

## Ouch

Army researches new anthrax vaccine **Page 3**



## Stay fit

Summer program helps young people stay in shape - **Page B4**

# The Fort Huachuca Scout



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July 17, 2003

## Scout reports

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### New general welcomed

Fort Huachuca will welcome its new deputy commander, Brig. Gen. Barbara Fast in a ceremony at 7:15 a.m. tomorrow on Brown Parade Field.

Fast will succeed former deputy commander and acting commander Brig. Gen. John Custer, who is now assigned to U.S. Central Command Headquarters at MacDill Air Force Base, Fla.

Fast was the director of intelligence, headquarters, United States European Command, Stuttgart, Germany, before coming to Fort Huachuca. She has served in numerous intelligence assignments since entering the Army in 1976.

The change of command ceremony is open to the public.

### Work for the president

The White House Communications Team is looking for highly dedicated and professional soldiers to provide state-of-the-art communications support to the President of the United States.

A briefing will be held July 28 at Murr Community Center. The team is looking for soldiers with certain communication, audio-visual, administrative and support MOSs.

For more information on briefing times or content, contact your chain of command or Ms. Monge at 533-1503.

### UAV crashes off post

An unmanned aerial vehicle crashed on private property Thursday approximately two miles northwest of Ruge-Hamilton Airfield.

A Shadow 200 UAV, from Company E, 305th Military Intelligence Battalion, crashed while conducting a training mission.

An accident safety review board has been convened to investigate the incident and determine the cause of crash.

Hunter UAV training/flight operations resumed as normal on Friday. Shadow ground training operations continue, but Shadow flight operations are suspended at this time.

## INSIDE

### A difficult issue

In the past few months there have been several suicide attempts on Fort Huachuca.

This week's Scout looks at the issue of suicide from several angles. See a first sergeant's account of how suicide affects the Army on Page 2. Also on Page 2 read the chaplain's corner. Scout on the Street asks six members of this community about depression and friendship.

National suicide statistics are reviewed in an article on Page 3, and on Page 4 learn what is available here for suicide prevention.



Photo by Elizabeth Harlan

### The rains they are a comin'

Monsoon season is just a raindrop away. Learn more about the deluge, its dangers and benefits, in next week's Scout.

# New Army computer software contract managed by NETCOM

BY ERIC CRAMER  
THE SCOUT STAFF

A new six-year Army-wide enterprise software consolidation contract with Microsoft will be managed at Fort Huachuca by Network Enterprise Command's Enterprise Systems Technology Activity.

According to Peggy Henderson, director of information technology integration for ESTA, the \$470 million contract is designed to save money and ensure cross-the-board compatibility among Army computers.

Henderson said the contract is the first that has sprung from a partnership

between ESTA and the program manager, small computer programs.

She said NETCOM is the Army Enterprise Network manager, and PM Small Computer Program is responsible for acquiring the Army's software.

ESTA will manage and distribute the software package to directors of information management throughout the Army. ESTA will prepare a version of Microsoft's Office Suite to be used by the Army.

"Microsoft gives you about 70 disks, and it's our job to go through them and select the software the Army needs. We'll also test

and evaluate it to make certain it works in the Army environment," Henderson said. "Once we're done, we'll create a 'golden master' of the software to be used Armywide. We're taking the software and setting it to the Army's standard."

She said this will mean that all the software used in the Army will be compatible. "The goal is for everyone in the Army to have the same baseline software," Henderson said.

When will this happen? "The earliest it's likely to happen is October 1," Henderson said. "We're shooting for September 1, but right now we're work-

ing the management and implementation plan. We're working on a very short suspense."

She said the biggest change, the typical user will notice other than encountering fewer computer errors, is that local offices will no longer pay for the software they use. Rather, they will call their DOIM to be authorized a given number of copies of the software. Henderson said that, although software purchase will be centralized, the exact way such purchases will be funded is still under development.

Upgrades will also be easier under the new con-

tract. She said the contract will give all Army users access to Windows 2000 Active Directory.

"This provides all sorts of capabilities we don't currently have," Henderson said. "It allows users to share data and collaborate. It provides a lot of services that aren't currently available."

The new contract is expected to save the Army about \$15 million over its six-year term.

The Army will buy the software from Microsoft reseller Softmart Government Services, Inc., based in Downingtown, Pa.

# Liberia bound? If U.S. troops go, U.N. won't be boss

BY KATHLEEN T. RHEM  
AMERICAN FORCES PRESS  
SERVICE

Any large-scale deployment of American troops to Liberia would not be under U.N. control, President George W. Bush said at the White House Monday.

"We would not be blue-helmeted," he said after meeting with U.N. Secretary-General Kofi Annan. Instead, Bush continued, "we would be there to facilitate (an international force's entry) and then to leave."

Bush said American involvement would be in the form of assistance to the economic community of West African states.

The U.S. European Command deployed a Humanitarian Assistance Support Team of 35 military members to Liberia on July 7 to assess military and hu-

manitarian support requirements. A Pentagon spokesman explained this team is comprised of experts in civil affairs, medical treatment, preventive medicine, contracting, civil engineering, public affairs, logistics and water purification. The HAST also includes 15 Marines for security.

Bush said he would make a decision on additional military support once he has a report of this team's assessment, but he did not give any timeline.

He did note that the United States would take no further action until Liberian President Charles Taylor leaves the country. Taylor has agreed to step down, but has made no move in that direction.

Speaking with Bush, Annan indicated an initial peacekeeping force sent to Liberia by ECOWAS would be comprised

of 1,000 to 2,500 international troops.

"After that, ... President Taylor will leave Liberia, and then the force will be strengthened, hopefully with U.S. participation and additional troops from the West African region," he said. "And eventually U.N. blue helmets will be set up to stabilize the situation. ... And once the situation is calmer and (more stable), the U.S. would leave and the U.N. peacekeepers will carry on the operation."

The United States upped its military contingency in Africa over the weekend. On July 13, roughly 100 service members and four military aircraft deployed to West Africa to support the HAST team should emergency evacuation become necessary.



Photo by Elizabeth Harlan

### Anticipation...

Jose Soto, 15, gets ready to rock and roll while Spc. Richard H. Mathewson is all wet and waiting at the 18th Military Police dunk tank fund-raiser Friday. The funds will be used for MP Ball in September.

## Commentary

# Leaders: untimely deaths add special unit morale concerns

BY 1ST SGT. KEVRAIN K. FORD

18TH MILITARY POLICE DETACHMENT

Death, under normal circumstances, can create feelings of regret, sorrow and in some cases, just plain misery. But when suicide is the cause, it can evoke a multitude of emotions ranging from anger to frustration and even self-blame.

Through varying degrees, every leader tries to "get to know" soldiers and provide helpful and adequate assistance when the need arises. But what do you do when you don't see a need within the soldier or recognize trends that lead to self-destruction? How does that affect your unit and the soldiers that are left behind to deal with the crisis?

It's easy to understand how emotions run high in a unit following a suicide, especially among those soldiers who had a personal or working relationship with the deceased. This can, and most likely will, be a traumatic period for the entire organization.

Beyond dealing with the anguish that accompanies such an event, one of the first questions that surfaces is, "What could I have done to stop it?" This is predominant among unit leaders; attending specialized training, such as assisted suicide intervention training, can be an invaluable tool for any organization. The void caused by this event specifically has the potential to produce a tremendous amount of emotional instability within the unit, and if left unchecked, it can create several unhealthy, under-the-surface issues for the chain of command.

As leaders, self-blame is probably the most common and overwhelming feeling we deal with

because we're supposed to know what's going on in our unit and have our finger on the pulse of the unit. Understanding that no one person, beyond the deceased, is directly responsible for such a horrific act is the first hurdle that you must get over.

Accepting responsibility for our soldiers is constant among leaders. However, this delves directly into individual responsibility, and no one can control another person's thoughts and in most cases their acts. Understanding what the affected person was thinking or feeling often helps, but does not always provide answers.

Fear and uncertainty can create an atmosphere of doubt among the unit's soldiers. That doubt will not be the type that questions the leader's abilities. It will be the doubt of not knowing what to do or say, especially in the workplace. There will also be episodes of indecision among soldiers and some junior leaders. Regardless of the reactions, unit leaders must be prepared to deal with the full gamut of emotions that may follow.

As with all matters of leadership, your first priority must be the health and welfare of your unit and its family members. As soon as possible following the incident and after proper notifications have been made, brief the unit about the incident. Keep in mind that local law enforcement officials will conduct an investigation and some facts may not be available or suitable for disclosure. If you can obtain specific information, discuss only the facts as they pertain to the incident. Don't publicly guess what happened. As traumatic as it sounds, full disclosure provides all soldiers with direct knowledge of the event and eliminates the possibility of rumors running rampant. The chap-

lain assigned to the unit should be present to offer consultation. Bottom-line, keep the soldiers informed.

Stay on track with previously scheduled events, if possible. Adhere to the training schedule, especially physical training, as closely as possible. Continuing with work and the Army's mission can greatly assist those affected and provide an outlet for hidden emotions and frustration.

Grief counseling is a must. Setting up small discussion groups to talk about the event can also prove therapeutic in nature. This helps those closely associated with the deceased to openly share their feelings with others and to initially begin some form of closure. A clinically trained facilitator should be used in conducting the forum and keeping the group focused. Throughout the initial process, soldiers need constant reminders that they should speak with someone about their feelings. A chaplain or counselor should be easily accessible in person or by phone to the unit should the need arise. Soldiers also need to understand that if they elect not to speak with a counselor, they should at least share their feelings with a buddy. Simply talking about the event will help soldiers understand their own feelings and get the issue out in the open.

One of the most critical functions that must also occur will be the assignment of a unit representative to perform duties as the casualty assistance officer to the family. Vital assistance pro-



vided to the family will come in many forms, but the efforts of the CAO will set a precedent for the family in how they deal with their grief as well as view the military for years to come. The CAO's sole mission at that juncture will be to assist the family. Careful consideration must be given when assigning a senior soldier to perform this crucial duty. Those considered must be capable as well as compassionate members of the unit's team.

Proper closure for the unit and family are equally important. If a memorial service is appropriate, care must be taken to follow military protocol and allowing the family to assist in planning the service. Unit members closest to the deceased should be given the opportunity to say a few words about their fallen comrade. All unit members that can be present should be present to pay homage to a fallen soldier out of respect for the family and for service to the nation.



BY CHAPLAIN (MAJ) DENNIS R. NITSCHKE  
NETCOM,  
DEPUTY COMMAND CHAPLAIN

A baby is God's opinion that the should go on." - Carl Sandberg

We live in a time of stress. We live in a period where things come at us from all angles and directions. We live in a day when we just seem to not be able to "take it anymore."

In the Army, so far this calendar year, 33 people decided that the weight of the world was too great and committed suicide. There were nine other deaths that have yet to be determined if they were self-caused or accidents. At 42, that is the highest suicide total in the Army since 1999. Some are due to deployments and war; others are based on family problems, still others are unknown.

We've had a recent civilian suicide here as well as several at-

tempts. Friends, this is unacceptable to the Army, to the community, to family, to friends and to the sacredness of life itself.

Suicide is needless. When someone is depressed and believes there is "no way out" and the situation is hopeless, that is far from the truth. There are many resources who are able to help. Chaplains, doctors, nurses, social workers, Army Community Service personnel, and mental health counselors are just a few of the professionals who are there to listen and help. There is no way that financial, marital, deployment or any other issue should be so overwhelming that one has to take his or her own life.

An aspect of suicide that makes it even more traumatic is that once a person kills themselves, it is not over - the death impacts every family member, every co-worker, every friend as well as, in some way, everyone doing business with the person, every community member, everyone at church and community groups.

So, what can you do about suicide prevention? Well, if it is you, seek help. People care. Talk to a chaplain or doctor

or friend. Pray about what is eating at you; bring it to God. I've seen this work wonders. A talk (prayer) with God often brings the whole matter of stress and worry into perspective.

If you know of someone who you believe to be at risk for suicide, talk to them. Seek professional assistance at the chapel, hospital or mental health. Don't keep any knowledge of suicide risk a secret. You are being a true friend by getting help, not by holding back information. Prayer works for the caregiver, too, because God is aware of the stresses you have as well.

Suicide is the one cause of death we can stop if we take care of others and ourselves.

God sees life as something to continue; that is why babies are born. Life is also a gift to us as we grow up, and there is nothing really powerful enough that we should end it at our own hands. I ask us all to stop and look at the blessings we receive daily - and also the blessing each of us is to the world, a blessing so necessary to the world every day, the blessing that is you!

## Scout on the Street

## How do you help a depressed friend?



"If they are lonely, take them out to the movies. If they are having emotional problems try to be friendly to them."

Pvt. Vernice L. Bell  
Headquarters and  
Headquarters Company,  
United States Army  
Garrison



"Play ball with them. Have fun with them. Try not to bring up the reason they are depressed."

Sean Y. Pratt  
part-time worker,  
Army housing



"Take them out to have a good time to take their minds off of what is bothering them."

Pvt. Rebecca K. Bombe  
HHC USAG



"Try to keep his mind off of what is bothering him."

Spc. Ken Martin  
garrison range control  
command



"Spend a lot of time with them. Be real supportive."

Margaret A. Hayes  
computer lab monitor,  
Army Education Center



"Lend them an ear. Let them know someone is concerned. Most people want to get something off their chest."

Spc. Ricky W. Ward II  
HHC USAG

Photos by Spc. Matthew Chlosta

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# Suicide a tragedy in, out of uniform

## THE SCOUT REPORTS

Although it may be acceptable in some other countries or cultures, suicide is generally considered an unacceptable act in the United States.

Religious reasons are the strongest factor in terms of what makes suicide taboo. For example, some major religions consider suicide to be a sin.

Socio-religious concerns aside, thousands of Americans attempt to take their lives every year. Some succeed, despite efforts to help them. The reasons can vary: One man's depression may convince him that there is no reason to go on living, while a woman's economic situation may cause her to feel hopeless and want to end her life. Others may suffer from a serious mental illness, or are intoxicated at the time of the suicide attempt.

Not surprisingly, the 1999 Surgeon General's "Call To Action to End Suicide" called suicide "a serious public health problem."

The report found that the national suicide rate declined from 12.1 per 100,000 people in 1976 to 10.8 per 100,000 people in 1996; however, the rate is 50 percent higher than the homicide rate.

According to the National Institutes of Mental Health Web site:

- In 2000, 29,350 people died by suicide in the United States.

- More than 90 percent of people who kill themselves have a diagnosable mental disorder, commonly a depressive disorder or a substance abuse disorder.

- The highest suicide rates in

the United States are found in white men over age 85.

- In 2000, suicide was the third leading cause of death among 15- to 24-year-olds (the Surgeon General's Office states that the rate in adolescents and young adults has almost tripled since 1952).

- Four times as many men as women die by suicide; however, women attempt suicide two to three times more often than men.

Statistics acquired by the National Mental Health Association show:

- Suicide is the eighth leading cause of death in the United States, accounting for more than 1 percent of all deaths.

- More years of life are lost to suicide than to any other single cause except heart disease and cancer.

- The actual ratio of attempts to completed suicides is probably at least 10 to 1.

- 30 percent to 40 percent of persons who commit suicide have made a previous attempt.

- Suicide rates are highest in old age: 20 percent of the population and 40 percent of suicide victims are over 60. After age 75, the rate is three times higher than average, and among white men over 80, it is six times higher than average.

- Substance abuse is another great instigator of suicide; it may be involved in half of all cases. About 20 percent of suicides are alcohol abusers, and the lifetime

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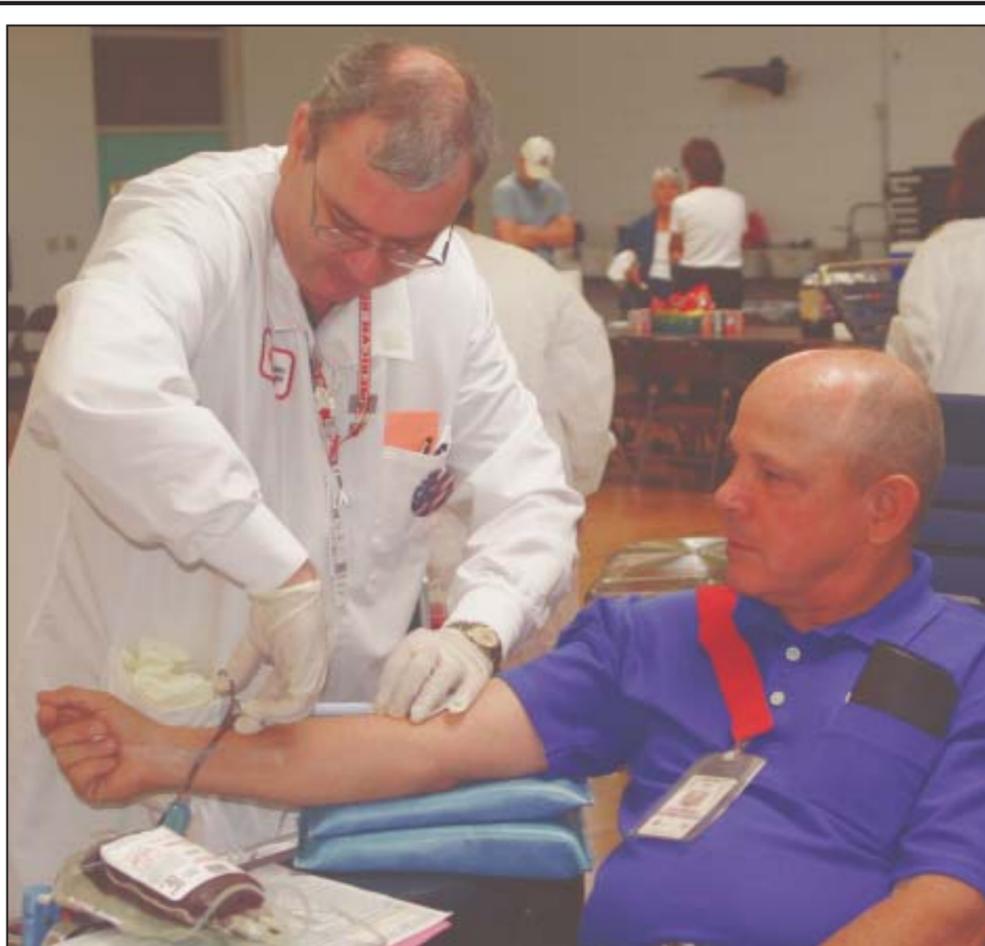


Photo by Elizabeth Harlan

## Personal sacrifice

Volunteer Dan Desilet preps Lawrence Key's arm to give blood at the Armed Forces blood drive at Murr Community Center. The next blood drive will be July 29-30, from 10 a.m. to 8 p.m. at Eifler Gym.

## Sizzle Six new wildfires threaten Arizona land, homes, lives

At least six new wildfires were sparked by lightning Monday, according to the southeast zone dispatch office in Tucson.

Two fires are located north

of the Chiracahua National Monument in the Chiracahua Mountains south of Willcox.

One small fire was reported west of Willcox in the rugged Winchester Mountains. Another was

spotted in the Greasewood Mountains, south of the Pinaleno Mountains. The Santa Rita Mountains east of Green Valley was the site of yet another lightning-caused fire.

## Amy news service

### Army approves new business initiatives

The Army Business Initiative Council has approved 16 new business initiatives as part of the process to identify and implement business efficiencies and reforms.

The approval marks the fifth time the Army BIC has met since Secretary of Defense Donald Rumsfeld created the BIC process for the Department of Defense in June 2001. The Army and DoD councils both focus on identifying ways to streamline cumbersome directives and lengthy staffing processes to spend resources more wisely.

Of the 16 initiatives, seven have benefits that extend beyond the Army to all military services and will be submitted to the DoD BIC for review.

The approved Army initiatives include:

- Promoting the use of standardized batteries to improve battery availability in times of increased need and encouraging the use of rechargeable batteries in combat situations.

- Standardizing parts throughout the logistics system, with a specific focus on the eight different models of trailers in the current inventory.

- Streamlining and automating the process for determining Army family members' eligibility for services, creating a more transparent and less paper-intensive process that uses a Web-based, user-friendly environment.

Don Tison, executive director of the Army BIC, noted that any cost savings realized from these initiatives are retained by the Army organization that proposed them. "This encourages innovative thinking within Army organizations that result in increased efficiencies and effectiveness," said Tison. "Through the Army BIC we have developed a military culture that rewards innovation, improves the way it does business and saves time and money, which goes right back to the Army's warfighters - our soldiers and civilians," said Tison.

The Honorable Les Brownlee, acting secretary of the Army, chairs the BIC. To date the Secretary of the Army has approved a total of 66 BIC initiatives. A complete list of Army-approved initiatives can be found at <http://www.asafm.army.mil/bic.asp>.

### Clinical trials for anthrax vaccine

The next-generation anthrax vaccine, based on a decade of work at the U.S. Army Medical Research Institute of Infectious Diseases, is now moving into not one, but four clinical trials.

The group at the institute did the legwork for the current vaccine candidates by singling out which protein in *Bacillus anthracis* - the bacterium that causes anthrax - signals the body to produce immunity to the disease.

Early studies established definitively that the protein called "protective antigen" was just the component the vaccine would require, said Dr. Arthur Friedlander, a senior scientist at USAMRIID who directed the group's long-term effort. After discovering the protein, researchers took the gene that codes for protective antigen and used recombinant DNA technology to try to produce the protective antigen in three expression

systems: bacteria, yeast and viruses.

Ultimately, the team found bacteria was the best for producing the protein, and decided to grow the protective antigen in a non-disease causing strain of *B. anthracis*. The resulting recombinant protective antigen, or rPA, should provide a high degree of safety in a vaccine because it's just one building block, a single protein of the organism that can produce an immune response.

Researchers then proved it was effective in the best animal model available, the non-human primate. "What we did was identify it, purify it to a very high degree and showed that this protein by itself was protective in the most relevant animal model of human inhalational anthrax," Friedlander said.

To date, two clinical trials that use the *B. anthracis*-based rPA are underway.

In a collegial effort, the National Institute of Allergy and Infectious Diseases, USAMRIID and the Joint Vaccine Acquisition Program have undertaken a Phase I clinical trial at the University of Maryland using a version of the original USAMRIID formulation manufactured at the National Cancer Institute Frederick, Md.

"The University of Maryland trial will help advance the development of the other vaccines," said Dr. Lydia Falk, director of the Office of Regulatory Affairs, in the Division of Microbiology and Infectious Diseases at the National Institute of Allergy and Infectious Diseases.

"We can begin to compare the responses we see in humans to what had been observed in animals," she said. "That's a critical part of the development of these vaccines. The more preliminary investigative work that we can do, the more it benefits the entire field."

The formulation being used in that trial won't be pushed toward Food and Drug Administration licensing. "The product that is available and the one that was used during USAMRIID's preclinical studies had the rPA protein in one tube and an aluminum adjuvant in another tube, and before you injected it, you mixed the two," Falk said. "That's not an easy formulation to take to licensure." However this trial design will determine the value of including an adjuvant in the final vaccine formulation.

Two companies are currently using rPA grown in *E. coli* to create their next generation anthrax vaccine candidates.

Because the foundation had an HIV vaccine candidate that used rPA as one of its two components "we decided to reprioritize our activities and commit to evaluating this protective antigen after the anthrax mail attacks in October 2001," said Dr. Merlin Robb of the Henry M. Jackson Foundation, the principal investigator for the foundation's clinical trial. "(The rPA) was ready to go into humans to evaluate it for an anthrax indication. We sensed that it was a higher national priority."

Although the rPA vaccines are on an advanced development path toward Food and Drug Administration licensure, USAMRIID scientists still lend their expertise to vaccine manufacturers and the National Institute of Allergy and Infectious Diseases.

"Their contributions can't be overstated," said Dr. Ed Nuzum, the project officer providing technical oversight for the two National Institute of Allergy and Infectious Diseases contracts with Avecia and VaxGen. "Because of the work done at USAMRIID, as well as its counterpart in the United Kingdom, the Defence Science and Technology Laboratories, the rPA-based vaccine candidates are the most advanced second generation anthrax vaccines."

USAMRIID's early development work regarding animal studies and assay development will also be critical for developing animal models for Food and Drug Administration approval under the "Animal Rule." The rule, effective in July 2002, permits use of data from animal studies when efficacy studies of new drugs or biological products against chemical, biological, radiological or nuclear substances in humans is impossible because of the rarity of the disease or because human exposure to potentially lethal agents, like anthrax, is unethical.

"This is the first test case of the concept of licensing a vaccine based on animal efficacy data and trying to correlate that with the human immune response," Friedlander said.

Nuzum said he thinks the rPA vaccines are potentially the best vaccines to be going forward for licensure under the animal rule largely because of the work done at USAMRIID and DSTL. "The data, models and assays really are essential to the foundation for the work we're doing now," he said.

### Career time approaches for 1998 group

Company commanders and other captains in year group 1998 must make a decision about their career beginning next month.

The functional area designation board for captains with a date of rank between April 1, 2001, and March 31, 2002, is scheduled and these officers have from Aug. 1 to Nov. 1 to submit their career preferences, according to U.S. Army Personnel Command officials.

The board will meet in December.

Officers can volunteer for accession by providing the acquisition management branch a letter with an information copy to their basic branch. In order to be accepted for processing, request for consideration by the board must arrive at PERSCOM by Aug. 15. Officers should submit a memorandum to:

President  
PERSCOM Acquisition Candidate Accession Board  
ATTN: TAPC-OPB-E  
200 Stovall Street  
Alexandria, VA 22332-0411

Officers are reminded that this is a selection board, PERSCOM officials said, and all necessary actions should be taken to ensure records are complete and accurate, to include a current photo. Further information on this board is contained in MILPER Message 03-210 which can be viewed on PERSCOM ONLINE.

The PERSCOM point of contact for the acquisition board is Richard C. Yager, DSN 221-3127 or commercial (703) 325-3127. More information about the acquisition can be found at

# Suicide isn't painless

*Families, friends and soldiers suffer when someone commits suicide. It's not the easy way out.*

BY SPC. MATTHEW CHLOSTA  
THE SCOUT STAFF

It is dusk at the Fort Huachuca Thunder Mountain Village; the last of the reddish-orange burning sun sets over the mountains. Laughter drifts over the summer mountain breeze as groups gather at picnic tables discussing the latest brush-fire warnings from Tucson. A soldier pads his way to the laundry room, his back bent, lugging the moss green Army laundry bag full of dirty clothes. Somewhere in one of the barracks rooms a soldier is having problems. Some soldiers realize and some do not know that one of their fellow soldiers is wounded and needs help. Their friend wasn't wounded physically, but mentally. Their friend, their fellow soldier, was vulnerable to suicide.

"There are approximately 4,500 active duty, advanced individual training and Department of Defense military personnel working on Fort Huachuca on any given duty day," Vern Hunter, the alcohol and drug control officer, director of prevention and education programs, here said. "Out of those people, there were 22 suicide attempts in the past three months."

According to the National Center for Health Statistics in 2000 an average of one person

every 18 minutes killed themselves.

"The third leading cause of death for 10 to 24-year-olds is suicide," said Maj. Dan Minjares, a post chaplain and religious activities coordinator. "The leading cause of death is accidents and second is homicides. If accidents were more thoroughly investigated, then suicide would be the leading cause of death for 10 to 24-year-olds."

He said suicide is insidious and can touch anyone. "The chances of you coming into contact with someone who is at risk for suicide is very possible," the chaplain added.

According to Army Criminal Investigation reports, in the first seven months of this year there were 33 confirmed suicides among the approximately 500,000 soldiers currently serving on active duty.

Many troubled soldiers pass through the doors of Hunter's office. He said that he sees soldiers who may need help alleviating suicidal thoughts. Among them are self-identifiers (walk-ins) and people identifying friends who might have exhibited some of the signs of suicide. He said some soldiers are also identified by their chain of command.

Minjares mirrored Hunter's concerns for the soldiers. "You need to look out for your friends, comrades and fellow soldiers," he said. Minjares said the community must be vigilant and watch for suicide's triggers and warning signs.

Suicide may show up under any condition, but Capt. Jennifer K. Paweleck an Army psychologist and the chief of psychology and behavioral health services at Fort Huachuca's Raymond W. Bliss Army Health Center said symptoms identify possible victims "I would say that any intense, stressful, emotional experience generally speaking can make someone vulnerable."

According to the experts there are certain triggers which may initiate suicidal tendencies. "The

leading triggers of suicide are a major reversal in fortune, acute relationship problems, a divorce or separation, financial distress, work problems or drug or alcohol abuse," Hunter said.

The list of distresses continues, according to Minjares. "A couple more of the common causes of suicide are the death of someone close, facing a court case, sexual or physical abuse and a demotion or loss of social status," he said.

Hunter said that all of these things could cause someone to view negative developments in a distorted way. This type of thinking pulls someone into a downward spiral and makes that person more vulnerable to suicide.

In 2000 there were 55 suicides out of all the active-duty Army personnel, according to Army statistics.

## Behavioral changes

"Some of the behavioral changes of someone suicidal can be outbursts of crying, withdrawal from peers, teams or groups or activities that person used to enjoy," said Minjares. "Other behaviors include recklessness, tidying up, giving away possessions, fighting, lawbreak-

ing, apathy or deliberately injuring oneself." When you recognize that a friend has a problem, Minjares said there are some simple ways of helping. "It is important to listen, really listen, as to why a person is affected by something," he said.

Physical changes can indicate emotional problems, according to the chaplain. "Someone that is suicidal can experience loss of sleep, disturbed sleep, loss of appetite, lack of interest in appearance and lack of physical energy," he said "The worst thing for a person in emotional pain or suicidal to hear or feel is that there is no hope," he continued. "Anything you do to show you care about them or their situation will help pull them back from the line."

Hunter recommends people who are feeling overwhelmed or sad talk to someone. "Suicide is not a solution," said Hunter. "Don't isolate. Don't keep it to yourself."

According to the Army's suicide statistics from 2000, 93 percent of Army suicide victims were male, 71 percent were white, the average age was 30 and 72 percent were privates through staff sergeants.

According to the Association for Advanced Training in the Behavioral Sciences, 50 to 80 percent of the people who commit suicide in the United States have made one or more previous attempts. AATBS data shows

the highest rates of suicide are for divorced, separated or widowed people. Single people have the second highest suicide rate. The data shows married couples have the lowest suicide rate.

Knowing the typical signs of suicide may help friends, coworkers and family members intercede, the experts agree. However, there is no 'suicide profile stereotype' in this day and age.

"High achievers and 'perfect people' are also just as likely to have problems and issues as someone who is obviously depressed," said Hunter. "Many times perfectionists can't overcome what may seem like a small failure to others," he continued. "This grade they didn't get or promotion or score they didn't achieve can be devastating to them, acting as a trigger for a suicide attempt."

What do you do if someone you know seems to be having problems? "Be firm about your intentions to get them help if they won't," said Minjares. "Don't make secrecy pacts. Don't leave them alone if you are worried about the immediate risks and suspect they are suicidal."

"Show respect, offer support, offer realistic hope and remind them that people care about them," he added. "Be honest and genuine. Take the situation seriously. Be as understanding as possible."

"I would like to emphasize to the leaders of units, noncommissioned officers and company commanders, when a soldier comes to you seeking help, don't ostracize or be verbally abusive to the soldiers that reach out," said Hunter. "Command is responsible for their soldiers. Encourage them to discuss their feelings. Encourage buddies to help buddies seek help when they exhibit suicidal symptoms or behaviors."

## Deployment challenges

Deployments, such as those experienced by the 150,000 soldiers currently in Iraq, can lead to long separations, a stress unique to the military and its families.

"For the family that is left behind, the best thing to offer is support," said Paweleck. "Because I think what you see most often is the parent is now functioning as a single parent. And that is very stressful."

"You offer help in parenting, support groups," she added. "Help them increase the coping mechanisms that they have to deal with the temporary loss of their partner."

Paweleck said returning soldiers are made aware of the services available at the BHC in their post deployment briefings. They aren't



Photo by Elizabeth Harlan



Photo by Staff Sgt. Robert Hyatt

**LOSS** from Page 4

required to seek help. If soldiers do seek help, Paweleck said they could be sent to a comprehensive clinical evaluation program the Army runs for returning soldiers.

"They fill out a questionnaire they can get here at the hospital or online," said Paweleck. "That questionnaire is evaluated, and the physicians decide if that person needs to be referred. If we don't send them to that program, we do some work here with them. We focus on helping them get a handle on their experiences, what happened and their role in it; try to help them make some sense of it."

**Help is out there**

According to the National Center for Health Statistics, in 2000 there were a total of 29,350 suicides in the United States, a rate of approximately 80 per day. The statistics show that suicide can touch everyone's life. "If anyone out there is having a tough time feeling depressed, feeling suicidal, feeling anxious, they should understand that they are not alone. There is light at the end of the tunnel," Paweleck said. "There are other people who have experienced that, too, and have gotten help and gotten better.

There is help available, and it is not a career ending move to come to mental health," she said.

"The treatment and programs available on post for people depressed or suicidal start with the Behavioral Mental Health clinic," Hunter said. He said the clinic is part of the Raymond W. Bliss Army Medical Center.

Paweleck, who deals with the emotional well-being of her patients every day, described the steps taken to help a person feeling suicidal. If an attempt is made after hours, the patient is generally routed to a civilian facility off post, according to Paweleck. If the problem arises during duty hours, the individual should go to the clinic on post. The condition of the patient is evaluated both physically and medically before the next step is taken.

She added that once a mental health evaluation is completed, a determination is made as to whether the patient should be hospitalized or may be put on unit watch.

"If they can return to duty immediately without any restrictions, they're OK. It was a mistake. The service member is instructed to follow up with us the next duty day. Then

you come back and keep your appointments with us. The BHC is available for any Tricare beneficiary," Paweleck said. "We have civilian resources we direct people to if they call or come in."

**No shame**

Asking for help does not mean ending your career, according to these experts. "A lot of the Military Intelligence people on post worry about how therapy will affect their security clearance status," said Hunter. "The Army policy is not to punish those who come in for mental health treatment."

"The only way a person would lose a security clearance for mental health reasons is if we evaluated that person and deemed them not fit to be responsible for national security information," said Paweleck. "There is no automatic. Whether you're self referred or command referred, you don't automatically lose or keep your clearance.

"What will happen later on down the road if you've ever been seen by mental health? Whenever you come up for a re-evaluation or an upgrade for a clearance there will be a red flag," said Paweleck. "A men-

tal health provider will be consulted to see if you are fit to continue holding your clearance. Just coming into mental health doesn't mean you're automatically going to lose your clearance. A lot of people think that.

"And, a lot of people think that if you're on medication that you'll automatically lose your clearance," said Paweleck. "And that is not necessarily true. It is a gray area."

According to the NCHS, there are an estimated 5 million Americans who have attempted suicide.

"In terms of confidentiality we are limited by the new Health Insurance Portability and Accountability Act," said Paweleck. "These are the new guidelines for privacy and confidentiality. We were limited before and HIPAA is even more limiting."

"If we have to take a service member to the hospital for psychiatric treatment, we let the command know we are taking one of their soldiers," said Paweleck. "But, we don't give any additional information without a release form signed by the patient and unless the commander asks for it.

"If someone comes in for regular outpatient treatment on their own and your unit com-

mander calls in to see what is going on, I can neither affirm or deny that your even a patient here unless the patient signs a release," said Paweleck.

**Be a pal**

How do you make the transition back to work smooth? "You should treat someone who is returning to work or from treatment after a suicide attempt with honesty, sincerity and support," said Hunter. "Help them lessen the isolation."

According to the NCHS, in 2000, suicide ranked 11th as a leading cause of death among all Americans, and homicide ranked 14th.

According to the NCHS, for every four male deaths by suicide there is one female suicide. However, there are three female attempts for each male attempt.

The Army continues to improve programs to recognize and assist people in trouble. On Fort Huachuca, Col. Lawrence J. Portouw, garrison commander, is initiating a risk reduction program. "The risk reduction program collects numerical data from various units on post about 14 soldier risk indicators and risk factors including driving under the in-

fluence, sexually transmitted diseases and suicide gestures and attempts," according to Hunter.

Back at Thunder Mountain Village, the sun rises over the mountains with a hazy pinkish-yellow kaleidoscope of light. The patter of footsteps and conversations echo off the three-story brick barrack building walls as soldiers head off to early chow at the dining facility. In one barrack room two soldiers sit close to a third soldier, talking to him in calm, hushed voices. The soldier they are talking to is new to the post. He has no friends here. He is feeling isolated and alone. He feels lethargic and depressed. He was feeling vulnerable to suicide. But, after talking to his Army buddies he feels better.

A small smile cracks across his face. "Let's get some breakfast, my treat!" says the soldier, lightening the mood a little. The other soldiers stand up, nodding in agreement. There are hugs, thanks and light laughter all around as they head out to the dining facility. Once again Army soldiers have saved another life on the battlefield. This battlefield can't be detected with night-vision goggles or radar. This fight is for someone's mind. This time, they saved one of their own.

**Do you or someone you know need help?**

If you are suicidal, troubled or need someone to talk to ..... call any of these numbers to receive help, or talk to a friend or someone in your chain-of-command: Maj. Daniel Minjares, a post chaplain at 520-533-4755, Vern Hunter, alcohol and drug control officer at 520-538-1286, Capt. Jennifer K. Paweleck at 520-533-5161 or the toll-free National Crisis Helpline at 1-888-784-2433(1-888-SUICIDE).

# Community updates

## Voice mail system online

The new voice mail system Call Pilot went online at 6 p.m. Sunday. It was noted that the message waiting or stutter tone is on and the user has no new messages. At this time there isn't a definitive answer as to why the system is doing this. To fix the problem, any user checking their voice mailbox, who has no new messages, must do a \*90 to clear it.



## Child care taking applications

Fort Huachuca Family Child Care is now accepting applications for their August training class. Family members 18 and older who are interested in earning extra income by caring for children in their home should plan to attend this next scheduled training.

The training is scheduled to begin Aug. 11. Training is held Monday through Friday from 8 a.m. - noon and is free of charge. Class sizes are limited.

Prior to attending the training, call the FCC Office, 533-2494, for an application or stop by their office at the Murr Community Center Monday through Friday, 7 a.m. - 4 p.m. Further information is available through the FCC director by e-mail at [ffc@hua.army.mil](mailto:ffc@hua.army.mil).

## Turn Around Point closed Monday, Tuesday

The Turn Around Point free exchange center run by the Fort Huachuca Main Chapel will be closed Monday and Tuesday. The exchange, which is open two days a week, will reopen the following week. For more information call 533-4712.

## Reservists wanted for local unit

The 6402d Reserve Training Unit (MI) is a "points only" unit. This unit is open to all grades and MOSs.

Soldiers in this unit can stay active in the reserves and earn points towards retirement.

This unit trains on the first three Tuesdays of the month at 6:30 p.m. on Fort Huachuca. During the meetings, classes are conducted on various military topics or conduct administrative support of your military career.

For information, call Maj. Mary Spellman, 439-4599 or e-mail her at [mary.spellman@us.army.mil](mailto:mary.spellman@us.army.mil).



## SSA inventory Monday through July 25

The SSA will be conducting its annual inventory during the period of Monday through July 25. No turn-ins will be accepted during this time period, with the exception of automatic return items. All other functions of the SA will continue to operate as usual.

## Tri West identity theft

Several months ago, numerous identities were stolen from Tri West databases. Fraud alerts and possible identity theft reports only stay on your credit report for 90 days. If you have reported a fraud alert in the past, be sure to update the report every three months. If you suspect your identity has been stolen, contact each major credit

reporting agency immediately.

For assistance contacting the credit reporting agencies, please call the Fort Huachuca Legal Assistance office at 533-2009.

## Army Community Services seeks volunteers

The First Steps/New Parent Support Program at Army Community Service offers support in order to help new parents adjust to parenthood. This is a volunteer based program that provides support, parenting education and referrals to community resources.

After completing a 12-hour training program, volunteers visit new parents in the hospital and provide them with a variety of parenting information.

More volunteers are currently needed. Training is scheduled according to the needs of those interested in volunteering. Once training is completed, volunteers typically spend three to six hours a month making hospital visits and follow-up phone calls. For more information about the First Steps Program or volunteer training, contact Debbie Pumphrey at 533-6877/2330.

Currently First Steps is also in need of a 10-hour-a-week administrative assistant. This is contract-based position. Those interested should call Marjorie Loya at 533-6878/2330.

Parent/Tot Playgroup is another program sponsored by the Family Advocacy Program at Army Community Service. It involves parents with young children, 0-5, who are looking for interaction with other children and parents. It is a time for sharing, play, and information.

Age appropriate learning activities are offered for the children, as well as a snack time. Parents are encouraged to suggest topics of interest. A monthly briefing, with the pertinent subject matter expert, is offered based upon the needs of the group. This group meets from 9:30 - 11:30 a.m. on Tuesdays at Youth Services, bldg. # 49013. Reservations are accepted on a weekly basis by calling ACS, 533-2330. There is a limit of 30 people.

This program is run with volunteers. They are required to take a two-hour training on child abuse identification, recognition and reporting and have a background check. Anyone considering applying for a volunteer position with the group or wanting more information please call Magali Torres at 533-6873/2330.

Kids on the Block is also a Family Advocacy Program at ACS seeking a 20-hour-a-week-program coordinator. This is a contract-based position. This outreach program uses the art of puppetry in addressing topics such as disabilities, relocation, deployment, child abuse, safety, and substance abuse. Children love the puppets' antics while being introduced to a positive message. For more information call Loya.

## MEDDAC change of command

USA Medical Activity will conduct a change of command ceremony on the Raymond W. Bliss Army Health Center's north lawn, beginning at 7:30 a.m., Tuesday. Cochise Theatre will be the alternate site in the event of inclement weather.

The distinguished guest will be Brig. Gen. Charles Fox; the outgoing commander will be Lt. Col. Richard Beitz and the incoming commander is Col. Thomas Smith. The 70th Division Band will also be there.

## Caring for your newborn

Caring for Your Newborn is a free seminar offering detailed information on holding, bathing, diapering, dressing,

etc. Other topics discussed will be medical concerns, colic, crying and safety.

The Breastfeeding Your Newborn program discusses benefits of breastfeeding, positions, latching on, problem prevention and solutions and community resources.

Assisting Your Newborn's Development covers current information about the importance of the first years and their effect on brain development.

All classes are open to the public. They are held on Wednesdays from 6:30 - 8:30 p.m. in the Army Community Services conference room. Call ACS for dates or to sign up for a class at 533-6877/2330.

## Dental notes for redeploying soldiers

Soldiers returning from deployment should have their unit dental liaison call Cindy Sumner at Runion Dental Clinic, 533-1492. She will be able to determine if a redeploying soldier requires a dental exam, and also be able to schedule a dental exam appointment for the soldier.

## Lunch and learn workshop

The Special Emphasis Program Committee is sponsoring a Lunch and Learn communication workshop titled, "Polishing Your Presentations and Briefs," July 25, 11:30 a.m. to 1 p.m., at La Hacienda's Boots and Saddles Room. Cost is \$8.

Seating is limited to 40; call the Equal Employment Office, 538-0276 for reservations. The guest instructor for this workshop will be Mike Leiboff, retired communication professor.

## Returning soldiers to DMPO

The Defense Military Pay Office would like for all returning soldiers from deployed areas to stop by the S1/PAC and complete Department of the Army form 1351-2 to receive \$3.50 per day for per diem while in the overseas area.

Also, a DA form 4187 must be completed to ensure that all incentive pay is stopped the day of departure. Failure to contact your S1/PAC upon your return can result in the soldier being overpaid.

To prevent overpayments, take a second look at your leave and earnings statement to ensure that you are being paid properly.

Your S1/PAC is your first point of contact.

## Retirement ceremony

There will be an installation retirement ceremony July 25 at 7 a.m. on Chaffee Field. Sgt. 1st Class Wilda Smith, 306th Military Intelligence Battalion, and Sgt. 1st Class Laurie A. Williams, Headquarters and Headquarters Company, United States Army Garrison, are both retiring after at least 20 years serving their country.

## ACAP employer visit day

The Fort Huachuca Army Career and Alumni Program will conduct an employer visit day today from 11 a.m. to 1 p.m. in the ACAP center, bldg. 22420. Representatives from approximately twenty defense contractors and civilian companies will be accepting resumes and discussing local and national job opportunities. Call 533-5764 for more information.



## SUICIDE, from Page 3

rate of suicide among alcoholics is at least three or four times the average. Completed suicides are more likely to be men over 45 who are depressed or alcoholic.

- Asian-American women have the second-highest female suicide rate among 15-24 year olds, and the highest rate of depressive symptoms of adolescents among all ethnic-racial groups.

Eight out of 10 suicidal people give some sign of their intentions, according to the National Mental Health Association, a long-standing non-profit group based in Alexandria, Va.

People who talk about suicide, threaten to commit suicide or call sui-

cide crisis centers are 30 times more likely than average to kill themselves.

"A suicide attempt is a clear indication that something is gravely wrong in a person's life," NMHA declared on its Web site. "No matter the race or age of the person; how rich or poor they are, it is true that most people who commit suicide have a mental or emotional disorder. The most common underlying disorder is depression, 30 percent to 70 percent of suicide victims suffer from major depression or bipolar (manic-depressive) disorder.

Each year, almost 5,000 young people, ages 15 to 24, kill themselves.

"The rate of suicide for this age group has nearly tripled since 1960. Studies show that suicide attempts among young people may be based on long standing problems triggered by a specific event.

Suicidal adolescents may view a temporary situation as a permanent condition," according to NMHA. "Feelings of anger and resentment combined with exaggerated guilt can lead to impulsive, self-destructive acts."

Dr. Kathy HoganBruen, senior director of prevention with the NMHA, said that U.S. suicide rates depend on the age or ethnicity groups. Rates for some groups are going down, she said, while others are increasing.

According to the Surgeon General's Office, risk factors for suicide are:

- Male gender;
- Mental disorders, particularly depression and substance abuse;
- Prior suicide attempts;
- Unwillingness to seek help because of stigma;

- Barriers to accessing mental health treatment;
- Stressful life event/loss, and;
- Easy access to lethal methods such as guns.

Protective factors against suicide are effective and appropriate clinical care for underlying disorders, easy access to care and support from family, community, and health and mental health care staff.

*(Editor's note: Suicide is a serious problem both in and out of the military. This week's Scout focuses on suicide prevention, assisting depressed soldiers and family members and how suicide affects unit and family morale. See related stories and commentaries on Pages 2 and 4.)*

# Want to be a star, baby?

The staff of the Scout is looking for six young people to strut the cat walk for a photo feature.

The feature will illustrate the school uniform available at the Army, Air Force Exchange.

Specifically the staff needs three boys and three girls to model the new uniform in a photo shoot.

The models must be middle school age but do not have to be students at

the on post school.

Uniforms for the photo shoot will be supplied by AAFES.

The photographs will be taken by Scout photographer Elizabeth Harlan. Each model will be given a CD with their photos on it.

The photo shoot will be held July 25 and will take approximately three hours.

Young people interested participating should call Harlan at 533-5551 or

e-mail her at [beth.harlan@us.army.mil](mailto:beth.harlan@us.army.mil).

For consideration applicants must contact Harlan not later than 3 p.m., July 22.

When calling or e-mailing include your name, age, contact information and clothing size.

Models will be chosen on a first-come-first-served basis from applicants who meet the requirements.

The successful candidates will be notified by telephone or e-mail by noon on July 23.



Courtesy photo

# Pets of the Week

Veterinary Facility photos

*“Midnight” is a male domestic short-haired all black cat. He came to the stray facility after being hit by a car. He has been recuperating at the vet clinic for four months and now is ready for a new home. He is litterbox trained and loves affection. Adoption fee is \$40 which includes neutering, all vaccines, microchipping and a feline leukemia test.*

*“Bear” is a male Australian shepherd mix. He would be excellent with children and has a wonderful, sweet personality. He has been in the stray facility for five months and would love to find a new home. Adoption fee is \$40, which includes neutering, all vaccines, microchipping, and a heartworm test.*

*These and several other dogs and cats are available at the Fort Huachuca Veterinary Treatment Facility from 7:30 a.m. to 4 p.m., Monday through Friday. For information, call 533-2767.*





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 **Medical Activity Command**

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