

Air Force

Audiology Association

N E W S L E T T E R

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From the AFAA President

Hello 43N's. It is an honor to serve as AFAA President for what's left of 2001. I trust you and your families had a wonderful Thanksgiving holiday. Thanks to Col John Allen for his inspirational e-mail, I'm sure his words helped many of us truly focus on the meaning of the day.

The word is out, there will be a MASC 2002 and it's just around the corner. Dates were announced in the Consultants November meeting and will be 24-26 February. It will be great to see all of you again after such a short time. Mark your calendars now!

We will have a lot of AFAA business to cover at this meeting. Normally the current Vice President assumes the presidency the following year, however that position is currently empty so all of our offices, president, vice-president, secretary and treasurer need to be filled this year. The call will come soon so please begin to formulate your nominations.

Committee Members: Our committees have grown somewhat stagnant over the last few years. Let's try to breathe some new life into these valuable assets. Please review the duties of your committee as outlined in the AFAA By-Laws. Touch base with your other committee members before MASC for ideas on how to pump up your committee's output and plan on getting together during MASC to get things moving.

Non-Committee Members: Take a look at the committees listed in the AFAA Meeting Minutes. "An Army of One" may work in some circles but in committee work it's usually "the more the merrier." Please consider sharing your ideas and energy and sign up to serve.

So, another holiday season is upon us, may yours be filled with light and happiness. Looking forward to seeing y'all in Texas.

Jenny Rainwater, Maj, USAF, BSC
President, Air Force Audiology Association
jenny.rainwater@macdill.af.mil

Military Audiology Short Course 2002

The 2002 Military Audiology Short Course will be held immediately after the NHCA 27th Annual Hearing Conservation Conference in Richardson, TX. The Air Force is planning this year's meeting which will occur on 24-26 February. Contact Bob Edris for further information via e-mail robert.edris@brooks.af.mil or via DSN at 240-1585.

Visit the Air Force Audiology Association on the Internet at:

<http://www.militaryaudiology.org/afaa/>

AFAA Executive Board

President: Maj Jenny Rainwater

Secretary: Capt John Hall

Treasurer: LtCol Bob Shumate

Standing Committee Chairpersons

Constitution and By-Laws Committee:

LtCol Carolyn Bennett

Membership Committee:

Capt Virginia Hays

Capt Sara Teufert

Capt Brien Weston

1Lt Brian Hobbs

Public Relations Committee:

Col John Allen

Education and Training Committee:

1Lt David Pederson

History and Archives Committee:

Col John Allen

Maj Stephen Steele

Capt Virginia Hays

News from the Chief of Hearing Conservation

Maj Joseph Narrigan
Air Force Medical Operations Agency
Office of the Surgeon General

Under the direction of AFMOA/SGZ and Col John Allen, SG Consultant for Audiology and Speech Language Pathology, my office has been involved in the planning, development, and execution of several programmatic initiatives.

The development, and future implementation, of the Hub & Spoke (Satellite Networking Concept) will provide “top cover” consultants to assist active duty, guard, and reserve Hearing Conservation Program Managers. These positions will not function as Hearing Conservation Centers or Diagnostic Centers but will assist with all aspects of the Air Force’s HCP.

The Team Aerospace Funding Requirement (TAFR) program provides a systematic process to build and validate program requirements. For example, if a piece of equipment is near the end of its life cycle you will build this requirement in TAFR, the MAJCOM reviews all requirements and validate through Air Staff. Validated requirements are placed in the POM and planned for funding. You’ll hear more about TAFR soon. I’ll be sending out information on how to receive access to the TAFR website and instructions on building requirements.

AFOSH std. 48-20 is still in draft. The 4FOX

merger caused a cascade of decisions concerning who would absorb the 4F workload. Under the direction of Col Van Hook, SG Consultant for Public Health, it was decided that Public Health would assume the CAOHC responsibilities. My target date for publication is October 02. Until the document is published continue to use AFOSH Std. 161-20 and the Interim Guidance, dated 7 April 00.

The Defense Occupational and Environmental Health Readiness System (DOEHRS) is a two-pronged effort. Currently the Hearing Conservation application (version 2.0.78) is fielded and operating. Build 3 was alpha tested at Lackland AFB, the software change requests are being worked, and a release date is pending. The Data Repository has completed the historic flat file transfer and are working ad hoc reporting capabilities.

Familiarize yourself with the MAPPG. The RCA/CCA/ and BCA along with the Order of Merit Tool will influence management decisions that will impact the future of the AFMS. Information concerning the Audiology Super Bill, coding information, and MEPRS accountability will be forthcoming.

If you have questions/ comments contact me at via e-mail at joseph.narrigan@pentagon.af.mil or phone DSN 297-4330.

The Editor’s Corner

Many thanks to those of you who submitted articles for this issue of the AFAA Newsletter!

If you would like to make a contribution to the next issue, please adhere to the following publication guidelines: submissions as e-mail text may be sent to either Maj Rob Pluta or Maj Stephen Steele. Submissions as text files should be in plain text (.txt) or rich text format (.rtf).

forward to: robert.pluta@offutt.af.mil or
stephen.steele@lackland.af.mil

Deadline for the next issue is 31-August-02.

Disclaimer: The views and opinions expressed herein are those of the respective authors and do not necessarily reflect those of the U.S. Air Force or the Department of Defense.

Don't let your present hurt your child's hearing!

LtCol Carolyn Bennett,
Hill AFB, UT

Not just loud music but some toys are hazardous to your child's hearing. Many of youth's enjoyable activities are putting them at risk for acoustically induced hearing loss. Boom boxes, stereo headphones, firecrackers and even toys for preschoolers result in exposure to noise levels above 85dBA. Any noise above 84dBA is considered hazardous in the workplace! Studies of teenagers' personal stereos found they are used at levels between 102-104dBA. The AF would not allow you to be exposed to 104dBA without hearing protection for more than 3 minutes! Toy robots and cars emit noise at levels between 82 and 100 dBA. Toy sirens and drills measure between 74 and 102 dBA (Maximum allowable exposure at work in 102dB noise is less than 8 minutes), squeaky toys are measured between 78 and 100dBA, firecrackers 125-156 dBA and toy pistols in excess of 150 dBA. Toy pistols and firecrackers are louder than jet aircraft on take-off! This level is above the threshold of pain!

According to Dr. Snow of the National Institute of Deafness and Communicative Disorders, the most important message that we give our children is that noise or acoustically-induced hearing loss can begin in childhood, much earlier than originally thought. We must teach our children to recognize the warning signs of hearing loss including diminution of hearing or fullness in the ears and tinnitus or ringing in the ears. Recognizing the symptoms is not enough; we must teach our children to prevent acoustically induced hearing loss. Noise-induced hearing loss is 100% preventable. One of the best methods of teaching is by example. When you or your child work on the car, use the lawn mower or leaf blower, use hearing protection. When using electric saws or sanders wear ear protection. When you go hunting, wear "hunters" earplugs. The rule of thumb to know if noise is hazardous — if you have to raise your voice at a distance of one foot from your listener or shout at a distance of three feet, the noise is hazardous.

AFAA Business Meeting

An informal meeting of the Air Force Audiology Association took place in Conrad's Restaurant in Albuquerque, NM, on 28 August, 2001.

The meeting was called to order (so to speak) by AFAA President Maj Bob Eppens at the close of the annual AFAA banquet. Twenty-four members and guests were present. Maj Eppens announced executive committee's decision to waive AFAA dues for 2001 due to the late date of the meeting and presented the AF Audiologist of the Year for 2000 to Capt John Hall.

Vice President's Report: Maj Jenny Rainwater presented retirement gifts to Lt Col Cari Sherris and Maj Ann Prohaska who were not able to attend. She called for volunteers to serve on the AFAA Committees

Secretary's Report: No Report

Treasurer's Report: This office is currently unfilled. An unofficial reporting of the AFAA funds was given by Capt John Hall as about \$2000.00. (Since the meeting Lt Col(s) Bob Shumate has taken control of the AFAA funds and has agreed to serve as interim treasurer until elections are held.)

Committees: No Reports. Current membership of committees is listed on page 1 of this newsletter (includes new volunteers).

Old Business: None

New Business: None

The meeting was adjourned by Maj Eppens following warm personal comments offered by Col Ben Sierra, Col John Allen and Maj Bob Edris.

News and Announcements

Promotions

Congratulations to Majors Janet Deltuva and Bob Shumate who were selected for promotion in the recent LtCol board!

Congratulations to Captains Ada Haber-Perez, John Hall, Rob Pluta, Cynthia Sabin and Brien Weston who were promoted to Major in the 2001 board!

1Lt Jeff Wisneski was selected for Captain during the November 2000 board. Congratulations, Jeff! H. Dean Hudson also recently pinned on Captain and Sara Teufert pins on in January 2002.

Outstanding Audiologist/Speech Pathologist of the Year 2000

Congratulations to Maj (s) John Hall of the Air Force Research Laboratory (AFRL) at Wright-Patterson AFB, OH.

On the move

- Col John Allen from Andrews AFB, MD to Crew Health and Safety, NASA HQ, DC
- Lt Col (s) Bob Shumate from Wilford Hall Medical Center to the Hearing Conservation Data Registry, Brooks AFB, TX.
- Major Ava Craig from Travis AFB, CA to Keesler AFB, MS.
- Capt Beth Harrison from Spangdahlem AB, GE to Travis AFB, CA
- Col Dave Wirth from Travis AFB, CA to Andrews AFB, MD as SQ/CC of the Diagnostics/Therapeutics Squadron
- Capt Laura Reed from Aviano AB, IT, to Eglin AFB, FL
- Capt Alicia Burke from Wilford Hall to Aviano, AB, IT
- Maj Ane Shull from Wilford Hall to Spangdahlem AB, GE
- Maj Rob Shull from Brooks AFB, TX, to Ramstein AFB, GE
- Capt Bridget McMullen from Spangdahlem AB, GE to Elmendorf AFB, AK

Retirements and Separations

Congratulations to Majors Linda Ruckriegel and Ann Prohaska who retired during the Summer of 2001.

Thanks, and we wish you all the best with your future endeavors!

Maj Prohaska writes: Thank you very much for the nice clock. Now I need to get a job, so I have an office to use it in. Thank you for your friendship, advice, information and support. Thank you to those who mentored me and helped with my career. Thank you for your words of kindness over the years. I wish you all much luck in your careers. Don't hesitate to call or e-mail someone for help, advice or information, there's a wealth of knowledge and experience in AF audiology out there. Take good care of your patients, but also go out to the workplaces and do some good hearing conservation work. "Ears' to all of you."
—Ann

New Accessions

Welcome to Capt DiAnna Calvin who's a new speech/language pathologist at Wilford Hall Medical Center. DiAnna earned her Master's degree from Auburn University, AL, in 1995. She's had experience working in skilled nursing facilities and is excited to develop her skills in the Air Force. DiAnna still follows the War Eagles and also enjoys running, playing tennis, swimming and just having fun. Welcome, DiAnna!

Welcome to 2Lt Jennifer Tay who's a new staff audiologist at Wilford Hall Medical Center. Jennifer earned her bachelor's degree from the University of Northern Colorado (Greeley, CO) in 1997 and her Master's degree at Louisiana State University Medical Center in May 1999.

Jennifer was commissioned a 2Lt in May 1999 (via ROTC) and began an administrative delay so that she could do her CFY and obtain certification and licensure in audiology. In May 2000, she entered active duty at Columbus AFB, MS and began Introductory Flying Training (IFT) at a local airport where she received her private pilot's license for single engine planes. In Sept, she officially began pilot training and advanced from the academic portion of the program to the flight line portion where she flew T-37 aircraft. In December 1999, she chose to disenroll from the program.

In March 2001, she was accepted as a BSC and Air Force Audiologist. Jennifer has audiology experience in ENT and VA settings. Her hobbies include flying, reading, crafts, traveling. Welcome, Jennifer!

Welcome to Capt Louis Duncan who is a new Speech

Pathologist at Wilford Hall Medical Center, San Antonio, TX. Louis earned his Bachelor's of Science in Communication Disorders at Eastern Kentucky University and Master's of Arts in Speech-Language Pathology at the University of Tennessee, Knoxville. He was prior Army National Guard for 7 years and served in the Field Artillery, Armored Cavalry, and Infantry. Prior to entering the AF he was a Director of Rehabilitation Services for rehab company in CA. He has also served on many CVA and Brain Injury teams as the primary Speech Pathologist. Louis is married and has two children. Welcome!

Welcome to 1Lt Brian Hobbs who recently finished his CFY at Wilford Hall. Brian earned his Master's degree from LSU Medical Center in New Orleans, LA in 1999 and attended Bowling Green State University in Ohio and Joliet Jr College in Illinois for undergraduate studies. Brian enjoys all things sports. Welcome!

Welcome to 1Lt Dean Hudson who came onboard as a new audiologist at Wilford Hall during the year 2000. Dean earned his AuD from Central Michigan University in 1998 and has also worked in a large ENT clinic in Ft. Wayne, Indiana. Dean also spent six years as a military policeman in the US Army. Welcome, Dean!

Welcome to 1LT Jeff Wisneski who is also a new staff audiologist at Wilford Hall. Jeff earned his Master's degree in Audiology from the University of Akron, Akron, OH. After doing his CFY with a private practitioner he decided he'd like to wear Air Force Blue and joined up during the year 2000. Jeff is still a big sports fan of the Cleveland teams. Welcome!

Welcome to 1Lt Jennifer Davis who's doing her CFY at Wilford Hall. Jennifer earned her degrees at Southwest Missouri State University. She has a daughter named Katie and recently married Scott who's on active duty at Randolph AFB, TX. Welcome, Jennifer!

Other News

Congratulations to Capt Laura Butler (née Reed) who married Steve Butler on 4-Jul-01 in Italy.

Congratulations to Maj Joe Narrigan and wife Detra on the birth of Catherine Faith which occurred on 20-May-01. She arrived weighing 7 lbs 6 oz and was 19 inches tall.

Congratulations to Maj Tressie Waldo and husband Rick on the birth of Elise Renee on 14-Jul-01!

Congratulations to Maj (s) Thia Eades (née Sabin) who married Paul in September 2001.

Remember, it's a secret unless you tell us so do feel free to tell others of your accomplishments!



Lt Jennifer Tay



Katie Narrigan

2001 Military Audiology Short Course

The 2001 Military Audiology Short Course (MASC) was held in Albuquerque, NM, during 27–30 August in conjunction with the Fourth Annual Force Health Protection Conference. The following Air Force Audiologists' and Speech/Language Pathologists' abstracts were presented at the meeting.

Joint Services Audiology Support Agreements

Col Ben Sierra, USAF
Wilford Hall Medical Center
Lackland AFB, TX

Personnel cuts continue to impact the Medical Services (Army, Navy and AF) stressing the need for creative solutions. More and more, the Services are resorting to support agreements. A year ago, the Army and AF Audiology Consultants discussed options on how WHMC could support the audiology mission at BAMC. This presentation will outline the process and discuss the challenges setting up that agreement that successfully culminated in establishing a MOA between Brooke Army Medical Center (BAMC) and Wilford Hall Medical Center (WHMC). In addition, specific recommendations will be presented that can be used as a roadmap by the audience. In April of 2001, WHMC and BAMC finalized a MOA allowing both facilities to attain a win-win situation. I hope to have a live interaction where additional ideas for joint support projects can be discussed. Bring your thinking caps.

Hearing Conservation Testing, Follow-up and Referral

Lt Col Theresa Schulz, USAF
Brooks AFB, TX

This presentation will begin with a short discussion on audiometric testing. It will focus on testing issues and explain why audiometric testing is a critical part of a Hearing Conservation Program. The follow-up process will be discussed to include what, why, when and how. In conclusion, the referral criteria and process will be explained.

Base Health Promotion Programs and Hearing Conservation

Lt Col Carolyn Bennett, USAF
Hill AFB, UT

This presentation will begin with a brief introduction into the purpose of Health Promotion Centers and Health

Promotion key areas. It will describe the strategies for promoting life style changes. Focus will be on Healthy People 2010, garnering top level support, determining needs and interests, behavioral change strategies, and planning and scheduling activities.

Dental Services to be Added to the Hearing Conservation Program

1Lt David Pedersen, USAF
Keesler AFB, MS

This presentation will begin with a brief history dating back to the 1950's documenting hearing loss from dental drills. It will also look at current dental research regarding hearing loss and address some of the issues that need to be resolved. It will examine several case studies and discuss the Dentist's position and the impact on the mission. It will suggest ways to implement a hearing conservation program based on research, legal issues and physical exam findings.

The Sound of Honor—Noise Report on the M-1 Garand Ceremonial Rifle

Maj Joseph Narrigan, USAF, Bolling AFB, DC
Capt Stephen Steele, USAF, Lackland AFB, TX

The United States Honor Guard has a long and proud history of providing military ceremonial support. Most of the men and women who are detailed to the Honor Guard are junior enlisted and come from a wide variety of Air Force (AF) specialties. I estimate that approximately 60 to 70% of Honor Guard members do not have occupational exposure to hazardous noise, other than the exposure to the M-1. Very few, if any, Honor Guard units are included in the Air Force's Hearing Conservation Program or use hearing protective devices when firing the ceremonial rifle. This presentation will describe the type and degree of noise exposure to the M-1 Garand ceremonial rifle, and encourage the inclusion of the base Honor Guard in the HCP.

Attenuating Custom Communication Earpiece System (ACCES)

Capt John Hall, USAF
Wright-Patterson AFB, OH

This presentation will start off with a definition of the problem. It will discuss F-119 engine noise, personnel exposure and communications deficiency. In addition, it will address the AFRL prototype (custom communication earphone) to include the F-22 field demonstration at

Edwards AFB and the laboratory metrics at Wright Patterson AFB. It will conclude with a discussion on legacy aircraft applications and current project status.

Basis of Tinnitus Retraining Therapy

1Lt H. Dean Hudson, USAF
Lackland AFB, TX

This presentation will begin with definitions for tinnitus and hyperacusis. It will next discuss neurophysiological/psychological principles to include: auditory–limbic connection, neural plasticity and habituation. In conclusion, it will examine theoretical models.

BabyTracker—Newborn Hearing Screening Software

Capt Bridget McMullen, USAF
Elmendorf AFB, AK

This presentation will begin with a brief overview of the universal hearing screening. It will describe the basic philosophy, testing procedures and referral criteria. Next will be a discussion on tracking results, for example: Why do we need to track results; What do we do with these data; and How do we track results? It will conclude with an overview and description of the Baby Tracker Software program.

The Pentagon— September 11, 2001

(LtCol (s) Janet Deltuva (CCC-SLP), was working in the Pentagon on the morning of September 11, 2001.)

I'll try to tell my story in this letter because I think it will help to move towards normalcy. Everyone is saying to "talk" about it, so here it goes. Please remember there are thousands of these stories, and thousands of people impacted, especially in New York City. Keep them and the rescue workers in your prayers.

My office is on the opposite side of the Pentagon in the center "ring." We were watching CNN and the World Trade towers attack and commented on "what a target D.C. is, the White House or the Pentagon." Then there was a loud screaming sound and WHUMP! The screaming was the plane engine accelerating and the whump was the plane hitting.

The next thing that happened was all our office mates looked for each other, we gathered up and left the building together. We ran down the corridors and stairs and the building was already filling with smoke. As we passed an entrance into the interior courtyard, we could see the

smoke on the other side of the building and an announcement came on for everyone to evacuate in the direction, opposite the attack. For those familiar with the Pentagon, it was towards the POAC entrance. I remember saying "Jesus, help me" and felt incredibly calm instantly.

As we walked out of the building we hugged and reassured and always kept our eyes on each other. I knew already that I would stop at the Pentagon Clinic to offer to help...I have done "casualty" training several times as an Air Force Biomedical Specialist. I know I would not be saving lives directly, but that I could organize, assist and be a great go-fer.

When I went into the clinic, everyone was already "in gear" doing what they were extremely well trained to do—all branches of the service working together. Someone said "I need this to go to the center courtyard"—it was a large silver case full of medical supplies—so I grabbed it and ran...very thankful that I did not wear a skirt with heels to work that day!

When I got to the courtyard there were already some casualties being treated...all within what I would guess was the first 5 minutes. One man was in very bad shape...a burn/blast victim. Several with smoke inhalation and several in shock. I scrambled to look for supplies as medical personnel (doctors and nurses) rendered care. "I need an IV line. I need Oxygen. I need tape"—sometimes it was available and sometimes an Army Nurse, Maj Laurie Brown (an awesome woman!) radioed back for the supplies. They set up triage areas, yelling that "expectant" was to the left, "immediate" to the right, and "walking wounded" over there.

Lt General Carlton, USAF Surgeon General arrived on the scene and quickly looked over the patients and gave more specific instructions. He asked about other people and then took an Army enlisted man and ran back into the burning building. He emerged later with what seemed like several more victims. The General was sooty, and had what appeared to be molten metal on the back of his "physician's" vest. He was obviously in a very dangerous and heated area. I gave him a towel, some gloves and a surgical mask to filter the smoke. He chuckles at the gloves and said "you don't understand."

I was distributing surgical gloves to everyone and reminding them to keep them on, as we did not know what we would be faced with in the way of casualties.

The Navy enlisted lady came out stumbling with some folks supporting her as she fell to the grass. Her name was Christine and she was obviously having trouble breathing. She lay on the ground with tears rolling on her face. I went over to reassure her and the chaplain joined my side.

Knowing that Christine was OK I looked around again for someone who might need help. Another Army Lt Col came out. He was walking and “chatty” saying he was OK. He was wet, his eyebrows and lashes were singed and we kept asking him to sit down. The medical staff started an IV. He stated that he was standing talking with someone and suddenly the floor just pushed up from under him—he was thrown and then got up and ran.

There was no sense of time at all. Somewhere in this mess I kept trying to get a cell phone connection to let Rick know that I was OK. The phone lines were busy for several attempts—then finally it rang and I only got his voice mail—but thank God for that!

In the lost sense of time, we heard that there was two more hijacked planes inbound to the Pentagon and we needed to clear the area. I looked around and grabbed some supplies and for someone who might need help as I ran from the area. There was an Army Lt Col, obviously near the blast—dirty uniform, struggling to support a civilian woman with her arm bandaged. I ran over to take her from the other side and help to evacuate her. As we approached the Pentagon to re-enter on the opposite side of the courtyard, a patient on a litter was screaming not to re-enter the building again. They tried to calm her and pressed forward. The lady I was helping was becoming weaker and we had to support her more and more. Eventually, a man who was not injured and stronger came along to take the patients I was helping. As I type this, I now know why my body is sore today—I had forgotten the ways in which I moved and now understand why it feels like a truck ran over me.

By this time, we went to the opposite side of the street across from the Pentagon. Things were more organized and folks were writing triage tags on the patients. I went over to a young man and asked his name and if he would like me to call someone on my cell phone to tell him or her he was OK. “John” was pleased and told me to call his mother “Georgia”, and started to give me the phone number. It was a 716 area code!! My hometown area code!! He said he was from Niagara Falls. I told him I grew up in Cheektowaga. The he said “let me talk to her—if she hears your voice you will scare her.” As I was trying to reach his mom, the thunder from US fighter planes roared overhead. Several victims were traumatized by the airplane sound and we had to reassure them that “it was our own.” “It’s our boys,” we said, “It’s the good guys.” John was taken to the hospital in a private citizen’s vehicle before I reached his mother, Georgia. It took several attempts to call her, as cell signals were busy all the time. When I finally reached Georgia I stated, “John is OK” as quickly as I could so as not to scare her. I then stated my name and that it was an unofficial call. I told Georgia that I was just with her son; he looked good and was going to the hospital to be evaluat-

ed. She was crying very hard and was thanking me many times over. I called Georgia yesterday for an update on John—he has called her and is doing fine.

Next I went over to a lady covered with a blanket, bundled on a stretcher. She was a civilian. The head of her stretcher was on the down slope of the small hill with her feet nearer the top—probably to help with shock. She was alone and I went over to reassure her. This must be when the Washington Post photographer snapped our photo. “Pat” had a very rough voice—probably a lot of smoke inhalation. I asked if she wanted me to call someone, but she said no. She asked for her purse and described it as a black bag with two handles. I chuckled a little and hoped Pat would too when I said, “we all have black bags in the military.” I never did find Pat’s bag before they took her in a civilian vehicle to an area hospital.

It was clear that things were settled in this location and we were redirected to the south parking medical station. This was the “hub”—directly in front of the impact area at the Pentagon. Medical personnel were setting up tents, medical supplies were pouring in. Doctors and surgical teams from Army and Air Force hospitals. Military air evac helicopters were just across the road. I stood waiting for direction as to how I could help. A Navy CAPT asked for someone who could take “notes” so I raised my hand and off I went. I was going to be his runner, relaying info between the “immediate” medical site established under the bridge (for fear of other attacks) to the “command post” that was set up. I soon learned his name was CAPT Feerick, a reserve neurologist from Ohio. This was his story: His office for reserve duty was directly at the impact site—had he not gone to the Pentagon concourse to buy some T-Shirts for his kids, he would have been killed.

I scrambled to find something to write with and all I could find was a paper bag (turned out to be a FBI evidence bag) and a “good old government skilcraft pen.” Those of you who use and lose these by the dozen are probably snickering! I was introduced to MSgt Sepulveda, a USAF reservist who had also been the lead medical support person at Kohbar towers. CAPT Feerick told me we were going to work together. I also met LtCol Horrorho USA Nurse Corp. She works a few corridors past the impact area and felt and heard the impact in a significant way.

At this point, I think they still expected live casualties, but no one could go into the building until the fire was under control. My first assignment from CAPT Feerick was to go to the “immediate” area and get two volunteers who could identify “living/dead” for triage. The Command Physician, a civilian with the emergency response team was very emphatic...anyone who was “alive” would get care...he would not permit anyone to be triaged as expectant—that we had the full resources for medical care and we would

use them. He was almost angry when he said it and he repeated this several times. CAPT Feerick said a nurse or PA would be very helpful to triage live/dead. So off I went to the immediate triage area under the bridge to ask for two volunteers for this grim duty. Surprisingly, two very enthusiastic young people said, "I can do that" with firm faces and pressed lips. I took down their names: Valerie Burkes and PRC Mickey Cotton. We returned to the Command Post to wait for further instructions. CAPT Feerick eventually briefed Valerie and SPC Cotton to remain at the "red" triage area and he would call when they were needed.

I pretty much shadowed CAPT Feerick hoping to help in any way I could. I realized that he and the Command Physician were doing lots of walking and talking but not drinking or eating so I scooped up some food items and water and handed these to the CAPT and the doctor. Later he was looking pretty sunburned and USAF Chief McIntosh secured the only hat he could find: an 11th Medical Group burgundy baseball cap. Now the CAPT was really tri-service! It was the only joke we afforded ourselves.

At one point there was a loud cheer clapping. We all thought "finally, survivors"! We looked over to see a firefighter in one of the windows holding up the American Flag. When he brought that flag out, military stood at attention, saluted and performed the official flag folding ceremony. Afterwards, they handed the flag to an Army 3-star. It seemed almost instinctive...the chaplains circled around the 3-star and started to pray. More and more joined the circle and it was the first time for many of us that we let a tear roll down our cheeks.

Later, CAPT Feerick was briefing Admiral Madison who needed to know what our "burn treatment" resources were in the area. I used my cell phone to call some numbers I had recorded earlier to find out the information from Walter Reed. I finally reached Lt Col Goff who relayed the number of beds he had available and stated that the number of burn injuries he could receive depended on the severity of the burns. We recorded that information and relayed it to the Command Physician.

As the medical team conferred with the rescue and firefighting leadership, it was clear that the medical team needed to be prepared for primarily non-living casualties. CAPT Feerick asked me to find out how many body bags were in the immediate area and to have the folks bring them forward to the triage area. One more unpleasant trip to the immediate area under the bridge.

I watched as LtCol Hororho walked around in high heel shoes and finally remembered that I drove into work that day and had a pair of sneakers in the car—I'd give her my flat military shoes if they would fit. Luckily she had the

same shoe size as I, so we waited for a convenient time for me to break away and get my sneakers. LtCol Hororho and I chatted about our faith in Jesus, which version of the bible we were reading and other reassuring literature we have enjoyed.

An interesting twist of words: two firefighters came over asking for Tylenol. I said "you stay here, I'll bring the Tylenol to you." As I handed them Tylenol and checked to be sure they were drinking enough water to prevent dehydration the one firefighter said "You are a lifesaver." I replied "You must be joking! You are the lifesavers. Thank you for all you are doing!"

As the afternoon wore on into dusk and then nighttime, the Command Physician and military medical coordinators Admiral Madison, CAPT Ferrick, Lt Col Hororho, USA Nurse Corp planned evolving medical contingencies. From living/dead triage to "this is Oklahoma—minimal survivors" and finally to "no expected survivors, but we need a medical contingency in case we have rescue and firefighter medical emergencies" and finally to finding a "relief" so we could go home for the night.

I handed off my "brick" radio to Dr. Cho, who was CAPT Feerick's replacement for the night so he could appoint his own go-fer.

As I walked to my car at about 10PM, I called Rick to tell him I was on my way. I saw a young man walking and asked him if he needed a ride. He said he had to go to the Navy Annex past Bolling AFB, but only if it was in my direction. I smiled and said, "it's your lucky day, it is my direction." How this young man thought he would get home that night is beyond me. I dropped him off at the Navy Lodge and drove back to Fairfax to our town house where I was greeted with a really long hug from my wonderful husband.

Once again, thanks for letting me tell this story just one time instead of many. I feel much better and truly am not afraid. Remember, if you have faith you don't worry. Believe! Pray! Fly your flag! If you choose to live in fear, the enemy has achieved their objective. God Bless America, God Bless our leaders as they work to apply justice and God Bless you!