



## MHS EARLY BIRD

Current as of 2 JUNE 2023, 0630 hrs. ET

*The MHS Early Bird is a daily collection of news and opinion articles shared to inform leaders of medical and health related issues of interest to the U.S. military medical mission. The views and statements do not necessarily reflect the policies or positions of the MHS and the DOD.*

*The purpose of the Early Bird is to provide situational awareness across the media landscape. The appearance of articles neither implies endorsement nor credibility of the media source.*

### MHS HEADLINES

1. [Doctors Engage Trauma as Battlefield Enemy](#) – Armed Forces Communications & Electronics Association

The health status of forces operating in contact with the enemy helps commanders understand how combat is unfolding, but there's also a second part that will be a key component as the service member recovers. Part of decision-making on a battlefield includes choosing the best treatment option for a service member in need. And military thinking also fits this pattern for a field health practitioner.

2. [Poisoned Water: How a Navy Ship Dumped Fuel and Sickened Its Own Crew](#) – Military.com

A years-long investigation reveals that the Boxer unintentionally compromised its own water supply in 2016, when it intentionally and potentially illegally dumped diesel fuel into the ocean and immediately sucked the noxious liquid back aboard the ship and into its water supply. Those conclusions can be revealed by Military.com for the first time after interviewing key personnel on the ship at the time of the incident, as well as through a review of documents obtained from sources.

3. [Opinion: An Autistic Soldier Wants You To Read This](#) – Modern War Institute

Autistic soldiers, and soldiers with other neurodivergent diagnoses, are already serving on active duty, in many cases in secret hiding their diagnoses from the Army. My team at the RAND Corporation published the first study ever conducted in the United States about neurodiversity and national security. Based on my conversations, this is what I think the autistic and neurodivergent soldiers in your unit want you to know.

4. [Armed With Billboards, Military Doctors Urge BAMC to Replace Animals in Deadly Training Exercises](#) – Physicians Committee for Responsible Medicine

This Memorial Day, a group of former military doctors and nurses are urging Brooke Army Medical Center to drop the use of animals in an emergency skills course. In a letter to base leaders, the 10 veterans urged the change for “the lives and safety of all the soldiers who may one day require care from the physicians currently training at BAMC.”

5. [Database Errors Fuel False Claims about HIV Cases in Military](#) – FactCheck.org

The rate of new HIV infections in the military has been relatively unchanged since 2017. But social media posts falsely claim that the military has recorded a “500% increase in HIV since the COVID vaccine rollout.” A Defense Department spokesperson said errors in a military database sparked the inaccurate claim.

6. [20 attorneys general bring legal action over 'experimental' sex changes on kids: 'Disregarding science'](#) – Fox News

For example, a military family medicine doctor, David Klein, found in his study reviewing Department of Defense pharmacy and billing records that children taking antipsychotic medication had their prescriptions increased after “gender-affirming care” was initiated.

7. [Scientists talk precision medicine, environmental health at NC event](#) – Environmental Factor

Scientists across North Carolina gathered May 8 in Research Triangle Park for a symposium titled “Quantitative Methods in Life Sciences: Precision Medicine and Environmental Health.” Researchers from academia, industry, and government — including several NIEHS scientists and grant recipients — discussed key topics at the interface of life sciences and data sciences.

## MEDICAL CURRENT EVENTS

8. [FDA considers temporary cancer drug imports from unapproved companies to ease U.S. shortage](#) – CNBC

The Food and Drug Administration – faced with a national shortage of more than a dozen cancer medications – is considering allowing the temporary importation of chemotherapy drugs from overseas manufacturers that are not currently approved to distribute in the United States, an agency spokesperson told CNBC.

9. [AI technology catches cancer before symptoms with Ezra, a full-body MRI scanner](#) – Fox News

Meet Ezra, the full-body cancer screener that just might save your life. Combining MRI imaging technology with artificial intelligence, Ezra scans for possible cancer in the human body in up to 13 organs. It also monitors for hundreds of other conditions, such as brain aneurysms or fatty liver disease.

10. [Brain abscesses increased nationally in children last winter, but remain rare, new CDC investigation finds](#) – CNN

The United States saw a 200% increase in brain abscesses in children in December 2022 following a surge in respiratory infections over the winter.

**11. [Heart attacks may lead to faster decline of brain health](#) – UPI**

Having a heart attack is bad news for your brain, raising your odds for mental decline in the years to come, new research finds.

**12. [FDA warns consumers not to use off-brand versions of Ozempic, Wegovy](#) – ABC News**

The U.S. Food and Drug Administration is warning consumers not to use off-brand versions of the popular weight-loss drugs Ozempic and Wegovy because they might not contain the same ingredients as the prescription products and may not be safe or effective.

## **VETERANS HEALTHCARE HEADLINES**

**13. [America Faces a Tidal Wave of Aging Veterans, Including a 237% Increase in Women Over 65 by 2041](#) – The War Horse**

As Vietnam and eventually Gulf War-era veterans grow older, they bring with them new needs, different expectations for care, and greater diversity than the Korean War and World War II veterans who came before them. The Department of Veterans Affairs and veterans organizations across the country are working to care for a new generation of older veterans who tend to have greater expectations for longevity and independence than earlier generations, yet also may struggle with more complex medical conditions.

**14. [OPINION: Senators Probe VA’s Veteran Suicide Rate](#) – The Clermont Sun**

Recently Senators Jon Tester and John Boozman introduced Senate Bill 928, the Not Just a Number Act, which requires the Department of Veterans Affairs (VA) to produce and distribute an Annual National Veterans Suicide Prevention Report. This proposed Annual Report would focus on the VA’s findings on suicide rates among veterans, information on veterans’ use of VA health care, Vet Centers effectiveness and various VA benefits and services.

**15. [Special issue of Health Equity devoted to improving care for minority Veterans](#) – VA News**

The Department of Veterans Affairs Office of Research and Development (ORD) has published a special issue of the peer-reviewed journal Health Equity. “Improving Care for Veterans Through Health Equity Research,” includes 13 articles that discuss VA’s efforts to increase targeted research and improve care for Veterans from minority and underrepresented backgrounds.

## **DEFENSE HEALTH HEADLINES**

**16. [Confidential Mental Health Resources Available to Military Families](#) – Health.mil**

The Military Health System recognizes that military life can be mentally stressful on service members, veterans, and their families. That’s why MHS has a wealth of resources for those coping across a spectrum of mental health challenges—in both clinical and non-clinical settings.

17. [WAMC earns Center of Excellence in Surgical Safety: RSI Prevention Award](#) – Army Medical Command

The Womack Army Medical Center Department of Surgery Team lands Center of Excellence in Surgical Safety: RSI (retained surgical item) Prevention Award in their drive to improve patient outcomes.

18. [CT Army Guard's Fitness Improvement Program Does More Than Just Burn Calories](#) – DVIDS (130th Public Affairs Detachment)

Are you struggling to maintain a proper diet? Do you have difficulty passing the Army Combat Fitness Test? Want to get in better shape but don't know where to start? Have you heard of the Fitness Improvement Program? The Fitness Improvement Program, or FIP, is a new concept in the Connecticut Army National Guard.

19. [Murtha Cancer Center hosts annual Skin Cancer Summit](#) – Walter Reed News

The Murtha Cancer Center at Walter Reed, the only Department of Defense Cancer Center of Excellence in the Military Health System, hosted its annual Skin Cancer Summit virtually on May 25. May is National Skin Cancer and Melanoma Awareness Month.

---

## MHS HEADLINES

1. Date: 1 JUNE 2023

**TITLE:** [Doctors Engage Trauma as Battlefield Enemy](#)

Source: Armed Forces Communications & Electronics Association International

Author: Diego Laje

Health professionals go to war against injuries and use data-driven command and control as their weapon.

Joint all-domain command and control, or JADC2, includes combatants' health.

“If a service member is shot on the battlefield and they're losing blood, someone has to provide very urgent care for that trauma. How does the next higher echelon of care know if the patient had a blood transfusion during patient movement or medical evacuation?” asked Holly Joers, program executive officer for Defense Healthcare Management Systems.

In the past, that patient depended on people delivering these reports accurately on paper or verbally. Both methods are inadequate in complicated field scenarios where practitioners or physical records can become unavailable in seconds, and answering questions accurately could mean the difference between life and death.

Much is involved in moving a service member from combat to a medical facility, and many professionals are engaged in treating that person. The decision-making chain may be long and requires precise steps.

“From the point that someone gets injured, when they're in a polluted environment ... all the way from patient movement, from when they get back to maybe a forward operating base, where they have to be seen or maybe evacuated, to a higher level of care,” Joers laid out.

The health status of forces operating in contact with the enemy helps commanders understand how combat is unfolding, but there's also a second part that will be a key component as the service member recovers.

"If you're a clinician or a health care provider, it's all about getting the necessary data to drive health care treatment decisions," said Justin Hodges, integrated product team lead, cybersecurity service provider, Naval Information Warfare Center–Atlantic.

Part of decision-making on a battlefield includes choosing the best treatment option for a service member in need. And military thinking also fits this pattern for a field health practitioner.

For Hodges, health is another battlespace, and it shares attributes with, for example, kinetic contests among forces. The difference is that in the field of health, a physician's enemy is trauma.

"The more you are in control and driving the chain of events occurring within whatever battlespace domain that the contest is occurring, you will be successful if the adversary can observe, orient, decide and act faster than they can," Hodges explained. "So what JADC2 really is about is not just the communications piece, but it's the observation, orientation, decision and then acting in enabling joint force commanders—not just the actual combatant commander—the four stars themselves. It's anyone who's operating in the team."

In Hodges' view, health integration is another part of the fight against an adversary. In this case, health care providers have to obtain the information they need, understand it, select a course of action and implement it as fast as possible. And like in any combat situation, to increase the chances of survival of an injured service member, health professionals need to have appropriate access to knowledge and resources.

"First and foremost, we need to make sure that we are not thinking about medical and health capabilities in a silo, rather, they are part of the overall integrated picture for operations," Joers explained.

Integration into the larger Department of Defense data mesh also serves a purpose in peacetime for the warfighter and their families.

Integrating all operations with a network-centric system in contested environments means that disrupting health data, despite its humanitarian use, is part of an adversary's arsenal. Furthermore, this information can be targeted to cause serious problems on the battlefield and complicate logistics. For these reasons, health data is another critical component of JADC2.

And this network demands a resiliency standard that becomes vital under critical conditions.

"Within the regular communication, electromagnetic spectrum, if someone can disrupt the flow of information to the battlefield commanders, they can inhibit decision-making ability," Hodges explained.

Therefore, health data needs to be treated with the same care as other tactical or strategic information.

"We have to be able to operate in a standalone, disconnected environment because you may or may not be able to have bandwidth for network connectivity, and so then, we are thinking about ways to transmit data captured while operating in a standalone, disconnected environment," Joers said.

As devices gather data, the information will ultimately be relayed to treatment centers. And this flow must be protected and compliant with other military information.

“We need to make sure that we are protecting operational medicine data, so we have what we call the Operational Medicine Data Service, which is a backbone or highway to ultimately connect operational medicine data back into MHS GENESIS for the long haul,” Joers said. (See sidebar.)

While on a battlefield, digitized medical records help doctors decide which treatments to administer, it also creates a record that will accompany the service member throughout the recovery cycle. “[It shows] what has happened to a service member as they are deployed and is able to bring that back as part of their continuum of care for their long-term health,” Joers said.

One of the pillars of this effort is readiness. “Providing health care, both preventative and reactive health care to the warfighter and to their beneficiaries, so that those warfighters are willing and able, medically speaking, to go defend the nation at a moment’s notice,” Hodges said.

An effective health fighting force doubles as a readiness element in peacetime and is a part of the war machinery that will allow warfighters to concentrate on their immediate job: defeating an adversary.

### **Military Health System: MHS GENESIS**

The Military Health System’s new electronic health record system, MHS GENESIS, replaces the Department of Defense’s (DoD’s) current systems and consolidates clinical workflows for patients and providers.

The initiative to make records available in forward operations also serves the rear and military families under DoD care.

“MHS GENESIS is 81% deployed throughout the Military Health System,” said Holly Joers, program executive officer for the Defense Healthcare Management Systems.

As a global provider of health care for service members and their families, covering the continental United States, or CONUS, is only a part of the mission.

“We have one major wave of deployments to finish out the CONUS, so the continental United States this June, and then we will be moving to overseas and deploying in the Europe and Pacific areas this fall,” Joers said.

Global deployment will only be the beginning. This system will receive data from millions of patients, eventually including veterans, and this will create other opportunities.

“MHS GENESIS and MHS Information Platform gives us copious amounts of data that we have not been able to necessarily leverage previously,” Joers said. “Now we are unleashing the power of that data.”

Up to this point, there are about 3.5 petabytes of data, according to Joers, and more to come once all providers and patients continue their contributions. Data digestion will demand artificial intelligence models to optimize processes.

The final version is expected to include decision support and predictive analytics, according to Joers. A practitioner will be able to prescribe medicines and even check local stocks on a base in Korea or an outpost in the Persian Gulf.

2. Date: 1 JUNE 2023

**TITLE: [Poisoned Water: How a Navy Ship Dumped Fuel and Sickened Its Own Crew](#)**

Source: Military.com

Authors: James LaPorta , Konstantin Toropin and Patricia Kime

Barely clothed Marines huddled exhausted next to their coffin-style bunks stacked to the ceiling below deck on the USS Boxer after midnight in March 2016. They were extremely tired after a long day resupplying their ship, moving crate after crate dropped off by helicopter.

A couple of the Marines got up from their ad hoc campfire -- gathered around a flashlight -- to grab a drink from a nearby water fountain.

But something was off.

The pungent smell of diesel fuel radiated from the tap. The poison was flowing from their sinks and permeating the laundry machines, the odor filling the mess hall. They'd been told the water was safe, but the Marines reached another conclusion.

"The ship is actually trying to kill us," Travis Sellers, a 20-year-old lance corporal, summarized at the time.

"The fumes were overpowering. You smelled it when you washed your clothes in it, showered in it, when you flushed the toilet," said Sarah Blanton, a former Marine sergeant assigned to the 13th Marine Expeditionary Unit. "The smell was in my hair. I had a friend braid it because I thought it would keep me from smelling it in my sleep."

The men and women didn't know it, but the fuel running through the water lines on the ship wasn't caused by a faulty valve or a corroded pipe. The crew had done this to themselves.

A years-long investigation reveals that the Boxer unintentionally compromised its own water supply in 2016, when it intentionally and potentially illegally dumped diesel fuel into the ocean and immediately sucked the noxious liquid back aboard the ship and into its water supply. Those conclusions can be revealed by Military.com for the first time after interviewing key personnel on the ship at the time of the incident, as well as through a review of documents obtained from sources.

A Military.com Freedom of Information Act request from 2018 shows that the Boxer underwent a significant upgrade to its internal network system that inadvertently deleted emails and email addresses of former Boxer members. Those emails may have mentioned the fuel in the water supply.

The Navy had never publicly acknowledged what happened on the ship and repeatedly responded to document requests by saying that no official paper trail outlining the incident existed.

Now, the service is acknowledging the water contamination for the first time, in a response to this reporting.

"USS Boxer (LHD 4) identified traces of fuel in the ship's potable water system while on a deployment to the Indo-Pacific in 2016," Cmdr. Arlo Abrahamson, a spokesman for the Naval Surface Force, said in a statement to Military.com on Wednesday. "USS Boxer's leadership and crew took immediate and appropriate measures to restrict access to the ship's potable water. After

conducting a thorough flush and inspection of the ship's potable water system, fresh water was restored."

The ship has not experienced any additional water contamination since 2016, according to Abrahamson. "The health [and] safety of our sailors and Marines remains a top priority and clean and safe drinking water is paramount for operational readiness," he said in the statement.

Some veterans who endured the episode have been left struggling to get help years later, several having their disability claims rejected by the Department of Veterans Affairs.

In interviews, former Boxer crew members described ailments to Military.com they believe were caused by the diesel. Gastrointestinal problems, skin rashes and burns were all reported in the immediate aftermath of the fuel dump, and conditions such as irritable bowel, excessive menstrual bleeding, lung cysts and even a rare form of lung cancer have all surfaced for the crew in the years after the exposure.

Edwin Emerson, a former Boxer crew member who worked in the ship's oil lab that was responsible for the fuel dump, told Military.com there's a good reason documents detailing the jettisoning of fuel don't exist: "We can't document that because the captain would get fired."

"The captain would have never known about it because, when you're doing something that illegal, you're not telling anybody," Emerson added, who served as one of three "oil kings" on the Boxer during the 2016 deployment. "You're not supposed to dump fuel into the ocean. ... It does [happen], but it's not legal."

Contacted by Military.com on multiple occasions, no reply was returned from Navy Capt. Michael Ruth, the Boxer's commanding officer at the time of the incident. Capt. Terrance "Terry" Patterson, who at the time was the chief engineer of the Boxer, declined to comment for this story, citing his active-duty status.

Brig. Gen. Anthony M. Henderson, who commanded the 13th Marine Expeditionary Unit as a colonel, declined an interview for this story.

Other mid-level officers and senior enlisted from the Boxer who continue to serve on active duty or are now veterans also declined to be interviewed or did not respond to inquiries from Military.com.

### **What Happened**

The USS Boxer is the flagship for the Boxer Amphibious Ready Group. The large, boxy ship carries more than a thousand sailors as crew and around 1,500 Marines. The ship's largely hollow interior is typically packed with dozens of armored vehicles and amphibious craft the Marines would use to land and operate ashore, while the flight deck holds some combination of Osprey tilt-rotor aircraft, Harrier jets or Super Stallion heavy-lift helicopters.

All of this gear and equipment is designed for one goal -- to enable the Marines to respond at a moment's notice to conflict or disaster.

In 2016, the ship deployed with the 13th Marine Expeditionary Unit to participate in naval exercises around Pohang, a port city off South Korea's east coast. It was moving through that area in the days prior to March 15.

On the 15th, logs from the Boxer and a nearby supply ship -- the USNS Wally Schirra -- say the two met up about 100 miles off the coast of both Japan and Korea in the southern part of the Sea of

Japan at 8am and the amphibious assault ship took on nearly 400,000 gallons of diesel fuel for itself, as well as jet fuel for its aircraft. The deck logs for both ships were obtained by Military.com via Freedom of Information Act requests.

After the resupply was done, around 1pm according to the Schirra's logs, the Boxer continued sailing north into the Sea of Japan. The Boxer then turned west to head back toward the Korean coast and Pohang, its own logs show.

Through the day, the data in the logs say that the ship was never further than 150 mi from the shores of either Korea or Japan and its last log entry for the 15th shows it about 80 miles off the coast of Korea. This puts the ship well within both countries' economic exclusion zones -- an area that typically extends out 230 miles from the coast in which a country has rights and responsibilities over natural resources.

For part of that day Machinist's Mate Chief Michael Gonzales, the oil lab's leading chief petty officer and one of the three oil kings on the Boxer, was also serving as the engineering officer of the watch, a rotating responsibility that entails primary responsibility for the main propulsion plant of the ship, including the oil lab.

Gonzales called down to the oil lab where Emerson, one of the other oil kings on the ship, was on watch.

Shannon Arms and Alexander Casto, both former machinist's mates second class, and Hayley Blair, a former junior officer, who worked in the Boxer's oil lab told Military.com that Gonzales ordered the sailors to dump diesel fuel. The exact reason for the dump is unclear, but those in the oil lab suggested they would typically dump when the fuel became contaminated, most commonly with water or sediment. Emerson confirmed that the order came from Gonzales.

All of the sailors described dumping fuel as a common procedure on Navy ships, typically an uneventful action where fuel dissipates into the surrounding water as the ship steams on. They all also said they believed it is illegal to dump fuel, although they couldn't point to a specific law. Outside legal experts consulted by Military.com said that the legality is unclear for warships.

Arms said that, before dumping fuel, the oil lab would usually ask for permission from the engineering officer of the watch, who would then ask permission from the bridge of the ship.

"I remember because the person on watch, Emerson, asked: 'Do we have permission?'" Arms explained. "He [Gonzales] said, 'I'm giving you permission.'

"We came on watch. And I want to say, maybe 10 minutes into watch, he told us to go ahead and align and start dumping."

Arms and Emerson told Military.com that Gonzales told the oil lab to dump the fuel off the starboard, or right, side of the ship. On the left side of the ship, evaporators are routinely sucking up seawater to turn into potable water. To avoid contamination, the sailors explained, it's paramount to keep the ship moving.

Shortly after the fuel was dumped, an "all stop" order came from the bridge, cutting the engine's thrust.

### **'All Stop'**

Arms described a mad scramble as the crew in the oil lab realized that the ship would almost immediately start sucking up the fuel as it sat in stagnant waters.

The ship's log notes that the officers on the bridge ordered the ship to come to a complete stop twice that day. The first instance was at 1:36 a.m. and lasted about 20 minutes. The second was at 9:46 p.m. and it didn't stop moving again until 11:38 p.m. Crew members who spoke to Military.com said that, seven years later, they couldn't recall the exact timing of the fuel dump.

"Once we started feeding from that feeding tank [for potable water], the entire ship was contaminated," said Casto. "It's in all the lines. It's in everything. You cook with it, you bathe with it. You drink it."

The Boxer creates its own fresh water through a fairly basic and simple process of evaporation. Seawater is heated and then condensed, leaving the salt behind in the process.

However, if there is fuel in the mix, the fuel will evaporate alongside the water and contaminate the system.

Once the fuel was in the water, it would not have been easy to get it out, according to Arms and Casto. Expelling that much water would affect the overall stability of the ship and, even if dumped, the water storage tanks themselves would need to be flushed -- a process that did not occur until two months later, when the ship pulled into the Port of Jebel Ali in the United Arab Emirates, just south of Dubai, for a mid-deployment voyage repair.

Arms gave another reason for not dumping the contaminated water: "They would now have to admit that someone f----- up," he said.

Gonzales, who retired from the Navy as a chief warrant officer, said he did not recall any water contamination during the 2016 deployment.

"I would say fuel didn't get into the water supply, because I remember correctly, all the water chemistry was sanitary. As far as I can remember, and I have a pretty good memory, there was no dumping of tanks or anything," Gonzales told Military.com.

Multiple Marines and sailors said then-Navy Lt. Dana Lilli, the Boxer's senior medical officer at the time of the incident, informed the ship that the water was safe to drink. Military.com reached out to Lilli, who is now a lieutenant commander, multiple times. She did not respond.

Gonzales added that, "There never would have been any water, unsanitary water, that would have gotten into the system. It's impossible. ... This is probably just a mess deck rumor."

However, in addition to interviews with the crew, Military.com obtained documentation proving that fuel was in the Boxer's water supply.

Aaron Rawlings, a former Navy corpsman assigned to a Marine reconnaissance platoon who continues to work in health care, printed out an email from the 13th Marine Expeditionary Unit that shows fuel had gotten into the water supply on the USS Boxer. The document was authenticated by other Marines who served on the ship.

The email, dated for March 15, 2016, has the subject line "fuel in the water" and is categorized as being of "high" importance. It's signed by the watch officer and tells the crew: "Be advised, there is fuel in the water. There is bottled water on the mess decks for consumption."

Rawlings told Military.com that he was concerned for his Marines after being exposed to fuel in their drinking and bathing water. He wanted the incident documented in case their exposure created health issues later on, so he placed a copy of the email in each of his Marines' medical files.

It is unclear how the oil lab would have explained the sudden drop in fuel for the daily "Fuel and Water Report" -- a detailed accounting of all the diesel and drinking water use submitted to the ship's commander.

Military.com filed requests for those logs but was told that they are retained by the Navy for only three years and have since been destroyed.

### **Fuel in the Water**

When the crew began to notice the pungent smell of fuel coming from the taps, the Boxer found itself unprepared to deal with the tainted water.

The ship provided a small ration of bottled water, but it ran out quickly. Crew members were told that if they wanted drinking water, they could buy it from the ship's store but soon that ran out too.

Nikolas Ross, a former Navy corpsman, and more than a dozen other Marines and sailors -- both officer and enlisted -- interviewed by Military.com said the ship repeatedly claimed the water was safe to drink. Ross said he remembers "the smell and taste, making you feel nauseous."

Problems with drinking water aboard Navy ships is hardly a new phenomenon, nor is a delay in a ship acknowledging issues to a crew. Experts and myriad former sailors regularly relayed anecdotal accounts of fuel contamination while serving aboard ships throughout the Cold War and into the present day.

A December 1975 report from the Government Accountability Office detailed how dumping fuel into the ocean was a common practice for Navy vessels. Congress requested information after the USS Independence dumped 8,900 gallons of aviation gasoline off the coast of South Carolina, which garnered widespread media attention at the time.

Last fall, the Navy had two high-profile instances of water contamination aboard aircraft carriers. One, aboard the USS Nimitz, involved jet fuel -- often referred to by its official designation JP-5 -- getting into the water supply after the crew tried to clean a water tank that they didn't realize contained the substance.

The other involved bacteria in the water system aboard the carrier Abraham Lincoln. In that incident of E. coli contamination, videos posted to social media revealed that ship's commander telling her crew amid the crisis that she purposely took a shower on the ship and that it "was marvelous."

"I even tasted the water," she said, adding that it was "good to go."

A subsequent investigation into both incidents, released by the service earlier this month, revealed major systemic issues that hamper a ship's ability to deal with fuel contamination, including the fact that Navy ships don't carry test kits to determine if petroleum products like diesel or jet fuel are in their water.

Meanwhile, the Navy found that there were four missed opportunities for sailors on the Lincoln to identify and flag the bacterial water contamination before it spread and that the leadership waited overnight before alerting the crew.

One main difference between these two more recent cases and the Boxer, however, is that the contamination came from inside the ship and didn't involve any dumping of fuel overboard -- an act that is legally murky.

International treaties such as the International Convention for the Prevention of Pollution from Ships, commonly called MARPOL, clearly prohibit commercial vessels from dumping fuel into the ocean.

The sailors that spoke with Military.com also believed that laws prevented them from just dumping fuel overboard. A 2017 Department of Defense regulation bound Navy warships to that international convention but with a major carveout -- "so far as is reasonable without impairing the operations or operational capabilities of such ships."

Dr. Salvatore Mercogliano, a maritime historian at Campbell University and a former merchant mariner, said that, while "port states will prosecute people within their waters, if they catch them doing it," enforcing the law on a Navy warship is tricky.

"The problem you have is Navy vessels have sovereign immunity," he said, referring to the understanding that countries cannot stop or search ships of another nation or interfere with another state's property.

Military.com reached out to the embassies of both South Korea and Japan as part of our reporting but did not receive a reply.

Because getting fuel out of water tanks requires completely draining them and washing them, the ship needed to pull into port to fix the problem.

Casto said when the ship pulled into Hong Kong, it still had dirty water. Casto and others interviewed said the ship didn't fully flush and clean out the contaminated tanks for two months.

"We ported in Dubai to fix this," he said. "We sat in Dubai for probably a week, me and my colleagues were on watch 24/7 as water trucks came in to fill up and dump these tanks. ... Workers came in and cleaned the tanks."

A video posted online by the U.S. Navy shows the Boxer was in that port from June 23 to June 30, 2016.

### **Health Effects**

Years later, more than a few members of the crew say they have ongoing health problems related to two months of living with fuel in the water.

Blanton said she began experiencing extremely heavy periods right after the exposure -- irregularities that continue to this day. Without regulating her periods with oral contraceptives, she bleeds for weeks at a time.

"I worry that it has affected my fertility, but I haven't really tested. I don't know that I want the answer," Blanton said in an interview.

Casto, who worked in the Boxer's main propulsion aft, told Military.com that he and his spouse are undergoing testing for infertility.

"Me and my wife are having trouble conceiving," he said. "And my genes are not -- my family is not known to have that issue, let's just put it that way."

Veterans may apply for health care and disability compensation with the Department of Veterans Affairs based on whether their illnesses or injuries were related to their military service.

The VA maintains a list of diseases definitively linked to the military depending on service location and era, but for all others, the VA requires that veterans prove a connection that their military service caused their illness or injury, known as "service connection."

This usually requires proof that includes service records; details of any incidents, operational events or accidents; and a letter from a physician, known as a "nexus letter," that connects an illness or injury with that event.

A former Marine who asked not to be named, attempted to obtain documentation of the incident via the Boxer's official Facebook account but was denied after the ship spoke with an unnamed senior medical officer aboard the Boxer, per screenshots given to Military.com.

Without evidence of the mishap, the Boxer veterans are at a disadvantage. Blanton filed a VA claim in 2018 and was denied. She decided not to pursue it because she figured the Navy "would never be held accountable."

At least one veteran who filed a disability claim tied to symptoms they believed were related to the fuel incident was successful, but others have faced similar headwinds to Blanton.

When Nick Croushore, also a former Marine, met with a VA claims representative as he left the service, he told the rep he had an eye problem he knew was the result of fuel exposure.

Croushore had been disposing bags of trash on the ship when he got something in his eye. He ran over to the eyewash station, where he bathed his eyeball with fuel-tainted water.

"I treated myself with an eye patch because I went to the corpsman and he just told me to come back if it got infected. ... To this day, I can't wear contacts in my left eye, and my vision is kinda messed up," he said.

He filed a VA disability claim and was denied for his eye conditions and chronic chest pain. He also was denied for a claim tied to the skin issues he attributes to the fuel exposure.

"I wasn't really mad about my eye or my chest -- people were worse off than I was -- but could we have gotten a little bit of acknowledgment that it happened?" Croushore said.

Much research has been published on the effects of diesel exhaust on the human body, but little is available on the effects of human consumption of petroleum products, including diesel, or having prolonged direct contact with fuel-contaminated water.

Exposure to military fuels causes kidney damage or kidney cancer in male rats, but scientists question the results of animal testing in relation to humans. Research indicates that exposure to jet fuel or diesel can cause acute and chronic central nervous system symptoms in humans like dizziness, headache, nausea, sleep issues, depression and memory impairment, but the findings conducted on this topic are inconclusive, according to a 1996 National Research Council report.

Navy policy on fuel contamination is difficult to find. A Navy medicine publication on water quality aboard ships notes that the crew is responsible for testing the pH and salt content of the water, as well as making sure it is free of E. coli and similar bacteria, but it makes no mention of testing for other compounds.

When the crew of the Nimitz was trying to remove jet fuel from its water supply, the investigation report into the incident said Naval Sea Systems Command -- the unit tasked with ship design, construction and maintenance -- told the ship "to utilize a limit of 0.266 [parts per million]," suggesting the Navy will tolerate some, minimal, level of water contamination with hydrocarbons.

Hydrocarbons are a broader chemical category to which substances like jet fuel and ship's diesel fuel belong.

Chemicals such as benzene that are a natural component of petroleum, as well as toluene and naphthalene, have been linked to long-term health problems, and those are among the biggest concerns when discussing the effects of military fuel exposure on service members and their families, according to Chelsey Simoni, a former Army aviation medic and registered nurse who studies toxic exposures for the nonprofit HunterSeven Foundation.

Simoni said the toxicity of exposure largely depends on the amount encountered and whether the vapors were inhaled, absorbed or ingested. Ingestion is the "least worrisome" because human kidneys are efficient at flushing out toxins, while bathing in water tainted with fuel creates significant risk because warm water opens the skin's pores, she said. Breathing in fuel fumes may pose risks because the particles tend to hang around in the lungs.

"Considering the rates of cancers, especially blood cancers, in diesel mechanics and those in the fuel and fuel-related industries by absorbing alone, the risk is somewhat obvious," she said.

Given the uncertainty surrounding the actual effects of diesel ingestion or inhalation on the body, many of the sailors and Marines on the Boxer have been left wondering whether the incident had anything to do with every unexplained ache, itch, health anomaly and, in at least one case, a death.

Marine Sgt. Daniel Pedersen died on Nov. 26, 2019, at the age of 25 from a rare form of lung cancer called a neuroendocrine tumor. Risk factors include advanced age, a previous risk of cancer, smoking and chemical exposure.

Pedersen's family did not respond to requests for interviews, but Blanton said the death of a respected and loved colleague struck his fellow Marines hard and left them questioning the cause of his illness.

"He was super strong, super athletic and, all around, a good freakin' person, and out of nowhere came this cancer. He didn't smoke. No one who is this healthy should be gone this quick," Blanton said.

Fuel contamination on Navy ships often is discussed on an anecdotal level but, for the roughly 3,000 sailors and Marines assigned to the Boxer in 2016, the poisoning was real and, according to those interviewed for this story, didn't have to happen.

"It was preventable," said Arms. "That's what makes it more infuriating."

But like many incidents that occur aboard U.S. Navy vessels, an expectation to tolerate adversity along with a loyalty to the ship's captain and each other kept the truth secret for more than seven years.

"The Navy's neglect is raising questions about the worth of serving," said a former Marine who worked in aviation on the Boxer and who first provided the tip to Military.com that launched this investigation. "How many more will be put at risk before the Navy takes responsibility for their mishaps?"

3. Date: 1 JUNE 2023

**TITLE:** [Opinion: An Autistic Soldier Wants You To Read This](#)

Source: Modern War Institute

Author: Cortney Weinbaum

The Army's relationship with autism spectrum disorder, attention-deficit/hyperactivity disorder (ADHD), and other cognitive diagnoses that are collectively called neurodivergent is . . . complicated.

Autistic soldiers, and soldiers with other neurodivergent diagnoses, are already serving on active duty, in many cases in secret—hiding their diagnoses from the Army—and I know this because they called to tell me. My team at the RAND Corporation published the first study ever conducted in the United States about neurodiversity and national security, and as word spread that we were conducting this research, my phone started ringing. Based on my conversations, this is what I think the autistic and neurodivergent soldiers in your unit want you to know.

They are intelligence officers, cyber operations officers, company commanders, and in other jobs. They likely entered the military before they were diagnosed, and they went outside the military health system—and dug into their own pockets—to get assessed during adulthood. Or they are waiting until after retirement to seek official diagnoses, though they already have a deep sense of what the results will be. They fear losing the careers they love if their diagnoses were to become known, they described being bullied in the past by classmates or coworkers because of their conditions, and they described the mental cost and exhaustion of hiding their symptoms to pass as “normal” at work.

While neurodivergent diagnoses are not automatically disqualifying from Army service, any new recruit who reveals a diagnosis jumps through hoops to serve. Some described having to prove that their diagnoses do not impede their ability to serve, which puts the burden on an eighteen-year-old to prove a negative for which the Army has no assessment criteria.

Service members with ADHD—across military services—described having to give up the prescription medications that have helped them for years because use of prescription drugs would make them not deployable. Some people with ADHD ironically described that in a deployed environment a person with ADHD would be least likely to need their medications, because the deployed environment would likely provide all the stimulation their brain needs. This nonmedical theory—which has never been studied—suggests the prohibition against medicating is actually counterproductive to the military because it prevents the recruitment of persons who may demonstrate hyperfocus in a war zone, simply because outside of a war zone the management of their condition requires a non-lifesaving medication.

Olympic gold medal-winning gymnast Simone Biles has spoken publicly about needing daily prescription medications to manage her ADHD, and Sports Illustrated has published stories about autistic elite athletes. As a child, Oscar-winning actor Anthony Hopkins was diagnosed with autism. And billionaire inventor and CEO Elon Musk—regardless of what you might think of him personally—has climbed to enormous success with autism. Clearly, these diagnoses do not preclude athletic excellence, superb communication, or technological innovation.

The CEO of a defense contracting firm said that his autistic workforce tags geospatial imagery with high precision rates and low error rates. He bragged that his autistic employees could look at

a blurry satellite image with foliage in the way and tell the difference between a Russian MiG aircraft, a Ukrainian MiG, and a Russian MiG painted like a Ukrainian MiG.

Our research found peer-reviewed studies reporting that neurodivergent people outperform neurotypical people at recognizing patterns in a distracted environment, on intelligence tests using nonverbal testing methods, and at achieving states of hyperfocus. The one study we found about ethics and neurodivergence found that autistic research subjects were more likely to behave ethically even when it was at a personal cost than neurotypical subjects. If this research holds true, then the implications for people with security clearances is enormous.

Israel, the UK, and Australia already have autism programs in their national security organizations. Multibillion-dollar companies EY and Google proactively recruit neurodivergent candidates, because of the value both companies have reaped from these cadres of employees.

Our research found that “within the U.S. population, an estimated 5–20 percent of people are dyslexic, 9.4 percent of children have been diagnosed with ADHD, and more than 2 percent of the U.S. population is autistic.” Another study indicated that nearly two-thirds of American children who are diagnosed with ADHD are on prescription medications. Despite the recruitment challenges it is currently facing, the Army continues to make personnel decisions based on last century’s understanding of these diagnoses.

When I was growing up in the 1980s, generally only children who exhibited the most severe symptoms were diagnosed with these conditions. Today, in the 2020s, doctors and researchers describe these diagnoses as “spectrums,” and practitioners have more sophisticated assessment methods for diagnosing people who previously—in my childhood—would have been labeled as “normal.” This opens up a world of interventions and services for people who might otherwise have suffered in silence. As research continues to advance, practitioners are realizing how vastly different the symptoms present for girls and women than for boys and men, and how cultural differences across races and ethnicities lead symptoms to present widely differently across populations, even within the United States.

All of these advancements have resulted in people who in the past might have only barely graduated from high school now achieving advanced education degrees and living highly productive lives. (Economic barriers to interventions remain, which is a topic for a different article.) When such candidates reach an Army recruiting station, with its vague policies and inconsistent practices on this issue, they might already have a high school diploma, a college degree, or even an advanced degree.

Yet neurodivergent military and civilian officials across the national security enterprise—beyond just the Army—described living in the closet, comparing themselves to the LGBTQ community during Don’t Ask, Don’t Tell. They described a forced choice—either hiding their diagnoses and paying the mental costs of doing so or revealing their diagnoses and risking discrimination, bias, and even the possibility of military discharge. They described careers that they love too much to risk losing by disclosing a diagnosis.

The Department of the Army and the Department of Defense have no single policy that, if changed, would completely reverse this paradigm. Rather, this paradigm exists because a series of policies, practices, and biases have settled in place over decades. You, dear reader, could start to change that.

First, get yourself smarter about neurodivergence. Read articles and books, listen to podcasts and TED talks, and begin to notice how your community might be accommodating or unaccommodating to neurodiversity. Learn how to create psychological safety in your unit, even if you are not the unit's leader. Learn about expressing vulnerability in order to create environments where others feel welcome to be vulnerable too. Do not confront people about your suspicion that they might have a diagnosis; maybe they do and they are not ready to talk with you about it or maybe they have never been assessed before and would be offended by the implication. If you are a leader in a large organization, consider starting a neurodivergence affinity group where employees can network, support, and mentor each other without having to disclose diagnoses.

While conducting the RAND study, I imagined how I might hide my nearsighted vision from my employer, if only perfect vision was allowed at work. I could do it, if I had to. I would struggle to get through the day without glasses, and I would probably come home with a terrible headache from straining my eyes. Each day I would wake up and do it all over again. If the Army were to treat neurodivergence as a spectrum, like it treats vision, then service members might not have to hide. Perhaps the Army would provide service members with accommodations (similar to issuing eyeglasses), and perhaps the loosening of stigma associated with these diagnoses would improve recruitment, and the Army might reap the benefits of neurodiversity.

---

4. Date: 1 JUNE 2023

**TITLE: [Armed With Billboards, Military Doctors Urge BAMC to Replace Animals in Deadly Training Exercises](#)**

Source: Physicians Committee for Responsible Medicine

Author: Not Attributed

SAN ANTONIO, Texas—This Memorial Day, a group of former military doctors and nurses are urging Brooke Army Medical Center to drop the use of animals in an emergency skills course. In a letter to base leaders, the 10 veterans urged the change for “the lives and safety of all the soldiers who may one day require care from the physicians currently training at BAMC.” Accompanying the letter are billboards that were purchased by the nonprofit medical ethics group the Physicians Committee for Responsible Medicine. The outdoor ads, two near BAMC and one in downtown San Antonio, declare: “Pigs Make Lousy Soldiers: Stop Using Animals to Train Army Doctors. TroopsDeserveBetter.org.”

Dr. Robert DeMuth was the lead signatory on the letter, which was sent to BAMC commanding general, Brig. Gen. Deydre S. Teyhen, and the commander of the 59th Medical Wing of the U.S. Air Force, Brig. Gen. Jeannine M. Ryder, MS. In the letter, Dr. DeMuth, who trained medics at Fort Cavazos with the Army's 2nd Armored Cavalry Regiment without using animals and was deployed twice to Iraq, noted that scientific studies funded by the U.S. military support the replacement of animals in medical training.

At BAMC, trainees cut into pigs' chests to insert drainage tubes, insert a needle to remove fluid surrounding the heart, spread the ribs to perform various procedures on the heart, and cut the skin and ligament around the animals' eyes—among many other procedures. During the later stage of the exercise, the animals are killed, and additional procedures are then performed on their bodies.

BAMC is one of only seven emergency medicine programs in the U.S. and Canada using live animals, out of 285 surveyed programs. Naval Medical Center San Diego stopped using live animals nearly a decade ago, in 2014, and the programs at Wright State University (affiliated with Wright Patterson Air Force Base) and the Medical College of Georgia at Augusta University (affiliated with the U.S. Army) use only nonanimal methods.

“We don’t send soldiers into battle with muskets,” says Dr. DeMuth. “We shouldn’t be preparing physicians to save those soldiers’ lives using 19th century methods.”

---

5. Date: 1 JUNE 2023

**TITLE:** [Database Errors Fuel False Claims about HIV Cases in Military](#)

Source: FactCheck.org

Author: Brea Jones

COVID-19 vaccines were introduced to the general public in December 2020. About 81% of the U.S. population have received at least one dose of a vaccine as of May 10, according to the Centers for Disease Control and Prevention.

In August 2021, Secretary of Defense Lloyd Austin III mandated that members of the armed forces receive the vaccine. By December 2021, 96% of active-duty military members were fully vaccinated. An individual must follow mandates and pass the fitness standard in order to stay in or be allowed to join the armed forces. The vaccine mandate for members of the military was rescinded on Jan. 10.

In recent weeks, posts on social media have wrongly claimed that the military recorded a 500% increase in new HIV infections since the COVID-19 vaccines were introduced.

“DOD database reports 500% increase in HIV since the COVID vaccine rollout,” reads part of an Instagram post.

But there is “no association between COVID-19 vaccines and risk for HIV infection,” according to the CDC.

HIV, or human immunodeficiency virus, attacks the body’s immune system, and if left untreated can lead to acquired immunodeficiency syndrome, or AIDS.

The false claim on social media was based on incorrect data in a military medical system.

A spokesperson for the Defense Department told us in an email, “This is a false claim stemming from a rumor about the Defense Medical Epidemiology Database,” a tool used to access data on active service members within the Defense Medical Surveillance System, or DMSS.

“The Defense Health Agency’s Armed Forces Health Surveillance Division (AFSHD) conducted a complete review of the data contained in the Defense Medical Epidemiology Database (DMED) and found that the data was incorrect for the years 2016-2020,” the spokesperson said. (Emphasis is the Defense Department’s.)

“Comparing the DMED database to the source data contained in DMSS, AFHSD discovered that the total number of medical diagnoses from 2016-2020 that were accessible in DMED represented only a small fraction of actual medical diagnoses for those years. In contrast, the 2021 total number of medical diagnoses were up to date in DMED. Comparison of 2021 to 2016-2020

resulted in the appearance of significant increased occurrence of all medical diagnoses in 2021 because of the under reported data for 2016-2020.”

“AFHSD has corrected the root-cause of the data corruption and it has been restored to full functionality,” the spokesperson said.

HIV is one of 434 medical conditions that can cause an individual to be disqualified from joining the military. “While DOD policy prohibits the accession of any applicant who tests positive for HIV, current service members who become infected may continue to serve,” according to a March report by the Congressional Research Service.

From January 2017 to June 2022, 1,581 service members were diagnosed with HIV, according to “HIV/AIDS in the Military,” a report published in March by the Congressional Research Service.

“As of 2022, 981 (62%) remain in military service,” the Defense Department spokesperson said.

The amount of new HIV cases has fluctuated in recent years. There were 280 in 2018, 314 in 2019, 237 in 2020, 309 in 2021, and 124 in 2022, according to data provided by the spokesperson.

The largest annual increase was 30.4% in 2021 and the largest decrease was 60% in 2022 – nothing as large as the 500% increase cited in the social media posts.

The CRS report also notes, “The rate of newly diagnosed HIV infections (also called the seroprevalence rate) among service members tested in 2021 was 23 per 100,000.” That was the same rate as in 2017 — before COVID-19 vaccines were introduced.

This isn’t the first time that the military database has been the source of false social media claims.

Reuters Fact Check last year debunked social media posts that listed HIV and numerous other “medical conditions that purportedly ‘skyrocketed’ among U.S. military personnel in 2021.” But those increases were all due to the same error in the Defense Medical Epidemiology Database for the years 2016 through 2020.

---

6. Date: 1 JUNE 2023

**TITLE: [20 attorneys general bring legal action over 'experimental' sex changes on kids: 'Disregarding science'](#)**

Source: Fox News

Author: Hannah Grossman

Twenty Republican attorneys general are joining forces in an amicus brief against several LGBTQ+ groups that are pushing to allow minors to receive gender reassignment surgery and hormone altering drugs.

The GOP attorney generals said there is scant evidence that the surgical and chemical interventions on children with gender dysphoria should be considered the standard of care. They added that some mainstream media and activists are bullying dissenting viewpoints into silence, and blasted court decisions for interfering with states' rights.

The amicus brief – led by Missouri Attorney General Andrew Bailey – opposed decisions on a federal lawsuit filed by Lambda Legal, an LGBTQ+ civil rights organization, which challenged a

ban in West Virginia on transgender medical interventions on children as well as a suit against North Carolina for blocking sex-change coverage for employees and their dependents.

"The Court should reverse the judgments of both district courts and rule in favor of the States," the amicus, filed on May 25, said. "[T]he decisions wrongly assume that the science is settled and fully supports the routine use of puberty blocking drugs, cross-sex hormones, and surgeries to treat gender dysphoria."

Transgender surgical and chemical interventions includes hormone blockers, cross-sex hormones, double mastectomies, breast implants, surgical inversion of the penis to create a neo-vagina, testicular removal, facial reconstructive surgery for feminine or masculine features, removal of the uterus, removal of the ovaries, and the creation of a penis using the urethra and tissue from a forearm or thigh.

Children experiencing dysphoria may start getting treatment in early childhood, and may progress to surgeries starting at age 18, or sometimes younger.

The filing raised a systemic review of medical literature conducted by top doctors in Sweden at the Karolinska Institute. The report called the hormonal interventions for kids "experimental." The doctors also warned about the known and unknown long-term effects of puberty suppressants.

Ricard Nergårdh, a pediatric endocrinologist and researcher affiliated with the Karolinska Institute, has said, "What we call [puberty blockers] is chemical castration. And it can affect mental health in an unintended, undesirable way. So it's very important that the patient and the patient's family are informed about this."

Karolinska also said that puberty suppressants can have permanent effects on a child's developing bones, and discussed three studies which reported abnormally lower bone mineral density.

A Swedish transgender boy named Leo, highlighted by an investigative program, was one of those children who experienced mineral loss from blockers. Leo was taking puberty blockers for over four years, and developed a severe form of osteopenia, a condition where an individual lacks bone density, which can progress to osteoporosis and lead to bone fractures if not treated.

And at 15 years old he cannot stand longer than 15 minutes, he lives in constant pain and has a series of issues with his spine.

"My son shouldn't be this way at his age," his mother said. "He should not have to live with this."

Despite Europe's growing concerns about the medical interventions on minors, the medical establishment in the U.S. – including most major medical associations – almost fully endorse the "affirming" model for children with dysphoria as a standard or practice.

The American Academy of Pediatrics put out a statement opposing bans on gender interventions for children, stating, "The rollback of these protections could have a devastating impact... and adversely affect self-esteem and contribute to the perception that they are undervalued by society and the health care system."

"The AAP recommends that youth who identify as transgender and gender diverse have access to... gender-affirming... health care... including... medical, psychological, and, when indicated, surgical gender-affirming interventions."

AG Bailey told Fox News Digital that "the left does not want to acknowledge" the facts. For example, "[T]here have been zero FDA approvals for cross-sex hormones or puberty blockers to

cure gender dysphoria, but when even progressive European countries have sharply curtailed these procedures, it's time for the United States to course correct."

Nonetheless, some studies in the U.S. do raise potential flags about the affirming model becoming the accepted standard of care in all cases.

For example, a military family medicine doctor, David Klein, found in his study reviewing Department of Defense pharmacy and billing records that children taking antipsychotic medication had their prescriptions increased after "gender-affirming care" was initiated.

After the study was published, the family medicine doctor appeared to distance himself from its findings, saying that when treatments were "optimized," the "psychotic disorders" would "start to melt away over time."

"So more research over time will show that definitively, hopefully," Dr. Klein, who treats children with gender dysphoria at Travis Air Base, said.

Klein has also suggested, along with other DoD physicians, that 7-year-olds can make their own medical decisions vis-à-vis "gender-affirming care" in a journal article exposed by Fox News Digital. The clinicians criticized the practice to pause before changing a minor's gender to see if they would grow out of the dysphoria, calling it "unethical."

The military health providers then demanded the DoD publicly declare that it supported a "gender-affirmative position" to convince military members about the "evidence-based medical care" of changing a minor's gender.

The AGs said in the amicus, "Activists tend to frame these interventions as evidence-based and established. The British Medical Journal, however, put it best when it said that these interventions can be called many things, '[b]ut don't call them evidence based.'"

"[A]ny claim that chemical or surgical intervention to treat gender dysphoria is 'evidence-based' ... is simply wrong," the AG's said.

They proceeded to blast the mainstream media and activists for trying "to bully dissenting voices into silence. These suppression attempts have become so bad that prominent practitioners in the field are starting to expose them."

"Gender dysphoria is a serious condition, and all individuals struggling with it deserve compassionate, evidence-based care. Disregarding the science and the harms is not compassionate," the amicus brief stated.

States in the amicus filing included Alabama, Alaska, Arkansas, Florida, Georgia, Indiana, Iowa, Kansas, Kentucky, Louisiana, Mississippi, Missouri, Montana, Nebraska, North Dakota, Ohio, Oklahoma, South Carolina, Texas, Utah and Virginia.

7. Date: 1 JUNE 2023

**TITLE: [Scientists talk precision medicine, environmental health at NC event](#)**

Source: Environmental Factor

Author: Jesse Saffron

Scientists across North Carolina gathered May 8 in Research Triangle Park for a symposium titled “Quantitative Methods in Life Sciences: Precision Medicine and Environmental Health.”

Researchers from academia, industry, and government — including several NIEHS scientists and grant recipients — discussed key topics at the interface of life sciences and data sciences.

Speakers highlighted the National Institutes of Health (NIH) All of Us Research Program, environmental data gaps, new methods to better understand the health effects of chemicals, and opportunities for scientific collaboration, among other subjects.

The event was organized by the North Carolina Precision Health Collaborative and co-sponsored by the North Carolina Biotechnology Center, RTI International, and North Carolina State University’s Office of the Provost, Bioinformatics Research Center, and Center for Human Health and the Environment, which is funded by NIEHS.

**Climate and health at individual level**

“The All of Us Research Program has a chance to shape the national science agenda for the country, and I believe it is already beginning to do that,” said keynote speaker Geoffrey Ginsburg, M.D., Ph.D., the program’s chief medical and scientific officer, who works remotely for All of Us from an office at NIEHS. “Our mission is to create breakthroughs in science, advance health research, and fundamentally deliver on the promise of precision medicine, meaning individualized prevention, treatment, and care.”

More than 644,000 people from diverse backgrounds are enrolled in the program, and by the end of 2026, the program plans to have more than 1 million participants enrolled, he noted. A wealth of data from electronic health records, sequenced genomes, surveys, and even Fitbit records will allow thousands of researchers to address important questions about what drives health and disease at the individual level. Ginsburg added that the program plans to also incorporate several environmental components.

“With our colleagues at NIEHS, we plan to look at how climate, the environment, and social determinants of health can impact health outcomes,” noted Ginsburg. “We have an opportunity to develop a paradigm in which we return results to individuals, particularly about the environment, that could lead to actionable changes in lifestyle, in communities, and potentially in policy.”

Russell Thomas, Ph.D., director of the U.S. Environmental Protection Agency’s Center for Computational Toxicology and Exposure, delivered the symposium’s other keynote address, titled “Understanding the Impacts of Chemicals in Environmental Health: A Need for Data or Change in Perspective?”. He discussed how new approach methodologies and cutting-edge computational tools will help to fill important gaps in toxicological research.

**Expanding scientific partnerships**

NIEHS Director Rick Woychik, Ph.D., and David Balshaw, Ph.D., who leads the institute’s Division of Extramural Research and Training, participated in a breakout session that focused on research funding and opportunities for scientific partnerships.

“I am very much supportive of cross-federal agency collaboration and other types of research partnerships,” noted Woychik. “However, collaboration needs to be as comprehensive as possible.”

“Take Parkinson’s disease as an example,” he said. “For years, much of the focus was on finding genes and gene variants that predispose people to the condition. But at NIEHS, we have also developed compelling evidence that there are environmental exposures connected with Parkinson’s. So, as we think about collaborative programs, we should try to tackle complex problems in more multifaceted ways. In the case of Parkinson’s, that would mean not just looking at one gene or one environmental factor, but rather how they might interact.”

Other participants included Tammy Collins, Ph.D., former head of the NIEHS Office of Fellows’ Career Development and current program officer at the Burroughs Wellcome Fund; Courtney Aklin, Ph.D., acting associate deputy director of NIH; Christopher Erdmann, associate director for open science at the Michael J. Fox Foundation; Mary Ross, Ph.D., director of the U.S. Environmental Protection Agency’s Office of Science Advisor, Policy and Engagement; and Richard Shoge, Ph.D., chief of the Defense Health Agency’s Military Health System Research Branch.

Former NIEHS research fellow Oswaldo Lozoya, Ph.D., who is now a scientific computing principal investigator at RTI International, moderated the session, and he helped to organize the symposium.

### **Finding ways to share, integrate data**

A panel session titled “Environmental Data Gaps” featured two NIEHS scientists and one grant recipient. Alison Motsinger-Reif, Ph.D., chief of the institute’s Biostatistics and Computational Biology Branch, and David Reif, Ph.D., chief of the NIEHS Predictive Toxicology Branch, shared their thoughts on the importance of data sharing, linking clinical data with environmental health data, and related topics. Rebecca Fry, Ph.D., who leads the NIEHS Superfund Research Center at the University of North Carolina at Chapel Hill, also participated.

In another session, NIEHS grantee Heather Stapleton, Ph.D., presented “New Approaches in Using Silicone Wristbands: A Wearable Exposure Tool to Support Environmental Health Research.” (Read about her related research in this June 2020 Environmental Factor article.)

Also, Frank Chao, Ph.D., a computational biologist in the institute’s Predictive Toxicology Branch, presented a poster titled “DrugMatrix PathXGene: A Shiny App for Identifying Relationships Between Apical Toxicological Effects and Transcriptional Response in Target Organs.”

[Back to Top](#)

## MEDICAL CURRENT EVENTS

8. Date: 1 JUNE 2023

**TITLE:** [FDA considers temporary cancer drug imports from unapproved companies to ease U.S. shortage](#)

Source: CNBC

Author: Spencer Kimball

The Food and Drug Administration – faced with a national shortage of more than a dozen cancer medications – is considering allowing the temporary importation of chemotherapy drugs from overseas manufacturers that are not currently approved to distribute in the United States, an agency spokesperson told CNBC.

The FDA did not say which manufacturers would be potential candidates for permitting temporary importation of those drugs until approved manufacturers are able to meet patients’ needs.

But, “in these cases, we very carefully assess the overseas product for quality, making sure that its safe for U.S. patients,” the spokesperson said.

The FDA in the past has taken similar action to loosen restrictions on imports when faced with drug shortages. In the summer of 2022, the FDA allowed the importation of baby formula from non-agency-approved manufacturers when there was a serious shortage of formula in the U.S.

The American Society of Clinical Oncology anticipates the shortages will continue through June but then subside particularly if the FDA lifts import restrictions, according to Dr. Julie Gralow, that group’s chief medical officer.

“We’re hoping and estimating that once we get through the next month that we will have a more stable supply,” Gralow said.

At least 14 cancer drugs are currently in short supply across the U.S.

But doctors at hospitals around the country say the situation is particularly acute for two drugs — cisplatin and carboplatin — because they are so fundamental and widely used in cancer treatment.

The World Health Organization has said cisplatin and carboplatin are essential for basic health care.

Intas Pharmaceuticals, one of the biggest makers of those drugs, temporarily shut down production and it is not clear when the company will resume manufacturing.

Up to 20% of cancer patients rely on platinum-based chemotherapy drugs such as cisplatin and carboplatin for treatment, according to the National Cancer Institute.

And more than 100,000 Americans were diagnosed in 2022 with cancers that may be treated with carboplatin or cisplatin, generic drugs that have been on the market for decades, the American Society of Clinical Oncology says.

Those drugs are used to treat a wide range of diseases including testicular, ovarian, breast, lung, bladder and head-and-neck cancers.

Shortages of the drugs have forced some hospitals to ration the medications by reducing doses to extend their supply, and to prioritize patients who would benefit the most from treatment.

Some cancer patients could die if the shortages are not quickly resolved, doctors said.

“The lawmakers in the country need to understand that this is a big problem at this point, where unless something changes in the next few weeks, this can lead to a big national emergency from a patient and health care standpoint,” said Dr. Abdul Rafeh Naqash, a doctor at the Stephenson Cancer Center at the University of Oklahoma.

Naqash said his facility is on the verge of running out of carboplatin. He said the shortages are a national security issue that needs to be quickly addressed.

“Things have been getting worse on the ground. Something has to happen and change immediately,” said Naqash, who specializes in lung cancer.

He said he recently had to inform a patient that they will not receive carboplatin due to the shortage.

Such conversations will likely become more common in the coming weeks if relief does not come, Naqash said.

Naqash said he does not understand why the U.S. does not have a national stockpile of these medications to fill the gap in emergency situations.

Philip Schwieterman, director of oncology and infusion services at the University of Kentucky health system, said, “If I go in the grocery store and I want a kiwi, there are usually kiwis there.”

“It boggles my mind that if I want some cisplatin, I can’t get cisplatin even though it saves lives,” Schwieterman said.

‘A cascading drug shortage’

The cisplatin and carboplatin shortages stem from the temporary shutdown of manufacturing for the U.S. market at a plant in India run by Intas Pharmaceuticals.

Intas decided to halt manufacturing after an FDA inspection found a “cascade of failure” in the facility’s quality control unit late last year.

Intas, which is headquartered in Ahmedabad, India, distributes cisplatin and carboplatin in the U.S. through its subsidiary, Accord Healthcare.

When the cisplatin shortages began in February, many patients switched to carboplatin, which is considered a sister drug, said Marc Phillips, who manages the inpatient pharmacy supply chain for WVU Medicine, the largest health-care system in West Virginia.

That shift has “led into what we consider a cascading drug shortage,” Phillips said.

“One shortage has now caused another,” he said.

Fresenius Kabi, Hikma Pharmaceuticals, Teva and Pfizer produce the medications, but those companies have been unable to keep up with demand since the Intas plant went offline.

Intas is working on a plan with the FDA to restart manufacturing.

But no date has been confirmed, said company spokesperson Emily King.

When the plant does restart, production will prioritize drugs based on medical necessity, King said.

She noted that the FDA’s drug shortage staff and compliance office have identified carboplatin and cisplatin as a medical necessity for the U.S. market.

The FDA spokesperson said Intas has begun releasing into the U.S. doses of cisplatin and carboplatin that were previously on hold due to a testing and verification process.

Ensuring cancer treatments continue production

Dr. Karen Knudsen, CEO of the American Cancer Society, said the shortages highlight a long-standing economic problem in the generic drug market.

Manufacturers are hesitant to invest more money in producing low-cost drugs like cisplatin and carboplatin, which makes them vulnerable to shortages when a plant goes down, Knudsen said.

Knudsen fears the U.S. is entering a cycle of cancer drug shortages if the federal government and industry do not act together to fix the problem.

“We need it to be financially viable for manufacturing to be able to produce effective, affordable cancer therapies,” she said.

Knudsen said demand for these drugs will increase in the coming years as the population ages because older individuals are at higher risk for cancer.

And medications such as carboplatin and cisplatin use precious metals – platinum – that are heavily sourced from South Africa and Russia.

The World Platinum Investment Council is forecasting a major deficit of the precious metal this year due in part to disruptions in South Africa caused by an electricity shortage and operational problems in Russia due to sanctions over the Kremlin’s invasion of Ukraine.

Drugmakers are required to inform the FDA about manufacturing disruptions six months in advance or as soon as they are able. Knudsen said the early warning system doesn’t seem to be working effectively.

“The fact that we’re sitting here right now talking about this cancer shortage tells us that the early warning system was either not activated early enough, or there are not enough manufacturers to be able to overcome the supply chain issue,” she said.

The FDA is working with the company to increase supply to meet patient demand, the agency spokesperson said.

A trio of Michigan Democratic lawmakers, Sens. Debbie Stabenow and Gary Peters, Rep. Elissa Slotkin, in a letter last month urged FDA Commissioner Dr. Robert Califf to “utilize all of its existing authorities to mitigate this dire shortage.”

The letter said that Congress is working on long-term solutions to drug shortages, which have been a problem for years.

9. Date: 1 JUNE 2023

**TITLE:** [AI technology catches cancer before symptoms with Ezra, a full-body MRI scanner](#)

Source: Fox News

Author: Melissa Rudy

Meet Ezra, the full-body cancer screener that just might save your life.

Combining MRI imaging technology with artificial intelligence, Ezra scans for possible cancer in the human body in up to 13 organs. It also monitors for hundreds of other conditions, such as brain aneurysms or fatty liver disease.

The New York-based company just received FDA clearance to implement another level of AI — called Ezra Flash — that will enhance the imaging results of the scans to enable faster, higher-quality results at a lower cost.

“Our current 60-minute scan is \$1,950, but with the new AI, the faster 30-minute scan will be \$1,350,” said Emi Gal, founder and CEO of Ezra, in an interview with Fox News Digital.

“Ultimately, our goal is to create a \$500 full-body MRI that anyone can afford,” he also said.

The inspiration for Ezra came from Gal’s own personal motivation to help people find cancer early. He is at a high risk for developing melanoma — and his mother passed away from the disease.

“I strongly believe that the cure for cancer is early detection,” Gal said.

“The five-year survival rates are significantly higher for people who find cancer early.”

While some cancers have very clear screening guidelines — mammograms for breast cancer and colonoscopies for colon cancer, for example — most types don’t have screening procedures available, he explained.

That means for cancers of the pancreas, liver or brain, most people don’t get diagnosed until they have symptoms, said Gal.

“Everyone should have the right to know what is going on in their body.”

Ezra is now in use in New York, San Francisco, Los Angeles, Miami and Las Vegas. The company partners with existing ACR (American College of Radiology)-accredited facilities, where the scans are performed.

“We’ve scanned just under 5,000 people and we’ve helped 13% of our members find possible cancer,” Gal said.

More and more physicians are referring their patients for Ezra scans, he noted.

“We now have about 200 physicians,” he said. “These are mainly primary care physicians who send their patients to get scans proactively.”

The main feedback they’ve received from members is that they love Ezra, but it’s too expensive to do every year and needs to be more affordable.

“That’s what we’ve been working on for the past year-and-a-half now, and that’s what this new AI will enable,” Gal said.

## **Here's how Ezra works**

The current 60-minute version of Ezra uses two different types of artificial intelligence.

One of those automates some of the things radiologists do when reading a scan.

For example, when a radiologist looks at a prostate MRI, they need to measure the size of the prostate and the size of any lesions, and they need to draw a circle around the lesions for biopsy prep," Gal explained.

"All of that is automated using AI, which makes radiologists faster and lowers our costs, which enables us to pass those savings on to consumers."

"We want to make booking your screening as easy as booking an Uber."

The other type of AI helps with the reporting side — it produces a radiology report and "translates" it into a clear, understandable format, Gal said.

"For example, if you have a 6-millimeter nodule in your thyroid, the AI explains what that means, what you should do about it and how to monitor and follow up," he said. "We don't just deliver a radiology report — we give you a kind of translation of what you should do about it."

The patient also has the option to do a video call with one of Ezra's on-staff doctors to discuss the results.

With the new Ezra Flash that has just been cleared by the FDA, the shorter 30-minute scan includes a third level of AI that enables radiologists to complete scans much faster. The AI then enhances the quality of the images so radiologists can more easily read them.

"The quality of an MRI is determined by the level of 'noise,'" explained Gal. "And so in technical terms, our AI is able to remove the noise that results from a much faster scan."

The company's ultimate goal is for Ezra to offer a 15-minute, full-body MRI scan for \$500; it aims to achieve this over the next two to three years.

"Ultimately, we think Ezra should be the end-to-end cancer screening platform," Gal said. "We want to make booking your screening as easy as booking an Uber."

"Our ability to scan more people in the future will come from seamless, easy, convenient access to any kind of screening."

## **A life-saving scan**

One 36-year-old man, who asked that his name be withheld for privacy reasons, decided to schedule a preventative full-body cancer screening with Ezra last year.

Within the span of a year, two of his close friends, both in their early 30s, had been diagnosed with cancer — and both were told their tumors had likely been developing for over a decade.

"I was struck by the fact that despite all the advances of modern medicine, you still have no idea what is happening inside your body," he told Fox News Digital. "In a majority of cases, the onus is on the patient to realize something is wrong, at which point it is often too late for effective treatment."

"It would not be an exaggeration to say my scan saved my life."

After a short intake questionnaire, the patient was scheduled for an MRI at a nearby imaging center. The process took just over an hour.

“I had no reason for concern, it was just a screening — so I was very surprised to find that my scan turned up an alarmingly large brain tumor,” he said.

Early detection of the brain tumor allowed for intervention before it had progressed to an advanced stage, which would have required more aggressive treatment, such as chemotherapy and radiation.

“According to my medical team, it would likely have been another five to 10 years before symptoms — most likely a seizure — would have indicated the presence of the tumor,” he said.

“Had that been the case, I would have undergone emergency surgery.”

Instead, the patient had time to research top neurosurgery centers across the country and consult with multiple surgeons before scheduling his surgery.

He was also able to enroll in a clinical trial for a medication that has since proven successful — something he might have missed out on if he’d gotten the diagnosis later.

“Everyone should have the right to know what is going on in their body,” the patient said. “It would not be an exaggeration to say my scan saved my life.”

### **Potential concern**

Unlike X-rays that use ionizing radiation, Ezra’s MRI technology uses magnetic resonance, Gal explained.

“You can do a scan every day for the rest of your life and you’ll be fine,” he said.

The one potential concern, however, is the risk of incidental findings.

If a scan picks up a red flag that is investigated and turns out to be nothing, it could result in an unnecessary biopsy.

“We’ve developed an entire framework to handle incidental findings,” Gal said. “Part of why we use AI to generate these reports is so that we can clearly explain to people what every single finding means and what should be done about it.”

Ezra uses a scoring system that ranks every finding from 1 to 5, 1 being just informative and 5 being “emergent and urgent.”

Based on that rank, they determine whether someone should follow up on a finding.

Even for existing routine screenings, like mammograms, there is always the risk of false positives, Gal pointed out.

“From the data we have so far, we have a really, really low false positive rate — around 1%, which is probably even better than a mammogram or a lung scan,” he said.

The patient who discovered his brain tumor through an Ezra scan also flagged incidental findings as the sole risk.

“Full-body scans inevitably produce incidental findings, which may lead to additional testing,” he said. “These additional tests come with their own risks, stress and costs.”

“These additional tests come with their own risks, stress and costs.”

“As these screenings become more widespread and incidental findings more frequent, clinicians will need to become better at differentiating which findings require follow-up and which do not,” he added.

“The responsibility of the health care provider is to clarify and provide context for the information, explain their recommendations and then empower patients to make informed decisions about their own health.”

### **Creating a ‘virtuous cycle’**

Until now, medical imaging has been primarily used to diagnose diseases after symptoms have already emerged — but Ezra aims to detect cancer well before that point, said Dr. Sodickson, chief of innovation in radiology at NYU Grossman School of Medicine, who is also Ezra's advisor and chief scientist.

“Such a shift requires that MRI be made more accessible — first financially and then technologically,” he said. “The FDA approval of Ezra Flash, which leverages AI to clear up rapid scans, is an important first step, since time is money in medical imaging.”

Meanwhile, as Ezra completes more scans over time, the system will “learn” to detect subtle changes earlier, preventing the false positive results that can plague one-shot screening studies, the doctor noted.

He added, “The goal is to initiate a virtuous cycle: Make imaging accessible in order to scan you more frequently, and scan more frequently in order to provide accurate monitoring of your health over time.”

---

10. Date: 1 JUNE 2023

### **TITLE: [Brain abscesses increased nationally in children last winter, but remain rare, new CDC investigation finds](#)**

Source: CNN

Author: Brenda Goodman

The United States saw a 200% increase in brain abscesses in children in December 2022 following a surge in respiratory infections over the winter.

Even with the increase, abscesses continue to be extremely rare, according to the US Centers for Disease Control and Prevention.

Brain abscesses are pockets of pus that form in brain tissues. They typically arise when an ordinary sinus infection or ear infection travels to the brain.

The CDC began collecting information on brain abscesses in children in May 2022 after doctors in Clark County, Nevada, and California reported seeing unusual clusters of cases.

After a first analysis of the data, which considered cases through May 2022, the CDC said the fluctuations in case numbers were within normal ranges but said it would continue to monitor the situation.

Last year, the number of brain abscesses in children in and around Las Vegas, Nevada, rose from the expected four or five to 17.

An update on Thursday analyzed cases through March 2023, an additional 10 months of data. The update supports what pediatric infectious disease experts have reported seeing across the US this winter and spring: Cases had, in fact, risen.

Working with a large database run by the Children's Hospital Association, which collects information from 37 children's hospitals in 19 states and Washington, D.C., CDC investigators combed through medical records to count brain abscess cases in children ages 18 and younger since 2016.

The new investigation published in the CDC's Morbidity and Mortality Weekly Report on Thursday.

Investigators determined that between 2016 and 2019, the average monthly number of brain abscesses in children reported to the database was about 34, with 61 as the highest number of cases reported in a month. During the pandemic, when people were social distancing and school was virtual – from May 2020 to May 2021 – the number of brain abscesses in children fell below those levels as other respiratory infections like RSV and influenza also dipped.

The number of brain abscesses rebounded in the summer of 2021 as people resumed their normal activities, according to the study.

In December 2022, following unusually large surges of several respiratory illnesses in kids, the number of brain abscesses hit a high of 102 cases, which represents a 200% increase over the pre-pandemic midpoint. In January, February, and March 2023, the numbers came down off that peak, but remain above the pre-pandemic monthly maximum.

“That would be consistent with seeing secondary bacterial infections a few weeks or months after the viral spread,” said Dr. Sunil Sood, a pediatric infectious disease expert at Northwell Health's Cohen Children's Medical Center.

The reason for the increase isn't fully understood, but experts say that because brain abscesses often follow more routine types of infections, it stands to reason we would see an increase in secondary bacterial infections following such a heavy season for viral illnesses in kids.

Sood says he noticed an increase in brain abscesses at his children's hospital in New York that corresponded to the national trends. He expects that cases will slow down since viral illnesses have fallen, too.

“We're seeing fewer viral respiratory infections,” Sood said. “We're still seeing some and so, it is something that is good to be aware of.”

He says most parents don't know the signs that a child might have a sinus infection that needs treatment. These include an eye that's swollen or swollen shut following a stuffy nose, or if the child has a headache in one spot in their forehead that they can point to. Those symptoms may be worth a trip to the doctor for further evaluation.

Dr. Taryn Bragg, a pediatric neurosurgeon with the University of Utah who first sounded the alarm about the Nevada cluster, says many of her patients are still recovering from their brain abscesses. Some needed multiple surgeries.

“They were really severe infections,” Bragg said Thursday.

Study author Emma Accorsi of the CDC's National Center for Immunization and Respiratory Diseases added that because brain abscesses may follow viral infections, it's important for kids to stay up to date on immunizations, including for Covid-19 and the flu.

---

11. Date: 1 JUNE 2023

**TITLE:** [Heart attacks may lead to faster decline of brain health](#)

Source: UPI

Author: Cara Murez

Having a heart attack is bad news for your brain, raising your odds for mental decline in the years to come, new research finds.

Looking at studies conducted over five decades, researchers found that a heart attack wasn't linked to immediate cognitive ("thinking") issues, but they saw a faster-than-normal decline of brain health in the years that followed.

This decline in global cognition after a heart attack was equivalent to about six to 13 years of mental aging, the study authors said.

"Due to the fact that many people are at risk for having a heart attack, we hope that the results of our study will serve as a wake-up call for people to control vascular risk factors like high blood pressure and elevated cholesterol as soon as they can since we have shown that having a heart attack increases your risk of decreased cognition and memory later on in life," said Dr. Michelle Johansen. She is an associate professor of neurology at Johns Hopkins University School of Medicine, in Baltimore.

With a heart attack, blood supply to the heart is suddenly and severely reduced or cut off. This can cause the muscle to die from a lack of oxygen.

About 805,000 people in the United States have a heart attack every year, according to the U.S. Centers for Disease Control and Prevention. Among them, 605,000 are a first heart attack and 200,000 are a repeat heart attack.

To study heart attack's impact on cognition - the ability to think and reason - the researchers did a pooled analysis of six large studies of adults conducted between 1971 and 2019. They used a point system to measure participants' global or overall cognition over time, their memory, and how well they made complex cognitive decisions, known as executive functioning.

Those cognitive tests showed a decline over the years following a heart attack.

The study sample comprised more than 30,000 people who had not had a heart attack or stroke, and did not have dementia at the time of the first assessment. Among them, 1,033 later had a heart attack and 137 of those had a second heart attack.

Those who experienced heart attacks were more likely to be older and male.

"We have shown that preventing heart attacks may be one strategy to preserve brain health in older adults," Johansen said in a news release from Johns Hopkins Medicine. "Now we need to determine what specifically is causing the cognitive decline over time."

The study was published online Tuesday in JAMA Neurology. This research was supported in part by the U.S. National Institutes of Health.

---

12. Date: 1 JUNE 2023

**TITLE:** [FDA warns consumers not to use off-brand versions of Ozempic, Wegovy](#)

Source: Associated Press

Author: Jonel Aleccia

The U.S. Food and Drug Administration is warning consumers not to use off-brand versions of the popular weight-loss drugs Ozempic and Wegovy because they might not contain the same ingredients as the prescription products and may not be safe or effective.

Agency officials said this week that they have received reports of problems after patients used versions of semaglutide, the active ingredient in the brand-name medications, which have been compounded, or mixed in pharmacies. Officials didn't say what the problems were.

The trouble is that those versions, often sold online, contain a version of semaglutide that is used in lab research and has not been approved for use in people.

"Compounded drugs are not FDA-approved, and the agency does not verify the safety or effectiveness of compounded drugs," the notice said.

Sales of semaglutide products have soared in the past few years after the drug was shown to spur fast and significant weight loss. The drugs manufactured by Novo Nordisk include brands Ozempic and Rybelsus, used to treat diabetes, and Wegovy, approved to treat obesity.

Demand for the medications has outstripped supply. As of May, Ozempic and Wegovy remain on the FDA's list of drug shortages. When drugs are in short supply, compounding pharmacies are permitted to produce versions of those medications.

Consumers should only use drugs containing semaglutide with a prescription from a licensed health care provider and obtained from a state-licensed pharmacy or other facilities registered with the FDA, the agency said.

[Back to Top](#)

## VETERANS HEALTHCARE HEADLINES

13. Date: 1 JUNE 2023

**TITLE:** [America Faces a Tidal Wave of Aging Veterans, Including a 237% Increase in Women Over 65 by 2041](#)

Source: The War Horse

Author: Sonner Kehrt

For decades, dawn brought the clarion bugle call of reveille across the lush campus of the Veterans Home of California in Yountville, 60 miles north of San Francisco. The residents, the earliest among them veterans of the Mexican-American war, rose early and dressed in strict accordance with a uniform-like code.

In the late 1800s and early 1900s, the veterans home was a working farm, with chickens, pigs, and a whole herd of cattle, along with apple, peach, and plum orchards. The men spent long days tending to the animals and working the land. The labor was believed to be restorative, giving order and purpose to generations of veterans suffering from what would soon become known as “shell shock.”

Nearly 150 years later, the facility is still in operation. After years of funding and other challenges—one inspection in 2016 found 14 separate fire safety deficiencies—investments in the home have ensured its future continuing to care for California’s veterans. No longer a working farm, the campus is home to more than 1,000 veterans, most of them elderly, with levels of support ranging from independent living to skilled nursing. Today, the campus hums with activity, as construction equipment reshapes the nation’s largest veteran home into one that can effectively and compassionately meet the changing needs of the state’s aging veteran population.

As Vietnam and eventually Gulf War-era veterans grow older, they bring with them new needs, different expectations for care, and greater diversity than the Korean War and World War II veterans who came before them. The Department of Veterans Affairs and veterans organizations across the country are working to care for a new generation of older veterans who tend to have greater expectations for longevity and independence than earlier generations, yet also may struggle with more complex medical conditions.

“We’re kind of compounding multiple variables, in the sense that not only are people living longer, but ... many of them survived something that wasn’t survivable,” says Scotte Hartronft, the director of geriatrics and extended care at VA. “A lot of veterans have survived significant injuries over the last couple of conflicts that [they] wouldn’t have survived in previous wars.”

In California, the most populous state in the nation and home to the highest number of veterans, the California Department of Veterans Affairs, known as CalVet, the state’s veterans department, is working to create a modern facility that centers the needs and dignity of older veterans. While the Yountville Veterans Home is unique—as the largest and one of the oldest veterans homes in the nation—across the country, people charged with caring for veterans grapple with the same question that drives the redesign of the facility: How do we best care for those who have served on our behalf as they grow old?

### **‘The Bulge of the Snake Is Veterans Over 55’**

Yountville Veterans Home is one of eight facilities across California that provide long-term care for older and disabled veterans, and sometimes their spouses—part of a legacy that dates back to the decades after the Civil War, when states opened soldiers’ homes to care for the sudden influx of struggling veterans.

With a veteran population of more than 1.6 million in 2020, California is home to a sizable percentage of the nation’s veterans—a population that is steadily growing older.

“A lot of the focus ... is on OEF/OIF veterans for obvious reasons, but really, the bulge in the snake, so to speak, of the veteran population in California is certainly over 55,” says Keith Boylan, the deputy secretary for veterans services at CalVet.

Other states see this trend mirrored: Between 2021 and 2041, the number of veterans older than 85 is expected to increase by 31%, according to VA data. In part, that’s because the overall number of veterans nationwide is actually decreasing. During World War II, military service was common; in subsequent wars, the proportion of the population who served has steadily fallen. Between 2000

and 2018, the number of veterans in the country declined by a third—the bulk of Americans who have served in the military served decades ago.

But Vietnam and Gulf War-era veterans represent a different slice of the population than veterans who fought in World War II and Korea. The number of women veterans over the age of 65 is expected to increase by a staggering 237% between 2021 and 2041, according to data from VA. Racial diversity is also increasing, and the geographic distribution of veterans is shifting.

This means veterans' care must change as well. Women, for example, have a greater life expectancy than men do.

“They tend to live longer, and by living longer, they tend to [need] more assistance with daily living activity needs,” Hartronft says.

Women veterans, as a cohort, will require more support to continue to live independently as they age for longer—a fact compounded by the fact that women, who tend to be informal caregivers to friends and family, often have more difficulty than men in finding their own caregivers when needed.

Other populations—such as veterans who live in rural areas, far from health services, or without housing, or who deal with more complex physical and mental ailments—also require unique approaches to care. And behavioral health support more broadly, especially for veterans who have lived through traumas they might not have survived in earlier conflicts, will be critical in the coming decades.

“We’re trying to always think of what programs can help with the specific individual needs and situation—both the socioeconomic and other situations—because not one thing fits or works for everybody,” Hartronft says.

In addition to higher rates of post-traumatic stress and other conditions affecting mental health, veterans are more likely to be exposed to risk factors, such as traumatic brain injuries or toxic exposure, for Alzheimer’s and other dementias. Veterans also have a higher chance of being diagnosed with certain types of cancer, like lung and skin cancer. About 50,000 new cancer cases among veterans are reported annually; that number is expected to rise as veterans age.

“You’re shrinking the population, but the need is still very high,” says Thomas Martin, the head of future operations and planning for CalVet’s veterans homes. “We want to try to do our best job to make sure that we’re helping patch any holes in the safety net.”

### **‘You Don’t Want to Go From Home to Hospital Bed’**

Veterans homes like Yountville actually aren’t very common. There’s a reason for that: long-term in-patient care can cost thousands of dollars per month, according to AARP, and seniors often prefer to live at home, whether for financial, emotional, or other reasons. As baby boomers age, the focus of elder care has increasingly shifted from live-in facilities to aging-in-place services, allowing people to stay in their homes for as long as possible, while increasing support and services as needed. Keeping people at home longer reduces hospital visits, and recovering from some medical procedures at home leads to fewer inpatient complications and brings down the cost of care.

“When it comes to aging in place specifically, we’ve had one of the largest expansions of home care in the VA,” Hartronft says.

Within the next two years, every VA medical center will offer veteran-directed care, a popular program that provides qualified veterans with a stipend to hire local caregivers to assist them with daily living or even companionship. VA is expanding home-based primary care—which provides health care to veterans at home, many of whom are housebound—to 75 new sites, as well as expanding its Medical Foster Care program, which allows some veterans to live in a private home with a caregiver, rather than in a nursing home. They’re also piloting a program using predictive analytics to help determine which veterans are at the highest risk of nursing home care in the coming years, to connect them with preventive services.

“Our biggest goal is really advertising the aging-in-place services so that people think of them proactively and don’t only think of them during a crisis,” Hartronft says.

But for some veterans, continuing to live at home as they grow older isn’t an option—or they prefer to live with people who understand their history of service.

“They wanted to be in an environment of veterans, and surrounded by veterans,” says Martin of residents of California’s veterans homes.

The Yountville renovation—designed by the architecture firm CannonDesign, and slated to be completed early next year—aims to set a standard for caring for a diverse population of veterans who want to or need to live in a care facility. The project replaces a 90-year-old hospital building with a state-of-the-art skilled nursing facility and memory care center. The same principles that support the idea of aging in place—dignity and independence—guide its design.

“Most of these people have just come from home,” says David Hunt, who leads CannonDesign’s health practice in Southern California. “You don’t want to go from home to hospital bed.”

Instead, the project works to make veterans feel as much at home as possible. Visually distinct “neighborhoods,” each with their own small shared dining and living areas, make up the facility. Designers avoided the glaring fluorescence of a hospital ward, instead using light fixtures that build on research into how the eye changes as it ages, as well as what makes a space feel comforting. The same goes for furniture and decor.

The more a long-term care facility feels like home, the happier residents are—and the better their health outcomes are, research shows.

“They have symptoms of less pain, they eat better,” Hunt says. “So it’s not just to make it homey. It’s also proven to be medically more efficient.”

The design considerations promote independence, even among veterans dealing with cognitive impairment or dementia. Visual cues, such as photo murals of “amber waves of grain,” help orient residents who can no longer read, and outdoor walking paths enclosed in a garden allow dementia patients to wander without getting lost.

“You want to maximize their ability to be independent, to be able to walk around without having to keep a close eye on them,” Martin says. “You want to make sure that its environment is going to be safe and welcoming.”

Ultimately, many experts say, what matters is thinking through care in a “veteran-centric” way—buying into the idea that honoring veterans as they age means taking the time to understand who they are and what they want, and then incorporating that into real-world care considerations.

Take scooters, for example. When designers from CannonDesign visited the Yountville campus, they realized how many residents got around on motorized scooters.

“They’ve got this gorgeous 600-acre-plus community, and those scooters allow them to get around a bit,” says Margi Kaminski, a co-director of health interiors at CannonDesign. “I’m not sure I would call them a status symbol, but they definitely are a big thing.”

That human experience—the ease of mobility around the sunshine-soaked campus, the social capital that comes with being one of the scooting set—translated into real-world design considerations. Architects ensured that rooms were big enough for veterans to about-face their scooters with a three-point turn. There’s even a repair shop on the first floor.

“It’s not just about having the bed,” Martin says. “It’s about having the right environment.”

---

14. Date: 31 MAY 2023

**TITLE: [OPINION: Senators Probe VA’s Veteran Suicide Rate](#)**

Source: The Clermont Sun

Author: John Plahovinsak

Recently Senators Jon Tester and John Boozman introduced Senate Bill 928, the Not Just a Number Act, which requires the Department of Veterans Affairs (VA) to produce and distribute an Annual National Veterans Suicide Prevention Report.

This proposed Annual Report would focus on the VA’s findings on suicide rates among veterans, information on veterans’ use of VA health care, Vet Centers effectiveness and various VA benefits and services.

In the past, the VA had made reducing veterans’ suicide a top priority. They had recognized that the reduction of veterans’ suicides requires an encompassing approach that addresses many factors.

In 2018, the VA had adopted a National Strategy for Preventing Veteran Suicide known as PREVENTS. The acronym, PREVENTS, stood for: the President’s Roadmap to Empower Veterans to End the National Tragedy of Suicide.

PREVENTS sought to change the culture surrounding mental health and suicide prevention. It did so by adopting a holistic public health approach and by working together with local and national organizations.

On September 19, 2022, the VA released their National Veteran Suicide Prevention Annual Report, which analyzed Veteran suicide data from the time period 2001 to 2020. This Report is the first attempt to evaluate Veteran suicide, during the initial period of the COVID-19 pandemic.

Six (6) months after the publication of the VA’s 2022 Annual Report, Senate Bill 928 was introduced. The Bill currently has four (4) Senate cosponsors, but none of the Senators are from the State of Ohio.

The proposed Senate Bill 928 would require the VA to produce a Report that would incorporate other factors into Veteran’s suicide such as stable housing utilization, job training, food security, additional education, and employment.

The Senators wanted to review which VA services and benefits have the greatest impact on preventing veteran suicides. In order to promote a more comprehensive view of all of these veteran needs, the proposed legislation would also require the VA to assess the possibility of moving the Office of Suicide Prevention to the Secretary's level.

The bill would also require the VA to improve the suicide data collection, reporting and analysis. For example, the proposed bill wanted the VA to identify trends in suicide rates of veterans compared to engagement of those veterans with health care from the Veterans Health Administration (VHA) to those veterans who were never enrolled in the VHA system.

Also, the bill would require information from the VA on veterans who were denied their disability compensation claim, had submitted a claim at the time of their death or had an entitlement reduced prior to their death.

The Disabled American Veterans (DAV) Nation Commander, Joseph Parsetich, supports the legislative efforts of Senator Boozman and Tester in introducing Senate Bill 928, the Not Just a Number Act.

“As DAV and our million-plus members continue our work to combat suicide among veterans,” stated Commander Parsetich, “it remains imperative that our Nation is armed with data that provides a holistic view of what works best in our fight to prevent these tragic outcomes.”

“This bill would help the VA and other federal, state, and local government agencies better understand the role education, job training, and housing programs play in the veteran suicide epidemic,” concluded Parsetich. “The DAV is proud to support S. 928 and we applaud the efforts of Senator Tester and Senator Boozman in introducing this important bipartisan legislation.”

My Opinion: The forty-three (43) page VA's 2022 National Veteran Suicide Prevention Annual Report contains much data and information on the topic of veterans' suicides and their prevention from 2001 to 2020. For this reason, I had to compare the VA's 2022 Report with the data and statistical requirements contained within Senate Bill 928.

A careful review of the Senate Bill indicates that there are significant data that should be included in future VA Annual Suicide Prevention Reports. Senators Tester and Boozman were correct in introducing a bill that would require more statistical information from the VA.

Also, in question is the methodology utilized by the VA to establish what is the daily rate of veterans' suicides. Clermont Sun Opinion articles, in both the October 19, 2022 and May 15, 2023 issues, posed questions concerning the accuracy of the daily rate of veteran suicides.

Hopefully, the passage of Senate Bill 928 and a companion House Resolution will force the VA to address and clarify this issue.

BioSketch: John Plahovinsak is a retired 32-year Army veteran who served from 1967 to 1999. He is the Disabled American Veterans (DAV) Department of Ohio's Hospital Chairman and Adjutant of the DAV Chapter #63 (Clermont County). He can be contacted at: [plahovinsak@msn.com](mailto:plahovinsak@msn.com).

15. Date: 1 JUNE 2023

**TITLE:** [Special issue of Health Equity devoted to improving care for minority Veterans](#)

Source: VA News

Author: Erica Sprey

WASHINGTON — The Department of Veterans Affairs Office of Research and Development (ORD) has published a special issue of the peer-reviewed journal *Health Equity*. “Improving Care for Veterans Through Health Equity Research,” includes 13 articles that discuss VA’s efforts to increase targeted research and improve care for Veterans from minority and underrepresented backgrounds. The special issue addresses a range of issues important to Veterans’ health, from diversifying VA’s scientific workforce, to expanding representation in scientific research, to promoting health equity within the Veterans Health Administration.

“VA manages a robust research enterprise that has more than 100 active sites across the U.S. and maintains affiliations with world-class research institutions. We are uniquely positioned to promote research that will benefit Veterans from minority groups. VA is deeply committed to better understanding and addressing health disparities in underrepresented groups like racial and ethnic minorities and women Veterans,” said Dr. Carolyn Clancy, VA Assistant Under Secretary for Health, Discovery, Education, and Affiliate Networks.

The *Health Equity* special collection includes a range of articles that discuss research growing out of VA’s Million Veteran Program, efforts to reduce COVID-19 health care inequities, breast cancer occurrence in women Veterans of African ancestry, drivers of sleep health disparities, visibility for sexual and gender minority Veterans, and developing future VA scientists through a diversity, equity, and inclusion program.

Together with Dr. Clancy, VA Chief Research and Development Officer Dr. Rachel Ramoni introduced the special collection. “Research across the translational continuum requires diversity in skill sets, experiences, and perspectives. There are many benefits that flow from a diverse health-equity-focused VA research enterprise,” said Ramoni.

To promote this goal, VA’s Diversity, Equity, and Inclusion workgroup was established in 2020 to increase diversity and representation in ORD’s scientific workforce. The workgroup has undertaken a number of initiatives to mentor early career scientists from minority backgrounds, notably, the Research Supplements to Promote Diversity and Summer Research Programs.

“As I have entered my postdoctoral career, I have become more driven to help increase diversity in biomedical research. My VA research mentor has been fully supportive of this goal. We both understand that increasing representation in science and medicine is beneficial to both the minority scientist and physician, and more importantly, minority research subjects and patients,” said Health Equity author Dr. Valerie Lewis, a VA investigator based in Oklahoma City.

Health Equity is a peer-reviewed, open-access journal that meets the urgent need for authoritative information about health disparities and health equity among vulnerable populations. It is published by Mary Ann Liebert, Inc., and covers a range of topics from translational research to prevention, diagnosis, and management of disease and illness. The journal serves as a primary resource for organizations and individuals who serve these populations at the community, state, regional, tribal, and national levels.

[Back to Top](#)

## DEFENSE HEALTH HEADLINES

16. Date: 31 MAY 2023

**TITLE:** [Confidential Mental Health Resources Available to Military Families](#)

Source: Health.mil

Author: Robert Hammer

The Military Health System recognizes that military life can be mentally stressful on service members, veterans, and their families. That’s why MHS has a wealth of resources for those coping across a spectrum of mental health challenges—in both clinical and non-clinical settings.

“Mental health is essential to readiness,” said Dr. Maria Mouratidis, deputy branch chief of the Defense Health Agency’s Psychological Health Center of Excellence. “You matter enough to get support at the first sign that it may help you or improve your quality of life. Peers and leaders are essential in helping service members to seek care.”

While high-quality treatment for mental health disorders is available at your military facility, resources that are available in a non-clinical setting, such as a crisis line, website, or your unit’s chaplain, can also be good options to access resources, counseling, and support.

Past culture of the military has played into the stereotypes that one must be tough and stoic, talking about mental health is weak, and a service member should not show weakness.

“It is important to note that seeking mental health support is a sign of strength, not weakness,” said U.S. Air Force Lt. Col. Anna Fedotova, a mental health flight commander at Kirtland Air Force Base, New Mexico.

### **MHS Offers a Variety of Resources and Counseling Services**

- **Military OneSource** “Military OneSource is a Department of Defense-funded program that provides a wide range of support and resources to service members, their families, and survivors,” said Fedotova. “The program offers confidential counseling services, financial and legal assistance, education and employment resources, and support for military life transitions, such as deployments and relocations. Military OneSource is available 24/7 via phone, online chat, or video counseling, and all services are free and confidential.”
- **inTransition Program:** inTransition is a free, confidential program that offers specialized coaching and assistance for active-duty service members, National Guard members, reservists, veterans, and retirees who need access to mental health care. This includes services for relocating to another assignment, returning from deployment, transitioning from active duty to reserve component or reserve component to active duty, preparing to leave military service, and any other time they need a new mental health provider or need a provider for the first time.
- **Military and Family Life Counseling Program:** The Military and Family Life Counseling program supports service members, their families, and survivors with confidential non-medical counseling where they are stationed. Non-medical counseling can help individuals address issues such as improving relationships at home and work, stress management, adjustment difficulties, parenting, and grief or loss.

- **Military Crisis Line and Veterans Crisis Line:** The Military Crisis Line and Veterans Crisis Line are free, confidential resource for all service members, including members of the National Guard and Reserve, and veterans. Call, chat, or text with a qualified responder, who will listen and can connect you with the resources you need. There's no charge and you decide how much information to share. The resource is accessible 24 hours a day. For the crisis lines, dial 988, then press 1.
- **Psychological Health Resource Center:** “The Psychological Health Resource Center is available 24/7 to assist service members, families, clinicians, and commanders with any psychological health related questions,” said Fedotova. They specialize in information and resources related to combat stress, depression, reintegration, accessing treatment, types of treatment for mental health conditions, and many other topics. The center can also assist service members, families, clinicians, and commanders with locating available resources in the community.
- **Real Warriors Campaign:** The campaign promotes a culture of support for psychological health by encouraging the military community to reach out for help whether coping with the daily stresses of military life, or concerns like depression, anxiety, and post-traumatic stress disorder.
- **Chaplains** are often the first line of defense for service members’ moral and spiritual concerns. Military chaplains and behavioral health providers have collaborating roles in coordinating support to service members and their families.

You can also use the services offered at your base to address potential stressors to your mental health, including:

- **Financial counseling services.** You don’t need to tackle issues like mounting debt or saving for college or retirement alone. Financial counselors are available in person, over the phone, and via video.
- **Relationship counseling services.** If a relationship is causing mental stress, relationship and marriage counselors can be a good resource.
- **Peer counseling.** A peer-to-peer specialty consultation is a relaxed conversation about the challenges of life and can be done virtually, and in a non-clinical setting.
- **Substance abuse programs.** Prevention, education, and treatment programs are available for substance use disorders at military hospitals and clinics. Other non-clinical programs like Alcoholics Anonymous, Narcotics Anonymous, and others can provide an alternative approach for those to work with others in similar situations to get back on track.

Often, a service or family member just needs to look at those around them for help.

“Service members and their families are our most valuable resources,” said U.S. Public Health Service Cmdr. Brandy Cloud, chief of research adoption with the Psychological Health Center of Excellence.

“There are services available to ensure our most valuable resources have access to what they need to ensure the total health of themselves and their families,” she added. “If you think you might need care, chances are you need help, reach out to someone, there is no wrong door, and no wrong time to getting the help and services you need.

---

17. Date: 1 JUNE 2023

**TITLE: WAMC earns Center of Excellence in Surgical Safety: RSI Prevention Award**

Source: Army Medical Command

Author: Keisha Frith

FORT BRAGG NC. --The Womack Army Medical Center Department of Surgery Team lands Center of Excellence in Surgical Safety: RSI (retained surgical item) Prevention Award in their drive to improve patient outcomes.

The Association of PeriOperative Registered Nurses (AORN) recognized WAMC as the first military facility to receive this prestigious award. This recognition was in response to the team's enrollment and completion of the AORN training program, geared towards improving skills and helping teams mitigate risks and improve outcomes. When the surgical team learned from Quality and Safety Department Chief, Mimi Anderson that there was an evidence-based education program that would complement their processes they seized the opportunity and got their team trained.

An additional benefit to their commitment to patient safety as they would combine this training with the procedural instructions (DHA-PI 6025.44) provided by the Defense Health Agency as an added layer of protection.

Both Perioperative Registered Nurses, Capt. Paige Becker partnered with Melony Chavis, operating room educator, to work on preventing retained surgical items.

"We presented our program to the operating room staff, and had each nurse, surgical tech, certified nurse anesthetist, and physician take the training," said Chavis. "Numerous physicians were able to sign their commitment that they will utilize and allow us the opportunity to scan, count and do all the things necessary to prevent retained surgical items," said Chavis.

"It was a huge commitment on our operating room team's part to get that many employees to buy into it and do the training, that says a lot about our operating room staff. They want to do good for our patients," said Chavis.

"We want to give our patients the best outcome possible," said Becker.

Their progressions involved weekly audits of the 13 operating rooms and the identification of any errors or issues during the process. This was in addition to the use of other radio frequency identification (RFID) detection systems. They provided an additional measure to their counting method of surgical items to further guarantee that surgical items are accounted for and compliant with the recommendations in AORN's guideline for prevention of unintentionally retained surgical items.

Surgical items such as sharps, sponges or instruments can be retained following a surgery and cause great harm to patient. Through their audit they encouraged the use of the RFID scanning technology to make sure that nothing is left behind. The use of this technology allows them to identify any missing surgical items, reducing the possibility of an unnecessary surgery.

"Chavis did the footwork on the audits, going through each operating room and making sure they're counting properly, the instruments and the articles, like the surgical sponges, and checking

if they're utilizing the wand during the open, middle, and ending counts. The Operating Room staff take great pride in teamwork and that is exactly what this award recognizes,” said Becker.

---

18. Date: 1 JUNE 2023

**TITLE: [CT Army Guard’s Fitness Improvement Program Does More Than Just Burn Calories](#)**

Source: DVIDS (130th Public Affairs Detachment)

Author: Sgt. Matthew Lucibello

HARTFORD, Conn — Are you struggling to maintain a proper diet? Do you have difficulty passing the Army Combat Fitness Test? Want to get in better shape but don't know where to start? Have you heard of the Fitness Improvement Program?

The Fitness Improvement Program, or FIP, is a new concept in the Connecticut Army National Guard. The program, run by 2nd Lt. Jeremy Slen and Staff Sgt. Ashton Christopher, intends to revitalize Army fitness culture and improve the holistic health of the Connecticut National Guard.

In the past, soldiers that were struggling with their physical fitness or failed to pass their physical fitness tests, resulting in being barred from reenlisting or other career advancement opportunities, were given generic, one size fits all style workout plans. These cookie cutter plans rarely worked. With this new program, the FIP team intends to get to know the soldier, identify the source of their deficiencies and work with them to tackle the issue head on.

To do this, the team brings soldiers in and looks at their nutrition, their spiritual health, and possible risk factors or issues that could be negatively impacting their wellbeing.

“What we really tailor on is focus,” explained Christopher. “Putting our energy into each individual soldier, utilizing motivational interviewing and helping them develop their own plan based off of their life and their environment.”

After the soldiers are mentored by the FIP staff, they are then put into a working group with other soldiers. Here, they can work out and motivate each other while also learning additional tips and tricks from each other.

One such example of success began on Oct. 18th, 2021, Sgt. Isaac Rodriguez of the 1048th Medium Transportation Company, entered his work group of seven. Unable to reenlist for six years like he hoped, and also missing out on a bonus, joining FIP was required for him to continue serving.

“It was during Covid,” explained Rodriguez. “Things were going downhill, it was a really discouraging moment in my life.”

It was so discouraging that Rodriguez nearly left the course not long after it started upon hearing he had to do a preliminary height and weight examination and Army Physical Fitness Test, the standard fitness test for the Army at the time. If a soldier fails either of these tests, they are flagged, and thus, unable to promote, unable to receive awards and unable to reenlist and continue their service. Fail twice, and the Army would begin the process of separating the soldier and discharging them.

“He almost left the course in the very beginning because he didn’t want that [to be flagged and possibly separated] to happen,” recounted Christopher. “But he stuck with it.”

In fact, Rodriguez did fail his preliminary PT test, but that would be one of his last failures before the wind hit his sails. Not long after that test, he began taking his regimen very seriously, losing 4.4 pounds in two weeks during Phase One of the program. About one month after starting, during his first follow up, he lost 7.2 pounds. By his fourth and fifth assessment, near the end of his time with the program, Rodriguez lost 18 pounds. When his time with the program finally ended in January 2022, Rodriguez lost 42.2 pounds, the most significant individual weight loss the program has achieved thus far.

In addition to the weight loss, Rodriguez found a sense of solace through talking to the instructors at FIP. One of the reasons his health declined was due to being caught in the middle of a toxic relationship.

“I got out of a pretty bad relationship, all my stuff in the back seat, it was the break I needed,” explained Rodriguez. “I was really comfortable speaking with them, I didn’t have as much of an outlet back home, they were really understanding.”

This new found peace inspired Rodriguez. He set his sights on becoming a nutritional health coach. His goal: to help others as the FIP team had helped him. In March he signed up for nutritional health coaching classes with the Institute for Integrative Nutrition, or IIN.

“After the Fitness Improvement Program, I was motivated to help individuals as a whole because it’s more than just eating right and working out, it’s figuring out how to take things day by day,” said Rodriguez. “How the program is scheduled, how it’s laid out, yeah there is nutrition and a workout portion, but there’s also a big mental health factor, like resiliency, positive self talk, how important sleep is, coping with stress.”

Those additional skills, like coping with stress, and being able to deal with the good and the bad would soon come in handy as not long after completing the program Rodriguez faced another challenge. Unexpectedly, his cousin passed away from suicide.

This development rocked Rodriguez to the core but he persevered. The lessons he learned from the experience he incorporated into his toolkit. Now Rodriguez, armed with that toolkit, aids his fellow soldiers. Having graduated IIN, he now serves as an instructor part of the FIP team and has instructed two classes since January.

“As an instructor he can relate to the students,” said Christopher. “He knows how to talk to them because he was just there [struggling with his mental health].”

This combination of training and experience has already proved invaluable. Rodriguez has been able to help other soldiers in the program keep their heads above the water and rise above the tide, both with their physical health, and their emotional and mental health.

“I had a soldier come up to me and ask to speak to me offline, they were going through something themselves,” explained Rodriguez. “Due to my resilience, and my cousin passing away from suicide, I had the right words to say, the right empathetic words to say, to help them out in that situation. After we were done talking, I made them work out with me, and I asked them if they wanted to speak to BH [Behavioral Health] and they went and spoke to BH the next day and got some help.”

Being able to make a difference matters to Rodriguez.

“It’s encouraging,” explained Rodriguez. “It’s just heartfelt to know I’m a part of making a change in someone’s life.”

Slen and Christopher are working to be proactive, rather than reactive, by building relations with incoming Connecticut National Guard soldiers, part of the Recruit Sustainment Program, or RSP and with future leaders of the Connecticut Army National Guard, soldiers participating in Officer Candidate School.

New recruits of the RSP are kept in check by the FIP team, who monitor and track their physical fitness levels, creating a baseline which can be used to judge their overall fitness. This baseline is used to judge whether or not they are ready to ship to basic training. Additionally, the recruits will learn more about nutrition and how crucial proper nutrition and healthy diets are to their overall health. For slightly overweight recruits, the team teaches them effective exercise and dietary habits to lose weight and be within tolerance to go on to basic training.

“We work with them to help dial in their diet,” explained Slen. “A lot of times what we see happen is we enlist a soldier, they have no idea about nutrition or fitness, we send them down to basic training, right then and there that’s where we see that decline back into where they were when they enlisted...so trying to start by building a good foundation for them is what we’d like to do with RSP and we’re working to build more into their curriculum.”

Officer candidates who are struggling physically can also turn to the expertise shared by Slen and Christopher, who guide and build training plans based on the candidate’s branch choice.

Lastly, the team is working with units within the organization to educate and train leaders, so they in turn, will impart this knowledge on their soldiers.

“Our goal over the next five years is developing a fitness program that is working more at the team leader, squad leader level so that we can train them [leaders in the organization] to be those leaders in their units, and their squads and platoons, so that they can actually teach [physical fitness and proper nutrition], so they can actually see the issues,” said Slen. “The biggest problem we find is, if I have a soldier come to me who’s been overlooked for the past five years, it’s very hard for me to get them back on track in two weeks or the three months that they’re with us rather than if somebody is with them every month and they can see those changes, if we get more squad leaders and team leaders in the course, I think we’ll see more success within the ranks.”

If you are interested in enrolling in the Fitness Improvement Program, talk to your unit training noncommissioned officer to be enrolled through the Digital Training Management System, or DTMS.

---

19. Date: 1 JUNE 2023

**TITLE:** [Murtha Cancer Center hosts annual Skin Cancer Summit](#)

Source: Walter Reed News

Author: Bernard Little

WRNMMC, Bethesda, Md. – The Murtha Cancer Center at Walter Reed, the only Department of Defense Cancer Center of Excellence in the Military Health System, hosted its annual Skin Cancer Summit virtually on May 25. May is National Skin Cancer and Melanoma Awareness Month.

This year's summit featured Dr. David Brodland, a board-certified dermatologist and Mohs surgeon in Pittsburgh, Pennsylvania with the Zitelli & Brodland Skin Cancer Center.

According to the Centers for Disease Control and Prevention (CDC), skin cancer is the most common cancer in the United States. The American Academy of Dermatology reports that approximately 9,500 people in the U.S. are diagnosed with skin cancer every day. In addition, "research estimates that nonmelanoma skin cancer (NMSC), including basal cell carcinoma (BCC) and squamous cell carcinoma (SCC), affects more than 3 million Americans a year," the AAD states.

The skin is the body's largest organ with several layers, including the epidermis (upper or outer layer) and the dermis (lower or inner layer). Skin cancer begins in the epidermis, made up of three kinds of cells: squamous cells (thin, flat cells that form the top layer of the epidermis); basal cells (round cells under the squamous cells); and melanocytes (cells that make melanin and are found in the lower part of the epidermis).

Melanin is the pigment that gives to skin its color. When skin is exposed to the sun melanocytes make more pigment and cause the skin to darken. Basal and squamous cell carcinomas are the two most common types of skin cancer. Melanoma, the third most common type of skin cancer, begins in the melanocytes.

Everyone is at risk for skin cancer, but people with certain characteristics are at greater risk, the CDC states. These characteristics include:

- A lighter natural skin color.
- Skin that burns, freckles, reddens easily, or becomes painful in the sun.
- Blue or green eyes.
- Blond or red hair.
- Certain types and a large number of moles.
- A family history of skin cancer.
- A personal history of skin cancer.
- Older age.

Dermatologists at Walter Reed explain that a change in the skin is the most common sign of skin cancer, including a new growth, a sore that doesn't heal, or a change in a mole. They urge people to remember the A-B-C-D-Es for warning signs. These include:

- A: Asymmetrical: Does the mole or spot have an irregular shape with two parts that look very different?
- B: Border: Is the border irregular or jagged?
- C: Color: Is the color uneven?
- D: Diameter: Is the mole or spot larger than the size of a pea?
- E: Evolving: Has the mole or spot changed during the past few weeks or months?

Most skin cancers are caused by too much exposure to ultraviolet (UV) rays, according to dermatologists. UV rays come from the sun, tanning beds and sunlamps and they damage skin cells.

To reduce your risk for skin cancer, the CDC recommends practicing sun safety, which includes if the UV Index is 3 or higher in your area, protecting your skin from too much exposure to the sun. The CDC recommends:

Stay in the shade.

- Wear clothing that covers your arms and legs.
- Wear a hat with a wide brim to shade your face, head, ears, and neck.
- Wear sunglasses that wrap around and block both UVA and UVB rays.
- Use a broad-spectrum sunscreen with a sun protection factor (SPF) of 15 or higher.

Dr. Craig D. Shriver, director of the Murtha Cancer Center and its Research Programs has stated cancer can impact military readiness, explaining that a diagnosis of cancer can take a service member away from his or her unit for treatment for a number of months. Approximately 1,000 active-duty service members are diagnosed with cancer each year, and there are about 8,000 active-duty service members living with a cancer diagnosis, according to Shriver.

While there are various types of treatment for skin cancer including radiation therapy, chemotherapy, drug therapy, photodynamic therapy and more, Brodland discussed using Mohs micrographic surgery for melanoma treatment during his presentation at Walter Reed. “Mohs has the highest cure rate for primary melanoma, 99.5 percent,” he stated.

The standard of care for melanoma, wide local excision (WLE), is used to remove the melanoma and some of the normal tissue around it. “If excision is incomplete, recurrence has 25 to 33 percent risk of increased invasion, and increased risk of metastasis,” Brodland explained. He added there is a 4 to 14 times higher rate of cancer recurrence with WLE.

Brodland explained that with Mohs, removal of the cancer involves the least amount of healthy tissue to ensure the smallest possible wound, which heal better than large wounds.

With Mohs micrographic surgery, the procedure is done in stages, including lab work, while the patient waits between each stage. After removing a layer of tissue, the surgeon examines it under a microscope in an on-site lab. If any cancer cells remain, the surgeon knows where they are and removes another layer of tissue from that location, while attempting to spare as much healthy tissue as possible. This process is repeated until no cancer cells remain.

“Mohs surgery is the gold standard for treating many basal cell carcinomas and squamous cell carcinomas,” according to the Skin Cancer Foundation.

“Mohs surgery is likely to keep increasing as the number of skin cancers continues to rise and as more people become aware of the advantages,” Brodland stated.

The summit concluded with Army Capt. (Dr.) Scott Whitecar presenting a metastatic melanoma case review.

[Back to Top](#)