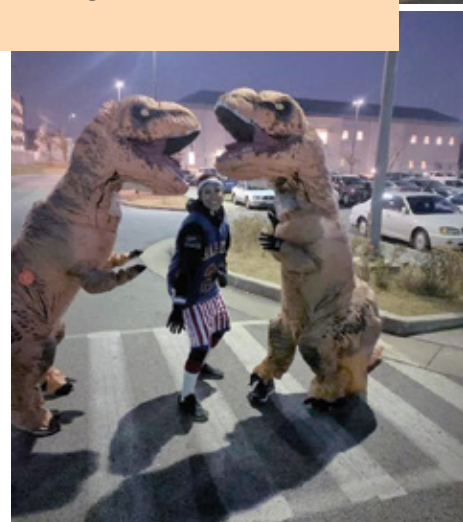
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Howl At the Moon

Courtesy photos



The 'Pacific Medics' gathered together in the spirit of Halloween for an early morning esprit de corps fun run around the Humphreys flight line led by Captain America, aka Col. Dave Zimmerman, the Brigade Commander. Personnel from all direct reporting units and their command teams were present to fully represent the Brigade.



Commander's Offsite

Photos by William Wight
65th Medical Brigade Public Affairs Office

Senior leaders within the Brigade came together for a commander's off-site led by Brigade Commander, Col. Dave Zimmerman and Command Sgt. Maj. Mark Riddick at Yongsan's Dragon Hill Lodge Nov. 12, 2020. The purpose of the offsite was to build camaraderie and a shared understanding of the Brigade's mission as well as learn about the Army's vision of 2028 and how it correlates between mission command vs. medical mission command.





BDAACH Lab Team: True COVID Heroes

Story and photos by William Wight
65th Medical Brigade Public Affairs Office

Within the Brian D. Allgood Army Community Hospital is a special group of individuals whose sole mission is dedicated to the coronavirus. These four “COVID HEROES” work within the laboratory testing the thousands of swabs for the virus.

With an already understaffed pathology department, Maj. Ken Nguyen, chief of the department

of pathology, gave some insight to just how the BDAACH mission has evolved since the outbreak of the pandemic in Korea.

“We saw our first test back on March 8 of this year,” said Nguyen. “As the permanent change of station season came our staff decreased but our workload increased. With the need for testing for COVID-19, the Medical Command sent us two civilians from the

U.S. and two Soldiers from Tripler Army Medical Center in Hawaii, whose sole purpose is to conduct the COVID testing mission.”

Although COVID Operations roughly only about ten percent of the department’s workload, it is extremely vital.

Working seven days a week, the team has become the command decision focal point. “All leadership decisions are based on our re-

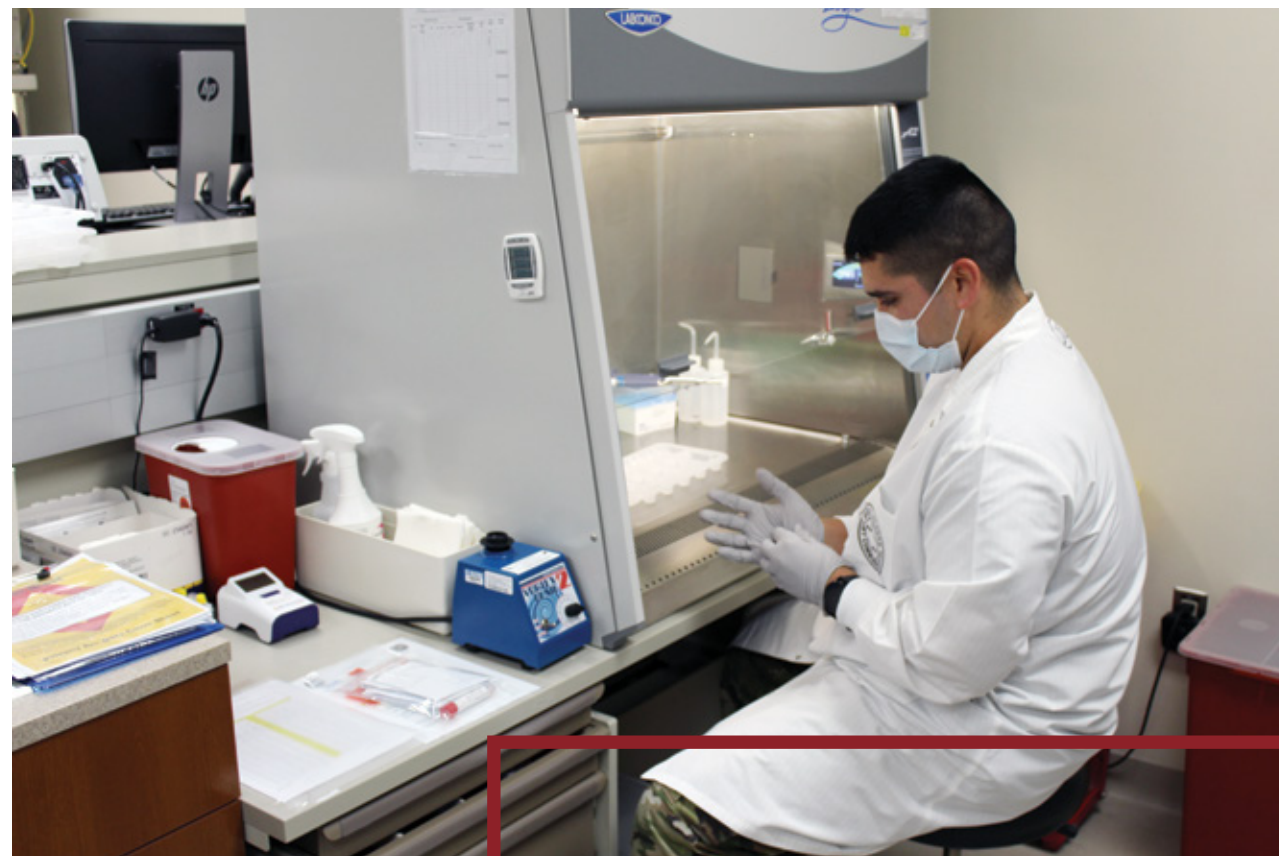


sults and they must be flawless in order for the command to make decisions affect our populace,” said Nguyen.

With only one year in the U.S. Army, Spc. Andrei Ragracias, a Kingman Arizona native, was one of the two Soldiers selected from TAMC to be assigned on temporary duty status within the BDAACH. “This is a great facility (BDDACH) and although I am new to the military, I understand as a lab technician, the importance of this mission.”

Joining Ragracias is Sgt. Jessy Garcia, also from TAMC. Having served almost 8 years in the Army, the Houston, Texas native see’s the bigger picture of the processes within the BDAACH. “This is my second time to Korea. I love the culture, food and people. They are so amazing. Although the workload is demanding with thousands of tests a week, I have become more





knowledgeable of the aspects of hospital pathology.”

Working alongside the two service-men are two Department of the Army Civilians on a three month rotation from the Defense Forensics Science Center in Atlanta, Georgia.

Carmella Strong was excited about being a part of the mission. “Although a previous team paved the way for us and set up a system for us to walk into, I am excited about being a part of something different compared to my usual forensics work.”

Strong expounded on her enjoyment of being on the front lines. “With this new experience, I realize how much what we do impacts everyone and our results impact the movement of troops.”

Joining Strong is the fourth member of the team, Monique Carr, who is also a forensic DNA supervisor with the DFSC in Atlanta. “This assignment has given me an appreciation as to what a hospital lab can do and it is such an important role we fill knowing that our efforts allow the installation to function.”



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loved ones or the veteran directly. As with many stories that deal with unsettling topics, the stories discussed the reactions such as excessive drinking, unexplained or excessive violence to everyday situations, and being jumpy at loud noises.

Another comic book which discussed the concepts of PTSD was the *Docs*, produced by the U.S. Navy. This graphic novel (a larger comic book with at least 64 pages as opposed to the standard 32), told various stories of Navy and Marine combatants and how they may be triggered by events, or how to cope with trauma.

For all books dealing with military personnel and trauma, there are suggestions for websites and books to read. Commercially, the books that have tried to reach out to veterans include the British book *Dougie's War*, to the *Walking Wounded* by Mael and Oliver Morel, which centered on stories from Iraq. Another book which used both the comic book format as well as original poetry from that era was *Above the Dreamless Dead*, edited by Chris Duffy. This book focused on World War I imagery and poetry. This was to coincide with both the 100th anniversary of the "War to end all wars" as well as first significant attempt by military doctors to deal with mental trauma.

Regardless of how professionals, military personnel and veterans and their families approached the issues of trauma, the idea that various producers of media even attempt to use this seemingly simple visual format to reach those who may need it was significant. It clearly demonstrates the need to continue to aid those in need of assistance as well as demonstrate the fact that comic books are more than simple pictures on a page.

PTSD AND MILITARY COMIC BOOKS

Story by Cord Scott, Pulse65 Contributor

There are times when media can reach people better than diagnosis or words in a book. For the military, the experimentation of media, such as cartoons and comic books, to inform and instruct is nothing new. As a better understanding of complex medical conditions like Post Traumatic Stress Disorder (PTSD) has formed, the military has tried to explain the condition in a variety of different forms. Comic books may at first glance seem an odd choice to explain the symptoms and conditions, but they have been used more often than some may realize.

For all the visual aspects of physical bravery in war, the idea of mental wounds is far less common to depict. It was often demonstrated in media as a weakness. However, the military did realize what a significant medical issue it was. For the comic book industry, two of the first comic books to discuss aspects of PTSD – in a civilian market no less – were both from Entertaining Comics (the same company that published *MAD* magazine) and were written and illustrated by veterans. These creators wanted to show the true cost of war and the damage created. The titles of these comics were *Two Fisted Tales*, and *Frontline Combat*.

While commercial comic books slowly evolved to show aspects of trauma, it was not until more recent years, with a shift towards recognizing mental illness, that the U.S. military even tried to create material to highlight the problems encountered and offer suggestions to assist.

The most direct comic book in this realm was *Coming Home*, which was commissioned by Military OneSource. Using the traditional comic book style, the writers informed readers of what to possibly look for regarding actions of





One Health Week: Pet Safety during the Holidays

Story by Dr. (Capt.) Caitlin Sullivan
Pulse65 Contributor

During the holidays, it's important to remember that our favorite treats and feasts may pose dangers to our furry family members. Preventing your animals from ingesting dangerous or inappropriate substances is imperative; prevention is always easier (and less dangerous) than treating!

Here are some tips on preventing illness from the dinner table by avoiding certain menu items.

Onions and garlic: Thanksgiving dressing is often made with onions, scallions or garlic. Although cats are more susceptible, dogs are also at risk if a large enough amount is consumed. These vegetables and herbs can cause gastrointestinal irritation and can lead to red blood cell damage and ultimately anemia, which could require hospitalization.

Dairy: Some side dishes might contain butter and milk, which can cause diarrhea in pets.

Sugar and salts: Brown sugar and salts can also con-

tribute to severe metabolic changes that can send a furry friend to the hospital. Large amounts of salt can produce excessive thirst and urination, or even sodium ion poisoning in pets. Salty foods can induce vomiting, diarrhea, depression, tremors, elevated body temperature, seizures and even death.

Grapes and raisins: There are many salads and side dishes that include grapes or raisins as ingredients. Grapes and raisins are toxic and potentially deadly. Grapes cause severe, irreversible and sometimes fatal kidney failure in dogs, and the symptoms may not be immediately apparent. If your dog ingests any grapes or raisins, consult your vet as soon as possible, even if your dog is currently acting fine.

Fatty meats: Ham and other pork products that are high in fat content can cause pancreatitis, upset stomach, vomiting and diarrhea. Additionally, any caloric or fatty foods, even if they don't cause pancreatitis if ingested,

can lead to obesity in pets which can cause long-term health problems.

Bones: Bones can cause severe indigestion, vomiting, or obstruction in dogs and cats. Turkey bones in particular can splinter and puncture through the stomach or intestines, causing a potentially fatal abdominal infection which can require surgery and hospitalization to treat.

Desserts: Chocolate is highly toxic to dogs and cats. The darker the chocolate, the worse the toxicity. Chocolate and coffee contain substances called methylxanthines, which are found in cacao seeds. Methylxanthines can cause vomiting and diarrhea, panting, excessive thirst and urination, hyperactivity, abnormal heart rhythm, tremors, seizures and even death. Call your veterinarian or the Animal Poison Control Center immediately if your pet ingests chocolate.

Sugar-free supplements or chewing gum: Xylitol is an artificial sweetener that is dangerous to pets. It is most commonly found in sugar-free gum. It can cause profound hypoglycemia, or low blood sugar, very quickly after ingestion. Signs of toxicity can be seen as quickly as 30 minutes after xylitol ingestion in dogs. Call your veterinarian or the APCC immediately if your pet ingests anything containing xylitol.

Alcohol: Alcoholic beverages and food products containing alcohol can cause vomiting, diarrhea, decreased coordination, central nervous system depression, difficulty breathing, tremors, abnormal blood acidity, coma and even death. Under no circumstances should a pet be given any alcohol.

Be in control of what your pet eats.

Tinsel and string: Tinsel string is a popular toy for many cats. However, if ingested, it can cause a life-threatening blockage and damage in their gastrointestinal tract. Linear foreign bodies such as string frequently require surgery to remove and prolonged hospitalization for recovery. Typically clinical signs don't start until the gastrointestinal problem is already severe. It is important to prevent cats from ingesting strings, rubber bands, tinsel, dental floss, fishing line, or any other similar item they might enjoy playing with or eating.

Ornaments: Breakable ornaments can cause cuts to the mouth, esophagus, or GI tract if ingested by an animal. Just because it looks unappetizing to humans, doesn't mean it is to pets! Keep breakable ornaments higher on the Christmas tree, and monitor closely to ensure your pets don't use them as toys or treats.

House plants: Poinsettia plants can be mildly toxic to animals, causing mild GI upset or ulcerations in the mouth of cats if chewed or ingested. Best to keep poin-

settias out of reach of animals that like to eat plants. Mistletoe contains a toxin that can cause nausea, diarrhea, vomiting, abdominal pain, and in some extreme cases, possible death. Lilies are extremely toxic to cats and can cause acute kidney failure if ingested, or even if licked. Keep lily plants out of reach of cats at all times.

Toxic household items: Beware of poisonous or dangerous items such as batteries, plant food, insecticides, fertilizer, rodent bait or poison, antifreeze, and coins (especially pennies due to potential zinc toxicity) that may be around the home and yard. These items can all make your pet sick if ingested.

Clothing and toys: Some dogs love to eat used clothing such as socks or underwear. Other pets may be interested in eating the insides of their stuffed animals, pieces of rubber toys, plastic packaging of their favorite foods, and more. Keep your pet's favorite non-food items out of reach so that you don't risk an emergency foreign-body removal surgery.

Table scraps and trash: Put table scraps in secure garbage or refuse containers; do not feed them to your pets. Too much fatty food after eating from the garbage can lead to pancreatitis, which is a life-threatening and very painful inflammatory condition of the pancreas. Bones and rawhide chews also present a significant choking hazard and should be avoided.

Additional tips for safe and health pets.

The heat, loud noise and confusion of crowded holiday events can traumatize a pet and may cause it to want to run away or escape from the environment. Make sure pets have a quiet, safe place that they can use for shelter within the home. And, just in case one of your pets does escape, ensure they are always wearing a collar with an identification tag and a microchip, in case they are frightened by a holiday gathering and escape your home unexpectedly.

If your family plans to travel and you are planning to board your pet during the holiday season, it is recommended to call the boarding facility ahead of time to see if they have any specific vaccine requirements for boarding.

Last, but not least, maintain recommended flea, tick and heartworm medication since diseases transmitted by ticks and mosquitoes may be life threatening. Note, not all topical medications are waterproof or even safe for pets. Just because it is winter does not mean that it is safe to stop administering preventives for your pets, especially if you live in a warmer climate.

If you suspect that a pet has ingested something that they should not have, contact your veterinarian or the Poison Control Center immediately. The ASPCA poison control hotline is (888) 426-4435.



Domestic Violence: Army Programs, Processes Work

Story by Denver Beaulieu-Hains
U.S. Army Garrison Yongsan-Casey Public Affairs Office

Imagine being on lock-down with your abuser during COVID-19. Statistics show one out of every three women and one of every four men have experienced some form of physical violence by an intimate partner. As a survivor myself, I know the abuse doesn't stop because there's a pandemic. In fact, the stress and close quarters can be deadly for some.

As a 29 year-old specialist in the U.S. Army during the 90s, I found safety when my 1st Sgt., pulled me aside... "Specialist, if you cut your hair one more time," he said. "I'm going to take away your children and put you on suicide watch." It was a warning and he meant it, and he got my attention.

At that time he knew something was wrong, but it didn't become clear until the military police contacted him. It took me 20-years to under-

stand that my partner's weapon in the trunk of our car posed a significant threat for the Army and my well-being. It meant things were worse than I thought.

Signs of abuse

"If you hadn't done that," he'd say. "This wouldn't have happened."

Locking you in or out of your house, forcing you to have sex with him, and punching, pushing, kicking, biting and pulling hair are obvious signs of abuse [for some].

However, "I had been conditioned to think the abuse was normal, fondness – a form of love.

The confusion is undeniable, if you live in the house with an abuser. It's easy to not be sure because the pattern of behavior, tension, incident, and calm is a merry-go-round of emotions that keep you wondering, working harder to be better or

you just walk on egg-shells and stay out of the way.

A sign of Intimate partner abuse is that your partner bullies, threatens or controls you.

I didn't have money at the time. I was an Army E-4 and my salary paid childcare. I was making a measly [term used by the attorney's office], \$19,000 a year back then.

"The only reason you have anything at all is because of me," he said that too. "Your own mother doesn't even want you. Where can you go?

Desperate to leave, I left with nothing. Once again our resilient community helped me get a fresh start. At my next assignment Schofield Barracks, the neighbors noticed I had nothing when mover's showed up and delivered a few boxes of dishes.

I understand why someone might stay – finance being a good reason. Yet, I something inside of me pushed me to believe in the Army and trust

myself – deep down I knew I could make it on my own. I wanted the opportunity to try.

Marital counseling was also part of the strategy. That taught me that I wanted my own counselor – not one with my husband. Another clear sign that I wasn't working on being together. I was moving forward.

"No one ever learned to be together by being apart," the counselor said. I was an Army spouse then.

Those lessons were more than 22 years ago, all are still invaluable.

The Army takes care of its own, and I'm still here as living proof that the process, procedures and programs work. Today's challenge, how do you report it amid the public health emergency and Health Protection Conditions and the restrictions that go along with it?

Some may say it's easy for me to talk – I got away. The truth is leaving is never easy and there isn't a day that I don't remember the devastation of knowing that no one could fix it for me, and that I had to do something to change my circumstance and I had to do it quick. I had become impulsive, self-destructive and numb to the idea that my world was scary and up-side down.

My chain-of-command was the start to getting help. They advocated for me when I couldn't even understand the gravity of the situation. I was eventually compassionately reassigned and my career continued. I got a fresh start.

The financial counselor at U.S. Army Garrison Yongsan's Army Community Services (ACS) helped me budget for my Permanent Change of Station. I don't remember if I required a loan – but if money is an objection to peace of mind. Don't forget to ask your Chaplain or ACS. They can point you in the right direction.

Finally, what did my hair have to do with all of this? It was the one indication that something was not quite

right. Someone noticed and helped me do something about it.

My doctor, who had counseled me so many years before prophesied as I reported to him spit-shined in Army Battle Dress Uniform.

"I'll never have to worry about you again," he said. "You are wearing the uniform now. You will be O.K."

He was right. I have come completely full circle. I'm a member of the staff here now. I am part of a community of professionals that care about service members, Korean Nationals, contractors and Department of Defense civilians and their families at Camp Casey, Yongsan, and K-16.

I don't anyone to be afraid or to

fear for themselves or their children. Victim Advocates are available to provide unrestricted and restricted reporting options. Please call the 24/7 Domestic Abuse Victim Advocate Hotline at 153 or 0503-357-8913 here at Yongsan to speak with a confidential counselor.

Imagine how it feels to be safe, and to able to help someone else. I pass the same ACS, my old haunts and the barracks [where I lived]. Today, I am here alone on my own merits. I'm even responsible for my own young [younger than I], talented service-members.

Let's realize a community free of domestic violence together! Imagine that!



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Brig. Gen. Roache Visits Brigade

Photos by In Kyeong Yun
Brian D. Allgood Army Community Hospital Unit Public Affairs Representative



Eighth Army-Korea Deputy Commanding General - Sustainment Brig. Gen. Michael Roache visited 65th Medical Brigade's Motor Pool sections on Oct. 21 for a Maintenance Terrain Walkthrough. Following his tour of Brian D. Allgood Army Community Hospital and COVID operation facilities on Oct. 20, Brig. Gen. Roache had the chance to see the 549th Hospital Center's field hospital capabilities.



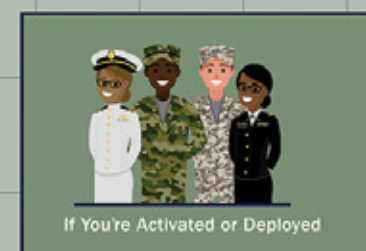
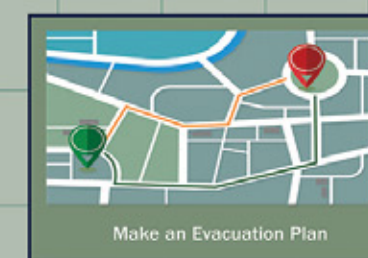
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DHA Priorities Focused on Readiness, Patients, Outcomes

Courtesy of Military Health System Communications Office

When Army Lt. Gen. Ronald Place visits military hospitals and clinics and conducts town halls with staff, he introduces himself not only as the director of the Defense Health Agency, but also as an Army surgeon, a son, husband, father, and grandfather. For Place, all his roles influence his decisions.

Place admits it was easy to get lost in his role as a surgeon back when he began his residency training. “Yet I would still go home as a military spouse, or I would go home to my military children,” he recalled. “I would wonder, ‘What did I do today to make the system better for my spouse?’ or ‘What did I do today to make the system better for my kids?’ And often the answer to that, at least for me personally when I was a junior officer, was nothing.”

Today as the director of the DHA, Place is responsible for all the activities that happen in the DHA, most of which impact the 9.6 million eligible TRICARE beneficiaries who depend on the MHS for their health care. “I like everybody to consider all of their roles when they make decisions,” he said. “To me, it’s a reminder from a decision-making perspective, who are we? And why are we there as a part of the Military Health System?”

As an integrated system of health and readiness, the MHS is a complex matrix of people and priorities with a unique role supporting the National Defense Strategy, said Place. “Much of what we do to measure ourselves, our productivity, and the quality of the work that we do [is] based on



Looking forward into his second year as director of the Defense Health Agency Army Lt. Gen. Ronald Place continued to emphasize his four priorities for the Military Health System: great outcomes, a ready medical force, satisfied patients, and fulfilled staff. (Courtesy photo)

civilian standards and benchmarks,” he said. “Yet we’re a Military Health System, and some of the things that are required for that balance between health and readiness don’t earn productivity points in the same way they would in a civilian system.”

Place said the MHS isn’t where it needs to be in terms of defining the elements of readiness -- troops being medically ready and health care teams being proficient to perform their wartime missions -- or how the MHS measures productivity and quality in relation to readiness.

While the task at hand seems great, Place sees promise in the staff inside the DHA headquarters and at the military medical treatment facilities. “I see excellence. I see passion. I see dedication. I see desire for improvements in our system.”

Place has seen that passion showcased during the national emergency brought on by the COVID-19 pan-

dem. Through excellence, ingenuity and agility, health care providers continue to find ways to adapt how they deliver care without degrading the quality of care patients receive. Place cited the CAMIC invention and rethinking therapeutics such as the use of convalescent plasma for treating COVID-19 patients as examples of how passion and innovation have come together to create solutions that may have applications for years to come.

Place sees process standardization as a key to improvement. “Across the entire Military Health System, there are literally thousands of things that could be standardized to improve our system,” he said. It won’t be easy because there’s a lot of fear associated with change, he added.

But Place believes the DHA is primed for the challenge. “With the talent and passion and commitment of the entire team, at headquarters and at our health care delivery sites, I’m confident we can do it, but it’s going to take a significant effort and it’s going to take us some time,” he said.

Asked about his short-term goals, Place said he hopes to be able to cite examples of how standardization has improved the system. “That improvement might be quality of care or clinical outcomes for our patients; it may be the overall satisfaction of our patients,” he said. “I also hope we’ve done something to improve the system so that the staff, whether it’s across the entire organization or even particular functional communities, have more joy in the work that they do and more fulfillment in their missions.”

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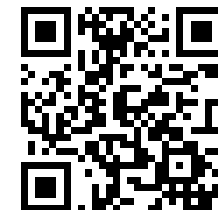


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EXCHANGE

Warrior Care RCP's Multitude of Programs Supports the Warfighter

Courtesy of Warrior Care- Recovery Coordination Program



Wounded and injured service members from all branches and Special Operations Command compete during the 2019 Department of Defense Warrior Games in Tampa, Fla. (Air Force photo by Senior Airman Caleb Nunez)

Each November, we celebrate the recovering military community, such as its service members, military caregivers, and their families. The Warrior Care Recovery Coordination program (RCP) encompasses five programs: Education and Employment Initiative (E2I), Operation Warfighter (OWF), Military Adaptive Sports Program (MASP), Military Caregiver Support, and the National Resource Directory (NRD).

Their combined role is to ensure our recovering service members receive an abundance of resources, care, and knowledge to make their recovery seamless; and to ease their transition back into active duty or into civilian.

Military Caregiver Support provides support for those who provide aid to the service member in addition to their medical care.

Military Caregivers are as diverse as our recovering service members, they can be the military spouse, a family member, or even a friend. They take on big responsibilities, such as learning new medical terminology, making appointments, among other supportive activities. But military caregivers also need support. RCP's Military Caregiver Support provides a full variety of resources including, regional PEER Support Coordinators who provide military caregivers with personalized resources and a chance to connect with other military caregivers.

Integrated Disability Evaluation System (IDES) is the joint VA/DOD system wounded, ill, or injured service members are enrolled and determines a Service Member's fitness for duty. The IDES begins with a referral to the Medical Evaluation Board and ends upon return to duty or transition into civilian life. This process can

take considerable time depending on the RSMs recovery progress. Throughout their IDES journey, the Warrior Care programs provide RSMs and their families with essential resources and tools to help with their recovery and prepare for their new normal.

The RCP's Education and Employment Initiative (E2I) assists RSMs early in their recovery process to identify their skills and match them with the education and career opportunities to help them successfully transition into civilian life. OWF coordinates an internship program that matches qualified RSMs with non-funded federal internships for them to gain valuable work experience during their recovery. OWF/E2I work hand in hand to ease the stress of finding employment during an already stressful time and provides RSMs with the opportunity to learn new things and try out a new career.

Also, with the help of region coordinators, RSMs can connect with local federal agencies and private sector employers.

For RSMs who are concerned about providing their own accommodations, the DOD's Computer/Electronic Accommodations Program (CAP) serves to provide quality services and accommodations to all DOD employees, agencies, and RSMs.

Recreational therapy has many benefits for a RSM and their families, such as connecting on another level, a fun and unique way to stay active, and other mental and phys-

ical benefits. Warrior Care's MASP provides the recovering military community with opportunities to try different types of recreational therapy with professional coaches, military service organizations, veteran service organizations, and local partners. Activities include adaptive sports, creative arts, and more. MASP also allows RSMs to compete during the annual Warrior Games. The Warrior Games brings together wounded, ill and injured service members from all branches together to compete against each other in a multitude of sporting events.

The RCP's NRD has thousands of resources at the national, state, and local levels to support the recovering military community, military families, veterans, and friends.

Whether it be transitioning into civilian life or back into active duty, Warrior Care RCP stands ready to support out recovering service members every step of the way. Our programs are designed to assist them, their caregivers, and military families; and provide them with the tools needed to have a successful and stress-free recovery.

Starting Jan. 1, 2021:

TRICARE Select Group A Retirees

will have to pay a monthly enrollment fee

! **How do I know if I'm in Group A?**
You're in Group A if you or your sponsor's initial enlistment or appointment occurred before Jan. 1, 2018.

\$ For an individual plan, you'll pay **\$12.50 per month**

\$ For a family plan, you'll pay **\$25.00 per month**

Take action NOW! Contact your regional contractor to set up a monthly payment. Don't wait!

Set up payment by Nov. 20, 2020 to avoid prepayment of initial enrollment fees due to administrative processing time.

You must establish your payment by Dec. 31, or you will be disenrolled from TRICARE Select due to non-payment.

Learn more at www.tricare.mil/SelectEnrollmentFees



Brigade Hosts 70th Annual Healthcare Training Symposium

Story and Photos by William Wight
65th Medical Brigade Public Affairs Office

Ensuring a trained healthcare professional force is medically ready can be challenging in the Republic of Korea. From October 30 to November 3, 2020, the 65th Medical Brigade hosted the 70th Annual 38th Parallel Healthcare Training Symposium at U.S. Army Garrison Humphreys Morning Calm Center which was designed to discuss medical issues and advancements unique to the peninsula and Pacific Region.

This year's theme was "Evolv-

ing Military Medicine in the New Normal." Day 1 was filled with some great discussion between the leaders of Army Medicine, Eighth Army-Korea and medical professionals throughout the Korean Peninsula and was designed to ensure that trained and ready healthcare professionals sustain a medically ready force that is prepared to "fight tonight" while learning how to adapt and collaborate to provide constant world class health care.

Opening the weeklong event was the 65th Medical Brigade Commander, Col. Dave Zimmerman

who spoke to the Armed Forces Network prior to the event.

"The first session of the 38th Parallel Healthcare Training Symposium was held in 1951, during the Korea War, for medical professionals to discuss common healthcare difficulties and setbacks. Today, the goal of this training is to develop military leaders who maintain the readiness and health of our forces by ensuring medical personnel receive state-of-the-art education on the Korean Peninsula," said Zimmerman.

This year's unique conference

like symposium had its challenges particularly during a time of a global pandemic. The Brigade moved forward this year with a hybrid block of plenary instruction as guest speakers and subject matter experts in their fields presented either virtually via Microsoft Teams or in person at the Morning Calm.

"The symposium is an opportunity for healthcare providers on the peninsula to receive the continuing education credits that they need for licensure. The Surgeon General of the Army and the Deputy Surgeon General presented virtually, while the Eighth United States Army Commanding General and the Deputy Commanding General for Eighth Army Republic of Korea presented in person," said Zimmerman.

The remainder of the weeklong training was divided into tracks taught virtually covering a variety of topics in the areas of administration, medical, nursing, dental, veterinary care, and behavioral





“
It is through combined efforts and opportunities to train and collaborate in venues such as this symposium, that we all have gained a deep shared understanding critical to the combined joint operations resolving our interoperability gaps and gained quality educational experiences.”
— Col. Dave Zimmerman

health with participants gaining 140 continuing education credits.

“Our ability to provide this quantity of CME &CNE credits speaks volumes about the quality of each presentation in our program and the level of education attained by each of our speakers,” said Col. Maria Angeles, the 65th Medical Brigade Chief of Clinical Operations. “It takes approximately eight months to put this symposium together with the assistance from over 20 different subject matter

experts from within our medical brigade. This symposium would not be possible without the continual support from our Republic of Korea partners, Department of Defense civilians, and direct reporting units.”

Continuing Medical Education (CME) is defined as educational activities which serve to maintain, develop, or increase the knowledge, skills, and professional performance and relationships that a physician uses to provide services

for patients, the public, or the profession. Continuing Medical Education is the method by which practicing physicians maintain currency with emerging information in a dynamic, ever-changing base of medical knowledge. The U.S. Army Medical Department's (AMEDD) support of CME reflects a collective commitment to the need for lifetime professional learning.

The Surgeon General requires Army physicians to earn CME credits in order to meet licensure and

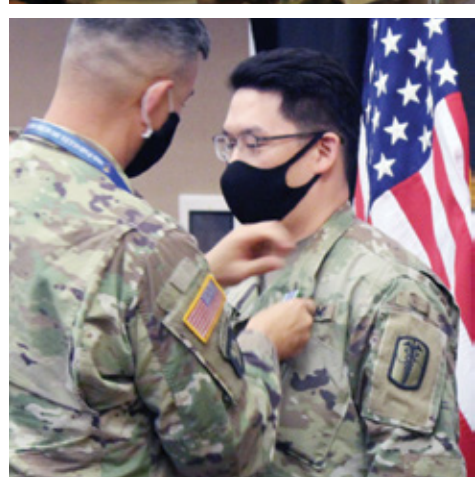
credentialing requirements. The US Army Medical Command (MED-COM), Army Medical Department, is accredited by the Accreditation Council for Continuing Medical Education (ACCME) to sponsor AMEDD CME activities for physicians. As an accredited sponsor, it ensures educational programs

meet the requirements outlined in the "Essentials and Guidelines for Accreditation of Sponsors of Continuing Medical Education", which is published by the ACCME.

The 38th Parallel Medical Society started 1951 in the midst of the Korean War by a group of medical officers from the 3rd Infantry Division

to discuss best practices, medical trends and share information to gain a common understanding of what was going on in the battle space to ensure medical care on the peninsula was maintained at the highest possible level and it served as an opportunity for medical personnel to become acquainted.





Today COVID may have altered the way that the Brigade conducts its daily delivery of operational medicine, according to Zimmerman, but the need for collaboration and learning to adapt remains the cornerstone of medical readiness.

“It is through combined efforts and opportunities to train and collaborate in venues such as this symposium, that we all have gained a deep shared understanding critical to the combined joint operations resolving our interoperability gaps and gained quality educational experiences while simultaneously improving our medical readiness posture on the peninsula at a time that is critical,” concluded Zimmerman.



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“Isolation” Isn’t Part of “I Love You”

Story by Sukanya Surette
U.S. Army Garrison Yongsan-Casey
Domestic Abuse Victim Advocate



One might think someone who once stood tall, having served his country [as military and civilian] might have a comfortable retirement. Living abroad could have advantages, travel and exotic friends and places could be in cue. I’d like to shed light on some potential disadvantages.

Retired on federal salary, comfortable with commissary and exchange benefits doesn’t sound bad, except, what about restrained to a wheelchair, locked-in at home daily and forced to change his own diapers – abuse and isolation this is just one scenario. Abuse takes many forms.

I’m a victim’s advocate. It’s my pleasure to help victims of domes-

tic violence. Signs of abuse include bruises, welts, broken bones, broken eyeglasses and signs of being punished, along with the caregiver’s refusal to allow visitors. One also has to look out for signs of mental mistreatment or emotional abuse and signs of neglect.

My client got help because he had the courage to scribe a note, pass the small piece of paper to a customer walking by at the commissary one day. Not everyone is that courageous!

7640 “Help me please,” he said.

The customer called the Military Police. The rest of the story is all good news.

The cry for help allowed the social worker and I to call family in the U.S., and for the Family Ad-

vocacy Program Manager (FAPM) to secure a safe place for the him to stay, until he could return to his family.

It was a sad and beautiful moment for us all. Tears of joy and grief marking the end of a horrible experience. No one like to say the word “abuse.” That was abuse. That was my very first experience as a victim’s advocate.

Sounds like something for a Lifetime T.V. movie. That was real life.

Thankfully, the U.S. Embassy helped to him secure a new passport. Thankfully, the staff made the process quicker than normal. The Army Emergency Relief Program assisted with the necessary funds so the client could return to the U.S.

I’m happy to serve this community as a Domestic Abuse Victim’s Advocate. Language barriers, current health-protection measures and restrictions. It is hard, right?

A client might not even have a landline or cell phone – He’s safe now and may have one, but then, he didn’t.

I hope we all receive the note [the subtle “cry for help,” and do something about it. I hope we take action to call the police report it to our leadership, Chaplain or other authority.

I’m available to get every victim the help they need.



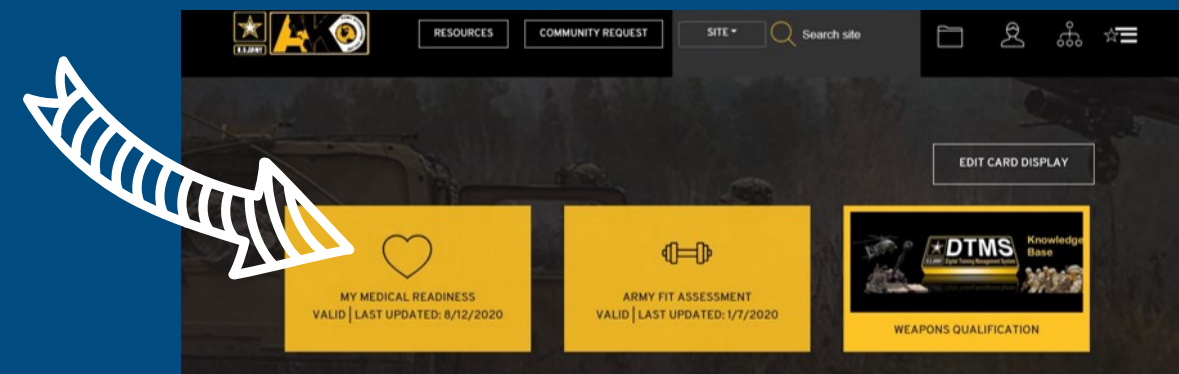
The ACS team, Monica Battle, director, Louise Gonal, chief of Family Advocacy, Sukanya Surette victim advocate, and Denver Beaulieu-Hains, the USAG Yongsan-Casey public affairs officer talk about ways to understand and combat Domestic Violence on the Armed Forces Korea Network, Oct. 13.

ANNUAL HEARING TEST



STEP 1:

1. Go to <https://www.us.army.mil>
2. Click “My Medical Readiness.”



3. The “Hearing” row identifies the due date.

Green

MRC1

Medical Readiness Indicators

NEXT DUE

Name	Color Code	Next Due	Required Action
Dental	Green	09/Oct/2020	You are in compliance for Dental Readiness.
BEC	Green		You have no Deployment Linking Conditions.
DNA	Green		You have a DNA sample on file. No action is required.
HEARING	Green	15/JUN/2021	You are in compliance for Hearing Readiness. Your next hearing test is due 06/15/2021.
RFV	Green	05/Apr/2023	Your RFV status is current. Your next RFV Test is due 04/05/2023.

Your next hearing test can be scheduled a MONTH BEFORE the due date.
Example - Next Due: 15/JUN/2021 = Schedule: MAY/2021 ⚡

STEP 2:

1. For Appointment,
call Central Appointment Line. ☎ DSN: 737-2273
☎ CELL: 0503-337-2273

LOCATIONS

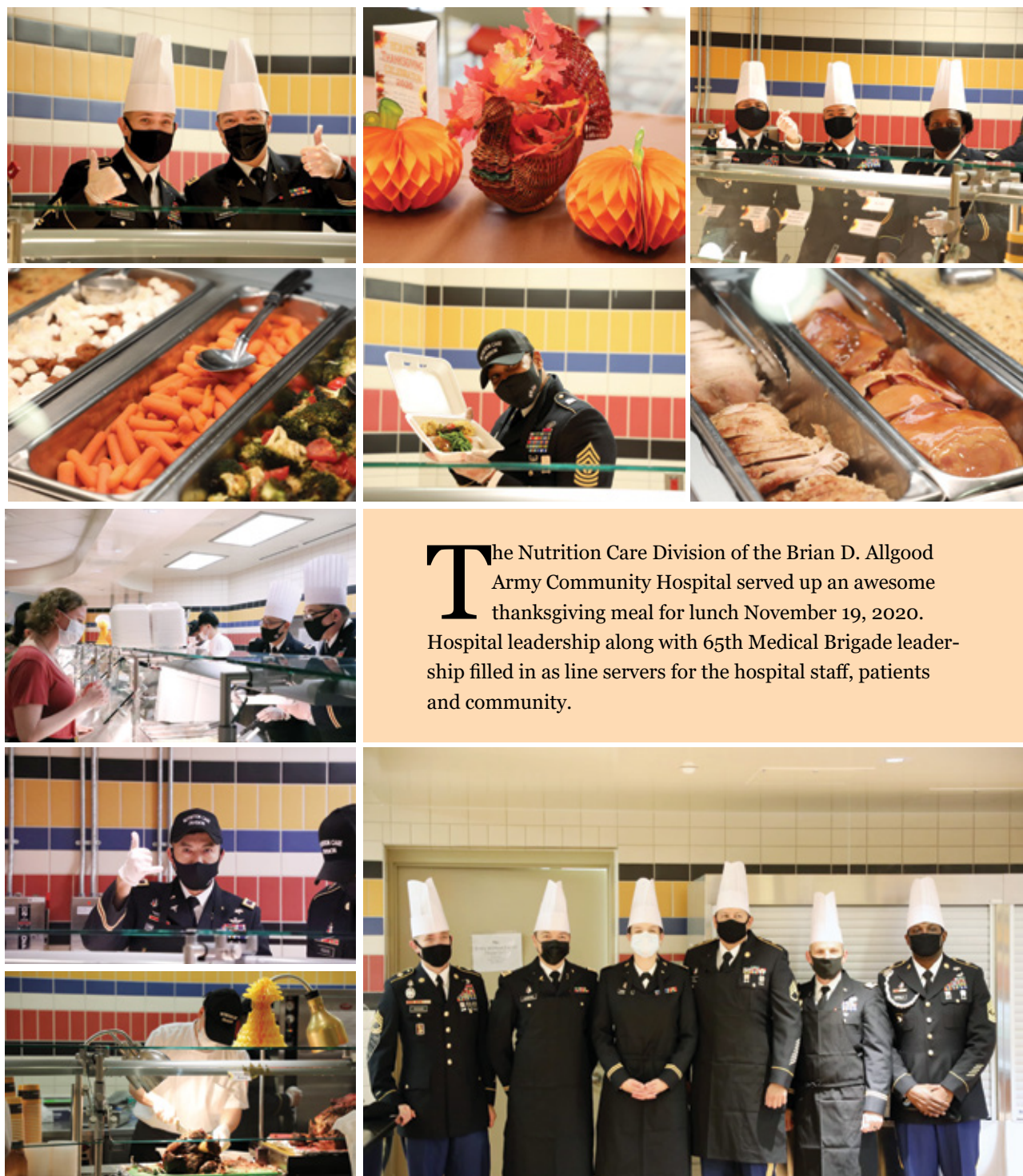


- 📍 CAMP CASEY: BLDG 807 (TMC)
- 📍 CAMP HUMPHREYS: BLDG 555 (JENKINS CLINIC)
BLDG 6370 (MIDTOWN/SGT KIM CLINIC)
BLDG 6400 (ONE STOP/MAUDE HALL)
- 📍 CAMP CARROLL: BLDG 180 (TMC)
- 📍 CAMP WALKER: BLDG 221 (WOOD CLINIC)
- 📍 K-16: BLDG 250 (TMC)
- 📍 SUWON AB: BLDG 2128 (TMC)



Hospital Command Teams Serve Thanksgiving Lunch

Photos by In Kyeoung Yun
Brian D. Allgood Army Community Hospital Unit Public Affairs Representative



The Nutrition Care Division of the Brian D. Allgood Army Community Hospital served up an awesome thanksgiving meal for lunch November 19, 2020. Hospital leadership along with 65th Medical Brigade leadership filled in as line servers for the hospital staff, patients and community.

Hill 303 Staff Ride

Photos courtesy of 19th ESC Public Affairs Office



Leaders from 19th Expeditionary Sustainment Command attended a staff ride at the historic Hill 303 site. The staff ride used the backdrop of the Hill 303 massacre to share lessons on leadership, logistics operations and tactical planning.



Family Adventures: Jeju Island

Story and photos by William Wight
65th Medical Brigade Public Affairs Office

K

Known as “the island of the gods,” and “the Korean Hawaii.” Jeju Island is the perfect size for a unique and unforgettable road trip. There is a lot to see and do on the island – mountains, coastlines, museums and waterfalls to name a few, and so with a short amount of time and not wanting to hire a car, my family and I set out for a variety of day trips. This was in fact probably the best way to see the island itself and if you fancy an adventure, it becomes the perfect way to see unique nuances of the island by being spontaneous in your travels.





license and an international driver's license. You are not allowed to drive in Korea solely with your own foreign license. Most car hire places will ask for both when you are going through the paperwork – so make sure you have valid documentation before you embark on your trip. You will need to be over 21, have been driving for a year or above and have a valid passport and credit card. Hire companies will not take debit cards for bookings – so do not get caught out and stranded!

Jeju Island is bursting with geological wonders formed by volcanic activity 2 million years ago. One attraction is the



Fortunately, we were able to rent one of the last cars available near the airport. Upon arrival if you find the airport rental counters have nothing, there is a plethora of rental agencies outside the airport a mere 5 mins by taxi. Driving in Jeju is quite safe, with lots of open roads and several paths across the island in addition to the loop around it. By being flexible with our plans, this self-drive was the best way to see the beauty of the island's countryside and stay in cheaper (high quality) accommodations. You are going to need a valid driver's



network of astonishing lava tubes and caves – which are officially the largest and most spectacular in the world. They’re part of Jeju’s several natural UNESCO heritage sites, and can be located all over the island.

Perhaps the most famous is the Manjanggul Cave, which can be found in Gimnyeong-ri, about 30 minutes' drive from Jeju City as you travel clockwise around the island, off highway 1132. It is one to tick-off the bucket list for sure – so don't miss it. Entrance fees are 2,000 Won for adults and 1,000 Won for children.



Continuing to follow the coast road we come to another natural wonder – known to non-locals as Sunrise Peak. As you might have guessed, this is a beautiful spot to watch the sun come up on your day – a stunning volcanic mass that rises from the sea and yet another UNESCO site on Jeju. We spent the night in a lovely condominium time share with a full kitchen, it was like being in our own home. Holding to the coast road once again we passed some of Jeju’s best beaches where locals and foreigners alike were catching rays. Then it was on to Cheon-jeon Falls, one of Jeju’s top tourist attractions – and for particularly good reason. One look will make it hard for you to look away, so be sure to immortalize the moment in a photo or two!



When you learn about Jeju, you must have heard a lot about its specialty Black Pork, the famous dish of this beautiful island. The black pork in Jeju has an incredibly unique taste that is different from other normal pork, the black pigs with smaller in size, black skin, and smooth fur. According to culinary experts, Jeju black pork, when smoked with hay, smoke, and heat, will make the meat taste more delicious and different. It was really delicious with an indisputable taste.

Oranges and tangerines are everywhere. Whether it is on the trees alongside the road, to small street vendor stands, to shops selling them wholesale for shipment back to your address, these orange fruits are a staple to those who reside there. We could not help but order a case or two for delivery back to our house.

Jeju Island enjoys a humid, subtropical climate with temperatures that will rarely fall below zero in winter (32 °F). It is much warmer than the rest of the country, which might explain why so many people flee here to escape the cold. November to February is ideal to avoid most of the heavy rain and thunderstorms. Springtime is pleasant from March until May, but the summer can get unbearably hot due to the



humid, close conditions.

Although we did not have a lot of time, we did manage to spend a night in the mountains at a time share lodge resort. Due to the hiking involved we chose to hit up sights such as the Dinosaur Park, the Greek Mythology Museum, and the volcanic rock park.

If you have a lot of time, you can visit the most prominent Hallasan volcano on the island, because it is exceptionally large and it takes all day to climb here. It is also the highest mountain in Korea with the whole mountain area is a huge national park with many beautiful

sights. To climb Hallasan you will take a whole day to climbing up, sightseeing, and climbing down. The Hallasan volcano is located in the middle of Jeju Island.

We ended our excursion with a night exploration of downtown Jeju City, only 15 minutes from the airport. Shops, markets, galleries, museums, hotels, cafes, and casinos can all be found within the central part of the city.

Plans are to make another trip and see the other half of the island possibly closer to the summer months, but truly Jeju is worth it and during this pandemic and as long as conditions remain as they are, it becomes a true place to visit while you are here in Korea.



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Army Picks Fitbit to Develop Wearable Presymptom COVID-19 Detectors

Courtesy of Army Medical Research and Development Command



Soldiers might soon be getting Fitbits that can alert them to a COVID-19 infection before symptoms start showing, per a new contract award through the Army-backed Medical Technology Enterprise Consortium.

In May, the consortium, on behalf of the Army Medical Research and Development Command, released a request for project proposals “to develop a wearable diagnostic capability for the pre-/very early-symptomatic detection of COVID-19 infection.”

The Army, in search of mid-development solutions that already combined working tech and algorithms in a proof-of-concept prototype, put up \$25 million for up to 10 projects. Thursday, wearable fitness tracker company Fitbit announced it was the recipient of one of those awards for \$2.5 million.

“We believe Fitbit is uniquely positioned to deliver on USAMRDC’s goals based on our deep wearables expertise and established user base

of nearly 30 million users, our early research in machine learning algorithms for detection of pre-symptomatic COVID-19, and our production and manufacturing capabilities to scale solutions and make them available quickly,” Amy McDonough, general manager and senior vice president of Fitbit Health Solutions, said in a release.

Since May, Fitbit engineers have been working on an algorithm to predict COVID-19 infection ahead of symptoms and tested the system on more than 187,500 volunteer users in the U.S. and Canada, confirming more than 2,700 cases.

“Based on the findings of our study, we can detect nearly 50 percent of COVID-19 cases one day before participants reported the onset of symptoms with 70 percent specificity,” Conor Heneghan, Fitbit’s director of research for algorithms, wrote in an August blog post about the study.

The study also showed that the usual vital signs—breathing rate, resting heart rate and heart rate variability—can reveal the early onset of COVID-19 and “are best tracked at night, when the body is at rest.”

“Our research shows that our bodies start to fight the disease before more visible symptoms appear and we believe Fitbit can reliably detect these signals, giving us an incredible opportunity to get ahead of this virus and help alert people that they could be sick before they unknowingly spread it to others,” McDonough said. “This award will help advance this important research.”

The award does not mean soldiers will be wearing COVID-19-tuned Fitbits tomorrow. The agreement moves the research into the next phase, which will include teaming with Northwell Health’s Feinstein Institutes for Medical Research, “the largest health care provider and private employer in New York State,” according to the release. Northwell Health employees will be getting Fitbits loaded with the algorithm and receive regular COVID-19 tests to verify the accuracy of the wearables.

“Based on our learnings, we aim to work together to advise other large-scale health systems on this approach to minimizing the spread of COVID-19,” Karina Davidson, senior vice president at the Feinstein Institutes, said in the release.

“The Department of Defense seeks rapid, accurate wearable solutions to identify and isolate pre-symptomatic COVID-19 cases and help track and prevent the spread of the virus,” Commander Christopher Steele, director of the USAMRDC Military Operational Medicine Research Program, said in the release. “Wearable technologies, valuable data metrics and potentially rapid scaling solutions for broad availability, create ideal conditions for military and industry partnerships in the consumer wearables space.”

This effort is separate from one spearheaded by the Defense Threat Reduction Agency, which is partnering with Garmin and Oura to develop wearables that use the agency’s own pre-symptom illness prediction algorithm.

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Holiday Gift Guide



1. 10inch WiFi Digital Photo Frame with HD IPS Display Touch Screen
Retail: \$119.00 Available at: Amazon.com
2. EGI - Set of 3 Flickering Real Wick Flameless Candles with Remote Control and Timer
Retail: \$19.99 Available at: Amazon.com
3. Original Bamboo Tumbler with Tea Infuser & Strainer by LeafLife: 17oz Premium Tea Bottle/Vacuum Insulated Travel Tea Mug (Comes with Tea Diffuser For Loose Tea)
Retail: \$29.95 Available at: Amazon.com
4. Nostalgia HDT600COKE Coca-Cola Pop-Up 2 Hot Dog and Bun Toaster
Retail: \$19.99 Available at: Amazon.com
5. Yinuo Mirror Scented Candles Gift Set, Soy Wax 4.4 oz (4 Pack)
Retail: \$19.99 Available at: Amazon.com
6. My Cinema Lightbox - The Mini Color-Changing LED Marquee with 100 Letters & Numbers to Create Your Own Sign
Retail: \$24.99 Available at: Amazon.com
7. ROKR 3D Wooden Puzzle-Mechanical Model-Wooden Craft Kit-DIY Assembly Toy
Retail: \$39.99 Available at: Amazon.com



8. Waneway 12-Inch Screen Makeup Mirror with 24 LED Lights
Retail: \$25.99 Available at: Amazon.com
9. Homofy Dinosaur Toys 142pcs Slot Car Race Flexible Tracks
Retail: \$22.99 Available at: Amazon.com
10. Shiatsu Neck Back Massager Pillow with Heat
Retail: \$39.99 Available at: Amazon.com
11. DOSS SoundBox Touch Portable Wireless Bluetooth Speakers with 12W HD Sound and Bass
Retail: \$29.99 Available at: Amazon.com
12. Flipside Game, Electronic Handheld Game (Flip, Slide, and Match the Colors to Beat the Clock - 4 Game Modes)
Retail: \$17.59 Available at: Amazon.com
13. Starling's Car Trunk Organizer - Durable Storage SUV Cargo Organizer Adjustable, Bordeaux
Retail: \$41.97 Available at: Amazon.com
14. Etsfmoa Unisex LED Beanie Hat with Light (USB Rechargeable Winter Knit Lighted Headlight Headlamp Cap)
Retail: \$10.99. Available at: Amazon.com
15. Wooden Bookholder Recipe Book Phone Holder eReader iPad Tablet Stand Rest
Retail: \$10.99 Available at: Amazon.com

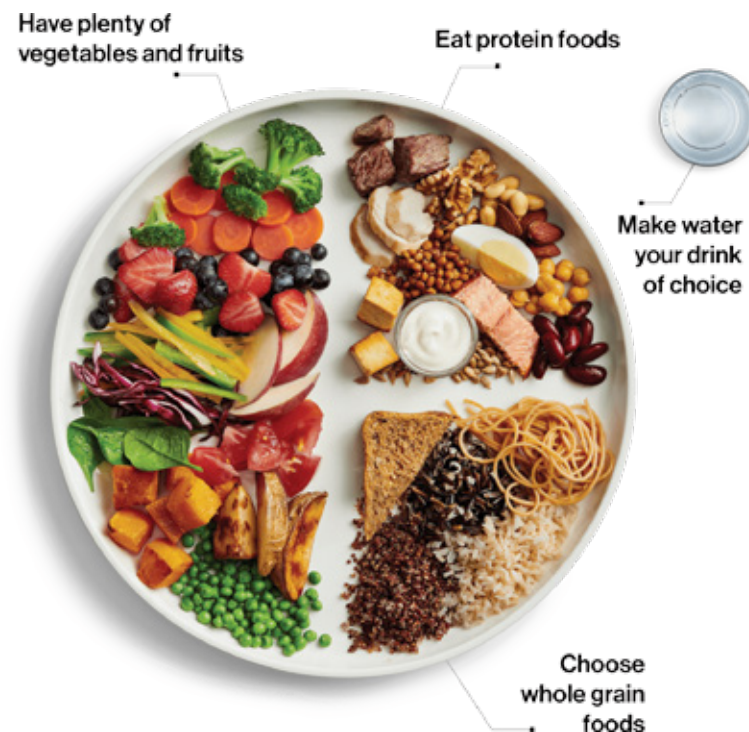
Ask the Health Coach



Army Wellness Center's Health Educators take your questions to help YOU to stay FIT. This month, *Danielle Sprunger* at the new Army Wellness Center on Camp Walker will answer a health question.

"Hey Coach, how can I meet my daily caloric needs and eat healthy?"

Great question! Once you receive your resting metabolic rate results, it can be overwhelming to figure out where to start. Sometimes it's hard to either eat enough calories or skim back on calories while still eating healthful foods. First and foremost, we want to make sure we are eating healthy. Following the guidelines of ChooseMyPlate.gov, that means making half of our plate fruits and vegetables, one fourth of our plate lean protein, and the other fourth as grains, with half of them whole grains. Including a wide variety of fruits, vegetables, lean protein, and whole grains ensures we are meeting our recommended daily intake of both macronutrients and micronutrients. Macronutrients include carbohydrates, protein, and fat, while micronutrients are vitamins, minerals, and water. Eating a healthy, well rounded diet is the most important step to getting our caloric needs.



When you are having trouble reaching your caloric needs, remember that just because you have those extra calories, does not mean you should fill it with unhealthy, heavily processed foods. Instead, start eating nutritionally dense foods. So what exactly are nutrient dense foods? They are foods that offer a wide variety of macro and micro-nutrients in proportion to how many calories it has. Some examples of these would be hummus, fish, yogurt, avocado, and beans. While eating nutrient dense foods, also eat every 2-3 hours. Whether this is a snack or a meal, eating frequently will help increase your caloric intake and help boost your metabolism.

For those who are exceeding their caloric needs and are looking for ways to help reduce it, still try to eat nutrient dense foods, but aim to eat smaller portions. A way to help control your portion size is to use a smaller plate, weigh or

measure out the foods you are eating, and always check the nutrition facts label for the portion size and calories. One big thing to remember, if you are hungry, eat! Listen to your body's hunger cues and keep your meals and snacks healthy by using the ChooseMyPlate guidelines.

Whether you are trying to meet or decrease your caloric intake, utilizing technology will also help aid in counting your calories. There are many apps that you can download that will help you keep track of the foods that you ate. I recommend MyFitnessPal as an option; this app will let you scan barcodes or search for specific foods in their database. From there, you can add it to your daily log and it will keep track of the amount of calories you are consuming. You can also keep it simple and start to track your calories using the nutrition facts label on the foods you are eating and a sheet of paper.

New TRICARE Select Fees for Group A Retirees



How do I know if I'm in Group A?

You're in Group A if you or your sponsor's initial enlistment or appointment occurred **before Jan. 1, 2018**.

If you're in Group A and enrolled in TRICARE Select or TRICARE Overseas Program Select, you have new fees.

Starting **Jan. 1, 2021**, TRICARE Select Group A Retirees will have to pay a monthly enrollment fee. **Take action now!** Contact your regional call center to set up an allotment.



For more information, visit:
www.tricare.mil/2020SelectEnrollmentFees



Hollywood Actor Who Joined Army Gets Hero Award

Story by Linda McIntosh
Reprinted courtesy of the San Diego Union-Tribune

When 9/11 hit, Scott Eberlein was a Hollywood actor starring in TV shows and films such as “The X-Files,” “Nash Bridges” and “L.A. Confidential.” The closest he got to the military was playing the role of a sergeant in the TV series “The Army Show.”

But the terrorist attack got him thinking about the cost of freedom. He was set on defending it at all costs. On Sept. 12, Eberlein, then 33, went to the nearest army recruiting station and signed up.

Fast forward 19 years and Maj. Eberlein has been named a “Hero of the Battlefield.”

But Eberlein is quick to point out that his award is not for combat. It recognizes duties that he thinks many people don’t realize soldiers do.

Eberlein, a company commander in the Army’s 416th Civil Affairs Battalion on Camp Pendleton, was recognized for his efforts to train soldiers during a simulated conflict exercise on how to mitigate the effects of combat on civilians, in other words, safeguard civilians, at the Joint Readiness Training Center in Fort Polk, La.

Eberlein demonstrated how he works to keep civilians out of harm’s way in combat situations and guides them away from inadvertently hindering operations.

The exercises Eberlein was involved in focused on how Civil Affairs personnel can help, for example, by locating the routes of



evacuating civilians in an area of conflict so they are not caught in the middle of combat.

The award recognized “Maj. Eberlein’s professionalism and dedication to duty ensured innocent civilians were protected and civil concerns did not hinder military operations.”

Eberlein was among those who received the award at the Joint Readiness Training Center on Oct. 29, while he was loaned to the 426th Battalion, during training exercises for light infantry. The training included military combat scenarios preparing U.S. and allied troops for worldwide deployment while building comradeship.

Eberlein credits the Civil Affairs company he was a part of for the recognition.

“It is rare for a nonlethal effects unit or individual to get this kind of award,” said Eberlein, a North County resident.

“I think the public needs to know what lengths the U.S. Army goes to in order to protect civilians,” Eberlein said. “I don’t think many people know about this side of the Army.”

Eberlein has been deployed on numerous missions, including to Iraq and Afghanistan and more recently to Poland and Guatemala. He and his troops work with host nation authorities, international organizations such as WHO, Doctors without Borders, USAID, and Special Operations Forces, of which he has been a part.

Five years after joining the Army, Eberlein, then age 38, graduated from the elite Army Ranger School. He knew he had found his calling. In 2005, he took a commission as an officer.

Eberlein has no plans to go back to Hollywood. “I wasn’t contributing to the country the way I wanted,” he said.

TRICARE OVERSEAS PROGRAM

TRICARE Qualifying Life Events: What You Need to Know

You know you can enroll in TRICARE Overseas Program (TOP) Prime, TOP Prime Remote, or TOP Select during TRICARE Open Season. But did you know that certain Qualifying Life Events (QLEs) may also give you and family members the chance to enroll in a new health plan?

A QLE is a certain change in your life, such as marriage, birth of a child, change of address, or retirement from active duty. This means different TRICARE health plan options may be available to you and your family members after a QLE. A QLE for one family member creates a chance for all eligible family members to change their health plan during the QLE period. Learn more by downloading the *TRICARE Qualifying Life Events Fact Sheet* at www.tricare.mil/publications.

“After you experience a QLE, you have the same options available to you as you do during TRICARE Open Season,” said Debra Fisher with the TRICARE Policy and Benefits Office at the Defense Health Agency. “Those options may include doing nothing, enrolling in a health plan, or changing health plans.”

If you want to make a change to your health plan, you must make any eligible changes within 90 calendar days of the QLE.

First, after any QLE, update your or your family member’s information in the Defense Enrollment Eligibility Reporting System (DEERS).

Visit www.tricare.mil/deers for options for updating your DEERS record. Depending on your QLE, you may need to provide official documents, like a birth or marriage certificate. In that case, you’ll need to visit your nearest ID card office. Call first to make an appointment or to verify which documents to bring.

“Updating DEERS is just the first of two important steps,” Fisher said. “You also need to make your eligible health plan enrollment or enrollment changes.”

Enrollment fees, if required, begin back to the QLE date, not the date when the enrollment request is submitted.

Knowing how to navigate QLEs with TRICARE can help you take command of your health and the health of your family this year. For more information about QLEs and the impact they may have on you or your family, download the *TRICARE Qualifying Life Events Fact Sheet* or visit www.tricare.mil/lifeevents. ★

Overseas, Remember to Register Your Newborn in DEERS

If you’ve recently given birth, adopted, or added a court-appointed child to your care, you must register them in the Defense Enrollment Eligibility Reporting System (DEERS) within 120 days of birth, adoption or court-appointment (90 days if stateside). You’ll need a birth certificate, certificate of live birth from the hospital, record of adoption, or letter of placement of the child into your home by the court.

Once registered in DEERS, overseas children of active duty families will automatically be enrolled in TRICARE Overseas Program (TOP) Select. Make sure your address in DEERS

shows as overseas for automatic TOP Select enrollment. If you want to change or transfer your newborn’s enrollment to TOP Prime or TOP Prime Remote (if eligible or command-sponsored), you have 90 days following DEERS registration to do so. The enrollment is retroactive to the date of birth. Enrollment isn’t automatic for children of overseas retirees. Retirees have 120 days from the date of birth or adoption to register their child in DEERS and enroll them in TOP Select.

Expecting? Download the *TRICARE Maternity Care Brochure* at www.tricare.mil/publications. You can also visit www.tricare.mil/lifeevents to learn more. «

'Blood Knights' Conduct Emergency Whole Blood Collection

Photos by Maj. Chewanda E. Jones
95th Medical Detachment Blood Support



Last month during the 38th Parallel Healthcare Symposium, the "Blood Knights" from the 95th Medical Detachment Blood Support conducted training classes for the Emergency Whole Blood Collection program. This opportunity for training gave the unit another chance to highlight and display what the 95th MDBS can accomplish. A special thank you to Sgt. McCarthy and Spc. Green for assisting with the training.



HUMPHREYS UNITED SPOUSES CLUB

November 2020 __Friendsgiving

LETTER FROM THE PRESIDENT

October was full of festivities starting with Oktoberfest, a special evening monthly social where we enjoyed great music and food in the Morning Calm ballrooms that were transformed into biergartens. Not long after, we held our first fundraiser event of the year, Boo Bash Bingo, at the Flightline Tap Room. Everyone had a frightfully good time with the great games, music, costumes, and company of friends.

We were also very active in the community, supporting our students at Humphreys schools by participating in the Humphreys High School Homecoming Parade. On Halloween, we set up our cars to greet trick or treaters at the Spooktacular event on Marne Avenue. And just outside the walking gate, we joined the City of Pyeongtaek for the first Humphreys Pear Blossom Market.

We are looking forward to the November Luncheon which will feature an interactive panel of speakers discussing friendship and community. We will host a Holiday Market from 9-3pm Nov.12th featuring our Humphreys Home-Based Businesses. See us at the PX wrapping up some cheer.

Deanna James

unitedclubpresident@gmail.com

UPCOMING EVENTS

December 15
United Club Holiday
Wrapping @ PX

December 17
Warm Hands & Warm
Hearts
Monthly Luncheon
&
Holiday Market

Thrift Shop BLDG 550

Extended Holiday hours
Tues 10-6
Wed/Thur 2-6
Marketplace Wednesday
3-6 pm

GET INVOLVED — HELP WANTED—OPPORTUNITIES TO GET INVOLVED

United Club is looking for an individual with experience using Adobe Pro Editor to get involved with our DMZ to the Sea publication.

We also need help from someone who has experience with 501c3 requirements—this year United Club is transitioning from a private organization to a 501c3! Please reach out if you have either skill set, we would love to hear from you! POC: unitedclubpresident@gmail.com

UNITED CLUB 2020-2021 SCHOLARSHIP

United Club offers scholarships each year to high school and continuing education students. The scholarship funds come from the money we raise out our events throughout the year, so thank you for supporting United Club, and giving us the opportunity to return the support to you!

REAL PROPERTY & BORROWED BOUTIQUE

As we approach the holidays and prepare for parties in our homes or with our units, considering renting some incredible décor from United Club Real Property. POC: ucrealproperty@gmail.com.

Rent Formal and Holiday dresses for your next soiree from Borrowed Boutique. POC: ucborrowedboutique@gmail.com

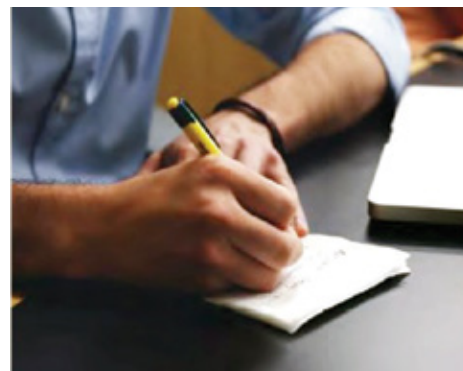
Facebook Members Only:
@Humphreys United Spouses Club

Instagram:
@humphreysunitedspouses

Website:
www.humphreysunitedspouses.com

TRICARE Select Enrollment Fees *Increase*

Courtesy of Tricare.mil



Starting Jan. 1, 2021, enrollment fees for TRICARE Select for Group A will increase. If you or your sponsor's initial enlistment or appointment occurred before January 1, 2018, you are in Group A. If you're a Group A retired beneficiary, you'll pay a monthly TRICARE Select enrollment fee to maintain your TRICARE Select coverage.

Only those Family members enrolled in TRICARE Select (with a Group A retiree sponsor) pay the new enrollment fee. If enrollment is only for one Family member, then they would pay the individual enrollment fee, not the Family enrollment fee. For example, if one Family member is enrolled in TRICARE Prime and another is enrolled in TRICARE Select, you'll pay the appropriate enrollment fees for both plans. Remember that you pay TRICARE Prime and TRICARE Select individual and family fees separately.

Only those Family members enrolled in TRICARE Select (with a Group A retiree sponsor) pay the new enrollment fee. If enrollment is only for one Family member, then they would pay the individual enrollment fee, not the family enrollment fee. For example, if one Family member is enrolled in TRICARE Prime and another is enrolled in TRICARE Select, you'll pay the appropriate enrollment fees for both plans. Remember that you pay TRICARE Prime and TRICARE Select individual and family fees separately.

The new TRICARE Select enrollment fees for a Group A retired beneficiary are:

- For an individual plan, you'll pay \$12.50 per month or \$150 annually.
- For a family plan, you'll pay \$25.00 per month or \$300 annually.
- The catastrophic cap will increase from \$3,000 to \$3,500.
- Your TRICARE Select enrollment fees will apply towards your catastrophic cap.
- Your enrollment fee will be waived if you're:
 - An active duty Family member
 - A medically retired retiree or Family member.
 - A survivor of an active duty sponsor or medically retired retiree.

Do you use TRICARE For Life, TRICARE Prime, TRICARE Reserve Select, TRICARE Retired Reserve, or TRICARE Young Adult?

If so, this change won't affect you. This information is for you only if you're enrolled in TRICARE Select. Want to check your plan's costs? Visit tricare.mil/costs. For more information on TRICARE For Life, visit tricare.mil/tfl.

What do I need to do?

Take action today to set up a monthly payment plan.

If you get your retirement or other pay from a military pay center, then you'll pay your TRICARE Select fees via a monthly allotment, where feasible.

If you don't get your retired pay through a military pay center, then you'll pay your fees by a recurring credit or debit card transaction. You can also pay your monthly fees through electronic funds transfer. Your EFT must be from a U.S. bank.

If you are an un-remarried former spouse, you won't be able to pay by allotment. You'll pay your fees by a recurring credit or debit card transaction. You can also pay your monthly fees through electronic funds transfer. Your EFT must be from a U.S. bank.

How do I set up my fee payment?

Call your regional contractor by Nov. 20 to set up your automatic payments starting in January 2021. If you wait until after Nov. 20, you may have to pay for one or more months up front if you don't want a break in coverage.

What happens if I don't take action?

If you fail to pay your enrollment fees by Dec. 31, you'll be disenrolled from TRICARE Select. You'll have 180 days from your last paid through date to request reinstatement. You're also responsible for past enrollment fees. You must contact your regional contractor to request reinstatement.

If you don't take action, you'll only be able to get care from a military hospital or clinic if space is available.

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.



Services

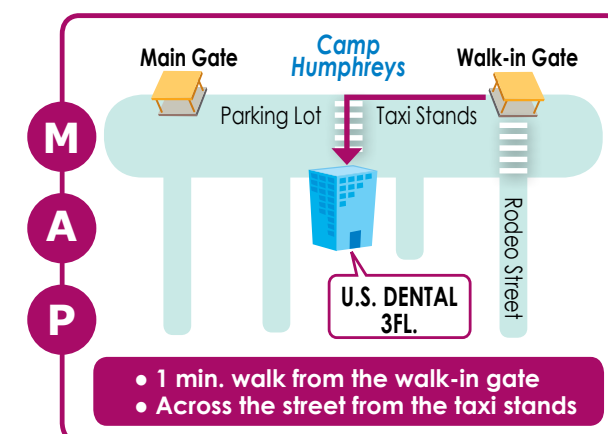
- Cleaning & Check-up, General Dentistry
- Orthodontics: Braces & Invisalign
- Cosmetic Dentistry & Smile Makeover, Whitening, Veneers / Lumineers, Gummy Smile Correction
- Dental Implants
- Root Canal & Wisdom Tooth Extraction
- Child Dental Care

Professional Affiliations

- American Dental Association
- Massachusetts Dental Society
- Connecticut State Dental Association
- New Jersey Dental Association
- American Academy of Cosmetic Dentistry
- American Academy of Implant Dentistry
- American Academy of Pediatric Dentistry

Direct billing for TRICARE / CIGNA / GeoBlue

Assist billing for MetLife/Blue Cross
Blue Shield/Delta Dental/Aetna/GEHA/
United Concordia/Foreign Service



U.S. DENTAL



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Find us on Facebook: Dr. Gina Sohn
- Cosmetic Dentist in Seoul

The holiday season is coming near! If you need a last minute present for someone who is hard to shop for, check out the Holiday Gift Guide on pages 74-75 for some unique holiday gifts.



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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:
sam.lee@hrblock.com

www.hrblock.kr





SEOUL NATIONAL UNIVERSITY BUNDANG HOSPITAL

Seoul National University Bundang Hospital (SNUBH) is one of the leading national hospitals that represents Korea with over 130 years of history at the center of Korean healthcare. SNUBH provides customized medical service to its patients through the best medical staff and treatment environment, setting the 'Global Medical Standard' with its excellent treatment in the areas of cancer, cerebral, cardiac and vascular diseases. Our international healthcare center achieved Global Healthcare Accreditation (GHA) first in Korea as a world class healthcare facility of international patient care. Nine specified centers provide the best personalized medical service through close collaboration among the medical departments based on multi-disciplinary care.

SEOUL NATIONAL UNIVERSITY BUNDANG HOSPITAL INTERNATIONAL HEALTHCARE CENTER

Contact



Office hours
M-F 09:00-18:00



E-mail
ihsi@snubh.org



Phone
031-787-2042



Fax
031-787-4088



24/7 English speaking service
010-3049-2038



Website
www.snubh.org/dh/en

File claims for TRICARE Prime, ISOS, FSBP, CIGNA, GeoBlue, HTH Worldwide, United Healthcare, Metlife, GAP, BCBS, Daman

Directions

82, Gumi-ro 173 Beon-gil, Bundang-gu, Seongnam-si, Gyeonggi-do 13620
International Healthcare Center is located on 3rd floor of building 1



Subway
Migeum Station, Bundang (Yellow) Line exit 3 → Take bus 7 or 7-1



Free Shuttle Bus
Available twice a week between Camp Humphreys and SNUBH.
Please contact us for the detailed schedule.

Specialties

9 Specialized Centers

- Neuroscience Center
- Cardiovascular Center
- Comprehensive Cancer Center
- Digestive Disease Center
- Geriatric Center
- Joint Disease & Reconstruction Center
- Respiratory Center
- Spine Center
- Health Promotion Center

33 Clinical Departments

Allergy & Immunology, Anesthesiology & Pain Medicine, Cardiology, Dentistry, Dermatology, Dialysis, Emergency Medicine, Endocrinology, ENT, Family Medicine, Gastroenterology, General Surgery, Geriatric Medicine, Hematology & Oncology, Infectious Disease, Internal Medicine, Nephrology, Neurology (Sleep Studies), Neuropsychiatry, Neurosurgery, Nuclear Medicine, Obstetrics & Gynecology, Ophthalmology, Orthopedic Surgery, Pathology & Laboratory, Pediatrics, Pharmacy, Rehabilitation Medicine (Physiotherapy), Plastic & Reconstructive Surgery, Pulmonology, Radiology, Rheumatology, Thoracic & Cardiovascular Surgery, Urology

SEOUL NATIONAL UNIVERSITY BUNDANG HOSPITAL SPECIALIZED CARE

Concerned about how to lose weight?

We are known for world-class laparoscopic surgeries and the only hospital in Korea routinely performs the single-port laparoscopic weight reduction surgery.

- More than 800 cases every year
- Total of 236 bariatric surgeries are done with no postoperative medical complications
- No scarring
- Short recovery time
- Unlikely to bounce back after weight loss



Looking for a perfect care for both mom and baby?

We are designated as a main center for high risk pregnancy and neonates of Gyeong-gi province.

- Over 1,200 births every year
- More than 70% are high risk cases
- Have 7 professors (4 in obstetrics, 3 in neonatology) and 4 fellows (2 in obstetrics, 2 in neonatology)
- Specialized in preterm birth, multifetal pregnancy and postpartum hemorrhage



Our "All-in-one" center for high risk pregnancy and neonates includes

- MFICU (Maternal-fetal intensive care unit)
- Operation room only for obstetricians
- Delivery room
- NICU (Neonatal intensive care unit): 40 beds
- Newborn nursery

Need a safe environment for breast surgery?

We are actively performing breast augmentation, reduction and reconstruction with various ways of flap and implants.

- More than 250 cases every year
- No cases of flap necrosis found
- Less than 1% of inflammation found since 2017

