

Veterans Affairs launches new health study of Persian Gulf veterans

The US Department of Veterans Affairs (VA) has begun new research on the health of Persian Gulf War veterans and their families, the latest step in a search for answers about the health consequences of that conflict.

Unlike many of the earlier investigations that are looking at specific groups of veterans for unusual health problems, the National Health Survey of Persian Gulf Veterans and Their Family Members is a broad epidemiological study that will compare a representative sampling of 15,000 Persian Gulf veterans with a "control group" of 15,000 veterans who served stateside or in other locations away from Southwest Asia during the Persian Gulf War.

Secretary of Veterans Affairs Jesse Brown said, "While the health problems of any Persian Gulf veteran are important and deserve immediate attention, these veterans and their families also want long-term answers. For that, we need a controlled scientific basis to find prevalence of illnesses, how they may differ from a control group 'norm,' and whether early clues to high-risk associations can shed light on causes."

Brown added, "We have moved forward in this scientific endeavor carefully, working with an advisory committee over the last year, incorporating

questions and subgroup analyses that reflect the concerns typically voiced by a veteran, such as whether his or her spouse or offspring would be at risk of health problems. We thank the outside scientists and our veteran organization partners who assisted us in the study design through our blue-ribbon Persian Gulf Expert Scientific Panel."

The study initially will gather data through a mail questionnaire and follow-up telephone interviews, as required. Medical records will be examined for subsets of the cohorts to validate survey findings, and about 1,000 households in each group will be offered medical examinations. Counting family members who are invited to participate in the physical exams, the cohorts' size may triple.

Both study populations include representative subgroups of men and women in all services ranging from the air national guard to active-duty marines. Like the study group, the comparison group sample is drawn from service members on duty at the time of the Gulf War.

VA and other federal agencies already have dozens of studies in progress examining a broad range of hypotheses about Gulf veterans, such as detection of any unusual patterns in their causes of death, their hospitalizations or the health

of their children. VA health officials already have been examining potential risk factors of concern to veterans, from a special neurological evaluation program aimed at detecting the kind of long-term damage that would be expected from chemical exposures to the medical surveillance of service members who have retained fragments of depleted uranium shrapnel. In addition, three specialized VA Persian Gulf Environmental Hazard Research Centers are coordinating more than a dozen protocols with a variety of approaches, from small case-control studies to cellular-level studies of possible biochemical markers.

The National Health Survey is being administered by VA's Environmental Epidemiology Service, which expects initial survey data in June 1996 and final physical examination results in June 1998.

While Gulf veterans cannot volunteer for the new study due to the scientific quality controls of random selection for a representative sampling, VA continues to provide a medical exam and battery of tests through its registry program. All Gulf veterans are invited to participate, free of charge. Additional information is available through the Persian Gulf Information Center at 1-800-PGW-VETS.



Kelli Danzuka-Palmer walked away cut, bruised and sore from an accident that totaled her car. The accident was caused by a large dead dog lying in the middle of the Tenino Road.

New medal authorized....

Medal honors Americans

The government of Kuwait recently joined its neighbor, Saudi Arabia, in providing a new medal honoring US military personnel who participated in operations Desert Shield and Desert Storm. The Kuwait Liberation Medal-Government of Kuwait decoration will be available to the roughly one third million American troops who were assigned to at least one of several designated areas in Southwest Asia between August 2, 1990, and August 31, 1993.

An individual's service must have been in either the Arabian Gulf, the Red Sea, the Gulf of Oman, the Gulf of Aden, or that portion of Arabian Sea which lies north of 10 degrees north latitude, and west of 68 degrees east longitude. Service may also have been located on the land areas of Bahrain, Iraq, Kuwait, Oman, Qatar, Saudi Arabia or the United Arab Emirates.

According to the US Department of Defense, a soldier or former soldier must meet one of the following conditions to qualify.

- (1) Have been attached to, or regularly served for one day or more, while an organization participating in ground and/or shore operations.
- (2) Have been attached to, or regularly served for one day or more, with a naval vessel directly supporting mili-

tary operations.

- (3) Have participated, as a crew member, in one or more aerial flights that directly supported military operations in the designated areas.
- (4) Have served on temporary duty (TDY) for 30 consecutive days or 60 nonconsecutive days during the designated period. (The military will waive the time requirement for TDY soldiers who participated in actual combat operations.)

The eligibility time frames and the geographical areas were designated by the Kuwait government and cannot be waived, according to US officials. Former military personnel who believe they qualify for the medal should send a letter, and any supporting documentation to the Army Reserve Personnel Center, Attn.: DARP-PAS-EAW, 9700 Page Boulevard, St. Louis, MO 63132-5200.

The next-of kin of personnel who were killed in Desert Shield and Desert Storm may also be awarded the medal posthumously. This award will be made regardless of the service member's length of service during the designated period. Requests for these posthumous awards should be sent to the Total Army Personnel Command, Attn.: TAPC-PDA, 200 Stovall Street, Alexandria, VA 22332-0471

DE plant honors employee

Warm Springs Composite Products recently recognized Clarence "Clancy" Dalin as employee of the month for December 1995.

Dalin was selected for the award for his contributions in safety in the workplace, quality of work, production quantity, attendance, personal initiative, attitude and cooperation with fellow employees, lead people, supervisors and management.

Support important—Thanks

To the Editor,
The Warm Springs Panthers Girls Basketball team would like to extend their thanks to the following volunteers, businesses and family members for helping make their first tourney a success.
Lilly Suppah, Tara Lee Suppah and Lanna Leonard for keeping book.
Andy Leonard for running the clock.
Eric Powers, Tray Leonard, Andy Leonard, Tony Holiday, Donald Hoptowitz—volunteer refs. Oregon Embroidery, Inter Tribal Sports, DMJ Automotive, Coast to Coast, WSFPI,

Les Schwab, First Interstate, Miller Ford Nissan, Warm Springs IHC, Bart Bartow—donations. Individuals and families who made donations and helped were: Dave Turner, Carmen Alexander, Claude Smith III, Warren Clements, Jim/Vesta Miller, George/Janice Clements, Donnie/Angie Wilson, Delvis/Shirley Heath, Jeff Shirley Sanders, Snuff/Versa Smith, Rosanna Sanders and Casandra Frutos. The Community Center staff instructed team aerobics.
As the coach of the team, I would like to thank all the parents for the opportunity to coach their kids, for the support and involvement they have had with their children. If it weren't for the parents and families involvement with the organization and their children, the tourney wouldn't have been possible. I also want to extend my thanks to Versa, Rosanna, Angie, Casandra and Shirley (Heath) for all the work they did in the concession stand throughout the weekend. Thanks also to Snuff and Verso for the team uniforms.
This tourney was put together without an entry fee for the local teams and kids in hopes of getting new teams started and parent involvement.
I hope I didn't forget anyone!
Again, thanks to all who get involved with the kids!
Coach Luther Clements

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Is the illness real or imagined?

Dealing with hypochondria

At least 10 percent of the population believes a headache is the sign of a brain tumor or that a rash is a sign of an infectious disease.

In actuality, these symptoms usually mean something much less serious—if anything at all. The people who exaggerate them are known as hypochondriacs. According to psychologists, a person who is regularly bothered by physical symptoms and begins to believe that they are constantly fighting those symptoms is a hypochondriac.

Hypochondriacs are irrational about their aches and pains, and this preoccupation with physical symptoms is problematic for these people. The problem can get to be so bad that it may interfere with the individual's personal and professional life.

The causes and treatments of hypochondria

Most hypochondriacs use the preoccupation with their physical symptoms as a defense mechanism to protect themselves from dealing with emotional problems. They generally suffer from depression, but use hypochondria as a way to delay facing what's really bothering them emotionally.

The best treatment for hypochondria is psychotherapy. Once in treatment, the therapist needs to gently point out to the patient that the focus on physical symptoms is preventing them from examining an underlying problem.

They hypochondriac also needs assurance that there's nothing seriously wrong. It should be explained that there may be legitimate reasons—stress, for example—for the hypochondriac's symptoms. The hypochondriac needs to realize that everyone gets their dose of daily aches and pains. It's normal.

While therapy may be the best treatment, many physicians hesitate to refer their patients to therapy. Why? Many doctors are unfamiliar with hypochondria, and even those who do know of the disease may not want to insult (and thereby lose a patient by suggesting that he or she may have mental or emotional problems. Also, a physician may be

afraid that the patient has a real problem that just has not yet been completely understood.

Doctors and families

Many doctors who are afraid to refer patients to therapy are only making matters worse. They often continue to see their patients during brief office appointments. They offer a sympathetic ear, and, in some situations, may prescribe tranquilizers since most hypochondriacal symptoms are stress-related.

But prescribing tranquilizers may cause a more serious problem for hypochondriacs since many are seeing more than one doctor. If each doctor is prescribing medication, such as Valium, the hypochondriac runs the risk of becoming overmedicated and possibly addicted.

Dealing with hypochondria is also difficult for family members. Relatives may become too sympathetic and therefore exaggerate the problem; or, they may do the opposite and avoid the hypochondriac completely. Neither is the right course of action.

The good news: Both family members and physicians seem to be getting more comfortable with suggesting the idea of therapy to hypochondriacs. People are now beginning to see that therapy is effective for treating a number of problems, and is nothing to be ashamed or embarrassed about.

Separating myth from fact

MYTH: Everyone who experiences pain on a regular basis is a hypochondriac.

FACT: Studies show that 60 percent to 80 percent of all healthy individuals experience bodily pains on a weekly basis, including back pain, ringing in the ears, or itching. The difference is that the hypochondriac is irrational about these symptoms.

MYTH: Most hypochondriacs imagine that they have minor illnesses or injuries.

FACT: Among the most common imagined diseases are cancer, heart attacks and AIDS.

National Children's Dental Health Month February 1996

DISCOVER THE CLUES TO A HEALTHY SMILE



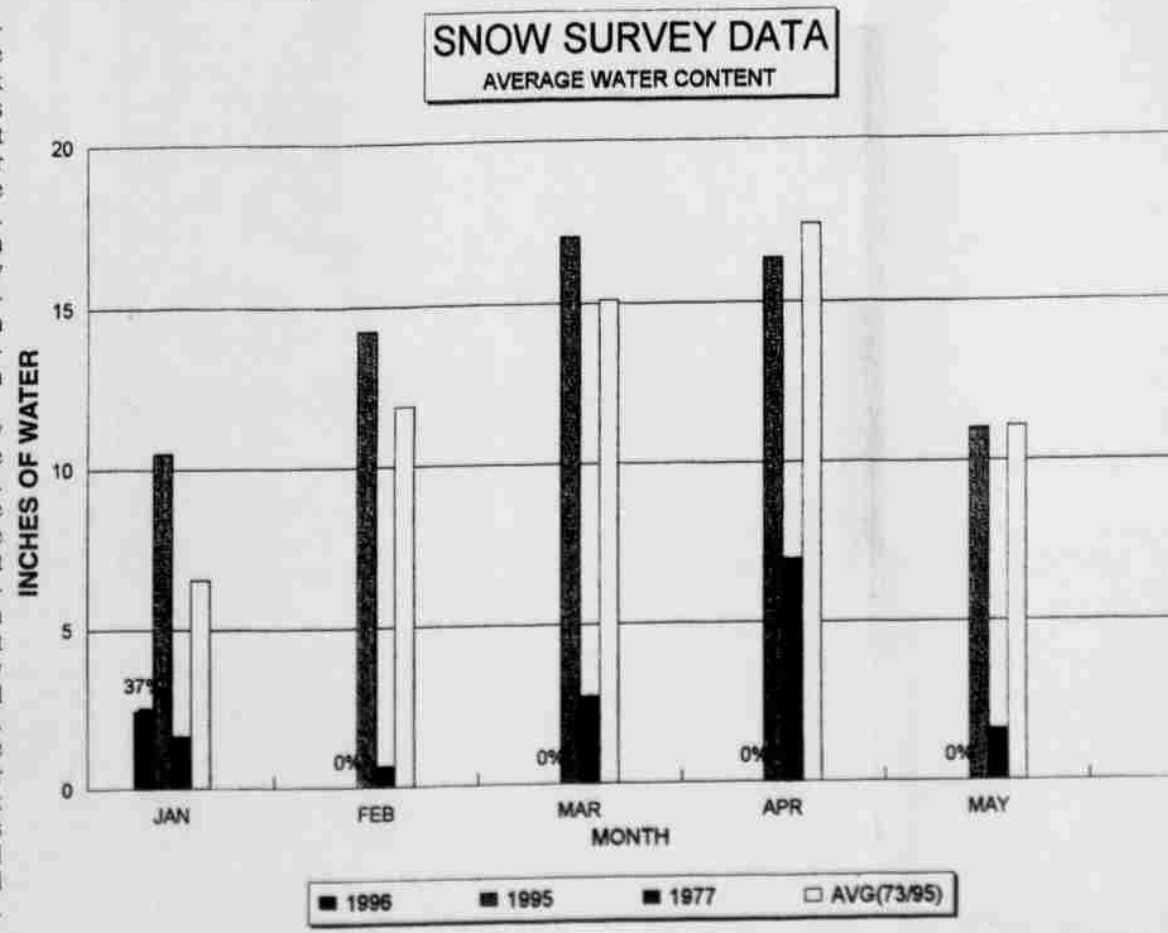
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Think snow....

Survey shows low snowpack for season

The Natural Resources Department has been collecting data on the snow pack since 1973. Snow pack data are obtained by manual readings of snow depth and water equivalent at our snow courses or by flying over aerial snow markers and reading the actual depth of the snowpack. Ground surveys are carried out on Bald Peter and Racing Creek Snow Courses in the south of the reservation and on Beaver Butte at the north end of the reservation. Aerial markers are located on Lionshead and on Olallie Butte.

We have just completed our snow survey for January and the results are shown in the accompanying chart. The basic interpretation that can be made from this graph is that the snowpack is only about 37 percent of the 22-year average. The reservation has received more moisture than indicated by the snowpack in the last month, but due to the uncommonly warm weather most of it has found its way into the streams and rivers. However, some of the moisture we had this month will help fill up our ground water reservoirs. The outlook for next summer and fall runoff is difficult to predict because it is still early and we may get a great deal more snow in the next few months. SO, THINK SNOW!



ECE News

In-Service Training January